

2024 ACA

INDIVIDUAL

PRODUCT TRAINING



October 2023

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Proprietary and Confidential





AGENDA



1. 2024 Strategy Overview
2. 2024 Product Portfolios and Plan Mappings
3. Virtual Connect/CloseKnit
4. Value Based Insurance Design (VBID)
5. Pharmacy
6. CareFirst WellBeing
7. Blue Rewards
8. Blue365
9. HSA Changes
10. Dental/Vision
11. Appendix

2024 OPEN ENROLLMENT

Key dates for 2024 ACA Marketplace coverage:

- Open Enrollment begins **November 1, 2023**.
- **December 15, 2023**, is the deadline for coverage that starts January 1, 2024.
- Open Enrollment ends on **January 15, 2024**, for MD/VA.
- Open Enrollment ends on **January 31, 2024**, for DC.

Outside of the Annual Open Enrollment Period above, an individual may take advantage of a **Limited Open Enrollment Period (LOEP)**. A Limited Open Enrollment is a specific period of time outside of the annual Open Enrollment period in which individuals are allowed to apply for coverage.

Note: Only certain life events (marriage, birth of a child, loss of coverage etc.) qualify an individual for a Limited Open Enrollment period and each qualifying life event grants the individual a specific timeframe to enroll in a health plan. Generally, this timeframe is 30–60 days before and/or after the life event.

WHAT CHANGED FOR 2024?

- **BlueChoice Young Adult Plans:**
 - All jurisdictions deductible and out-of-pocket maximum increases from \$9,100 to \$9,450
- Plan level changes due to **2024 AV Calculator & OOP Max limits**
- **DC:** Updated Value Based Insurance Design for Pediatric Mental Health on Non-HSA DC Standard Plans
- **Maryland:** New Value plans & Value Based Insurance Design for Type 1 & 2 Diabetes on MD Value Plans
- **2024 Mandates:**
 - Maryland Non-Preventive Diagnostic Breast Examinations
 - Virginia Hearing Aids for minors
 - Virginia Mobile Crisis Units

ACA PRODUCTS OVERVIEW

- CareFirst continues to participate in the Individual ACA market broadly with:
 - Plans in all rating areas and counties in our service area
 - **10 plans in MD**: 4 Bronze, 2 Silver, 3 Gold, and Catastrophic
 - New for 2024: Bronze, Silver, and Gold **Value** Plans
 - **9 plans in VA**: 4 Silver, 4 Gold, and Catastrophic
 - **13 plans in DC**: 4 Bronze, 2 Silver, 4 Gold, 2 Platinum, and Catastrophic
- Broad networks
- Product choice – HMO and PPO designs
- No referrals
- Plans with first dollar coverage and separate pharmacy deductibles
- HSA options in all three jurisdictions



2024 PRODUCT

PORTFOLIOS AND

PLAN MAPPING

MARYLAND 2024 INDIVIDUAL PORTFOLIO

NEW VALUE PLANS						
Gold HMO \$1,750	Gold HMO/PPO \$1,000 Value Plan	Silver HMO/PPO \$4,500 Value Plan	Bronze HMO/PPO \$9,450 Value Plan	Bronze HMO \$6,100 Virtual Connect Plan	Bronze HMO \$6,150 HSA Plan	BlueChoice HMO Young Adult \$9,450
<p>Deductible: \$1,750 OOP Max: \$6,650 PCP: No charge, ND Specialist: \$30 copay, ND Hospital: \$450 copay, AD (\$2,250 copay max) Rx Deductible: \$150 Rx OOP Max: N/A RX Tiers 1-5: \$0/\$50/\$70/\$100/\$150 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Imaging (Freestanding) • Lab/X-ray (Freestanding) • Non-Hospital Outpatient Facility and Physician fees • Generics • Urgent Care 	<p>Deductible: \$1,000 OOP Max: \$6,750 PCP: \$10 copay, ND Specialist: \$30 copay, ND Hospital: \$450 copay, AD Rx Deductible: \$150 Rx OOP Max: \$600 RX Tiers 1-5: \$10/\$30/\$60/\$75/\$75 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Lab/X-ray (Freestanding/Hospital) • Outpatient Facility and Physician fees (Freestanding/Hospital) • Inpatient Physician fees • Ambulance • Generic & Preferred Brand Name Drugs 	<p>Deductible: \$4,500 OOP Max: \$7,600 PCP: \$35 copay, ND Specialist: \$90 copay, ND Hospital: \$550 copay, AD Rx Deductible: \$750 Rx OOP Max: \$1,500 RX Tiers 1-5: \$25/\$75/\$80/\$100/\$100 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Lab/X-ray (Freestanding/Hospital) • Inpatient Physician fees • Ambulance • Generics 	<p>Deductible: \$9,450 OOP Max: \$9,450 PCP: \$35 copay, ND Specialist: \$90 copay, ND Hospital: No charge, AD Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: \$25/No charge, AD (Tiers 2-5) First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Lab/X-ray (Freestanding/Hospital) • Generics 	<p>Deductible: \$6,100 OOP Max: \$9,400 PCP: \$40 copay, ND Specialist: \$50 copay, AD Hospital: 40% coinsurance, AD Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: \$20/\$50/\$70/\$100/\$150 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Generics 	<p>Deductible: \$6,150 OOP Max: \$7,200 PCP: \$30 copay, AD Specialist: \$40 copay, AD Hospital: \$500 copay, AD (\$2,500 copay max) Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: \$10/\$50/\$70/\$100/\$150 First Dollar Coverage: N/A (No first dollar coverage on HSA Plans)</p>	<p>Deductible: \$9,450 OOP Max: \$9,450 PCP: Visits 1-3: No charge, ND • <i>Visits 4+:</i> No charge, AD Specialist: No charge, AD Hospital: No charge, AD Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: No charge, AD First Dollar Coverage:</p> <ul style="list-style-type: none"> • <u>First 3 visits only:</u> PCP <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits

Preventive Care Benefits are not subject to the deductible in all plans. Preventive services include, but are not limited to: Well child care visits, adult preventive care, women's preventive services, breast cancer screening, prostate cancer screening, colorectal cancer screening, chlamydia screening test, human papillomavirus screening test, preventive lab tests, x-ray/radiology services, specialty imaging and diagnostic testing, immunizations, osteoporosis screening, office visits for treatment of obesity, professional nutritional counseling and medical nutrition therapy, contraceptive drugs and devices, contraceptive counseling, maternity preventive visit, preventive drugs and oral chemotherapy drugs. (Preventive services can vary depending on jurisdiction.)

MARYLAND 2023–2024 PLAN MAPPING

- **Streamlining:** Six Maryland plans are being streamlined into the six new Value plans to avoid proliferating the portfolio
 - The plan mappings will keep members in plans on the same metal level and product family to avoid disruption
- **Virtual Connect:** Will be added to the HMO Bronze \$6,100 plan as the current Virtual Connect plan will be streamlined for 2024

2023 Maryland Plan	Will Be Mapped to 2024 Maryland Plan
BlueChoice HMO Gold \$1,750	BlueChoice HMO Gold \$1,750
BluePreferred PPO Gold \$1,750	BluePreferred PPO Value Gold \$1,000
BlueChoice HMO Value Gold \$1,000	BlueChoice HMO Value Gold \$1,000
BlueChoice HMO Value Silver \$3,000 Virtual Connect (BV+ On Exchange Only)	BlueChoice HMO Value Silver \$4,500
BluePreferred PPO HSA Silver \$3,000 (BV+ On Exchange Only)	BluePreferred PPO Value Silver \$4,500
BlueChoice HMO Value Bronze \$6,100	BlueChoice HMO Bronze \$6,100 Virtual Connect
BlueChoice HMO HSA Bronze \$6,150	BlueChoice HMO HSA Bronze \$6,150
BlueChoice HMO Bronze \$8,250	BlueChoice HMO Value Bronze \$9,450
BluePreferred PPO Bronze \$8,250	BluePreferred PPO Value Bronze \$9,450
BlueChoice HMO Young Adult \$9,100	BlueChoice HMO Young Adult \$9,450

DC 2024 INDIVIDUAL PORTFOLIO

		NON-STANDARD PLAN				NON-STANDARD PLAN
Platinum HMO/PPO \$0 Standard Plan	Gold HMO/PPO \$500 Standard Plan	Gold HMO/PPO \$1,600 HSA Plan	Silver HMO/PPO \$4,850 Standard Plan	Bronze HMO/PPO \$7,500 Standard Plan	Bronze HMO/PPO \$6,350 Standard HSA Plan	BlueChoice HMO Young Adult \$9,450
<p>Deductible: \$0 OOP Max: \$2,000 PCP: \$20 copay, ND Specialist: \$40 copay, ND Hospital: \$250 copay, AD (\$1,250 copay max) Rx Deductible: \$0 RX Tiers 1-5: \$5/\$15/\$25/\$100/\$100 First Dollar Coverage: All Benefits (zero deductible plan)</p>	<p>Deductible: \$500 OOP Max: \$5,800 PCP: \$25 copay, ND Specialist: \$50 copay, ND Hospital: \$600 copay, AD (\$3,000 copay max) Rx Deductible: \$0 RX Tiers 1-5: \$15/\$50/\$70/\$150/\$150 First Dollar Coverage: • PCP ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Lab/X-ray (Freestanding/Hospital) • Imaging (Freestanding/Hospital) • Outpatient Facility and Physician fees • Emergency Room • Ambulance • All prescription drugs</p>	<p>Deductible: \$1,600 OOP Max: \$3,200 PCP: \$25 copay, AD Specialist: \$50 copay, AD Hospital: \$600 copay, AD (\$3,000 copay max) Rx Deductible: \$0 RX Tiers 1-5: \$15/\$50/\$70/\$150/\$150 First Dollar Coverage: N/A (No first dollar coverage on HSA Plans)</p>	<p>Deductible: \$4,850 OOP Max: \$8,850 PCP: \$40 copay, ND Specialist: \$80 copay, ND Hospital: 20% coinsurance, AD Rx Deductible: \$350 RX Tiers 1-5: \$20/\$50/\$70/\$150/\$150 • PCP ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits • Retail Health Clinic • Specialist ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Lab/X-ray (Freestanding/Hospital) • Imaging (Freestanding/Hospital) • Generics</p>	<p>Deductible: \$7,500 OOP Max: \$9,150 PCP: \$50 copay, ND Specialist: \$105 copay, ND Hospital: 40% coinsurance, AD Rx Deductible: \$850 RX Tiers 1-5: \$25/\$75/\$100/\$150/\$150 First Dollar Coverage: • PCP ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Generics</p>	<p>Deductible: \$6,350 OOP Max: \$7,200 PCP: 20% coinsurance, AD Specialist: 20% coinsurance, AD Hospital: 20% coinsurance, AD Rx Deductible: Integrated RX Tiers 1-5: 20%/20%/20%/20%(\$100 max)/20%(\$150 max) First Dollar Coverage: N/A (No first dollar coverage on HSA Plans)</p>	<p>Deductible: \$9,450 OOP Max: \$9,450 PCP: Visits 1-3: No charge, ND • Visits 4+: No charge, AD Specialist: No charge, AD Hospital: No charge, AD Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: No charge, AD First Dollar Coverage: • First 3 visits only: PCP ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits</p>

Preventive Care Benefits are not subject to the deductible in all plans. Preventive services include, but are not limited to: Well child care visits, adult preventive care, women's preventive services, breast cancer screening, prostate cancer screening, colorectal cancer screening, chlamydia screening test, human papillomavirus screening test, preventive lab tests, x-ray/radiology services, specialty imaging and diagnostic testing, immunizations, osteoporosis screening, office visits for treatment of obesity, professional nutritional counseling and medical nutrition therapy, contraceptive drugs and devices, contraceptive counseling, maternity preventive visit, preventive drugs and oral chemotherapy drugs. (Preventive services can vary depending on jurisdiction.)

DC 2023–2024 PLAN MAPPING

2023 DC Plan	Will Be Mapped to 2024 DC Plan
BlueChoice HMO Standard Platinum \$0	BlueChoice HMO Standard Platinum \$0
BluePreferred PPO Standard Platinum \$0	BluePreferred PPO Standard Platinum \$0
BlueChoice HMO Standard Gold \$500	BlueChoice HMO Standard Gold \$500
BluePreferred PPO Standard Gold \$500	BluePreferred PPO Standard Gold \$500
BlueChoice HMO HSA Gold \$1,500	BlueChoice HMO HSA Gold \$1,600
BluePreferred PPO HSA Gold \$1,500	BluePreferred PPO HSA Gold \$1,600
BlueChoice HMO Standard Silver \$4,850	BlueChoice HMO Standard Silver \$4,850
BluePreferred PPO Standard Silver \$4,850	BluePreferred PPO Standard Silver \$4,850
BlueChoice HMO Standard Bronze \$7,500	BlueChoice HMO Standard Bronze \$7,500
BluePreferred PPO Standard Bronze \$7,500	BluePreferred PPO Standard Bronze \$7,500
BlueChoice HMO HSA Standard Bronze \$6,350	BlueChoice HMO HSA Standard Bronze \$6,350
BluePreferred PPO HSA Standard Bronze \$6,350	BluePreferred PPO HSA Standard Bronze \$6,350
BlueChoice HMO Young Adult \$9,100	BlueChoice HMO Young Adult \$9,450

VIRGINIA 2024 INDIVIDUAL PORTFOLIO

STANDARD PLANS				
Gold HMO/PPO \$1,750	Gold HMO/PPO \$1,500 Standard Plan	Silver HMO/PPO \$5,900 Standard Plan	Silver HMO/PPO \$3,200 HSA Plan	BlueChoice HMO Young Adult \$9,450
<p>Deductible: \$1,750 OOP Max: \$6,650 PCP: No charge, ND Specialist: \$30 copay, ND Hospital: \$450 copay, AD (\$2,250 copay max) Rx Deductible: \$150 RX Tiers 1-5: \$0/\$50/\$70/\$100/\$150 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Imaging (Freestanding) • Lab/X-ray (Freestanding) • Non-Hospital Outpatient Facility and Physician fees • Urgent Care • Generics 	<p>Deductible: \$1,500 OOP Max: \$8,700 PCP: \$30 copay, ND Specialist: \$60 copay, ND Hospital: 25% coinsurance, AD Rx Deductible: N/A (all RX tiers, ND) RX Tiers 1-5: \$15/\$30/\$60/\$250/\$250 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • All prescription drugs 	<p>Deductible: \$5,900 OOP Max: \$9,100 PCP: \$40 copay, ND Specialist: \$80 copay, ND Hospital: 40% coinsurance, AD Rx Deductible: Integrated RX Tiers 1-5: \$20/\$40/\$80/\$350/\$350 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Generic & Preferred Brand Name Drugs 	<p>Deductible: \$3,200 OOP Max: \$6,500 PCP: \$30 copay, AD Specialist: \$40 copay, AD Hospital: \$500 copay, AD (\$2,500 copay max) Rx Deductible: Integrated RX Tiers 1-5: \$10/\$50/\$70/\$100/\$150 First Dollar Coverage: N/A (No first dollar coverage on HSA Plans)</p>	<p>Deductible: \$9,450 OOP Max: \$9,450 PCP: Visits 1-3: No charge, ND • Visits 4+: No charge, AD Specialist: No charge, AD Hospital: No charge, AD Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: No charge, AD First Dollar Coverage:</p> <ul style="list-style-type: none"> • First 3 visits only: PCP <ul style="list-style-type: none"> ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits

Preventive Care Benefits are not subject to the deductible in all plans. Preventive services include, but are not limited to: Well child care visits, adult preventive care, women's preventive services, breast cancer screening, prostate cancer screening, colorectal cancer screening, chlamydia screening test, human papillomavirus screening test, preventive lab tests, x-ray/radiology services, specialty imaging and diagnostic testing, immunizations, osteoporosis screening, office visits for treatment of obesity, professional nutritional counseling and medical nutrition therapy, contraceptive drugs and devices, contraceptive counseling, maternity preventive visit, preventive drugs and oral chemotherapy drugs. (Preventive services can vary depending on jurisdiction.)

VIRGINIA 2023–2024 PLAN MAPPING

- **Plan Names:** Virginia plan names have been updated for 2024 to comply with a new mandate that aims to avoid member confusion by having carriers list out separate deductibles in the plan name
- **State-Based Exchange:** For plan year 2024, Virginia will be transitioning to a fully run, state-based exchange Federally
 - mandated Standard plans will continue to be required for all Virginia carriers in 2024

2023 Virginia Plan	Will Be Mapped to 2024 Virginia Plan
BlueChoice HMO Gold \$1,750	BlueChoice HMO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded
BluePreferred PPO Gold \$1,750	BluePreferred PPO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded
BlueChoice HMO Standard Gold \$2,000	BlueChoice HMO Standard Gold 1500 Med Ded 25 Dent Ded
BluePreferred PPO Standard Gold \$2,000	BluePreferred PPO Standard Gold 1500 Med Ded 25 Dent Ded
BlueChoice HMO HSA Silver \$3,000	BlueChoice HMO HSA Silver 3200 Med Ded 25 Dent Ded
BluePreferred PPO HSA Silver \$3,000	BluePreferred PPO HSA Silver 3200 Med Ded 25 Dent Ded
BlueChoice HMO Standard Silver \$5,800	BlueChoice HMO Standard Silver 5900 Med Ded 25 Dent Ded
BluePreferred PPO Standard Silver \$5,800	BluePreferred PPO Standard Silver 5900 Med Ded 25 Dent Ded
BlueChoice HMO Young Adult \$9,100	BlueChoice HMO Young Adult 9450 Med Ded

BLUECHOICE YOUNG ADULT AGE-OFF MAPPING

- **Age-Off:** BlueChoice Young Adult members who age off their plan are mapped to the next lowest cost plan option
- **Maryland:** BlueChoice Young Adult members who age off their plan will now be mapped into the HMO Bronze \$6,100 Virtual Connect plan

JURISDICTION	ON/OFF	2023 RENEWAL PLAN NAME	2024 RENEWAL PLAN NAME
MD	ON	BlueChoice HMO Bronze \$8,250	BlueChoice HMO Bronze \$6,100 Virtual Connect
MD	OFF	BlueChoice HMO Bronze \$8,250	BlueChoice HMO Bronze \$6,100 Virtual Connect
DC	ON	BlueChoice HMO HSA Standard Bronze \$6,350	BlueChoice HMO HSA Standard Bronze \$6,350
VA	ON	BlueChoice HMO Silver Standard \$5,800	BlueChoice HMO Silver Standard \$5,900
VA	OFF	BlueChoice HMO Silver Standard \$5,800	BlueChoice HMO Silver Standard \$5,900



VIRTUAL CONNECT

AND CLOSEKNIT

VIRTUAL CONNECT

Information and registration:
closeknithealth.com



CareFirst's leading virtual care practice, giving members 24/7 access to primary care, urgent care, therapy and more through their computer or the CloseKnit mobile app.

Members pay \$0 for virtual PCP and mental health visits through CloseKnit.*



No copays for PCP, mental health visits through CloseKnit



24/7/365 access to care at home or across the U.S.



Same-day or scheduled virtual appointments



Convenience of managing healthcare needs through CloseKnit app



Comprehensive care from a dedicated team



Full-time, dedicated, highly credentialed providers



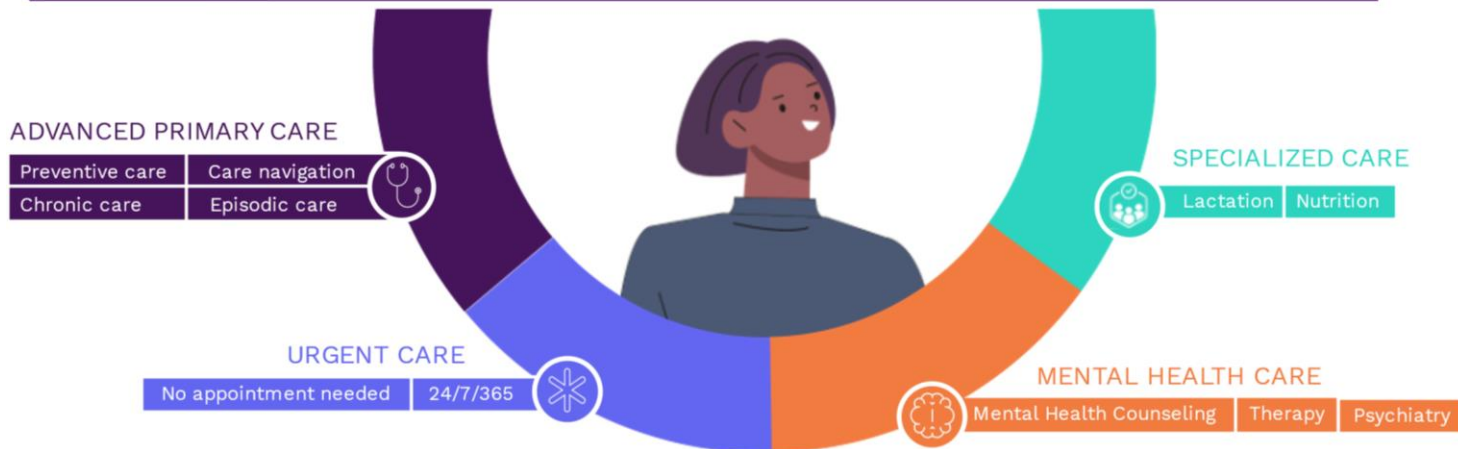
Coordination for in-person, specialty care if needed

* Virtual Connect is for members ages 18 and older. Members with an HSA-qualified plan will pay \$0 after meeting the deductible.



Virtual-first care centered around the patient:

A comprehensive and centralized virtual-first care offering to provide **faster** and **easier access** to **better affordable care** for **every patient**



CLOSEKNIT



Primary Care

Full-service primary care from a dedicated care team. For adults age 18+.



Urgent Care

The care you need to treat minor injuries and illness fast. Average wait time is 30 minutes or less. For adults and children (age 2+).



Behavioral Health Services

Expert help, including therapy for depression, anxiety or other behavioral health diagnoses.



Lactation Support

Assistance for nursing mothers with breastfeeding challenges.



Diet and Nutrition

Guidance and support for healthy eating, weight loss and more.

CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing telehealth services to CareFirst members.



VALUE-BASED
INSURANCE DESIGN
(VBID)

MD 2024 VBID: VALUE PLANS ONLY

- **Value Plan:** MHBE designed and mandated new Standard plan that must be offered by every carrier
 - Standard plans are identical between carriers with the only difference being the network
- **Value Based Insurance Design (VBID):** Benefits will be included in MD Value plan benefit designs
 - For 2024, the Focus is on Diabetes with VBID benefits mirroring DC's 2023 VBID benefits¹
- **Rx Integration:** Silver and Gold Value plans include both Individual and Family Rx deductibles and Rx OOPMs

Metal Level	2023 Streamlined Plan	2024 Value Plan	VBID Benefits
Bronze	BluePreferred PPO Bronze \$8,250	BluePreferred PPO Value Bronze \$9,450	2024 VBID Benefits —Enrollees with a primary diagnosis of diabetes ¹ pay \$0 cost-sharing for: <ul style="list-style-type: none"> ▪ PCP visits ▪ Dilated retinal exam (1x per year) ▪ Diabetic foot exam (1x per year) ▪ Nutritional counseling visits ▪ Lipid panel test (1x per year) ▪ Hemoglobin A1C (2x per year) ▪ Microalbumin urine test or nephrology visit (1x per year) ▪ Basic metabolic panel (1x per year) ▪ Liver function test (1x per year) ▪ A select list of diabetes supplies and medications within the diabetic agent's drug class²
Bronze	BlueChoice HMO Bronze \$8,250	BlueChoice HMO Value Bronze \$9,450	
Silver	BluePreferred PPO HSA Silver \$3,000	BluePreferred PPO Value Silver \$4,500	
Silver	BlueChoice HMO Value Silver \$3,000 Virtual Connect	BlueChoice HMO Value Silver \$4,500	
Gold	BluePreferred PPO Gold \$1,750	BluePreferred PPO Value Gold \$1,000	
Gold	BlueChoice HMO Value Gold \$1,000	BlueChoice HMO Value Gold \$1,000	

DC 2024 VBID: NON-HSA STANDARD PLANS ONLY

Metal Level	2024 Plan Name	VBID Benefits
Bronze	BlueChoice HMO Standard Bronze \$7,500	<p>2024 New VBID Benefits: Treatment of mental health conditions for children 18 and under will be provided with \$5 cost-sharing*</p> <p>Outpatient Services:</p> <ul style="list-style-type: none"> Office Visits Outpatient Hospital Facility Services Outpatient Professional Services Provided at an Outpatient Hospital Facility <p>Gender Dysphoria Services:</p> <ul style="list-style-type: none"> Laboratory Tests X-Ray/Radiology Services <p>Medication:</p> <ul style="list-style-type: none"> Prescription Drugs (\$10 for a 90-day supply) Specialty Drugs (\$10 for a 90-day supply)
Bronze	BluePreferred PPO Standard Bronze \$7,500	
Silver	BlueChoice HMO Standard Silver \$4,850	
Silver	BluePreferred PPO Standard Silver \$4,850	
Gold	BlueChoice HMO Standard Gold \$500	
Gold	BluePreferred PPO Standard Gold \$500	
Platinum	BlueChoice HMO Standard Platinum \$0	
Platinum	BluePreferred PPO Standard Platinum \$0	

*In-network only at \$5 cost sharing. For plans where the listed services are already provided with cost sharing under \$5, Treatment for Pediatric Mental Health will follow the lower cost share



PRESCRIPTION DRUG

COVERAGE

PRESCRIPTION DRUG COVERAGE

For more information visit:
carefirst.com/rx



Health plans designed with members' health needs in mind



**A nationwide network of
more than 6,000
participating pharmacies**

- Access to thousands of covered prescription drugs on our formulary (drug list)
 - Generic Drugs
 - Preferred Brand-Name Drugs
 - Non-Preferred Brand-Name Drugs
 - Preferred Specialty Drugs*
 - Non-Preferred Specialty Drugs*
- Mail Service Pharmacy, our convenient and fast mail order drug program
- Coordinated medical and pharmacy programs to improve members overall health and reduce costs
- Personalized care management notices detailing cost savings opportunities

PRESCRIPTION DRUG COVERAGE

- All CareFirst plans include prescription drug coverage.
- Depending on the plan, an individual/family will either:
 - meet the plan's embedded medical and drug deductible before prescription drug begins, or
 - have a separate, lower deductible for drugs in addition to the Medical Deductible
 - Some plans do not require a deductible on generic drugs.
- All plans have preventive drugs at no cost.

5-Tier Formulary Structure

Tier 0: Preferred Preventive Drugs, Preferred Brand Insulin, Oral Chemo Drugs & Diabetic Supplies

Tier 1: Generic Drugs

Tier 2: Preferred Brand Name Drugs

Tier 3: Non-Preferred Brand Name Drugs and Non-Preferred Brand Insulin

Tier 4 & 5: Preferred and Non-Preferred Specialty Drugs



CAREFIRST WELLBEING

INTRODUCING CAREFIRST WELLBEING

A personalized and engaging digital, wellness program connecting individuals to their healthiest life

The **CareFirst WellBeingSM Program** delivers a wealth of tools and resources, as well as easy-to-understand recommendations and insights that reflect a variety of interests and needs based upon individuals' health goals.

Our easy-to-use app connects members to programs designed to support their overall well-being—physical, emotional, social and financial.



Allows members to find out if their health habits are making an impact through the RealAge[®] Health Assessment

A simple and confidential, clinically validated health assessment

- Guides members through a series of questions designed to determine the physical age of their body compared to their calendar age
- Provides insightful information on how lifestyle choices and habits are helping them stay younger or age faster

Take the RealAge Test

✔ Completed ⓘ

The RealAge confidential health assessment helps determine the physical age of your body compared to your calendar age. RealAge identifies the habits impacting your body's age so you can improve your well-being.

Completed

April 1, 2023

[Lower your RealAge](#)



TRACKERS

Monitor daily habits, earn a green day, and lower your RealAge.

- Members can connect their wearable devices or enter their own data to monitor daily habits like sleep, steps, nutrition and more
- Link trackers with convenient applications and devices such as Fitbit, Apple Health, Android Google Fit, Samsung Health, or the Google Fit App

What's a green day?







Green days keep individuals aware of their achievements made towards improving their health. Green days encourage improvement to health by tracking the most critical factors impacting RealAge: stress, activity, sleep, relationships, weight, blood pressure, blood glucose, cholesterol, smoking, drinking, diet, medications, and fitness.



CHALLENGES

Helping members stay motivated to improve their health and reach their goals

Members can join a variety of interesting challenges to help keep their health goals on track

Challenge Type	Sample Challenge Name	Sample Description
 Diet & Nutrition	Eat in the green: Breakfast Edition	Did you know that eating a healthy breakfast could slim your waistline and protect your heart? Track your healthy morning meal and see if you can stay in the green each day. Remember, each green day contributes to a healthier you!
 Green Day	Stop the Clock and Lower Your RealAge Challenge	Challenge yourself to score 60 green days over the course of 90 days. Simply track your green days in your trackers and check your stats in the challenge to see how you're stacking up against other participants. Tracking your habits leads to awareness, and awareness leads to healthier outcomes. Keep it up!
 Relationships	Talk it Out Challenge	For one month, we're challenging you to track the stress levels in your voice using our custom voice analysis or by manually inputting your stress levels. Use your results to identify the factors that may be negatively impacting your relationships and take steps towards healthier, more open communications.
 Sleep	21 Days to Better Sleep	Getting enough sleep can slow the aging process, lower anxiety levels, boost your mood and more! But are you getting enough? This month we're giving you the tricks and tips you need to get more restful sleep. Sleep "in the green" for 21 days by sleeping for at least 7 hours each night.
 Steps	Walk Your Way to Better Health	Walking can help boost your heart health as well as improve your mood. And tracking your daily steps can help you develop a walking routine. Track your steps for 21 days and see if you can stay in the green. Each green day contributes to a healthier you!
 Stress	Create a Calm Mind	Whether it's work, money or relationships causing you stress, there are scientifically proven ways to calm yourself down. This month, we're giving you the tools and tips you need to quiet your racing mind. The goal—track your stress daily to earn a month's worth of green days.

Note: Actual challenges may vary

INSPIRATIONS

Helping members take control of their stress through relaxation and wellness videos.



Break free from stress, unwind at the end of the day or ease into a restful night of sleep with medication, streaming music and videos



Includes soothing music or the sights and sounds of nature



Airplay functionality using Apple TV



Available 24/7



Yoga and meditation videos

TOBACCO CESSATION PROGRAM

Craving to Quit can help members increase their chances of kicking the habit for good



- Available at no charge, members can access expert guidance, support and online tools
- Digital coaching and online education
- Voluntary and confidential 21-day support program teaching participants how to recognize and avoid tobacco cravings and habits
- Encouragement through a supportive online community of people on the same journey toward living tobacco-free
- Access to daily mindfulness activities and online tools

FINANCIAL WELL-BEING

A free, online financial program using SmartDollar®

- Members can learn how to take small steps to transform their financial well-being.
- Engaging video lessons, real-world tips and easy-to-use tools from a team of best-selling authors and financial experts to help inspire members to take action and make the most out of their money
- Personalized emails with relevant content related to an individual's financial journey
- Fully-integrated tools, like the **EveryDollar Budget app**, to help members put into action what they've learned





BLUE REWARDS

BLUE REWARDS INCENTIVE PROGRAM

Members can earn rewards for completing one, or both of the following wellness activities:



Consent to receive wellness emails and take the RealAge® assessment

RealAge is a simple questionnaire that will help you determine the physical age of your body compared to your calendar age.

Must complete within 180 days of your effective date.



Select a primary care provider (PCP) and complete a health screening

You can visit your PCP or a CVS MinuteClinic® to complete your screening.

Must complete within 180 days of your effective date.

Note: This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members.



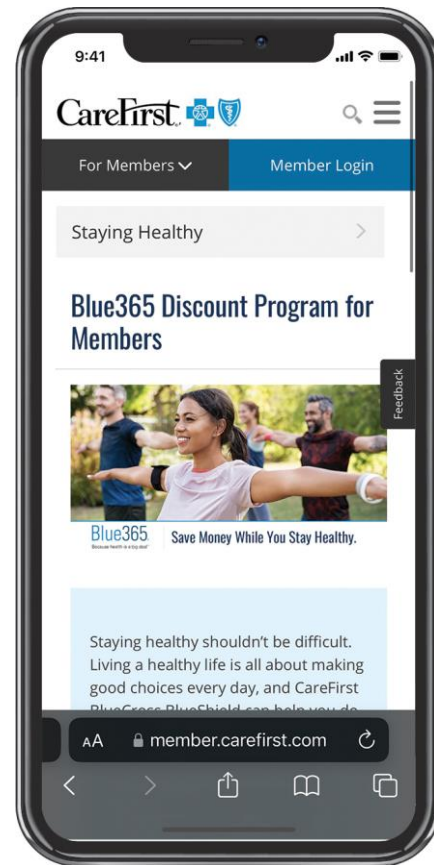
BLUE365

A wellness discount program exclusively for members

Members can sign up for Blue365 at **carefirst.com/wellnessdiscounts** to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more

Discount categories include:

- Apparel & Footwear
- Fitness & Nutrition
- Hearing & Vision
- Home & Family
- Personal Care
- Travel





HEALTH

SAVINGS ACCOUNTS

HEALTH SAVINGS ACCOUNT (HSA)

- A **Health Savings Account** (HSA) is a tax-exempt medical savings account that can be used to pay for eligible health care expenses for the subscriber and their taxable dependents
 - Allows individuals to put aside pre-tax money for health care expenses
 - Any money not used during the plan year remains in the HSA and can be used for future health expenses
- **IRS HSA Plan Rules:**
 - 2024 Updates, the IRS limits HSA plans to a minimum deductible of **\$1,600** and an out-of-pocket maximum of **\$8,050**
 - **Any plan with a lower deductible or higher out-of-pocket maximum than these amounts is NOT HSA-eligible**
 - On HSA plans, only preventive benefits can be available before the deductible
 - Due to these requirements, ALL CSR and Native American (NA) plan variations are NOT HSA-eligible in 2024
- IRS sets member contribution limits
- CareFirst partners with FurtherSM (HealthEquity as of 11/1/21) for administration of health savings accounts
- Members enrolled in an HSA compatible plan may activate their account by making their first deposit and a CareFirst-branded debit card will get mailed to them

Further is an independent provider of administrative services for CareFirst BlueCross BlueShield consumer-directed health care plans. HealthEquity, Inc., the owner of the Further business, is an IRS-approved, non-bank trustee providing HSA custodial services on behalf of CareFirst BlueCross BlueShield to its members.

2024 HEALTH SAVINGS ACCOUNT PLAN LIMITS

Contribution Limits	2023	2024	Change
Individual (Self-Only)	\$3,850	\$4,150	+ \$300
Family	\$7,750	\$8,300	+ \$550
55+ catchup contributions	\$1,000	\$1,000	No Change
Minimum Deductible	2023	2024	Change
Individual (Self-Only)	\$1,500	\$1,600	+ \$100
Individual as part of a family	\$3,000	\$3,200	+ \$200
Family	\$3,000	\$3,200	+ \$200
Maximum Out-of-Pocket	2023	2024	Change
Individual (Self-Only)	\$7,500	\$8,050	+ \$550
Individual as part of a family	\$9,100	\$9,450	+ \$350
Family	\$15,000	\$16,100	+ \$1,100



DENTAL/VISION

2024 STANDALONE DENTAL PORTFOLIO

On & Off Exchange/SHOP Offerings by Jurisdiction

Individual Product Name	ON			OFF		
	MD	DC	VA	MD	DC	VA
BlueDental Preferred Low Option	✓	✓		✓	✓	✓
BlueDental Preferred High Option	✓	✓		✓	✓	✓

BLUEDENTAL PREFERRED: PY2024 WAITING

		Waiting Period
Subscriber (Contract Holder) Enroll BlueDental Preferred High/Low for PY2024	Scenario 1: All New CareFirst enrollees will have waiting period even if the enrollee had another carrier's dental product.	Applied
	Scenario 2: Had CareFirst Dental	
	2a. A CareFirst Employer Group Dental Plan, Individual Select Preferred Dental Plus, Individual Select Preferred Dental, BlueDental Preferred High or Low (Switching from one product to another after having 12-months continuous CareFirst Dental)	Waived
	2b. As prior dependent (Spouse ,Child Over 19/Under 19 employer coverage, etc.) for 11 or fewer months prior to effective date <i>Note: the Member's Benefit Waiting Period is reduced by time spent in a previous CareFirst Dental plan.</i>	Applied
Existing BlueDental Preferred High/Low Subscriber (Contract Holder) Renewing for PY2024	Scenario 1: Adds Members (Spouse/Child) Had previous CareFirst Dental coverage for 12 months prior to being added to this plan without a lapse in coverage.	Applied
	Scenario 2: Adds Members (Spouse/Child) Had prior CareFirst Dental coverage for less than twelve months prior to being added to this plan, subscriber has met 12-month continuous coverage of CareFirst Dental. <i>Note: the Member's Benefit Waiting Period is reduced by time spent in a previous CareFirst dental plan.</i>	Applied
	Scenario 3: Adds Members (Spouse/Child) Did not have prior CareFirst Dental coverage.	Applied

2024 INDIVIDUAL STANDALONE DENTAL

(ACA-compliant)

CareFirst offers two adult dental plans:

BLUEDENTAL PREFERRED, HIGH OPTION*

	Individual Deductible		Family Deductible		Deductible Applies	Annual Maximum for Class I, II, III & IV	Out-of-Pocket Maximum	Class I Coinsurance ¹		Class II Coinsurance ¹		Class III Coinsurance ^{1,3}		Class IV Coinsurance ^{1,3}		Class V Coinsurance ¹ <i>Medically Necessary Ortho²</i>	
	In	Out	In	Out				In	Out	In	Out	In	Out	In	Out	In	Out
Under 19	\$50	\$100	\$150	\$300	2, 3 & 4 (In & Out)	N/A	\$375 for 1 member, \$750 for 2+ members	100%	80%	80%	60%	80%	60%	50%	35%	50%	35%
Over 19	\$50	\$100	\$150	\$300	2, 3 & 4 (In & Out)	\$1,500	N/A	100%	80%	80%	60%	60%	50%	50%	35%	N/A	N/A

BLUEDENTAL PREFERRED, LOW OPTION*

	Individual Deductible		Family Deductible		Deductible Applies	Annual Maximum for Class I, II, III & IV	Out-of-Pocket Maximum	Class I Coinsurance ¹		Class II Coinsurance ¹		Class III Coinsurance ^{1,3}		Class IV Coinsurance ^{1,3}		Class V Coinsurance ¹ <i>Medically Necessary Ortho²</i>	
	In	Out	In	Out				In	Out	In	Out	In	Out	In	Out	In	Out
Under 19	\$100	\$200	\$300	\$600	1-4 (In & Out)	N/A	\$375 for 1 member, \$750 for 2+ members	100%	80%	80%	60%	80%	60%	50%	35%	50%	35%
Over 19	\$100	\$200	\$300	\$600	1-4 (In & Out)	\$1,000	N/A	100%	80%	80%	60%	60%	50%	35%	25%	N/A	N/A

¹ Coinsurance shown is the percentage the **plan** pays. CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

² Qualifications to be medically necessary vary by jurisdiction

³ For Over 19 members there is a 12-month waiting period on Class III and Class IV benefits.

Note: Plans do not include Deductible Carryover or Deductible Credit provisions

BLUEVISION PLUS—EMBEDDED ENHANCED VISION PLAN

Adult Vision—Maryland Silver On Exchange plans ONLY

Service/Material	In-Network	Out-of-Network
Eye Exam	No copay	Plan pays \$40
Spectacle Lenses		
Basic Single Vision	No copay	Plan pays \$52
Basic Bifocals	No copay	Plan pays \$82
Basic Trifocals	No copay	Plan pays \$101
Basic Lenticular	No copay	Plan pays \$181
Frames		
Davis Vision Collection Frames	No copay	Plan pays \$70
Non-Collection Frames	Plan pays \$70	Plan pays \$70
Contact Lenses (in lieu of Spectacle Lenses)		
Select Single Vision (from the Davis collection)	No copay	Plan pays \$105
Other Single Vision	Plan pays \$105	Plan pays \$105
Select Bifocal (from the Davis collection)	No copay	Plan pays \$127
Other Bifocal	Plan pays \$127	Plan pays \$127
Medically Necessary	No copay with prior authorization	Plan pays \$285

*Provider network managed by Davis Vision, an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members and offers an extensive national network of optometrists, ophthalmologists, and opticians

APPENDIX

KEY PRODUCTS OVERVIEW

- All plans offer preventive care that is not subject to the deductible, as well as pediatric dental & vision coverage
- Some plans have no deductible for common benefits, including:
 - PCP & specialist office visits
 - Retail health clinics
 - Urgent care
 - Labs, X-rays, Imaging and Outpatient surgery (non-hospital settings)
 - Generic drugs
- Significant savings for seeking care in non-hospital settings
- Prescription drug coverage is included in all plans
 - Some plans have separate drug deductibles (member does not have to meet the medical deductible first)
 - Low or no cost generic drugs
 - Preferred Brand Name Insulin at no deductible, no cost
 - Many plans and benefits have copays instead of coinsurance so subscribers can estimate out-of-pocket costs before they get care

PLAN DESIGN PRINCIPLES

1. On some plans, copays increase from PCP/Retail Health Clinic, Specialist, Urgent Care to Emergency Room. There is no deductible for lower cost settings.
2. Additional facility charge may be assessed for office visits performed in a hospital setting.
3. Less costly diagnostic procedures have lower copays and are not subject to a deductible. These are combined copays for physician and facility.
4. Surgeries at non-hospital surgical centers have lower copays and no deductible.
5. Sleep studies done in a member's home or non-hospital facility have lower copays and no deductible.
6. Inpatient hospital is a per-day copay. (Member copay maximum applies on some plans.)
7. Separate drug deductible applies to tiers 2–5. Generic drugs not subject to deductible and are sometimes \$0.

Sample BlueChoice HMO Gold \$1,750—In-Network		
	Deductible	\$1,750
	OOP Maximum	\$6,650
	PCP Office Visit/Retail Health Clinic	No charge
1	Specialist Office Visit	\$30
	Urgent Care	\$50
	Emergency Room	Deductible, then \$300
2	Non-surgery Outpatient Facility	Deductible, then \$75
	Labs	\$15
	X-Rays	\$65
3	Imaging	\$250
	Infusion therapy	\$20 (home/office/infusion center)
	Labs	\$60
	X-Rays	\$100
	Imaging	\$350
	Infusion therapy	\$200
	Outpatient Surgery	ASC/Non-Hospital Setting Physician: \$30 Facility: \$300
4		Outpatient Hospital Setting Physician: Deductible, then \$30 Facility: Deductible, then \$400
	Sleep Studies	Home \$20
5		Non-Hospital Setting \$100 (office/sleep center)
		Outpatient Hospital Setting Deductible, then \$200
6	Inpatient Hospital	Deductible, then \$450/day (up to \$2,250 member max)
7	Rx Deductible	\$150 (Tiers 2–5)
	Generics/Preferred/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty	\$0/\$50/\$70/\$100/\$150

KNOW BEFORE YOU GO—NON-HOSPITAL

Laboratories

- HMO members must use LabCorp (some exceptions). *Pre-authorization is required for hospital setting.*
- PPO members have a larger network available for in-network benefits, including LabCorp and Quest Diagnostics.

X-Ray and Imaging

Members will pay the least out of pocket when visiting a participating imaging center. *HMO Members: Pre-authorization is required for hospital setting.*

Non-Hospital Surgery Centers (Ambulatory Surgical Centers)

Many outpatient surgical procedures can be performed at a non-hospital surgery center.

Sample Benefits

Health Care Service	Non-Hospital Setting	Hospital Setting
Lab Work	\$20	Deductible, then \$100
X-Rays	\$20	Deductible, then \$150
Outpatient Surgery	\$100	Deductible, then \$200
Infusion Treatment	\$20	\$200

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

INDIVIDUAL EXCLUSIONS AND ON/OFF EXCHANGE DIFFERENCES

Exclusions for all jurisdictions

- Cosmetic surgery and Drugs prescribed for cosmetic use
- Custodial care
- Experimental services except controlled clinical trials
- Fees for failure to keep a visit
- Injuries at work if covered under workman's comp policy
- Non medically necessary services
- Personal hygiene items
- Private hospital room, unless medically necessary
 - (MD: Private hospital room, unless authorized by CareFirst)
- Routine, palliative or cosmetic foot care unless medically necessary
- Services provided by a family member
 - MD- family member is spouse, father, mother, son, daughter, brother, and sister
 - VA – family member is spouse, parent, child, grandparent, grandchild, sister, brother, great grandparent, great grandchild, aunt, uncle, niece, or nephew
 - DC- family member is spouse, parent, child, grandparent, grandchild, sister, brother, great grandparent, great grandchild, aunt, uncle, niece, nephew, or anyone residing in the Member's home

MD On/Off Exchange Differences

MD On Exchange Silver plans include enhanced adult vision benefit. When visiting an in-network provider, On Exchange Silver plans now include the following benefits at no cost: annual eye exam, select frames, and basic spectacle lenses or select contacts (in lieu of spectacle lenses).

INDIVIDUAL 2024 JURISDICTIONAL DIFFERENCES

Covered
benefits

	MD	DC	VA
Abortion	Included in all plans	Included in all plans	Included in all plans
Acupuncture	Covered	Covered	Covered
AI/IVF	Covered	Not Covered	Not Covered
Bariatric Surgery	Covered	Not Covered	Covered
Birthing Centers	Covered	Covered	Covered for Medically Necessary Services**
Chiropractic Services	Chiropractic: Covered	Only spinal manipulation for musculoskeletal conditions of spine	Chiropractic: Covered
Exclusive Specialty Pharmacy Network	Applicable for all plans	Applicable for all plans	Not Applicable
Hearing Aids	Covered	Not Covered	Adults: Not Covered Children: Covered
Home Duty Private Nursing	Not Covered unless authorized by CareFirst	Not Covered	Covered <i>Note: Limit is 16 hours per benefit period</i>
Out of Country Non-Emergency Care	Not Covered	HMO—not covered PPO—covered in-network	HMO—not covered PPO—covered in-network
Pulmonary Rehab	Covered	Covered	Covered
Nutritional Counseling	Covered	Covered	Covered
Nutritional therapy related to obesity	Covered	Covered	Not Covered
Reversal of sterilization	Reversal of voluntary sterilization and reversal of sterilization for Dependent minor not covered	Covered	Covered if non-elective and the result of an illness or injury.
Specialty Drugs	\$75—\$150 copay maximum for all plans (30 day supply)	\$100—\$150 copay maximum for all plans (30 day supply)	\$150—\$350 copay maximum for all plans (30 day supply)
Transgender Surgery	Covered—medically necessary only	Covered—medically necessary only	Covered—medically necessary only

INDIVIDUAL 2024 JURISDICTIONAL DIFFERENCES

Visit Limits

	MD	DC	VA
AI/IVF	IVF: 3 attempts per live birth (Limits removed for AI for 2016)	Not Covered	Not Covered
Bereavement Services	Bereavement counseling for the 6-month period following death or 15 visits, whichever occurs first	Covered only if provided within ninety (90) days following death of the deceased.	Bereavement services will be limited to the one-year period following the patient's death.
Cardiac Rehab	90 visits per therapy, per benefit period	90 days per benefit period	No limits
Chiropractic/Spinal Manipulation	Chiropractic: 20 visits (per condition) per benefit period	Spinal Manipulation: No limits	Chiropractic: 30 visits per benefit period (not applicable for MH/SUD services)
Habilitative Services	Age 19+: No limits as of January 2024 Age <19: No limits	Limited to Members under the age of 21. Benefits available for Member age 21 and older.	All ages: limited to 30 visits combined between PT/OT and 30 visits for ST (not applicable for MH/SUD services)
Hair Prosthesis	Limited to one per benefit period	Limited to one per benefit period	Limited to one per benefit period
Hearing Aids	1 hearing aid per ear every 36 months	Not Covered	1 Hearing Aid per ear, up to \$1,500, every 24 months for children 18 years of age or younger
Home Duty Private Nursing	Not Covered unless authorized by CareFirst	Not Covered	16 hours per benefit period
Home Health Services	No limits except following surgical removal of a testicle or mastectomy with short hospitalization—1 visit within 24 hours and an additional visit if prescribed; postpartum with short hospital stay—1 visit within 24 hours and an additional visit if prescribed—if not a short stay, then a visit if prescribed; chronic conditions with certain risk factors—an additional visit if prescribed.	90 visits per "episode of care"	100 visits per benefit period (not applicable to home infusion therapy, home dialysis, or services for Mental Health conditions and Substance Use Disorders)
Inpatient Hospice Services	Limited to 180-day hospice eligibility period or upon death. CareFirst may extend in certain circumstances.	Limited to 60 days per hospice eligibility period	No limits
Inpatient Hospitalization solely for rehabilitation	No limits	Limited to 90 days per benefit period	No limits
Physical/Occupational Therapy	30 visits (per condition) per benefit period	No limits	30 habilitative and 30 rehabilitative visits per benefit period combined between PT/OT (not applicable for MH/SUD services)
Outpatient Hospice Services	Limited to 180-day hospice eligibility period or upon death. CareFirst may extend in certain circumstances.	Limited to a 180 day hospice eligibility period	No limits
Pulmonary Rehab	1 pulmonary rehab program per lifetime	1 pulmonary rehab program per lifetime	No limits
Respite Care	Limited to 180-day hospice eligibility period or upon death. CareFirst may extend in certain circumstances.	Limited to a 180 day hospice eligibility period	No limits
Speech Therapy	30 visits (per condition) per benefit period	No limits	30 visits per benefit period
Skilled Nursing Facility	100 days per benefit period	60 days per benefit period	100 days per admission (not applicable for MH/SUD services)

OUT-OF-AREA CARE

	HMO	PPO
Emergency care (within or outside US)	All jurisdictions At in-network level	All jurisdictions At in-network level
Non-emergency care (within U.S., outside of CF service area)—BlueCard	Not covered	All jurisdictions At in-network level
Non-emergency care (outside of U.S.)	Not covered	Only in DC/VA At in-network level

MY ACCOUNT

A personalized member portal allowing individuals to:

- Search for doctors, hospitals, urgent care centers, other providers
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Quickly access a variety of CareFirst member programs



PROVIDER SEARCH TOOL

carefirst.com/doctor



Members can search for doctors, hospitals, urgent care centers, and other providers—nationwide.

- Search by name or specialty
- Browse by category—such as primary care, behavioral health, dental, retail pharmacy
- Review provider highlights, including specialties, locations, credentials, CareFirst health plans accepted
- Quickly access CloseKnit—our virtual provider for primary and urgent care

TREATMENT COST ESTIMATOR

Provides estimates for a variety of procedures and care visits, including office visits, lab tests and surgery.

- Personalized estimates based on members health plan benefits
- Cost comparison for specific doctors and facilities
- Cost information to help members plan for medical care and make the best care decisions
- Members can access the Treatment Cost Estimator through My Account.

2024 ACA MANDATES

Jurisdiction	Mandated Benefit	2024 CareFirst Small Group Benefit Coverage
VA	Hearing Aids For Minors	Covered at \$0 in VA Non-HSA deductible does not apply HSA plans: Deductible applies
VA	Mobile Crisis Unit	Coverage currently provided for mental health and substance use disorders to include mobile crisis response services and support and stabilization services provided in a residential crisis stabilization unit.
MD	Diagnostic & Supplemental Exams for Breast Cancer	Covered at \$0 for Non-Preventive Diagnostic or Supplemental Breast Examinations Non-HSA plans: Deductible does not apply HSA plans: Deductible applies
MD	Lung Cancer Screenings	Covered at \$0 in MD in an outpatient setting for Non-Preventive Cancer Screenings Non-HSA plans: Deductible does not apply HSA plans: Deductible applies



THANK YOU

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