

2019 ACA PRODUCTS + OPEN ENROLLMENT

Consumer Direct Broker Training

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These materials cannot be used for any other purpose.**

NOVEMBER 2018

Proprietary and Confidential

AGENDA

I. Open Enrollment

II. Plan Design

III. 2019 ACA Product Portfolio

IV. 2019 Rate Information

V. Mapping, Communications, and Impacts

VI. Appendix

- Exclusions and On/Off Exchange Differences
- Jurisdictional Differences
- Out-of-Area Care

OPEN ENROLLMENT

Open Enrollment

Open Enrollment Periods (OEPs) are put in place as a result of the Affordable Care Act (ACA) law which defines a set period of time when consumers can purchase and join in a particular health plan.

The 2019 OEP is:

- MD/VA: November 1, 2018 - December 15, 2018
- DC: November 1, 2018 - January 31, 2019

Enrollment cut off dates are as follows:

- MD, DC and VA On Exchange will follow the 15th of the month cut off rule.
- MD and VA Off Exchange will be based on the 20th of the month rule.

PLAN DESIGN

ACA Products Overview

CareFirst BlueCross BlueShield (CareFirst) continues to participate in the Individual ACA market broadly with:

- Plans in all rating areas and counties in our service area
 - **7 plans in MD:** 2 Bronze, 2 Silver, 2 Gold and Catastrophic
 - **5 plans in VA:** 2 Silver, 2 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

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
- There are significant savings when members seek 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
- Many plans and benefits have copays instead of coinsurance so subscribers can estimate out-of-pocket costs before they get care

Know Before You Go – Non-hospital Facilities

▪ Laboratories

- HMO members – LabCorp is their participating provider; pre-authorization is required for hospital setting
- PPO members have a larger network for in-network benefits, including LabCorp and Quest Diagnostics

▪ X-Ray and Imaging

- For HMO, 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 Costs – Know Before You Go

Health Care Service	Non-Hospital Setting	Hospital Setting
Lab Work	\$20	Deductible, then \$100
X-Rays	\$40	Deductible, then \$150
Outpatient Surgery	\$100	Deductible, then \$200
Infusion Treatment	\$20	\$200

Plan Design Principles – Applies to Select Plans

- On some plans, copays increase for PCP/Retail Health Clinic, Specialist, Urgent Care to Emergency Room – no deductible for lower cost settings
- Additional facility charge may be assessed for office visits performed in a hospital setting
- Less costly diagnostic procedures have lower copays and are not subject to a deductible; these are combined copays for physician and facility
- Surgeries at non-hospital surgical centers have lower copays and no deductible
- Inpatient hospital is a per day copay (member copay maximum applies on some plans)
- Separate drug deductible; generic drugs are not subject to the deductible and are sometimes \$0

Sample HealthyBlue HMO Gold \$1,750 In-Network		
Deductible	\$1,750	
OOP Maximum	\$6,650	
PCP Office Visit/Retail Health Clinic	\$0	
Specialist Office Visit	\$30	
Urgent Care	\$50	
Emergency Room	Deductible, then \$300	
Non-surgery- Outpatient Facility	Deductible, then \$75	
Labs	Office/Non-Hospital Setting	\$15
X-Rays		\$65
Imaging		\$250
Labs	Outpatient Hospital Setting	Deductible, then \$60
X-Rays		Deductible, then \$100
Imaging		Deductible, then \$350
Outpatient Surgery	ASC/Non-Hospital Setting	Physician: \$30 Facility: \$300
	Outpatient Hospital Setting	Physician: Deductible, then \$30 Facility: Deductible, then \$400
Inpatient Hospital		Deductible, then \$450/day (up to \$2,250 member max)
Rx Deductible		\$150 (Tiers 2-5)
Generics/Preferred/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty		\$0/\$50/\$70/\$100/\$150

ACA PRODUCT PORTFOLIO

What Stayed the Same for 2019?

- Covered benefits
- Provider networks
 - Still BlueChoice and PPO (Regional Provider Network)
 - Did not narrow medical or pharmacy network
- Offering ACA plans in MD, DC, VA and all counties in our service area

What Changed for 2019?

- 1332 Waiver approval in Maryland for state-based reinsurance program that resulted in rate decreases
- Some plans have changes to deductibles and out-of-pocket maximums
- HSA changes
 - Maryland Bronze plans are no longer HSA plans
 - Maryland and Virginia Silver plans are now HSA eligible with non-preventive benefits after the deductible and an integrated medical/drug deductible
- No longer offering BlueRewards
- New wellness vendor – ShareCare

Base Products — On/Off Exchange

BRONZE:

BlueChoice HMO Bronze \$7,900	BluePreferred PPO Bronze \$7,900 (CFMI/GHMSI)*
<i>No longer HSA eligible</i>	<i>No longer HSA eligible</i>
Deductible Change: \$6,550 to \$7,900 OOP Max Change: \$6,550 to \$7,900	Deductible Change: \$6,550 to \$7,900 OOP Max Change: \$6,550 to \$7,900

SILVER:

OFF-EXCHANGE ONLY SILVER PLANS

BlueChoice HMO HSA Silver \$3,000	BluePreferred PPO HSA Silver \$3,000 (CFMI/GHMSI)*
<i>All non-preventive services now subject to the deductible</i>	<i>All non-preventive services now subject to the deductible</i>
Deductible Change: \$3,500 to \$3,000 OOP Max Change: \$7,350 to \$6,650	Deductible Change: \$3,500 to \$3,000 OOP Max Change: \$7,350 to \$6,650

ON-EXCHANGE ONLY SILVER PLANS – WITH BLUEVISION PLUS

BlueChoice HMO HSA Silver \$3,000 BlueVision Plus	BluePreferred PPO HSA Silver \$3,000 BlueVision Plus
Same as Off-Exchange plan with enhanced vision benefits	Same as Off-Exchange plan with enhanced vision benefits

GOLD:

HealthyBlue HMO Gold \$1,750	HealthyBlue PPO Gold \$1,750 (CFMI/GHMSI)*
Deductible Change: \$1,000 to \$1,750 OOP Max Change: \$6,500 to \$6,650	Deductible Change: \$1,000 to \$1,750 OOP Max Change: \$6,500 to \$6,650

CATASTROPHIC: (under 30 only)

BlueChoice HMO Young Adult \$7,900
Deductible Change: \$7,350 to \$7,900 OOP Max Change: \$7,350 to \$7,900

*Both CFMI and GHMSI are filed in Maryland to meet BCBSA jurisdictional requirements. A prospect will only be able to purchase a CFMI or a GHMSI plan based on the address submitted on their application for coverage.

NOTE: Benefits listed are for in-network services only. Out-of-network services have greater cost sharing.

BlueVision Plus – Embedded Enhanced Vision Plan

- Adult Vision

	IN	OUT
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 Double 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

Base Products — On/Off Exchange

Not offering Bronze plans in 2019

SILVER:

**BlueChoice HMO HSA Silver
\$3,000**

All non-preventive services now subject to the deductible

Deductible Change: \$3,500 to \$3,000
OOP Max Change: \$7,350 to \$6,650

**BluePreferred PPO HSA Silver
\$3,000 (GHMSI)**

All non-preventive services now subject to the deductible

Deductible Change: \$3,500 to \$3,000
OOP Max Change: \$7,350 to \$6,650

GOLD:

HealthyBlue HMO Gold \$1,750

Deductible Change: \$1,000 to \$1,750
OOP Max Change: \$6,500 to \$6,650

**HealthyBlue PPO Gold \$1,750
(GHMSI)**

Deductible Change: \$1,000 to \$1,750
OOP Max Change: \$6,500 to \$6,650

CATASTROPHIC: (under 30 only)

**BlueChoice HMO Young Adult
\$7,900**

Deductible Change: \$7,350 to \$7,900
OOP Max Change: \$7,350 to \$7,900

NOTE: Benefits listed are for in-network services only. Out-of-network services have greater cost sharing.

2019 DC Individual ACA Portfolio Changes

BRONZE:	BlueChoice HMO Standard Bronze \$6,650 Deductible Change: \$6,000 to \$6,650 OOP Max Change: \$7,350 to \$7,900	BluePreferred PPO Standard Bronze \$6,650 (GHMSI) Deductible Change: \$6,000 to \$6,650 OOP Max Change: \$7,350 to \$7,900	BlueChoice HMO HSA Standard Bronze \$6,200 No change	BluePreferred PPO HSA Standard Bronze \$6,200 (GHMSI) No change
	BlueChoice HMO Standard Silver \$3,500 OOP Max Change: \$6,250 to \$7,600 ER Facility Copay Change: \$250 to \$350	BluePreferred PPO Standard Silver \$3,500 (GHMSI) OOP Max Change: \$6,250 to \$7,600 ER Facility Copay Change: \$250 to \$350		
	BlueChoice HMO Standard Gold \$500 OOP Max Change: \$3,500 to \$4,000 ER Facility Copay Change: \$250 to \$300	BluePreferred PPO Standard Gold \$500 (GHMSI) OOP Max Change: \$3,500 to \$4,000 ER Facility Copay Change: \$250 to \$300	BlueChoice HMO HSA Gold \$1,500 OOP Max Change: \$2,700 to \$3,000 ER Facility Copay Change: \$250 to \$300	BluePreferred PPO HSA Gold \$1,500 (GHMSI) OOP Max Change: \$2,700 to \$3,000 ER Facility Copay Change: \$250 to \$300
	BlueChoice HMO Standard Platinum \$0 No Change	BluePreferred PPO Standard Platinum \$0 (GHMSI) No Change	CATASTROPHIC: (under 30 only)	BlueChoice HMO Young Adult \$7,900 Deductible Change: \$7,350 to \$7,900 OOP Max Change: \$7,350 to \$7,900

NOTE: Benefits listed are for in-network services only. Out-of-network services have greater cost sharing.

2019 Plan Types and Names

- Plan names include:
 - Product Type: HMO or PPO
 - HSA, if applicable
 - Metal level
 - Individual deductible
- HealthyBlue for plans with \$0 PCP visits and \$0 generic drugs
- VisionPlus for MD On Exchange Silver plans

Plan Type	In Network	Out-of-Network	Plan Names
HMO	<ul style="list-style-type: none"> • BlueChoice HMO 	<ul style="list-style-type: none"> • Emergency coverage only 	<i>BlueChoice HMO</i> <i>BlueChoice HMO HSA</i> <i>HealthyBlue HMO</i> <i>BlueChoice HMO Standard</i> <i>BlueChoice HMO HSA Standard</i>
PPO	<ul style="list-style-type: none"> • PPO (in area, no balance billing) • BlueCard (out of area, no balance billing) 	<ul style="list-style-type: none"> • Non-participating (balance billing may apply) 	<i>BluePreferred PPO</i> <i>BluePreferred PPO HSA</i> <i>HealthyBlue PPO</i> <i>BluePreferred PPO Standard</i> <i>BluePreferred PPO HSA Standard</i>

Silver Cost Sharing Reduction Plans

Maryland/Virginia 2019 Plans

DC Standard 2019 Plans

A
73%
200-250% FPL

BlueChoice HMO Silver \$3,000 A
BluePreferred PPO Silver \$3,000 A

BlueChoice HMO Standard Silver \$3,500 A
BluePreferred PPO Standard Silver \$3,500 A

B
87%
150-200% FPL

BlueChoice HMO Silver \$3,000 B
BluePreferred PPO Silver \$3,000 B

BlueChoice HMO Standard Silver \$3,500 B
BluePreferred PPO Standard Silver \$3,500 B

C
94%
133-150% FPL

BlueChoice HMO Silver \$3,000 C
BluePreferred PPO Silver \$3,000 C

BlueChoice HMO Standard Silver \$3,500 C
BluePreferred PPO Standard Silver \$3,500 C

2019 RATE INFORMATION

Same Carriers in Our Service Area for 2019

	2013	2014	2015	2016	2017	2018	2019
MD	<ul style="list-style-type: none"> • United (Golden Rule) • Kaiser • Aetna • Coventry (Aetna) • Assurant • AARP (age 50+) 	<ul style="list-style-type: none"> • United (All Savers) • Evergreen • Kaiser 	<ul style="list-style-type: none"> • United (All Savers) • United (Compass) • Evergreen • Kaiser • CIGNA 	<ul style="list-style-type: none"> • United (All Savers) • United (Compass) • Evergreen • Kaiser • CIGNA 	<ul style="list-style-type: none"> • Kaiser • CIGNA 	<ul style="list-style-type: none"> • Kaiser 	<ul style="list-style-type: none"> • <i>Kaiser</i>
DC	<ul style="list-style-type: none"> • United (Golden Rule) • Aetna • Kaiser • Assurant • AARP (age 50+) • Celtic 	<ul style="list-style-type: none"> • Aetna • Kaiser 	<ul style="list-style-type: none"> • Aetna • Kaiser 	<ul style="list-style-type: none"> • Kaiser 	<ul style="list-style-type: none"> • Kaiser 	<ul style="list-style-type: none"> • Kaiser 	<ul style="list-style-type: none"> • <i>Kaiser</i>
VA*	<ul style="list-style-type: none"> • United (Golden Rule) • Kaiser • Aetna • Coventry (Aetna) • Assurant • AARP (age 50+) • Humana 	<ul style="list-style-type: none"> • Innovation Health • Kaiser 	<ul style="list-style-type: none"> • Innovation Health • Kaiser 	<ul style="list-style-type: none"> • Innovation Health • Kaiser • United (Compass) 	<ul style="list-style-type: none"> • Innovation Health • Kaiser • United (Compass) • Cigna 	<ul style="list-style-type: none"> • Kaiser • Cigna 	<ul style="list-style-type: none"> • <i>Kaiser</i> • <i>Cigna</i>

Great News – CareFirst Rates Have Decreased in MD!

- On August 22, 2018, the Department of Health and Human Services (HHS) and the Department of Treasury approved Maryland’s application to establish a state-based reinsurance program.
- This enabled both CareFirst and Kaiser to **decrease rates for 2019**.
- CareFirst was ultimately approved for a **-17% average decrease over 2018 for HMO** and a **-11.1% average decrease for PPO**.

**CareFirst 2019 vs. 2018
HMO Rates**

HMO	CareFirst	
	2019	2018
Platinum		
Gold	\$437	\$516
Silver ON	\$489	\$559
Silver OFF	\$383	\$465
Bronze	\$313	\$387

HMO	CareFirst	
	2019	2018
Platinum		
Gold	-15%	
Silver ON	-12%	
Silver OFF	-18%	
Bronze	-19%	

**CareFirst 2019 vs. 2018
PPO Rates**

PPO	CareFirst	
	2019	2018
Platinum		
Gold	\$663	\$761
Silver ON	\$693	\$789
Silver OFF	\$626	\$686
Bronze	\$552	\$600

PPO	CareFirst	
	2019	2018
Platinum		
Gold	-13%	
Silver ON	-12%	
Silver OFF	-9%	
Bronze	-8%	

Approved rates are based on an Individual at age 40 and are as of September 19, 2018.

Talking Points on Maryland Premiums

While premiums have decreased, there have also been changes to deductibles, out-of-pocket maximums and HSA compatibility from 2018 to 2019.

- Deductibles and out-of-pocket maximums increased on Gold, Bronze and Catastrophic.
- There were also changes to HSAs.
 - The Bronze plans are not HSA eligible for 2019 and the Silver plans are now HSA eligible. On the Silver plans, copays for non-preventive benefits are now after the deductible and the drug deductible is now integrated with medical.

Maryland Plan	Deductible Change	Out-of-Pocket Maximum Change	HSA Change
Gold HMO/PPO	2018: \$1,000 2019: \$1,750	2018: \$6,500 2019: \$6,650	No change (not HSA eligible)
Silver HMO/PPO	2018: \$3,500 2019: \$3,000	2018: \$7,350 2019: \$6,650	HSA eligible for 2019; copays for non-preventive benefits are now <u>AFTER</u> the deductible and the drug deductible is now integrated with medical
Bronze HMO/PPO	2018: \$6,550 2019: \$7,900	2018: \$6,550 2019: \$7,900	Not HSA eligible for 2019
Catastrophic HMO	2018: \$7,350 2019: \$7,900	2018: \$7,350 2019: \$7,900	No change (not HSA eligible)

MD Members May Want to Consider Other Metal Level Plans

- Given the reduction in premiums and changes to deductibles and out-of-pocket maximums on some plans, members may want to explore other plan options, including buying up to richer metal level plans.
- Example 1: Member is enrolled in the Bronze HMO plan in 2018 and wants to keep their HSA**
 - For 2019, the member can enroll in a Silver Off Exchange plan for 2019 and keep their HSA, while receiving a comparable rate for a richer metal level and a significant decrease in deductible.
- Example 2: Member is enrolled in a Silver HMO Off Exchange plan in 2018 and wants to keep their first dollar coverage**
 - For 2019, the member can enroll in a Gold plan and may be able to reduce their premium, while receiving a decrease in deductible and out-of-pocket maximum.

	Deductible Change	Out-of-Pocket Maximum Changes	Cost-sharing Changes	Premium Change for Same Age*
Example 1: Member moves from 2018 HMO HSA Bronze to 2019 HMO Silver HSA Off Exchange	\$3,550 deductible reduction 2018 (Bronze): \$6,550 2019 (Silver): \$3,000	\$100 out-of-pocket maximum increase 2018 (Bronze): \$6,550 2019 (Silver): \$6,650	Rather than having all non-preventive benefits after the deductible, the member will now have copays once they meet the deductible	1% decrease
Example 2: Member moves from 2018 Silver HMO Off Exchange to 2019 Gold HMO	\$1,750 deductible reduction 2018 (Silver): \$3,500 2019 (Gold): \$1,750	\$700 out-of-pocket maximum reduction 2018 (Silver): \$7,350 2019 (Gold): \$6,650	Many benefits have lower copays, as well as a lower drug deductible	6% decrease

*Does not include annual increases due to age.
Individual deductibles and out-of-pocket maximums are shown.

MAPPING, COMMUNICATIONS AND IMPACTS

Portfolio Mapping

- All members will be mapped into the same product and metal level for 2019
 - May be changes to the plan – HSA eligibility, deductible, out-of-pocket maximum, copays, etc.

Benefits Changes in Renewal Letters

- Key changes noted in renewal letters:
 - Changes to in-network deductibles and/or out-of-pocket maximums (all base plans in MD & VA, select plans in DC)
 - No longer offering BlueRewards – instead members have access to a wellness program that includes the RealAge® health assessment and digital resources (all plans)
 - HSA eligibility changes
 - In MD, Bronze plans are not HSA eligible
 - In MD and VA, Silver plans are now HSA eligible. Drug deductible is now integrated with medical.
 - Copay changes to DC plans
 - Specialist copay change on Standard Bronze \$6,000
 - ER and Ambulance copay changes on Silver \$3,500, Gold \$500 and HSA Gold \$1,500 plans
 - Deductible is unstacked and out-of-pocket maximum is stacked on DC HSA Gold \$1,500 plans

PPO Rates Are Significantly Higher than HMO Rates



Family of health care plans

There continues to be a very significant differential between CareFirst's PPO and HMO premiums.

CareFirst's PPO premiums range from 42% to 76% more expensive than CareFirst's HMO premiums.

**2019 CareFirst Rates
HMO vs. PPO**

HMO	Maryland	
	CareFirst (HMO)	CareFirst (PPO)
Platinum		
Gold	\$437	\$663
Silver ON	\$489	\$693
Silver OFF	\$383	\$626
Bronze	\$313	\$552

**2018 CareFirst Rates
HMO vs. PPO**

HMO	Maryland	
	CareFirst (HMO)	CareFirst (PPO)
Platinum		
Gold	\$516	\$761
Silver ON	\$559	\$789
Silver OFF	\$465	\$686
Bronze	\$387	\$600

HMO	Maryland	
	CareFirst (HMO)	CareFirst (PPO)
Platinum		
Gold		52%
Silver ON		42%
Silver OFF		64%
Bronze		76%

HMO	Maryland	
	CareFirst (HMO)	CareFirst (PPO)
Platinum		
Gold		47%
Silver ON		41%
Silver OFF		48%
Bronze		55%

- PPO members can save up to 43% by switching to an HMO plan.
- To help educate members about the potential premium savings in 2019, CareFirst will launch a marketing campaign during Open Enrollment that includes direct marketing; web content; digital, print and radio advertising; and social media.

What's the Same?

- In-network deductible
- In-network out-of-pocket max
- In-network copays (if applicable)
- Referrals are not required to see a specialist
- Preventive is no charge, no deductible
- Rx coverage, including Rx deductibles (if applicable)
- Emergency care is covered nationwide

What's Different?

- Provider network:
 - HMO – 44,000 providers in MD, DC and No. VA (93% of PPO network)
 - PPO – 47,000 local providers, plus thousands across the U.S.
- Out-of-network benefits:
 - HMO – none, except for emergencies
 - PPO – access to providers across the country
- Prior authorization:
 - HMO – required for some services (e.g., x-rays, imaging, surgery performed in a hospital setting)
 - PPO – not required
- Lab work:
 - HMO – participating provider is LabCorp
 - PPO – not restricted to LabCorp

APPENDIX

Exclusions and On/Off Exchange Differences

Jurisdictional Differences

Out of Area Coverage

Exclusions and On/Off Exchange Differences

■ Exclusions for all jurisdictions

- Cosmetic surgery
- Custodial care
- Experimental services
- 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
- Routine, palliative or cosmetic foot care
- Services provided by a family member
 - MD- family member is spouse (including domestic partner), father, mother, son, daughter, brother, and sister
 - VA – family member is spouse, parents, siblings, grandparents, and children or eligible domestic partner
 - 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).

■ VA On/Off Exchange Differences

- Abortion coverage (\$1-\$2 difference in premium) – VA On Exchange plans exclude abortion; VA Off Exchange plans cover abortion

2019 Jurisdictional Differences – Covered Benefits

	MD	DC	VA
Abortion	• Included in all plans	• Included in all plans	• On Exchange- Excluded from all plans • Off Exchange- Included in all plans*
Acupuncture	• Covered	• Covered for anesthesia only	• Not Covered
AI/IVF	• Covered	• Not Covered	• Not Covered
Bariatric Surgery	• Covered	• Not Covered	• Covered
Birth 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	• Not Covered
Home Duty Private Nursing	• Not Covered	• Not Covered	• Covered • Note: Limit is 16 hours per benefit period
Out of Country Non-Emergency Care	• Not Covered	• HMO – not covered • POS – covered out-of-network • PPO – covered in-network	• HMO – not covered • POS – covered out-of-network • 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	Not Covered	Covered	Covered
Specialty Drugs	\$150 copay maximum for all plans (30 day supply)	\$150 copay maximum for all plans (30 day supply)	\$150 copay maximum for all plans (30 day supply)
Transgender Surgery	Covered- medically necessary only	Covered- medically necessary only	Covered- medically necessary only

Jurisdictional Differences – Visit Limits

	MD	DC	VA
AI/IVF	<ul style="list-style-type: none"> • IVF: 3 attempts per live birth (Limits removed for AI for 2016) 	<ul style="list-style-type: none"> • Not Covered 	<ul style="list-style-type: none"> • Not Covered
Bereavement Services	<ul style="list-style-type: none"> • No limits 	<ul style="list-style-type: none"> • Covered only within 90 days following death of deceased 	<ul style="list-style-type: none"> • Bereavement services will be limited to the one year period following the patient's death.
Cardiac Rehab	<ul style="list-style-type: none"> • 90 visits per therapy, per benefit period 	<ul style="list-style-type: none"> • 90 days per benefit period 	<ul style="list-style-type: none"> • No limits
Chiropractic/Spinal Manipulation	<ul style="list-style-type: none"> • Chiropractic: 20 visits (per illness/injury) per benefit period 	<ul style="list-style-type: none"> • Spinal Manipulation: No limits 	<ul style="list-style-type: none"> • Chiropractic: 30 visits per benefit period
Habilitative Services	<ul style="list-style-type: none"> • Age 19+: Limited to 30 visits (per injury) for PT, 30 visits for OT and 30 visits for ST 	<ul style="list-style-type: none"> • No limits (removed for 2016) 	<ul style="list-style-type: none"> • All ages: limited to 30 visits combined between PT/OT and 30 visits for ST
Hair Prosthesis	<ul style="list-style-type: none"> • Limited to one per benefit period 	<ul style="list-style-type: none"> • Limited to one per benefit period 	<ul style="list-style-type: none"> • Limited to one per benefit period
Hearing Aids	<ul style="list-style-type: none"> • 1 hearing aid per ear every 36 months 	<ul style="list-style-type: none"> • Not Covered 	<ul style="list-style-type: none"> • Not Covered
Home Duty Private Nursing	<ul style="list-style-type: none"> • Not Covered 	<ul style="list-style-type: none"> • Not Covered 	<ul style="list-style-type: none"> • 16 hours per benefit period
Home Health Services	<ul style="list-style-type: none"> • No limits 	<ul style="list-style-type: none"> • 90 visits per “episode of care”* 	<ul style="list-style-type: none"> • 100 visits per benefit period
Inpatient Hospice Services	<ul style="list-style-type: none"> • No limits 	<ul style="list-style-type: none"> • Limited to 60 days per hospice eligibility period 	<ul style="list-style-type: none"> • Limited to 180 days per hospice eligibility period
Inpatient Hospitalization solely for rehabilitation	<ul style="list-style-type: none"> • No limits 	<ul style="list-style-type: none"> • Limited to 90 days per benefit period 	<ul style="list-style-type: none"> • No limits
Physical/Occupational Therapy	<ul style="list-style-type: none"> • 30 visits (per illness/injury) per benefit period 	<ul style="list-style-type: none"> • No limits 	<ul style="list-style-type: none"> • 30 habilitative and 30 rehabilitative visits per benefit period combined with PT
Outpatient Hospice Services	<ul style="list-style-type: none"> • No limits 	<ul style="list-style-type: none"> • Limited to a 180 day hospice eligibility period 	<ul style="list-style-type: none"> • Limited to 180 days per hospice eligibility period
Pulmonary Rehab	<ul style="list-style-type: none"> • 1 pulmonary rehab program per lifetime 	<ul style="list-style-type: none"> • 1 pulmonary rehab program per lifetime 	<ul style="list-style-type: none"> • 1 pulmonary rehab program per lifetime
Respite Care	<ul style="list-style-type: none"> • No limits 	<ul style="list-style-type: none"> • Limited to a 180 day hospice eligibility period 	<ul style="list-style-type: none"> • Limited to 180 days per hospice eligibility period
Speech Therapy	<ul style="list-style-type: none"> • 30 visits (per illness/injury) per benefit period 	<ul style="list-style-type: none"> • No limits 	<ul style="list-style-type: none"> • 30 visits per benefit period
Skilled Nursing Facility	<ul style="list-style-type: none"> • 100 days per benefit period 	<ul style="list-style-type: none"> • 60 days per benefit period 	<ul style="list-style-type: none"> • 100 days per admission

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

Away From Home Care

- For those away from home for 90 days or more (school, travel, business)
- Will be considered member of affiliated BCBS HMO (Host HMO) and benefits will follow Host HMO plan (will get new ID card)
- Members should call number on ID card and ask for Away from Home Care Coordinator – Service will warm transfer to the appropriate contact
- No claim forms
- Multiple Blues do not participate with the Away from Home Care program. Away from Home Care is not available in the following states:

ALABAMA
ALASKA
IDAHO
IOWA
KANSAS

MISSISSIPPI
MONTANA
NEBRASKA
NORTH DAKOTA
OREGON

PUERTO RICO
RHODE ISLAND
SOUTH
CAROLINA
SOUTH DAKOTA
TENNESSEE

UTAH
VERMONT
WASHINGTON
WEST VIRGINIA
WYOMING



THANK YOU

For more information, contact
YOUR SENIOR BROKER REPRESENTATIVE

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