

# Your 2024 Healthcare Benefit Guide

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DISTRICT OF COLUMBIA GOVERNMENT

*for employees hired after October 1, 1987*

# The CareFirst BlueCross BlueShield PROMISE

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A not-for-profit organization  
driven by mission

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Serving 3.3 million members  
in the Mid-Atlantic region

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Recognized as one of the  
World's Most Ethical Companies®

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# WELCOME


We're glad you're considering CareFirst BlueCross BlueShield (CareFirst). We know there's a lot of information to review when selecting your health plan. We hope this simplified guide provides information that makes choosing CareFirst an easy decision.


Inside, you'll find information that'll help you select the plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

## Ready to explore your 2024 benefits?


Let's find the best health plan for you. There are two CareFirst plans to choose from.


**National Plan**  
**BluePreferred PPO**

 Higher per visit costs

 Flexibility to see any doctor, anywhere

**Regional Plan**  
**BlueChoice HMO**  
**Open Access**

 Lower per visit costs

 In-network coverage only



**Your Open Enrollment dates are November 13 through December 11, 2023.**

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## It helps to understand some key terms

**CareFirst member cost:** The maximum amount providers can charge CareFirst members for a specific service.

**Deductible:** Depending on your plan, you'll need to pay for some services on your own until you reach your deductible. Then your plan starts helping with the cost of your care.

**Out-of-pocket maximum:** The most you'll pay for covered services in a plan year. After you spend this amount on care costs, your plan will pay 100% of the CareFirst member costs for the rest of the plan year.

*The personas represented in this decision guide are not real. The personas and quotes are used for illustrative purposes only.*

# NARROW YOUR CHOICES

To help narrow your choices, answer these questions:

With the exception of a college student living out of state, does your family routinely visit doctors in our region (Maryland, Washington, D.C. and Northern VA)?

☐ YES

☐ NO

Do you or any member of your family need the flexibility to see a doctor anywhere and still have a portion of your cost covered?

☐ YES

☐ NO

Do you want to choose a plan that doesn't require you to meet an individual nor family deductible?

☐ YES

☐ NO

Would you rather pay more with paycheck deductions for the flexibility to see any doctor, anywhere?

☐ YES

☐ NO

Would you rather pay less with lower paycheck deductions and only visit doctors in our region?

☐ YES

☐ NO

## ☐ National Plan

If most of the answers you checked are orange, the National plan may be more your style. This is a plan for people who:

- Don't mind having a medical plan with a deductible
- Want the ability to see doctors outside the network and have a portion of their cost covered
- May need out-of-network coverage

## ☐ Regional Plan

If most of the answers you checked are blue, the Regional plan may be the best fit. This plan is for people who:

- Want a medical plan without a deductible
- Plan to receive care inside of the Maryland, District of Columbia and Northern Virginia area (see page 10 for service area map)
- Don't need out-of-network coverage

# CONSIDER WHAT OTHERS CHOSE

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“My wife and I are hoping to get pregnant this year so we enrolled in the Regional plan which offers lower out-of-pocket costs for maternity care.”

—Miguel (34), married



“I spend a few months every year in Florida and I want to make sure I am covered wherever I am, even out-of-network, so I chose the National plan.”

—Renata (56), single

“I live in D.C. and I don’t have a car. All of my doctors are just a Metro ride away so the Regional plan is perfect for me.”

—Jim (29), single



“I picked the National plan because I am living with a chronic condition and need the ability to see any specialist, even if they are out-of-network.”

—Matt (41), single

“I feel like every other week my kids need something new for school. I chose the Regional plan because my family has the coverage we need and I pay less per paycheck, which lets me save a little money.”

—Rose (34), married mom of three



# MEDICAL PLAN HIGHLIGHTS

Let’s look at some of the in-network costs for common services with these plans.

	National Plan	Regional Plan
Costs to consider		
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	\$750 individual/\$1,500 family	None
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	Medical: \$1,500 ind./ \$3,000 family Rx: \$5,100 ind./\$10,200 family	Medical: \$3,500 ind./ \$9,400 family combined Medical & Rx
Plan Includes Out-of-network Coverage	Yes	No
Staying healthy		
Annual Physical Exam (including Screenings and Immunizations)	\$0 per visit	\$0 per visit
Well child care (including Immunizations)	\$0 per visit	\$0 per visit
Feeling under the weather?		
Primary Care Doctor	\$15 per visit	\$10 per visit
Specialist (e.g. Dermatologist)	\$15 per visit	\$20 per visit
Mental Health Professional—Office	\$15 per visit	\$10 per visit
Urgent Care	\$25 per visit	\$20 per visit
Emergency Room	\$100 per visit (this charge waived if admitted)	\$100 per visit (this charge waived if admitted)
Following doctor’s orders?		
Allergy Shots	\$15 per visit	\$10 PCP/\$20 Specialist per visit
Imaging (MRA/MRS, MRI, PET & CT Scans) (non-hospital facility)	After deductible is met, 15% of the CareFirst member cost	\$0 per visit
Labs (non-hospital facility)	After deductible is met, 15% of the CareFirst member cost	\$0 per visit
X-rays (non-hospital facility)	After deductible is met, 15% of the CareFirst member cost	\$0 per visit
Physical, Speech and/or Occupational Therapy	After deductible is met, 15% of the CareFirst member cost	\$10 per visit
Chiropractic	After deductible is met, 15% of the CareFirst member cost	\$10 per visit
Outpatient Surgery (surgical center)	After deductible is met, 15% of the CareFirst member cost	\$50 per visit
Inpatient Surgery (including maternity)	After deductible is met, 15% of the CareFirst member cost	\$100 per admission
Assisted Reproductive Technology	After deductible is met, 50% of the CareFirst member cost	50% of the CareFirst member cost
Durable Medical Equipment	After deductible is met, 15% of the CareFirst member cost	50% of the CareFirst member cost

Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and plan details.

# PRESCRIPTION DRUG PLAN HIGHLIGHTS

Here are your costs for prescription drugs from a participating pharmacy.

	Prescription Drug Plan
Prescription Drug Formulary	Formulary 3
Prescription Deductible	\$0
Up to 34-day supply	
Generic Drugs (Tier 1)	\$20
Preferred Brand Drugs (Tier 2)	\$40
Non-preferred Brand Drugs (Tier 3)	\$55
Preferred Specialty Drugs (Tier 4)*	\$40
Non-preferred Specialty Drugs (Tier 5)*	\$55
90-day supply	
Generic Drugs (Tier 1)	\$20
Preferred Brand Drugs (Tier 2)	\$40
Non-preferred Brand Drugs (Tier 3)	\$55
Preferred Specialty Drugs (Tier 4)*	\$40
Non-preferred Specialty Drugs (Tier 5)*	\$55

\* Specialty drugs only available when purchased by Mail Order.  
Visit [carefirst.com/rx](https://carefirst.com/rx) for the most up-to-date drug lists.

## Restricted Generics

Generic drugs will be used for all your prescriptions. If you prefer the brand, you'll pay the non-preferred brand copay in addition to the difference between the generic and the brand drug. If a generic version is not available, or DAW (dispense as written) is noted by your doctor, you will only pay the copay.

## Specialty Pharmacy Coordination Program

Members taking high-cost drugs for complex health conditions receive one-on-one care support.

## CVS Caremark Mail Service

Sign up for a 90-day supply by mail and you'll only pay the cost of a 34-day supply. Save money and time by refilling prescriptions with CVS Caremark Mail Service Pharmacy.



# PERKS INCLUDED WITH EVERY PLAN



Achieve your well-being goals with the help of programs for weight management, tobacco cessation and more



Enjoy exclusive discounts through our Blue365 program on things like fitness gear, gym memberships, meal delivery services, hotels and travel



Get inspired to be your healthiest by completing fun activities through your well-being program



Pay nothing for annual in-network preventive care and 24-Hour Nurse Advice Line

"I take advantage of the hotel discounts through Blue365."



"I lost 30 lbs. with the help of my coach and the weight loss program."



"I like knowing I can call the 24-hour nurse line at any time."



# PATIENT-CENTERED MEDICAL HOME

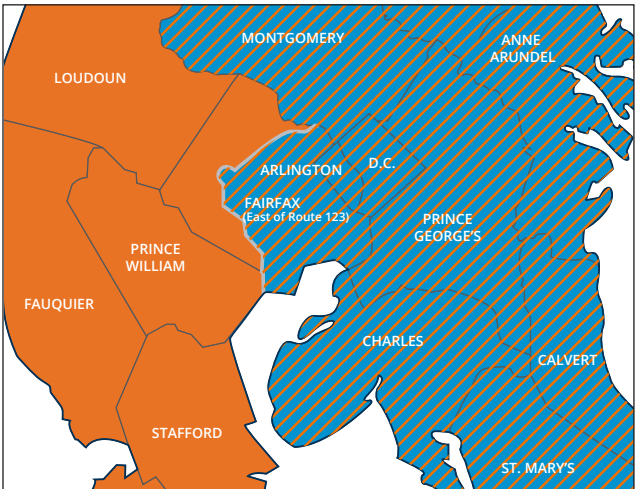
Our Patient-Centered Medical Home (PCMH) program focuses on the relationship between you and your primary care provider (PCP)—whether a physician or nurse practitioner. It's designed to provide your PCP with a more complete view of your health and of the care you're receiving from other providers.

## With the CareFirst PCMH Program, your PCP will:

- Coordinate your care with all your healthcare providers, including specialists, labs, pharmacies and mental health facilities
- Proactively manage how your care for one condition may impact other health needs or healthcare services that you have
- Help you get access to the most appropriate and affordable care based on your needs
- Review your medications and possible drug interactions with you
- Review your health records for duplicate tests or services already ordered or performed by another provider

*The PCMH Program is available only within the CareFirst service area.*

# CAREFIRST SERVICE AREA



## The CareFirst service area includes:

Maryland, District of Columbia, the cities of Alexandria and Fairfax, the town of Vienna, Arlington County, the areas of Fairfax and Prince William Counties in Virginia lying east of Route 123. Members receiving care within the service area can choose either the Regional or National plan.

## This area is outside the CareFirst service area and includes:

The areas of Fairfax and Prince William Counties in Virginia lying west of Route 123. Members receiving care outside of the service area should choose the National plan.

# VIRTUAL CARE OPTIONS

It's important to be able to get the care you need, when you need it. Our virtual care offerings make it easy to do just that.

## 24-Hour Nurse Advice Line

Talk to a registered nurse about your symptoms, and the appropriate steps to take, at any time by calling **800-535-9700**.

## CloseKnit

CloseKnit, our leading virtual care practice, gives you 24/7 access to the support you deserve—from primary and urgent care to therapy and more\* through your desktop or the convenient CloseKnit mobile app.

### CloseKnit offers:



#### 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 illnesses 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. Psychiatric services coming soon.



#### Lactation Support

Assistance for nursing mothers with breastfeeding challenges.



#### Diet & Nutrition

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

Learn more and register at **[closeknithealth.com](https://closeknithealth.com)**.

*\* Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.*

*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.*

# CAREFIRST WELLBEING<sup>SM</sup>

We're pleased to introduce CareFirst WellBeing—your personalized digital connection to your healthiest life. CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

- **RealAge®:** Find out if your healthy habits are truly making an impact by taking the RealAge® health assessment.
- **Health coaching:** Trained clinical professionals provide one-on-one support to help you reach your wellness goals.
- **Weight management programs:** Better understand your relationship with food, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.
- **Tobacco cessation:** Our program's expert guidance, support and online tools make quitting easier than you might think.
- **Financial well-being:** Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, this program can help.



CareFirst WellBeing puts the power of health in your hands. Exciting, personalized programs—from physical fitness and family relationships to stress management and financial health—can help you, and your family, address every aspect of your well-being.

## FIND A DOCTOR

CareFirst has one of the world's largest networks of participating providers—over one million in all. Whether you're looking for a primary care physician, a specialist or a care facility, we can help you find one that's right for you. Our simple Find-a-Doctor tool helps you select the right healthcare at the right place.



Try it for yourself. Visit [carefirst.com/doctor](https://carefirst.com/doctor). You'll be able to search by name, location, specialty and a host of other options. You can even find participating doctors and facilities outside of the U.S.

## MY ACCOUNT BENEFITS

Your member portal is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips. With *My Account*, you can:

- Find in-network doctors, urgent care centers and other care—nationwide
- 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
- Send a secure message for members

## TREATMENT COST ESTIMATOR

Our Treatment Cost Estimator shows you what you'll pay for procedures, doctor's office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises.



- Receive personalized estimates based on your plan
- Compare costs from different doctors and facilities

# BLUE REWARDS INCENTIVE PROGRAM

As part of your wellness program, Blue Rewards adds an incentive to your efforts to better your health. By completing a few healthy activities you can earn—and keep earning—as you continue to put your own care first. Each activity comes with its own reward.



**Earn \$50**

Take the RealAge® test to determine your physical rather than your calendar age



**Earn \$100**

Select a primary care doctor and complete a health screening



**Earn \$25**

Retake the RealAge test after 90 days



**Earn up to \$200**

Participate in up to 3 health coaching sessions

Once you've completed one or more of the activities, you'll receive a CareFirst Blue Rewards Visa® Debit Card with your rewards on it. This money can be used toward your annual deductible, out-of-pocket costs or other eligible expenses under your plan. Keep the card for as long as you're a member and future incentives will be added to your balance as you earn them.

To view, or get started earning your rewards, visit [carefirst.com/wellbeing](https://carefirst.com/wellbeing) to download the CareFirst WellBeing app and register for your account. If you have been using Sharecare through CareFirst, you can download the WellBeing app and log in with your current user name and password.



*"I took the RealAge test and learned how my everyday choices were affecting my overall health. The trackers and challenges keep me motivated to be more active."*

## AWAY FROM HOME CARE® (REGIONAL PLAN)

When you're away from home for 90 consecutive days or more, we've got you covered. Whether you're out-of-town on extended business, traveling or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

- You can see any affiliated Blue Cross Blue Shield HMO (Host HMO) provider when you are outside the CareFirst service area.
- You'll be considered a member of the Host HMO and receive care under their plan. Your cost may be different than when you're in the CareFirst service area.
- Once you're enrolled in the program and receive care, you don't have to complete claim forms, so there's no paperwork. And you're only responsible for out-of-pocket costs such as copays, deductibles, coinsurance and the cost of non-covered services.

## BLUECARD & BLUE CROSS BLUE SHIELD GLOBAL® CORE (NATIONAL PLAN)

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core), you have access to care in more than 190 countries.

### BlueCard

- You'll have access to local Blue Cross Blue Shield Plan doctors and hospitals when you're outside the CareFirst service area.
- You'll be considered a member of the local BCBS plan when you receive care. Your cost may be different than when you're in the CareFirst service area.
- For care received in-network, you don't have to complete claim forms, so there's no paperwork.

### BCBS Global® Core

- In most cases, you shouldn't have to pay up front for inpatient care at hospitals in the BCBS Global Core Network.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care and other medical services. You then complete an international claim form for reimbursement.

# UNDERSTANDING YOUR OPTIONS FOR CARE

It's helpful to know where you can go for care before you need it. Becoming familiar with the information below can help you save time and money.



**Seeking advice:  
24-Hour Nurse Advice Line**

- General questions about health issues or where to go for care
- Registered nurses are available 24/7 by phone



**Need care soon:  
Primary Care Provider**

- Diagnosis & treatment of illness, chronic conditions, check-ups
- Night/weekend hours & some may have 24-hour phone lines



**Want care quickly:  
Virtual Urgent Care**

- Treatment for minor illnesses and injuries as well as therapy, and more through CloseKnit
- Highly-credentialed providers available 24/7 by computer or easy-to-use mobile app



**Need care now:  
Urgent Care Center**

- Non-life-threatening illness or injury requiring immediate care
- Open 7 days a week



**Emergency:  
911 or nearest ER**

- Life-threatening illness or injury
- Open 24/7

# MENTAL AND BEHAVIORAL HEALTH SUPPORT

You have 24/7 access to specialized services and programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions. Our support team of professionals is ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

Our Behavioral Health Digital Resource is an online platform that gives you access to trained volunteer listeners, community support and referrals to credentialed physicians in the CareFirst provider network. Learn more about all the free mental and behavioral support available at [carefirst.com/mentalhealth](https://carefirst.com/mentalhealth).



You're never alone. If you or someone you know is in crisis, dial 988 or contact the CareFirst support line at 800-245-7013.




# COST COMPARISON WORKSHEET

Use this worksheet to compare plans or to compare this year’s plan to your old plan.

Annual costs to consider	National Plan	Regional Plan
For each row, fill in the amounts from the benefit summary included in this guide, along with your company’s health insurance paycheck deduction for each plan.		
Annual paycheck deduction	\$_____ per month x 12 months = \$_____	\$_____ per month x 12 months = \$_____
Annual in-network deductible	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family
Are any services covered before the deductible is met?	Yes      No	Yes      No
Annual out-of-pocket maximum	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family

Costs when using your plan	National Plan	Regional Plan
For each row, estimate how many visits you and your family generally expect to have each year along with the amounts for each service included in this guide.		
About how many times did you visit your primary care doctor (outside of annual wellness visits/physical) in the past year?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
About how many times did you visit specialists in the past year?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
In the past year, how many times did you go to urgent care?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
In the past year, how many times did you go to the emergency room?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
Is there anything coming up in the next 12-18 months that you didn’t have to plan for last year?	Yes      No	Yes      No
If Yes, use this line to estimate the cost for that procedure	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
TOTALS	\$_____	\$_____

NEXT STEPS



I'm choosing the  
National Plan  
BluePreferred PPO



I'm choosing the  
Regional Plan  
BlueChoice HMO Open Access

Ready to enroll?

- Log in to PeopleSoft to make your elections at **ess.dc.gov**
- Complete the enrollment process
- Look for your member ID cards in the mail and be sure to download the CareFirst mobile app to access your plan on-the-go

Not ready to choose your plan just yet?

- If you need more detailed plan information, visit **<https://dchr.dc.gov/page/open-enrollment-2023>**
- Set a reminder on your phone so you don't miss the deadline!

DECEMBER

11

Remember—  
you have until  
December 11, 2023  
to make or change  
your plan selection.



We're here to help! If you have additional questions, please call 833-556-3163 Monday–Friday 8 a.m. to 9 p.m.

# DEFENDING ACCESS TO WOMEN'S HEALTH CARE SERVICES REVISION ACT OF 2018

The services set forth below mirrors preventive services under the Patient Protection and Affordable Care Act. These preventive services and contraceptive services are covered when clinically appropriate, under recommendations of the United States Preventive Services Task Force and supporting evidence. Services apply to D.C. plans that have elected or are required to provide these preventive services. Limitations may apply with respect to the availability, setting, frequency, or method of a service or treatment.

These preventive services are offered at no cost to you. This means you don't have to pay a copay or coinsurance, even if you haven't met your deductible. Subscribers are still responsible for their portion of the premiums

## Children

### *Well child visits (to age 21) to include:*

- Alcohol and drug assessments for older children
- Autism screening
- Cardiac arrest risk assessment
- Certain diagnostic screenings for newborns
- Cervical dysplasia for sexually active females
- Counseling for certain sexually transmitted diseases for those at increased risk
- Depression screening
- Developmental screenings—under age 3
- Fluoride varnish
- Health, diet and weight counseling
- Hearing screening for newborns
- Hematocrit or hemoglobin screening
- Hepatitis B infection assessment
- HIV screening
- Lead testing
- Obesity screening
- Suicide risk assessment
- Tobacco use screening and cessation counseling
- Vision screening

### *Immunizations for children include:*

- COVID-19
- Diphtheria, Tetanus, Pertussis
- Hepatitis A and Hepatitis B
- Human Papillomavirus (HPV)
- Inactivated Polio
- Influenza
- Influenza B
- Measles, mumps and rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

## Adults

### *Preventive care visits include:*

- Abdominal aortic aneurysm (one-time) screening
- Alcohol misuse screening
- Anemia screening
- Breast cancer (mammogram)
- BRCA testing for breast/ovarian cancer risk and genetic counseling
- Breastfeeding support, supplies and counseling
- Cervical cancer screening
- Cholesterol screening
- Colon Cancer Screenings
- Contraceptive care and counseling including alternative methods
- Depression screening
- Fall Prevention Physical therapy and Vitamin D (OTC\*) supplementation to prevent falls in community-dwelling adults (those who are not in assisted living facilities or nursing homes), age 65 years or older who are at increased risk for falls.
- FDA-approved contraceptives and counseling

- Generic Truvada (emtricitabine/tenofovir disoproxil fumarate) (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's health care provider) including medication monitoring, preventive counseling or office visits which may include the following services:
  - Adherence counseling
  - Creatinine testing
  - HIV, Hepatitis B and Hepatitis C screenings
  - Pregnancy testing
  - STI screening & counseling
- Gestational diabetes screening
- Health, diet and weight counseling for qualifying adults
- Hepatitis B and Hepatitis C screening
- High blood pressure screening
- HIV screening
- HPV DNA testing
- Intimate partner, interpersonal and domestic violence screening and counseling
- Lung cancer screening
- Obesity screening
- Osteoporosis screening
- Rh incompatibility and urinary tract infection screenings for pregnant women
- Sexually transmitted diseases
- Tuberculosis screening
- Type 2 diabetes screening
- Tobacco use screening and cessation counseling

### *FDA-approved contraceptives:*

- Cervical cap (P) with spermicide (OTC\*)
- Contraceptive implant system (inserted by doctor)
- Contraceptive patch (P)
- Contraceptive ring (P)
- Diaphragm (P) with spermicide (OTC\*)
- Female condom (OTC\*)
- Fertility Mobile Apps\*\*
- IUD (inserted by doctor)
- Morning after pill (generic only) (OTC\*)
- Oral contraceptive (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's healthcare provider). Preauthorization and medical review of brand name oral contraceptives is required.
- Oral contraceptive (generics) (P)
- Shot/injection1 (generic only) (P)
- Spermicide (OTC\*)
- Sponge (OTC\*) with spermicide (OTC\*)
- Sterilization implant
- Sterilization surgery

### *Immunizations for adults:*

- COVID-19
- Hepatitis A and B
- Herpes Zoster
- HPV

Information on preventive services are available at [healthcare.gov/coverage/preventive-care-benefits](https://www.healthcare.gov/coverage/preventive-care-benefits)

To verify your benefits, check your benefits contract, your enrollment materials or log into My Account at [carefirst.com/myaccount](https://carefirst.com/myaccount).

\*Requires a prescription from a physician, or a D.C., Board certified, network pharmacists for contraceptives. Prescriptions must be filled at a network pharmacy to obtain the zero-cost share. You may be able to receive up to a 12-month supply of contraceptives at one time. Ask your physician or pharmacist if you have any questions regarding dispensing amount.

\*\*Cannot submit to both HSA and FSA for reimbursement

1 Includes brand name Depo-SubQ Provera 104 (injection)

(P) Prescription Required; (OTC) Over the Counter

- Influenza
- Measles, mumps and rubella
- Diphtheria, Tetanus, Pertussis
- Meningococcal
- Pneumococcal
- Varicella

***Breastfeeding supplies (provided under the Durable Medical Equipment (DME) benefits of the contract)***

Coverage is provided for:

- Electric breast pump (rental and/or purchase)
- Hospital grade electric breast pump (rental)
- Manual breast pumps (rental and/or purchase)

Replacement supplies include:

- Adapter for breast pump
- Breast pump replacement tubing
- Breast shield and splash protector for use with breast pump
- Cap for breast pump bottle
- Locking ring for breast pump
- Polycarbonate bottle for use with breast pump

***Prenatal care:***

- Routine prenatal obstetrical office visits

- Lactation consultations which may include comprehensive breastfeeding education, support, counseling, clinical management and interventions provided to women during the antenatal, perinatal, and postpartum period to support the initiation, maintenance and continuation of breastfeeding, including when provided to women who encounter difficulties breastfeeding due to anatomic variations, complications, and feeding problems with newborns.
- Perinatal depression screening and counseling

***Breast cancer drugs:***

- Tamoxifen, Raloxifene, Exemestane and Anastrozole for women 35 and older at an increased risk for invasive breast cancer. Preauthorization required

***Preventive drugs for adults:***

- Aspirin (81mg) (OTC\*)
- Colon Preparations—age 50–74 (P)
- Folic Acid—women of childbearing age (P)
- Smoking Cessation (OTC\*)
- Vitamin D (600IU–800IU)—age 65 years and older (P)
- Statins (generic low to moderate intensity) — adults age 40 to 75 (P)
- Generic antiretroviral therapy (Rx): Emtricitabine/tenofovir disoproxil fumarate 200 mg–300 mg

***Preventive drugs for children:***

- Fluoride—starting at 6 months (P)
- Iron—6–12 mo. risk of anemia (OTC\*)

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CONNECT WITH US:



**The examples provided in this booklet are meant to help you evaluate the benefits we offer. They are not meant to convey the exact terms of any one particular plan and do not create rights not given through the benefit plan. The details of your plan may vary.**

**The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call CareFirst.**

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518.  
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-258-6518。

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