

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

The CareFirst BlueCross BlueShield PROMISE



A not-for-profit organization
driven by mission



Serving 3.3 million members
in the Mid-Atlantic region



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

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 benefits?

Let's find the best health plan for you.



Note your enrollment dates and deadlines



Review your health benefit options



Make your selection and complete your enrollment

WHAT'S INSIDE?

| | |
|----|--|
| 3 | WELCOME |
| 4 | WHAT'S INSIDE? |
| 5 | CHOOSING THE RIGHT PLAN |
| 6 | MEDICAL PLAN HIGHLIGHTS |
| 7 | PERKS INCLUDED WITH EVERY PLAN |
| 8 | HIGHLIGHTS OF THE STANDARD GROUP OVER 65 PLAN OPTION |
| 10 | PRESCRIPTION DRUG PLAN HIGHLIGHTS |
| 11 | DENTAL PLAN HIGHLIGHTS |
| 11 | VISION PLAN HIGHLIGHTS |
| 12 | CLOSEKNIT—24/7 VIRTUAL-FIRST PRIMARY CARE |
| 12 | CAREFIRST WELLBEING |
| 13 | FIND A DOCTOR |
| 13 | MY ACCOUNT BENEFITS |
| 13 | TREATMENT COST ESTIMATOR |
| 14 | AWAY FROM HOME CARE® |
| 14 | BLUECARD & BLUE CROSS BLUE SHIELD GLOBAL® CORE |
| 15 | UNDERSTANDING YOUR OPTIONS FOR CARE |
| 15 | MENTAL AND BEHAVIORAL HEALTH SUPPORT |
| 16 | COST COMPARISON WORKSHEET |
| 17 | NEXT STEPS |
| 18 | NOTES |

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 needs and concerns when it comes to healthcare. Adding Medicare into the mix means there's even more to consider. Take a few minutes to think about what plan features are most important to you. Here are a few examples:



Robert

65 YEARS OLD
MARRIED

Robert just turned 65, making him eligible for Medicare for the first time. He only goes to the doctor when something bothers him. At this point in life, he's more interested in saving money than having a wide variety of options.

ROBERT WANTS A HEALTH PLAN THAT:

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



Linda

56 YEARS OLD
DIVORCED

Linda is an active empty-nester. She's always on the go, and plans her day around her workout. She wants to know she's covered no matter what comes up, but doesn't want to be overwhelmed with options.

LINDA WANTS A HEALTH PLAN THAT:

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



Patricia

72 YEARS OLD
MARRIED

Patricia has had the standard health plan for as long as she can remember. She's heard that the new health plans offer great coverage, so she's considering switching plans this year.

PATRICIA WANTS A HEALTH PLAN THAT:

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



James

68 YEARS OLD
SINGLE

James spends much of his free time hiking or walking the local trails. He's saving up money for a big trip, but doesn't want to sacrifice reliable, basic health coverage that will cover him no matter where he ends up.

JAMES WANTS A HEALTH PLAN THAT:

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

MEDICAL PLAN HIGHLIGHTS

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

| | BlueChoice HMO Open Access | 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 |
| Feeling under the weather? | | |
| Primary Care Doctor | \$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) |
| Following doctor's orders? | | |
| 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 wellness goals with the help of programs for weight loss, 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 wellness 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."



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 \$1,600 (your Medicare Part A deductible) | The first \$1,600 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 \$400 per day copay | \$400 per day copay for days 61–90 |
| Inpatient Hospital Lifetime Reserve Days | 60 additional “lifetime reserve” days of inpatient hospital care, except for a \$800 per day copay | \$800 per day copay for up to 60 “lifetime reserve” days |
| Skilled Nursing Facility | 100 days of inpatient care, except for the \$200 per day copay for days 21–100 | \$200 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 \$226 (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 \$226 (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 \$226 (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 \$226 (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 \$226 (your Medicare Part B deductible) and 20% of the Medicare-approved amount |

The Medicare deductibles and coinsurance amounts shown are based on 2023 figures. Your benefits will automatically adjust to meet any amounts that change in 2024.

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 |
|---|--|--|
| 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 |
| 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 \$226 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.

| | Prescription Drug Plan |
|---|-------------------------|
| 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 | |
| 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 |

* Specialty drugs only available when purchased by Mail Order.

Visit [carefirst.com/rxgroup](https://www.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 one-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 |
| Orthodontia Lifetime 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 and night guards) | 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 \$97, you pay balance |

CLOSEKNIT—24/7 VIRTUAL-FIRST PRIMARY CARE

At CareFirst, we believe in high-quality, affordable and accessible healthcare. That's why we are encouraging CareFirst members age 18 or older to join CloseKnit.

CloseKnit is an advanced, virtual-first primary care practice available 24/7/365 through an easy-to-use app. You can chat with your dedicated Care Team at no cost, book appointments when it's most convenient for you, refill prescriptions, and receive preventive, urgent and chronic care, all from your mobile or tablet device. CloseKnit's Health Navigators can help you coordinate care with specialists, arrange for in-person care, answer benefits and billing questions, and more! There are no fees to join CloseKnit and messaging with your Care Team is always free. To learn more, visit closeknithealth.com.



Chat with
your
Care Team



Book same-day
and future
virtual visits



Quick and
easy prescription
refills



Preventive,
urgent and
chronic care

CAREFIRST WELLBEING

We're pleased to introduce CareFirst WellBeingSM—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 professionals provide one-on-one support to help you reach your wellness goals.
- **Weight management program:** Improve your overall health, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.
- **Tobacco cessation program:** Our program's expert guidance, support and online tools make quitting easier than you might think.
- **Financial well-being program:** Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, this program can help.

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.



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 *My Account* page makes managing your CareFirst plan simple and easy. Everything you need to take the best care of yourself is right here. At *My Account*, you can:

- Check your plan's benefits and deductible
- View, order and print your member ID cards
- Review your claims status and Explanation of Benefits (EOB)
- Find in-network doctors, labs and hospitals
- Access your wellness program and other tools
- Send a secure message for member support

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

AWAY FROM HOME CARE®

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

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: CareFirst Video Visit

- Treatment for minor illnesses and injuries as well as therapy, psychiatry, diet and nutrition and breastfeeding support
- Board-certified doctors available by smartphone, tablet or computer



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://www.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 | 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. | | |
| 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 | Plan 1 | Plan 2 |
|---|--|--|
| 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

Ready to enroll?

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

Not ready to choose your plan just yet?

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



Be sure to download the CareFirst mobile app to access your plan on-the-go!

"We're excited to have you join us in the CareFirst Family. We hope our stories helped you make a decision."





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 wellness 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 shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, 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., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, 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.