

Your Healthcare Benefit Guide

Commissioners of St. Mary's County— Medicare Eligibles/Retirees 65+

St. Mary's County Library Metropolitan Commission of St. Mary's County

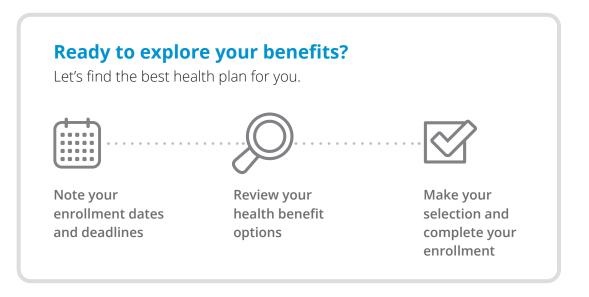


With Care, CareFirst



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.



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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.

Choosing the right plan

Everyone has their own personal needs and concerns when it comes to healthcare. We hope you'll take a few minutes to consider what features are most important to you. Here are some examples:



Felipe 32 YEARS OLD FORKLIFT OPERATOR MARRIED

Felipe is young and healthy, and generally sees the doctor only when something bothers him. At this point in his life, he's more interested in saving money than having a wide variety of options.

FELIPE WANTS A HEALTH PLAN THAT:

- Fits within a budget
- Has value for what he pays



Susanne 45 YEARS OLD IT MANAGER MARRIED WITH

Susanne is a hard-working mom with a high-stress job and active teenage kids. She needs affordable care for her family and help managing her son's type 1 diabetes.

SUSANNE WANTS A HEALTH PLAN THAT:

- Has access to quality care when and where she needs it
- Helps her manage the costs of medications



Elizabeth 59 YEARS OLD SALES DIRECTOR

DIVORCED

Elizabeth is an active empty-nester. She wants to know that she's got the resources she needs to cover any unexpected expenses, but doesn't want to feel overwhelmed with options.

ELIZABETH WANTS A HEALTH PLAN THAT:

- Includes a robust wellness program
- Provides coverage when she travels



Matt 29 YEARS OLD SOCIAL WORKER

SINGLE

Matt spends much of his free time with his faithful yellow lab, but he's looking forward to buying a house. Saving money is his immediate goal, but not at the expense of having reliable, basic coverage.

MATT WANTS A HEALTH PLAN THAT:

- Has a low monthly paycheck deduction
- Offers discounts for gym memberships

Medical plan highlights

Let's compare some of your in-network costs for common services with these plans.

with these plans.		
	BlueChoice HMO Open Acess	BlueChoice Advantage
Costs to consider		
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	None	\$250 Individual/\$500 Family
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	\$2,000 Individual/ \$6,000 Family	\$1,000 Individual/ \$2,000 Family
Plan Includes Out-of-network Coverage	No	Yes
Staying healthy		
Annual Physical Exam	\$0 per visit	\$0 per visit
Preventive Screenings and Immunizations	\$0 per visit	\$0 per visit
Provider services		
Primary Care Provider (PCP)	\$10 per visit	\$20 per visit
Specialist (e.g. Dermatologist)	\$20 per visit	\$20 per visit
Mental Health Professional— Office	\$10 per visit	\$20 per visit
Urgent Care	\$20 per visit	\$20 per visit
Emergency Room	\$75 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Allergy Shots	\$10 per visit (PCP)	\$0 per visit
Labs (non-hospital facility)	\$0 (LabCorp)	\$0 (LabCorp)
X-rays (non-hospital facility)	\$0	\$0 per visit
Physical, Speech and/or Occupational Therapy	\$10 per visit (limitations apply)	\$0 per visit (limitations apply)
Chiropractic	\$20 per visit (limitations apply)	\$20 per visit
Acupuncture	Not covered	\$20 per visit
Outpatient Surgery (surgical center)	\$0 per visit	\$35 per visit
Inpatient Surgery (including maternity)	\$0 per visit	After deductible is met, \$0 per visit
Artificial and Intrauterine Insemination	50% of CareFirst member cost	\$20 per visit (office)
In Vitro Fertilization Procedures	50% of CareFirst member cost	\$20 per visit (office)
Durable Medical Equipment	\$0	\$0 per visit

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.

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



Earn up to \$100 by completing healthy activities through your well-being and incentive 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 Noom program."



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



Highlights of the standard group over 65 plan option

	Medicare Pays	Standard Group 65+ Plan Pays
Service		
Inpatient Hospital Days 1–60	60 days of inpatient hospital care, except for \$1,676 (your Medicare Part A deductible)	The first \$1,676 of the inpatient hospital bill for the first 60 days of hospitalization
Inpatient Hospital Days 61–90	30 additional days of hospital inpatient care, except for a \$419 per day copay	\$419 per day copay for days 61–90
Inpatient Hospital Lifetime Reserve Days	60 additional "lifetime reserve" days of inpatient hospital care, except for a \$838 per day copay	\$838 per day copay for up to 60 "lifetime reserve" days
Skilled Nursing Facility	100 days of inpatient care, except for the \$209.50 per day copay for days 21–100	\$209.50 per day copay for days 21-100
Inpatient Medical/Surgery	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first \$257 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Outpatient Surgery Hospital visits and surgery for medical conditions*	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first \$257 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Emergency Services Minor surgery and emergency first aid provided in a physician's office or hospital outpatient department	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first \$257 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Diagnostic Services X-rays or pathology examinations provided in a physician's office or hospital outpatient department	80% of the Medicare-approved amount after the Medicare Part B deductible has been met Clinical laboratory services covered in full	For outpatient minor surgery or accidental injury: The first \$257 (your Medicare Part B deductible) and 20% of the Medicare-approved amount For all other cases: Covered by Major Medical
Radiation/Chemotherapy Services Services provided in an office or hospital outpatient department	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first \$257 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Diabetic Self-Management	80% of the Medicare-approved amount for blood glucose monitors, testing strips, lancet devices, after the Medicare Part B deductible has been met	80% of Medicare Part B deductible and coinsurance

The Medicare deductibles and coinsurance amounts shown are based on 2025 figures. Your benefits will automatically adjust to meet any amounts that change in 2026.

CareFirst's allowed amount for services covered by Medicare and CareFirst will not exceed the Medicare approved amount/Medicare limiting charge.

	Medicare Pays	Standard Group 65+ Plan Pays
Preventive Services		
Annual Physical	One Annual Wellness visit every 12 months	Covered in full by Medicare
Routine GYN Pap Smears, Pelvic and clinical breast exams	Covered once every 2 years; covered once a year for women at high risk	100% of the Allowed Benefit the year Medicare does not pay
Prostate Cancer Screening Exam	80% of the Medicare-approved amount after the Medicare Part B deductible of \$257 has been met; 100% for the PSA test; 80% for other related services. Covered once a year	100% of Medicare Part B deductible and coinsurance
Colorectal Cancer Screening Procedures	No coinsurance, copay or deductible to meet for screening colonoscopy or screening flexible sigmoidoscopy	Covered in full by Medicare
Mammography Screening	No coinsurance, copay or deductible to meet; One baseline between ages 35–39. Once every 12 months for age 40 and older	Covered in full by Medicare
Bone Mass Measurement	No coinsurance, copayment or deductible; Once every 24 months for persons at high risk for osteoporosis	Covered in full by Medicare

In addition to the Standard Group 65+ Benefits, the Retirees of Commissioners of St. Mary's County, Metropolitan Commission and Library also have Major Medical benefits. Major Medical benefits are then reimbursed at 80% of Allowed Benefit up to \$500 Out-of-Pocket Maximum. Reimbursement is then 100% of Allowed Benefit for the remaining calendar year.

Prescription drug plan highlights

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

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	Prescription Drug Plan
Costs to consider	_
Prescription Plan Tier	\$10/20/\$35/50%/50%
Prescription Deductible	\$0
Up to 34-day supply	
Generic Drugs (Tier 1)	\$10
Preferred Brand Drugs (Tier 2)	\$20
Non-preferred Brand Drugs (Tier 3)	\$35
Preferred Specialty Drugs (Tier 4)*	50% up to \$75 maximum
Non-preferred Specialty Drugs (Tier 5)*	50% up to \$150 maximum
90-day supply (all other retailers)	
Generic Drugs (Tier 1)	\$20
Preferred Brand Drugs (Tier 2)	\$40
Non-preferred Brand Drugs (Tier 3)	\$70
Preferred Specialty Drugs (Tier 4)*	50% up to \$150 maximum
Non-preferred Specialty Drugs (Tier 5)*	50% up to \$300 maximum

^{*} Must be enrolled in Prudent Rx, or member will pay 30% of the cost of the medication. Visit carefirst.com/rxgroup for the most up-to-date drug lists and other important information.

Restricted Generics Program

Generic drugs will be used for all your prescriptions. If you prefer the brand, you will 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, you will only pay the copay.

CVS Caremark Mail Service

Sign up for a 90-day supply by mail and you'll only pay the cost of a 60-day supply. Save money and time by refilling prescriptions with CVS Caremark Mail Service Pharmacy.

Specialty Pharmacy Coordination Program

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

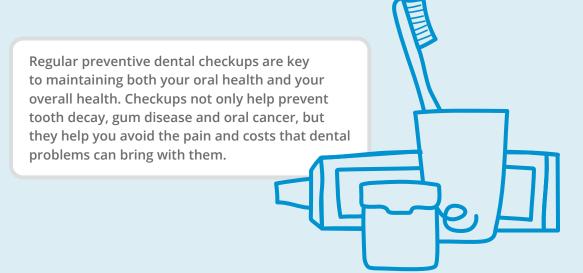
Voluntary Maintenance Choice® Program

Save money by filling your maintenance medications through CVS Caremark Mail Service or at a CVS retail location. You'll pay just two copays for a three-month supply. While you can fill a three-month supply of maintenance medications at any retail pharmacy, you will pay the 34-day copay for each fill.

Dental plan highlights

Let's review some of your in-network costs for common dental services.

	Preferred Dental
Costs to consider	
Calendar Year Maximum Benefit	\$1,500
Calendar Year In-network Deductible	\$25 Individual/\$75 Family
Lifetime Orthodontia Maximum	\$1,000
Plan Includes Out-of-network Coverage	Yes
Routine checkups	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	\$0 per visit
Basic services	
Fillings, Basic Periodontal Services and Non-surgical Extractions	After deductible is met, 20% of CareFirst member cost
Major services	
Major Surgical (root canals, surgical extractions and surgical periodontal services)	After deductible is met, 20% of CareFirst member cost
Major Restorative (dentures, crowns, bridges)	After deductible is met, 50% of CareFirst member cost
Orthodontia (up to the lifetime max. per person)	50% of CareFirst member cost



Vision plan highlights

Let's review some of your in-network costs for common vision services.

(12-month benefit period)	BlueVision Plus
Routine checkup	
Annual Eye Exam	\$10
Corrective measures	
Davis Vision Frame Collection	\$0 (for approximately 200 frames)
Other Frames	Plan pays up to \$100, you pay balance
Spectacle Lenses (single-vision, lined bifocal, trifocal)	\$0
Medically Necessary Contact Lenses	\$0 (with prior approval)
Elective Contact Lenses	Plan pays up to \$97, you pay balance

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A regular vision checkup can tell you more about your health than you might think. Not only can your eye doctor help you see better, but they can also identify a host of other problems including diabetes and cancer.



With CareFirst, you get so much more

Unmatched access

With 95% of national providers¹ and 99% of local providers² within our Blues network, you have the **broadest** access to care.

Comprehensive care

Our comprehensive care approach meets you where you are, ensuring you have a consistent, whole health experience that helps you better manage your physical, emotional, social and financial well-being.

Local expertise

Our extensive and long-standing local relationships give you **unparalleled access to providers and community organizations**, resulting in enhanced care coordination and improved health outcomes.

Innovative member solutions

Beyond health coverage, you have access to our **comprehensive portfolio of best-in-class member solutions** to help you achieve your best health in all stages of life, health and conditions.



1 in 2 Americans are covered by Blue regionally, 1 in 3 nationally³



Most chosen health plan in the Mid-Atlantic, serving 3.5 million members



A not-for-profit company driven by mission



Access to 1.7 million U.S. providers⁴



CareFirst is proud to be recognized as one of the World's Most Ethical Companies® for 13 consecutive years.

"World's Most Ethical Companies" and "Ethisphere names and marks are registered trademarks of Ethisphere LLC.

¹ CHP Network Compare Findings, Q3 2017

² CareFirst Book of Business Data, August 2020

³ BCBSA Blue Facts, February 2022

⁴ Provider Data Repository (PDR), January 2021

So many options for when you need care

Establishing a relationship with a primary care provider (PCP) is the best way to receive consistent, quality care. But when life makes that difficult, CareFirst offers so many other ways to get the care you need.

	Needs or symptoms such as:	Virtual option
CloseKnit Virtual Care		
CloseKnit offers 24/7/365 virtual-first primary care, urgent care*, mental health and other specialty services. * Primary care available to members and dependents ages 18+; Urgent care available to members and dependents ages 2+	 Cough, cold and flu Urgent care needs Illness while traveling Therapy Psychiatry, lactation and nutrition services Medication questions Insurance or coverage questions 	
24-Hour Nurse Advice Line		
Call 800-535-9700 for general questions about health issues or where to go for care	Cough, cold and fluRashesMedication questions	✓
PCP Visit		
Discuss diagnosis, treatment of illness, chronic conditions, routine check-ups	Routine physicalDiabetic careCough, cold, flu, allergiesBronchitis	✓
Convenience Care Centers		
(e.g., CVS MinuteClinic) Health screenings, vaccinations, minor illness or injury	Cough and coldPink eyeEar painFlu shot	×
Urgent Care Centers		
Non-life-threatening illness or injury requiring immediate care	SprainsCut requiring stitchesMinor burnsSore throat	×
Emergency Room Visit		
Life-threatening illness or injury	Chest painDifficulty breathingUncontrolled bleedingMajor burns	×

CloseKnit is a registered trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit provides telehealth services to CareFirst BlueCross BlueShield members.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

CareFirst WellBeing

Live your healthiest life with CareFirst WellBeingSM. Access motivating digital resources anytime, plus specialized programs for extra support—at no cost to you—including:

- RealAge®: Discover if your healthy habits are making an impact by taking the RealAge health assessment.
- Health coaching: Get one-on-one confidential support from trained professionals to achieve your best health.
- Lifestyle coaching: Identify opportunities to improve your daily health, from managing stress to eating healthy and being active.
- Disease management: Get help to better understand and manage your chronic or complex condition.
- **Tobacco cessation**: Learn how to recognize and avoid tobacco cravings and habits with our voluntary and confidential 21-day program, Craving to Quit.
- Financial well-being: Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program, SmartDollar, can help.

- SM.
- Weight management programs:¹
 Reach a healthier weight and reduce the risk of developing type 2 diabetes with the following programs:
 - Noom weight management: Gain confidence to make lasting change with this award-winning weight loss program designed by psychologists.
 - Noom diabetes prevention program (DPP): Access tracking tools, peer support and specially trained coaches to help lower the risk of diabetes.
 - **Eat Right Now**: Change your eating patterns with this 12-month program that combines neuroscience and mindfulness tools.
- Inspirations: Break free from stress, unwind at the end of the day or ease into a restful night of sleep with meditation, streaming music and videos.

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.



¹ To join Noom or Eat Right Now, members need to meet clinical eligibility criteria through an online assessment. Noom is an app-based program. Eat Right Now is app-based and available on the web. Eat Right Now is administered by Sharecare, Inc. and Noom is administered by Noom, Inc., independent companies that provide health improvement management services to CareFirst members. Sharecare, Inc. and Noom do not provide CareFirst BlueCross BlueShield products or services and are solely responsible for the health improvement management services they provide.

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**. 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.

- 000
- Receive personalized estimates based on your plan
- Compare costs from different doctors and facilities

Away From Home Care®

When you're away from home for 90 consecutive days or more, we've got you covered 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.

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.

BlueCard and Blue Cross Blue Shield Global® Core

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.

Mental and behavioral health support

As a CareFirst member, you have 24/7 access to a range of programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions, including:

- **CloseKnit**—access our leading virtual care practice through a simple, convenient app. CloseKnit providers can assess behavioral health needs to help you connect with therapists and psychiatrists.
- **Substance Use Support**—get clinical counseling 24/7, or schedule substance use disorder treatment for you or a loved one within 48 hours.
- Care Navigation—talk to a Behavioral Health Care Manager who can help you find a path forward. LGBTQ+ members can contact our dedicated services specialist for help navigating care and understanding benefits.

To learn more about all the free mental and behavioral support available, visit carefirst.com/mentalhealth.

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





"We all struggle at times, so knowing there are so many options my teens can turn to for help is a huge relief."

Cost comparison worksheet

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

Annual costs to consider	Plan 1	Plan 2		
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.				
	\$ per month	\$ per month		
Annual paycheck deduction	x 12 months =	x 12 months =		
	\$	\$		
Annual in-network deductible	\$ Individual	\$ Individual		
	\$ Family	\$ Family		
Are any services covered before the deductible is met?	Yes No	Yes No		
Annual out-of-pocket maximum	\$ Individual	\$ Individual		
	\$ Family	\$ Family		

Costs when using your plan	Plan 1	Plan 2
For each row, estimate how many visits y along with the amounts for each service i		expect to have each year
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 = \$	<pre>\$ per visit x visits per year = \$</pre>
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

Ready to enroll?

- Complete the enrollment process
- Look for your member ID cards in the mail

Not ready to choose your plan just yet?

- If you need more detailed plan information, visit carefirst.com/stmarys
- We're here to help! If you have additional questions, please email benefits@stmarysmd.com.





We're here to help! If you have additional questions, please call 888-448-0084, Monday-Friday 8 a.m. to 9 p.m.



"Everything in this guide is designed to help you and your family achieve your best health. And all the plans, programs, tools and resources that we've built for you are exactly what we expect for ourselves and those we love. Because, like you, we're CareFirst members, too."

Tonya O.

Careliist • • • Employee since '22

Notes



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.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

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.

This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. Carefirst BlueCross BlueShield Medicare Advantage is the business name of Carefirst Advantage, Inc. Carefirst BlueCross BlueShield Medicare Advantage is the business name of Carefirst Advantage, Inc. Carefirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, Carefirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc., of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.