



Student Health Plan

August 1, 2021–July 31, 2022

AMERICAN UNIVERSITY

Welcome American University

When choosing CareFirst Student Health Plans, you get:

- The largest network of providers in the region—Choose the doctors you want to see
- Coverage in 50 states and nearly 200 countries—Access to nearly all providers throughout the nation and emergency care abroad
- Mobile access—Log in quickly with iPhone’s Touch ID. Search for a provider, locate nearby urgent care or pharmacies, or view digital member ID cards
- Specialized treatments and programs for mental health, substance use and addiction

Lots of ways to save:

- No-cost preventive services including routine adult physicals, and immunizations
- Lower out-of-pocket costs such as low deductibles and low office visit copays
- Prescription coverage with access to 69,000 pharmacies nationwide
- Free 24/7 nurse advice line—call a registered nurse who can provide medical advice
- Online tools to manage your health care

If you have questions, please visit us at american.myahpcare.com or call us at 844-898-3332.

You must visit american.myahpcare.com to enroll/waive coverage.



Why purchase a Student Health Insurance Plan?

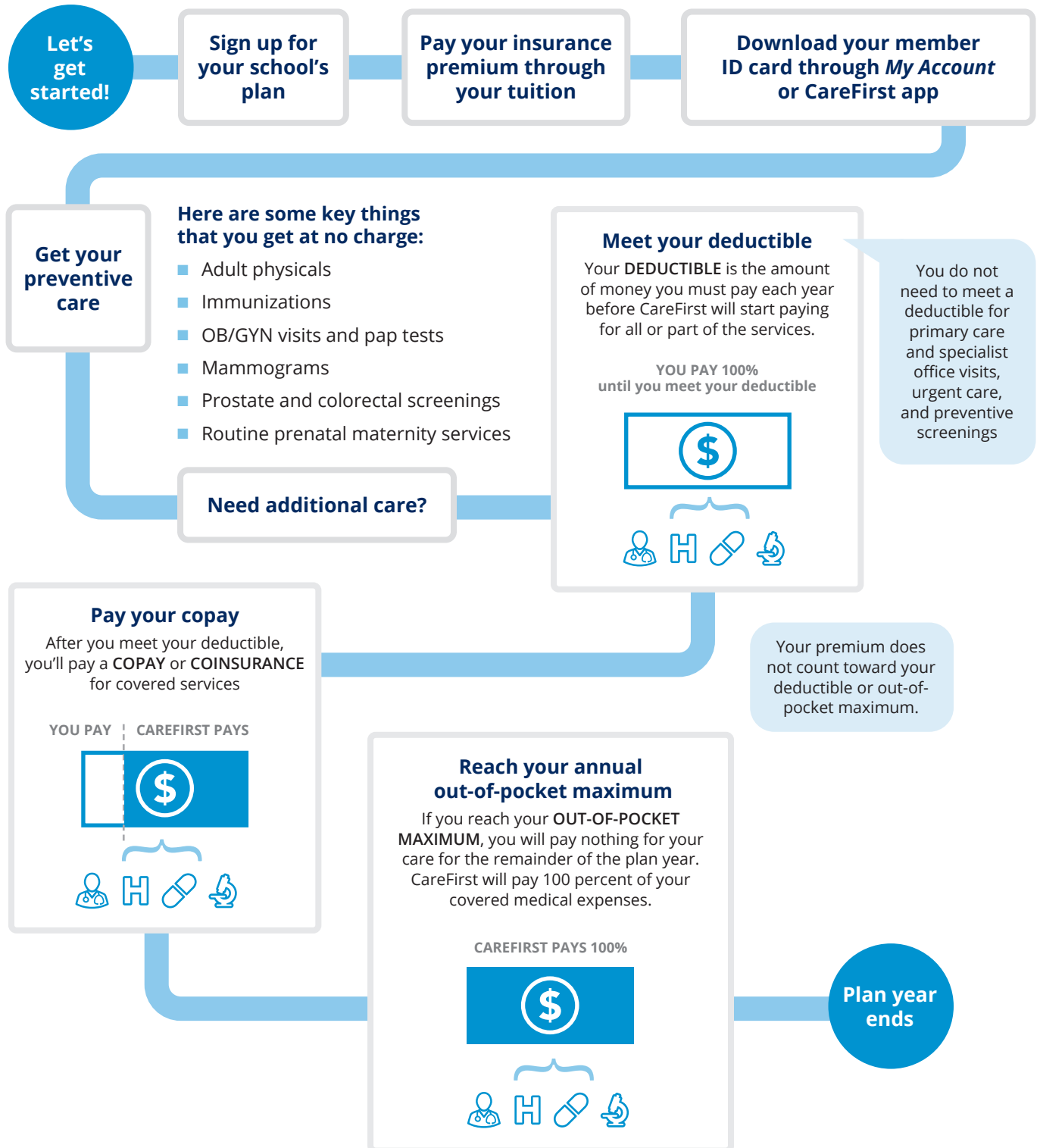
- If attending an out-of-state school, your current policy may not provide adequate coverage in the state where your school is located
- Student plans can be less expensive and may have lower deductibles and out-of-pocket expenses than your current plan
- International students on a J-1 or J-2 Visa are required to have health insurance for the full duration of their program

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How Health Insurance Works

To help you understand your health plan option, it's important to understand a bit about health insurance. The chart below explains how health insurance works and defines some key terms.



American University Student BlueChoice Advantage \$200

Summary of Benefits

August 1, 2021–July 31, 2022

Services	In-network You Pay	Out-of-network You Pay
ANNUAL MEDICAL DEDUCTIBLE (Benefit Period)		
Individual	\$200	\$500
Family	\$400	\$1,000
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit Period)—Combined medical and prescription		
Individual	\$6,350	\$25,000
Family	\$12,700	\$40,000
PREVENTIVE SERVICES		
Preventive Office Visit, Cancer Screenings, Immunizations	No charge, no deductible	No charge after deductible
PRIMARY CARE AND SPECIALIST SERVICES		
PCP Office Visit (non-preventive)	20% coinsurance, no deductible	40% coinsurance, after deductible
Specialist Office Visit	20% coinsurance, after deductible	40% coinsurance, after deductible
Rehabilitative Services PT/OT/ST	20% coinsurance, after deductible	40% coinsurance, after deductible
RETAIL CLINICS, URGENT CARE & EMERGENCY SERVICES		
Convenience Care (Retail Health Clinic)	20% coinsurance, no deductible	40% coinsurance, after deductible
Urgent Care	20% coinsurance, after deductible	40% coinsurance, after deductible
Emergency Room	\$150 copay, no deductible (waived if admitted)	\$150 copay, no deductible (waived if admitted)
MENTAL HEALTH AND SUBSTANCE USE DISORDER		
Mental Health and Substance Use Disorder Office Visit	20% coinsurance, no deductible	40% coinsurance, after deductible
Outpatient Hospital	20% coinsurance, after deductible	40% coinsurance, after deductible
DIAGNOSTIC SERVICES		
Diagnostic Labs/X-rays/Imaging	20% coinsurance, after deductible	40% coinsurance, after deductible
OUTPATIENT SURGERY		
Outpatient Surgery	20% coinsurance, after deductible	40% coinsurance, after deductible
INPATIENT HOSPITAL SERVICES		
Inpatient Hospital	20% coinsurance, after deductible	40% coinsurance, after deductible
PRESCRIPTION DRUGS—No deductible		
Tier 0: ACA preventive, oral chemo and diabetic	Tier 0: \$0	Tier 0: \$0
Tier 1: generic	Tier 1: \$10	Tier 1: \$10
Tier 2: preferred brand name	Tier 2: \$35	Tier 2: \$35
Tier 3: non-preferred brand name	Tier 3: \$50	Tier 3: \$50
Tier 4: preferred specialty	Tier 4: \$35	Tier 4: Not covered
Tier 5: non-preferred specialty	Tier 5: \$50	Tier 5: Not covered

NOTE: Where applicable, additional facility fees for outpatient department of hospital/hospital clinic or provider's office located in a hospital/hospital clinic may apply.

Included in Your CareFirst Plan

Prescription drug benefits are essential to health coverage. CareFirst offers students the following benefits as part of the plan.

Prescription drug coverage

As a student enrolled in a CareFirst Student Health Plan, your prescription coverage includes:

- A nationwide network of more than 69,000 participating pharmacies
- Approximately 5,000 covered prescription drugs, including:
 - Generic drugs
 - Preferred brand drugs
 - Non-preferred brand drugs
 - Specialty drugs
- Mail Service Pharmacy, our convenient and fast mail order drug program
- Coordinated medical and pharmacy programs to help improve your overall health and reduce costs



Ways to save on your prescription costs

Buy generic

Generic drugs cost up to 80 percent less than their brand-name counterparts and are made with the same active ingredients. Ask your doctor if your prescription medication can be filled with a generic alternative.

Use mail order for maintenance medications

By using our Mail Service Pharmacy program, you can save the most money on your maintenance medications—those drugs taken daily to treat a chronic condition like high cholesterol—by having them delivered right to you. You can get up to a 90-day supply of your medications for the cost of two copays.

Use drugs on the Preferred Drug List

The drugs on CareFirst's Preferred Drug list have been reviewed for quality, effectiveness, safety and cost by an independent national committee of health care professionals. The CareFirst Preferred Drug List identifies generic and preferred brand drugs that may save you money. You can check and print the most up-to-date list at carefirst.com/acarx.

Vision coverage

In-network benefits are offered to you through Davis Vision,* our administrator for the plans.

If you're under the age of 19, coverage includes:

- One no-charge in-network routine exam per benefit period
- No copay for frames and basic lenses for glasses or contact lenses in the Davis Vision collection

If you're over the age of 19, coverage includes:

- One no-charge in-network routine exam per benefit period
- Discounts on eyewear and contact lenses

Dental coverage (until you reach age 19) includes:

- Preventive services
- Major services surgical
- Diagnostic services
- Major services restorative
- Basic services
- Orthodontic services

Take advantage of our wellness discount program

Blue365 delivers exclusive discounts for students from top national and local retailers on:

- fitness gear
- contact lenses
- gym memberships
- lasik surgery

Register at carefirst.com/blue365 and start taking advantage of all Blue365 has to offer. Once you sign up, you'll receive a weekly deal reminder by email.

Support accessing mental health providers

Finding the right provider for your mental health needs is important—not all providers are the same.

Our support team is available to help you find the mental health provider for your individual needs and schedule an appointment in a timely fashion.

The support team can help you:

- Find a provider
- Schedule an in-person appointment
- Locate community resources and support programs



Find a doctor, hospital or urgent care 24/7

It's easy to find the most up-to-date information on health care providers and facilities who participate with CareFirst. Whether you need a doctor or a facility, carefirst.com/doctor can help you find what you're looking for based on your specific needs. The site is updated weekly, so you always have the most up-to-date information available.

Go to carefirst.com/doctor and select *BlueChoice Advantage* from the *All Networks* drop-down menu. From here you can:

- Find a doctor or provider in your plan.
- Search for a doctor by name.



*CareFirst partners with Davis Vision to offer an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members. Davis Vision is solely responsible for the services it provides.

Using Your Plan

Knowing where to go when you need medical care is key to getting treatment with the lowest out-of-pocket costs.

Know before you go

The Student Health Center

The Student Health Center is your lowest-cost and most convenient place for you to receive care. Students with this health plan pay \$20 for routine visits, including sick visits. Labwork, routine immunizations, physical exams and annual women's exams are provided at no cost to the student.

Primary care provider (PCP)

Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

24-Hour Nurse Advice Line

Call 855-868-3998 anytime to speak with a registered nurse. Nurses will discuss your symptoms with you and recommend the most appropriate care.

Convenience care centers (retail health clinics)






These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

Urgent care centers

Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

Emergency room (ER)

An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.

Your first place to call		Not sure where to go?	Other treatment options		
					
Student Health Center	or Primary care provider (PCP)	24-Hour Nurse Advice Line	Convenience care centers	Urgent care centers	Emergency room (ER)
\$0	20%	\$0	20%	20%	\$150
labwork, routine immunizations, physical exam, annual women's exam \$20 sick visit	coinsurance		coinsurance	coinsurance after deductible	copay, no deductible and 20% coinsurance physician fee after deductible

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

Please note: a school's Student Health Center does not go through the CareFirst BlueCross BlueShield credentialing process. Please contact your school for more information about the Student Health Center.

My Account—online access to your health care information

View your personalized health insurance information online with *My Account*. Simply register and log on to carefirst.com/myaccount from your computer, tablet or smartphone for real-time information about your plan. If you are waiving out of the student health plan, you will need to register for *My Account* and complete the process once you are logged in.

My Account at a glance

1. Home

- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details including password, username and email, or choose to receive materials electronically
- Send a secure message via the Message Center
- Check Alerts for important notifications

2. Coverage

- Access your plan information, including who is covered
- View, order or print member ID cards
- Order and refill prescriptions through mail order¹
- View prescription drug claims¹

3. Claims

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Review your year-end claims summary

4. Doctors

- Search for a provider
- Locate nearby pharmacies

5. My Health

- Blue365 discounts

6. Plan Documents

- Look up plan forms and documentation¹

7. Tools

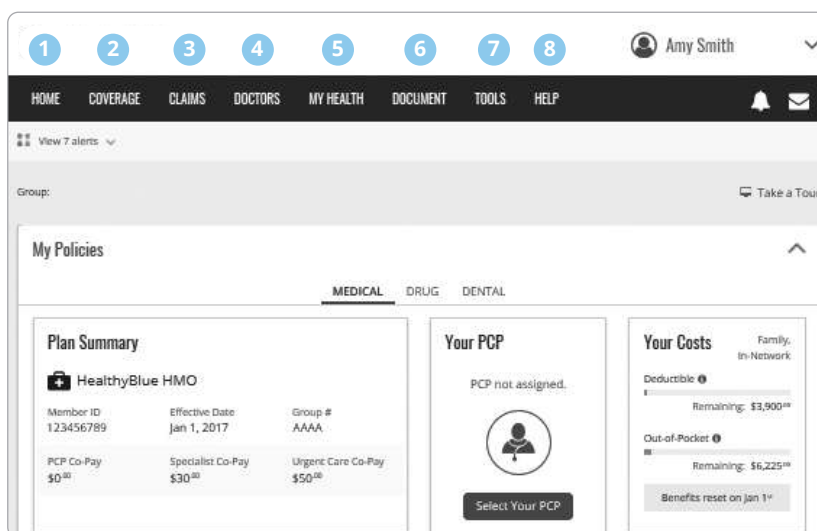
- Treatment Cost Estimator
- Drug pricing tool

8. Help

- Find answers to many frequently asked questions
- Send a secure message or locate important phone numbers

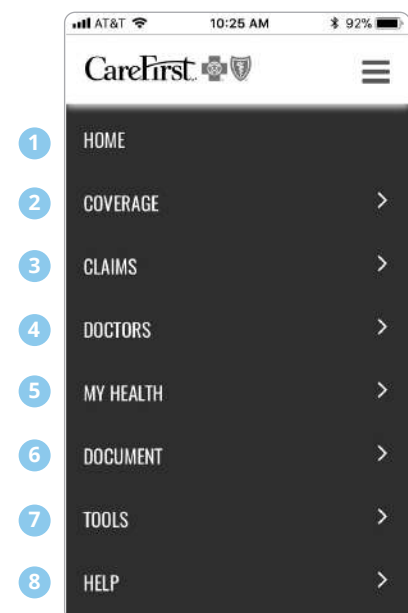
Member ID Card

AU student health plan members can view, download or request ID cards at carefirst.com/myaccount. The card can also be accessed on the CareFirst mobile app.



As viewed on a computer.

¹ These features are only available when using a computer at this time.



As viewed on a smartphone.

Glossary

Allowed benefit—the fee that providers in the CareFirst and CareFirst BlueChoice networks have agreed to accept for a particular service. For example: Dr. Smith charges \$100 to see a patient. To be included in a CareFirst or a CareFirst BlueChoice network, he has agreed to accept \$50 for the visit. After the member pays their copay or deductible, CareFirst will pay what's left of the \$50 charge. A participating provider cannot charge a member more than the allowed benefit (in this example \$50) for any covered service.

Balance billing—is a provider billing a member for the difference between the allowed benefit and the actual charge. Out-of-network providers may balance bill.

Coinsurance—the percentage you pay after you've met your deductible. For example, if your health care plan has a 20% coinsurance and the allowed benefit is \$100 (the amount a provider can charge a CareFirst member for that service), then your cost would be \$20. CareFirst would pay the remaining \$80.

Convenience care centers/retail health clinics—tend to be located inside a pharmacy or retail store and offer fast access to treatment for non-emergency care. These centers/clinics offer extended weekend hours and can often see you quickly.

Copay—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you might pay \$40 each time you visit a specialist or \$150 when you visit the emergency room.

Deductible—the amount of money you must pay each year before CareFirst begins to pay its portion of your claims. For example, if your deductible is \$250, you'll pay the first \$250 for health care services covered by your plan and subject to the deductible. CareFirst will start paying for part or all of the services after that. Your deductible will start over each year on the first day of your plan year.

Generic drugs—prescription drugs that work the same as brand-name drugs but cost much less. To learn more about generics and how you can save money, visit [carefirst.com/acarx](https://www.carefirst.com/acarx).

Non-preferred brand drugs—drugs that are often available in less expensive forms, either as generic or preferred brand drugs. You will pay more for this category of drugs.

Open Enrollment—the only time in which individuals are able to enroll or switch health plans.

Out-of-pocket maximum—the most you will have to pay for medical expenses and prescriptions in a benefit period. Your out-of-pocket maximum will start over every August 1.

Preferred brand drugs—drugs not yet available in generic form chosen for their effectiveness and affordability compared to alternatives. They cost more than generics but less than non-preferred brand drugs.

Primary care provider (PCP)—your health care partner. They know and understand you and your health care needs.

Specialty drugs—the highest priced drugs that may require special handling, administration or monitoring. These drugs may be oral or injectable and are used to treat a serious or chronic condition.

Our Commitment to You

CareFirst's privacy practices

The following statement applies to Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield, and their affiliates (collectively, CareFirst).

When you apply for any type of insurance, you disclose information about yourself and/or members of your family. The collection, use and disclosure of this information are regulated by law. Safeguarding your personal information is something that we take very seriously at CareFirst. CareFirst is providing this notice to inform you of what we do with the information you provide to us.

Categories of personal information we may collect

We may collect personal, financial and medical information about you from various sources, including:

- Information you provide on applications or other forms, such as your name, address, social security number, salary, age and gender.
- Information pertaining to your relationship with CareFirst, its affiliates or others, such as your policy coverage, premiums and claims payment history.
- Information (as described in preceding paragraphs) that we obtain from any of our affiliates.
- Information we receive about you from other sources, such as your employer, your provider and other third parties.

How your information is used

We use the information we collect about you in connection with underwriting or administration of an insurance policy or claim or for other purposes allowed by law. At no time do we disclose your personal, financial and medical information to anyone outside of CareFirst unless we have proper authorization from you or we are permitted or required to do so by law. We maintain

physical, electronic and procedural safeguards in accordance with federal and state standards that protect your information.

In addition, we limit access to your personal, financial and medical information to those CareFirst employees, brokers, benefit plan administrators, consultants, business partners, providers and agents who need to know this information to conduct CareFirst business or to provide products or services to you.

Disclosure of your information

In order to protect your privacy, affiliated and nonaffiliated third parties of CareFirst are subject to strict confidentiality laws. Affiliated entities are companies that are a part of the CareFirst corporate family and include health maintenance organizations, third party administrators, health insurers, long-term care insurers and insurance agencies. In certain situations related to our insurance transactions involving you, we disclose your personal, financial and medical information to a nonaffiliated third party that assists us in providing services to you. When we disclose information to these critical business partners, we require these business partners to agree to safeguard your personal, financial and medical information and to use the information only for the intended purpose, and to abide by the applicable law. The information CareFirst provides to these business partners can only be used to provide services we have asked them to perform for us or for you and/or your benefit plan.

Changes in our Privacy Policy

CareFirst periodically reviews its policies and reserves the right to change them. If we change the substance of our privacy policy, we will continue our commitment to keep your personal, financial and medical information secure—it is our highest priority. Even if you are no longer a CareFirst customer, our privacy policy will continue to apply to your records. You can always review our current privacy policy online at [carefirst.com](https://www.carefirst.com).

Rights and responsibilities

Notice of Privacy Practices

CareFirst BlueCross BlueShield (CareFirst) is committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members. This notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain an additional copy of our Notice of Privacy Practices, go to carefirst.com and click on Member's Privacy Policy under Legal & Mandates at the bottom of the page.

Member satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here's what you can do:

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.
- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:
 - Send an email to:
quality.care.complaints@carefirst.com
 - Fax a written complaint to: 301-470-5866
 - Write to:
CareFirst BlueCross BlueShield
Quality of Care Department,
P.O. Box 17636, Baltimore, MD 21297

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

These procedures are also outlined in your Evidence of Coverage.

If you wish, you may also contact the appropriate jurisdiction's regulatory department regarding your concern:

WASHINGTON, D.C.

Medical Necessity Issues:

Department of Health
Office of the General Counsel
Grievance and Appeals Coordinator
825 North Capitol Street, NE, Room 4119
Washington, D.C. 20002
Phone: 202-442-5977 / Fax: 202-442-4797

Issues other than Medical Necessity:

Department of Insurance, Securities and Banking
1050 First Street, NE, Suite 801
Washington, D.C. 20002
Phone: 202-727-8000

For assistance in resolving a Billing or Payment Dispute with the Health Plan or a Health Care Provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at:

Consumer Protection Division
Office of the Attorney General
441 Fourth Street, NW
Washington, D.C. 20001
Phone: 202-347-3400 TTY: 202-727-3400
Fax: 202-347-8922
Website: oag.dc.gov

Hearing impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: 800-735-2258
National Capital Area TTY: 202-479-3546
Please have your Member Services number ready.

Language assistance

Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

Please Note: CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

Confidentiality of subscriber/ member information

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written

or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

Our responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policy holders upon enrollment.

Your rights

You have the following rights regarding your own Protected Health Information. You have the right to:

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at 800-853-9236 or send an email to privacy.office@carefirst.com.

Members' rights and responsibilities statement

Members have the right to:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.
- Participate with practitioners in decision-making regarding their health care.
- Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities.
- Voice complaints or appeals about the health plan or the care provided.

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay copayments or coinsurance at the time of service.
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.
- Eligible individuals' rights statement wellness and health promotion services

Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

Compensation and premium disclosure statement

Our compensation to providers who offer health care services and behavioral health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

The following information applies to CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield, and their affiliates (collectively, CareFirst).

If you desire additional information about our methods of paying providers, or if you want to know which method(s) apply to your physician, please call our Member Services Department at the number listed on your identification card.

For plans underwritten by CareFirst of Maryland, Inc.

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
Attention: Member Services

A. Methods of paying physicians

The following definitions explain how insurance carriers may pay physicians (or other providers) for your health care services with a simple example of how each payment mechanism works.

The examples show how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.

Salary: A physician (or other provider) is an employee of the HMO and is paid compensation (monetary wages) for providing specific health care services.

Since Dr. Jones is an employee of an HMO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing pre-natal care to Mrs. Smith, who is a member of the HMO, Dr. Jones' salary is unchanged. Although Mrs. Smith's baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have an effect upon Dr. Jones' salary.

Capitation: A physician (or group of physicians) is paid a fixed amount of money per month by an HMO for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services that an individual patient requires.

Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.

Fee-for-Service: A physician (or other provider) charges a fee for each patient visit, medical procedure, or medical service provided. An HMO pays the entire fee for physicians it has under contract and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder.

Dr. Jones' contract with the insurer or HMO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.

Discounted Fee-for-Service: Payment is less than the rate usually received by the physician (or other provider) for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs and the physician (or other provider), who usually gets an increased volume of patients.

Like fee-for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each patient visit and each delivery; but under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs. Dr. Jones will be paid a discounted rate by the insurer or HMO.

Bonus: A physician (or other provider) is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs and use of services.

An HMO rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.

Case Rate: The HMO or insurer and the physician (or other provider) agree in advance that payment will cover a combination of services provided by

both the physician (or other provider) and the hospital for an episode of care.

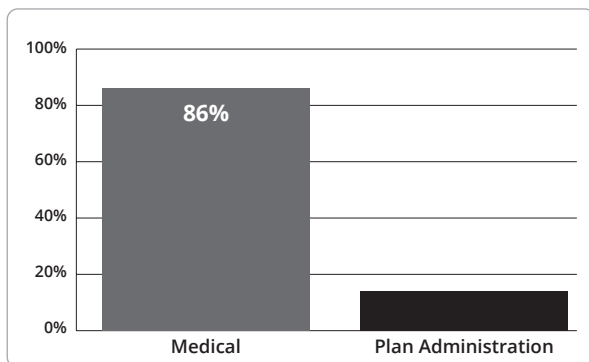
This type of arrangement stipulates how much an insurer or HMO will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from the insurer or HMO for the care provided to Mrs. Smith.

B. Percentage of provider payment methods

For its Preferred Provider Organization (PPO) plans, CareFirst of Maryland, Inc. and CareFirst BlueCross BlueShield contract directly with physicians. All physicians are Reimbursed on a discounted fee-for-service basis.

C. Distribution of premium dollars

The bar graph below illustrates the proportion of every \$100 in premium used by CareFirst to pay physicians (or other providers) for medical care expenses, and the proportion used to pay for plan administration. It represents an average for all CareFirst of Maryland, Inc. indemnity accounts based on our annual statement. The ratio of direct medical care expenses to plan administration will vary by account.



Experimental/investigational services

Experimental/Investigational means services that are not recognized as efficacious as that term is defined in the edition of the Institute of Medicine Report on Assessing Medical Technologies that is current when the care is rendered. Experimental/Investigational services do not include Controlled Clinical Trials.

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪገርዙ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ̀tílẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déètì pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yí àti iránlówó ní èdè rẹ̀ lófèfè. Àwọn omo-egbé gbòdò pe nòmbà fòdùn tò wà lẹ́yìn káàdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí títí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì so ọ̀ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò Ìdùù Cáo! Bǎ̀ nǎ̀ ké bá nyo bǎ̀ ké m̀ gbo kpá bó nì fùà-fùá-tiín nyɛɛ jè dyí. Bǎ̀ nǎ̀ ké bédé wé jéé bǎ̀ bǎ̀ m̀ ké dɛ wa m̀ m̀ ké nyuɛɛ nyu hwè bǎ̀ wé bǎ̀ ké zi. ɔ̀ m̀ nì kpé bǎ̀ m̀ ké bǎ̀ nǎ̀ ké kè gbo-kpá-kpá m̀ m̀ wé dyé dǎ̀ nì bídí-wùdù mú bǎ̀ m̀ ké se wídí dò péé. Kpooò nyo bǎ̀ m̀ dǎ̀ fúùn-nòbà nǎ̀ dǎ̀ wáa I.D. káàò dǎ̀ nì nyɛ. Nyo tòò séín m̀ dǎ̀ nòbà nǎ̀ ké: 855-258-6518, ké m̀ m̀ fò tee bǎ̀ wa kée m̀ gbo cǎ̀ bǎ̀ m̀ ké nòbà m̀ dǎ̀ 0 kɛɛ dyi pàdàin hwè. ɔ̀ jù ké nyo dò dyi m̀ gǎ̀ jǎ̀n, po wuɖu m̀ m̀ pòe dyie, ké nyo dò mu bó niin bǎ̀ ɔ̀ ké nì wuɖuò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o buła. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejikọ gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahólq bee éédahózin béeso ách'áqah naanil ník'íst'i'ígíí bá. Bii' dahólq doo iyisií yoolkáálgíí dóó t'áadoo le'é ádadoolyíllígíí da yókeedgo t'áa doo bee e'e'aahí ájiil'íh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáta' éi koji' dahódoonih 855-258-6518 dóó yii diiłts'íł yaltí'ígíí t'áa niléijí áádóó éi bikéé'dóó naasbaas bił adidiilchił. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowoł.



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