



PROGRAMS AND PRODUCTS

THE CENTER FOR PROVIDER EDUCATION AND TRAINING

Proprietary and Confidential

AGENDA

1. BlueChoice Products
2. Indemnity Products
3. Blue HPN
4. GeoBlue
5. Programs

BLUECHOICE PRODUCTS

CareFirst offers a variety of products that suit the needs of many groups and individuals:

- HMO – BlueChoice and HealthyBlue
- Indemnity Plans – Preferred Provider and Maryland Point of Service
 - Federal Employee Program (FEP)
 - Medicare Supplemental
 - HealthyBlue PPO
 - Third Party Administrator (TPA)
 - Point of Service
- Consumer Directed Health (CDH) Plans

BlueChoice HMO

BlueChoice HMO
Open Access

BlueChoice Opt-
Out Plus
Open Access

BlueChoice
Advantage w/PPO
Overlay



BlueChoice
Advantage

BlueChoice
HealthyBlue HMO

BlueChoice
Healthy Blue
2.0/Plus

BlueChoice
HealthyBlue
Advantage

- Health Maintenance Organization (HMO)
- Fee-for-service
- Primary care physician treats only the members assigned to their panel
- ★ Specialist services arranged by the PCP through written referral
- ★ All hospital services must be authorized
- ★ Laboratory services must be rendered by Lab Corp (Laboratory Corporation of America)
- ★ Radiology services must be rendered at designated participating facilities

There are some exceptions for these requirements based on product type.

Contracted Vendors

Service	Vendor
Laboratory Services	Laboratory Corporation of America (LabCorp)
Routine Vision Exams/Eyewear	Davis Vision
Pharmacy Benefits Administrator/Supplier of Injectable Drugs	CVS/Caremark
Radiology	Freestanding Radiology Providers ★ Refer to the Provider Directory

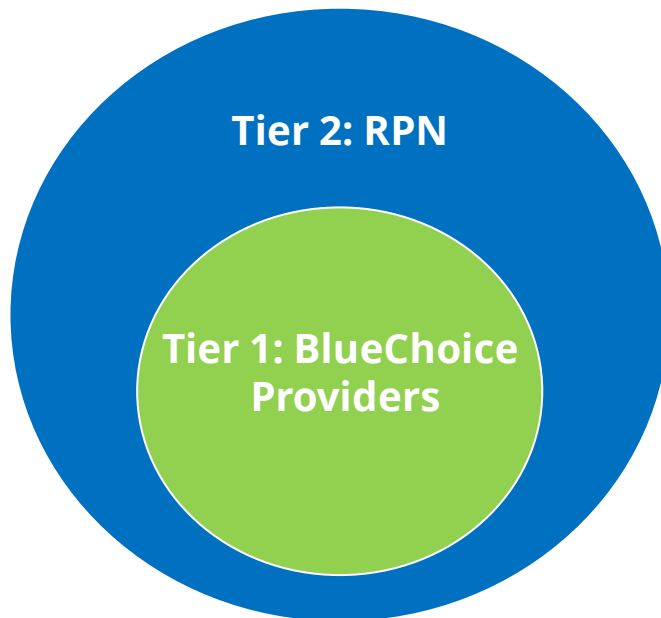
BlueChoice HMO	BlueChoice HMO <i>Open Access</i> Healthy Blue <i>Open Access</i>	BlueChoice Opt-Out Plus <i>Open Access</i>
<ul style="list-style-type: none"> • In network only – utilizes the BlueChoice Network of Providers • Care is coordinated by PCP • Referrals required for specialists • Authorizations required for inpatient and outpatient hospital services • LabCorp must be utilized for laboratory services • Radiology services must be rendered at designated participating facilities (refer to provider directory) 	<ul style="list-style-type: none"> • Same as BlueChoice HMO except Referrals are NOT required. • HealthyBlue component – Ability to earn rewards for participation in program requirements <p>★ <i>Open Access = No written referrals required</i></p>	<p>In-network</p> <ul style="list-style-type: none"> • Same as BlueChoice Open Access <p>Out of Network</p> <ul style="list-style-type: none"> • Members may see any provider • Subject to deductible, coinsurance and balance billing covered services. <ul style="list-style-type: none"> • Balance billing not applicable if the member sees a CareFirst participating provider

BlueChoice Advantage BlueChoice HealthyBlue Advantage	BlueChoice HealthyBlue 2.0/Plus	BlueChoice Advantage – PPO Overlay
<p>In-network</p> <ul style="list-style-type: none"> Same as <i>BlueChoice Open Access</i> with the following exceptions: <ul style="list-style-type: none"> No PCP selection is required Inpatient services require authorizations – Outpatient services do not require an authorization Out of area services are coverable under the BlueCard program-suitcase with the letters “PPO” <p>Out of Network</p> <ul style="list-style-type: none"> Members may see any provider Subject to deductible, coinsurance and balance billing covered services. <ul style="list-style-type: none"> Balance billing not applicable if the member sees a CareFirst participating provider <p>HealthyBlue component – Ability to earn rewards for participation in program requirements</p>	<p>In and out of network options</p> <ul style="list-style-type: none"> Option 1 – Utilizes the BlueChoice network-PCP selection required-lowest out of pocket Option 2 – Utilizes the RPN and non participating providers-deductible and coinsurance apply to most services Referrals are NOT required for specialists Authorizations required for inpatient and outpatient hospital services LabCorp must be utilized for laboratory services Radiology services must be rendered at designated participating facilities (refer to provider directory) Ability to earn rewards for participation in program requirements 	<ul style="list-style-type: none"> BlueChoice rules apply to the product overall Members have the flexibility to utilize PPO labs and radiology providers without the restrictions of the BlueChoice product.

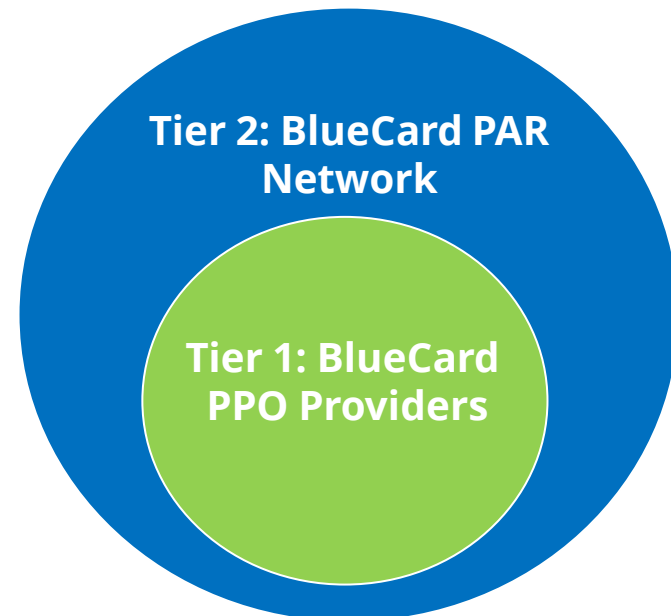
Key Features:

- Open Access (no referrals required)
- No PCP Selection
- No Outpatient Hospital Authorization

*Receiving Care inside the
CareFirst Service Area*



*Receiving Care outside the
CareFirst Service Area*



BlueChoice Products At-a-Glance								
	BlueChoice HMO	BlueChoice HMO Open Access	BlueChoice Opt-out Plus Open Access	BlueChoice Advantage	BlueChoice Advantage w/ PPO Overlay	BlueChoice HealthyBlue HMO	BlueChoice HealthyBlue Plus/2.0	BlueChoice HealthyBlue Advantage
PCP Selection Required	✓	✓	✓	✗	✗	✓	✓	✓
LabCorp Only for Laboratory Services	✓	✓	✓	✓	✗	✓	✓	✓
Hospital Services must be Authorized	✓	✓	✓	✓ <small>(*only required for inpatient)</small>	✓ <small>(*only required for inpatient)</small>	✓	✓	✓
Written Referrals Required for Specialist Services	✓	✗	✗	✗	✗	✗	✗	✗
Radiology Services Must be Rendered at an Approved Freestanding Facility (refer to Provider directory)	✓	✓	✓	✓	✗	✓	✓	✓
In-Network Benefits Only	✓	✓	✗	✗	✗	✓	✗	✗
Both In-Network and Out of Network Benefits Available <small>(*Members may see any provider – subject to deductible, coinsurance, balance billing)</small>	✗	✗	✓	✓	✓	✗	✓	✓

Member ID Cards

BlueChoice Member ID Cards

BlueChoice HMO

CareFirst BlueChoice.	
Member Name JANE DOE	PCP Name JOHN Q PUBLIC
Member ID XIK900000000	
Group BBQ5	
RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	P20% S20% CC20% UC20% ER20% CDS4000 RXZ

BlueChoice HealthyBlue HMO Open Access

CareFirst BlueChoice.	
HealthyBlue	
Member Name JANE DOE	HMO OPEN ACCESS
Member ID JHG900000000	PCP Name JOHN Q PUBLIC
Group TX29	
RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	D600 PO S30 ER200 RX2 VC

BlueChoice Opt-Out Plus Open Access

CareFirst BlueChoice, Inc.	
Member Name JANE DOE	PLUS OPEN ACCESS
Member ID JHZ900000000	PCP Name JOHN Q PUBLIC
Group 0W4D	
RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	PS15 SS25 CC515 UCS25 ERS100 CDS3000 RX

BlueChoice HMO Open Access

CareFirst BlueChoice.	
Member Name JOHN DOE	OPEN ACCESS
Member ID XIK 900000000	PCP Name JANE Q PUBLIC
Group UB46	
BCBS Plan 080/580	P20 S30 ER100

BlueChoice HealthyBlue Advantage

CareFirst BlueChoice, Inc.	
HealthyBlue	
Member Name JANE DOE	ADV OPEN ACCESS
Member ID JHD9 00000000	PCP Name JOHN Q PUBLIC
Group BSV3	
RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	PS0 SS30 CC50 UCS50 ERS200 DS3000 RX2 DT

BlueChoice Advantage

CareFirst BlueChoice, Inc.	
Member Name JOHN DOE	BC ADV OPEN ACCESS
Member ID QXK 000000000	PCP Name No PCP Required
Group 1S5W	
RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	PS30 SS30 CC530 UCS30 ERS300 CDS1500 RX

BlueChoice Advantage - PPO Overlay

CareFirst BlueChoice, Inc.	
Member Name DOE JOHN	PREFERRED PROVIDER OPTION
Member ID ABC123456789	
Group 10101 010101	Coverage IND
Eff Date 01/01/16	P15 S25 ER100
BCBS Plan 190/690	

www.carefirst.com
Customer Service: 800-636-6540
Provider Service: 877-228-7288

Mental Health/Substance Abuse:
24hr (Toll-free) 800-246-7913
Pre-Author Case Management: 800-773-2884
Local Out of Area Providers: 800-410-2583

All claims should be filed to the local plan.
Local CareFirst providers mail to:
Mail Administrator
PO Box 14115 (for claims)
PO Box 14114 (for correspondence)
Lexington, KY 40512

IND = Individual
S&S = Subscriber & Spouse
P&C = Parent & Child
F&M = Family

LVI - PPO and CareFirst HMO
Out of Network

CareFirst BlueChoice HMO and CareFirst BlueChoice Advantage are both licensed by the Commonwealth of Kentucky under a license from the Blue Cross and Blue Shield Association. (BCBS KY)

BlueChoice HealthyBlue Plus

CareFirst BlueChoice, Inc.	
HealthyBlue	
Member Name JOHN DOE	PLUS OPEN ACCESS
Member ID JHC900000000	PCP Name JANE Q PUBLIC
Group 3A45	
RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	D600 PO S30 ER200 RX2 DP VC

BlueChoice HealthyBlue 2.0

CareFirst BlueChoice, Inc.	
HealthyBlue	
Member Name JOHN DOE	2.0 OPEN ACCESS
Member ID JHC900000000	PCP Name JANE Q PUBLIC
Group 3A45	
RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	D600 PO S30 ER200 RX2 DP VC

Traditional

Preferred Provider
Organization
(PPO)

Exclusive Provider
Organization
(EPO)

Maryland Point of
Service (MPOS)

Federal Employee
Program (FEP)

MedPlus Medigap


Medicare
Supplemental

Medicare
Advantage

**not a CareFirst Product*

INDEMNITY PRODUCTS

Traditional & Preferred Provider Organization (PPO), HealthyBlue PPO, Exclusive Provider Organization (EPO)

Traditional & Preferred Provider Organization (PPO)	HealthyBlue Preferred Provider Organization (PPO)	Exclusive Provider Organization
<ul style="list-style-type: none"> Member choice of provider <ul style="list-style-type: none"> No referrals No PCP selection No balance billing by network providers Out-of-network benefits, subject to balance billing 	<ul style="list-style-type: none"> Preferred Provider Organization (PPO) Product PCP designation is needed by the member as part of the wellness program and does not indicate the need for a referral 	<ul style="list-style-type: none"> Preferred Provider Organization (PPO) Product Must use a Preferred Provider In-network benefits only <p> Note: EPO is a product not a provider network. Any PPO provider can care for an EPO member.</p>

Maryland Point of Service

Maryland Point of Service (MPOS)

- This is an indemnity plan that incorporates managed care features such as:
 - Members select a PCP upon enrollment
 - Referrals required for some specialty care
- **In-network benefit**
 - Services rendered by PCP
 - Member referred to in-network specialist (RPN)
 - Lower out-of-pocket costs
- **Out-of-network**
 - Member self refers
 - Member responsible for deductible and coinsurance

Federal Employee Program (FEP) and FEP Blue Focus

Federal Employee Program (FEP)	FEP Blue Focus
<ul style="list-style-type: none"> • Basic and Standard Options Available • Bill with your Regional Provider Number (RPN) • FEP medical policies supersede CareFirst medical policies 	<ul style="list-style-type: none"> • In-network benefits only • No referrals needed for visits to see a specialist • Prior approval is required for many services <ul style="list-style-type: none"> • 131– Self Only • 132 – Self and Family • 133 – Self Plus One
<p>Basic Option</p> <ul style="list-style-type: none"> • In-network benefits only • Benefits are only available when the member sees a provider in the Regional Preferred Provider Network <ul style="list-style-type: none"> • 111 – Self Only • 112 – Self and Family • 113 – Self Plus One 	<p>Core Benefits:</p> <ul style="list-style-type: none"> • Preventive vaccines screening and tests - \$0 copay • Visits to your primary care doctor and specialists - \$10 each for the first 10 visits • Telehealth offered through Teledoc® - \$0 for the first two visits; all additional visits are \$10 • Urgent care centers - \$25 copay • Accidental Injury - \$0 within the first 72 hours of injury • Acupuncture and manipulations - \$25 each for up to 10 combined visits
<p>Standard Option</p> <ul style="list-style-type: none"> • In and out of network benefits available • Members receive the highest level of care from Regional Preferred Providers <ul style="list-style-type: none"> • 104 – Self Only • 105 – Self and Family • 106 – Self Plus One 	<p>The following items are not covered under FEP Blue Focus:</p> <ul style="list-style-type: none"> • Dental care • Skilled nursing facility care • Hearing aid coverage • Non-preferred drugs • Long-term care


MedPlus Medigap & Medicare Supplemental, Medicare Advantage


MedPlus Medigap Plans & Medicare Supplemental	Medicare Advantage
<ul style="list-style-type: none">• Covers some or all of the costs not covered by Medicare.• CareFirst offers a variety of plans.• May be purchased by individuals or through a group.• Group coverage may have some of the requirements of the group policy (often referred to as secondary coverage).• Verify benefits by using the self-service tools CareFirst Direct and CareFirst On Call.	<ul style="list-style-type: none">• CareFirst will start offering a Medicare Advantage Product on 1/1/2021• Currently out-of-area members• Out-of-state BCBS plan is the primary payer for covered health care services• DO NOT submit claims to Medicare• Submit claims to CareFirst• Claims will be processed through BlueCard• Payment will be made by CareFirst to the provider• Other Blues Plans terms and condition can be accessed via the Medi-CareFirst website: www.ehealthinsurance.com/medicare/care-first• Reimbursed using Medicare Fee Schedule

- Identification card indicates 'CD' in the product description area
- High deductibles
- Deductibles can be for medical only or a combined deductible for medical, prescription drugs and dental services
- Members decide where and how to spend their funds
- May be attached to a Health Savings Account (HSA) and a debit card
- File claims the same as all other CareFirst products
- Remember that any product could be a CDH program


Member ID Cards

Traditional/PPO Member ID Cards


	
BlueCross BlueShield	
Member Name JOHN DOE	NATIONAL ACCOUNT
Member ID RAS 81XXXXXXX	
Group 1900000-0A00	BC-365 BS-C Diag4 MM
Eff Date 02/01/09 BS/BC Plan 690/190	Coverage H&W

	
CareFirst BlueCross BlueShield	
Member Name JOHN DOE	
Member ID XIL 999999999	
Group 0000000-0000	
(Bin #011834 PCN #0300-0000) BCBS Plan 080/580	P10 S20 ER25


MPOS Member ID Cards

	
CareFirst	
Member Name JOHN DOE	MARYLAND POINT OF SERVICE
Member ID BY1000 00 0000	PCP Name JANE Q PUBLIC
Group 90/70% \$35 OP \$10 IN-OV	OPEN ACCESS
RxBIN 004336 RxPCN ADV RxGrp RX7546 Eff Date 10/01/15	OUT-NET \$400 DED/VISION RX \$10/\$20/\$35
BC/BS Plan 190/ 690	

EPO Member ID Cards


	
BlueCross BlueShield	
Member Name JOHN DOE	
Member ID PUN81XXXXXXX	
Group 1900925	EPO P15 S30 ERFAC75 ERPHYS75 VISION
Eff Date 09/26/15	
BC/BS Plan 190/ 690	

HealthyBlue PPO Member ID Cards


	
CareFirst	
Member Name JOHN DOE	HealthyBlue
Member ID JHHXXXXXXXXXX	
Group XXXX	PPO
(Bin #000000 PCN #0000-0000) BCBS Plan 080/580	PCP SMITH, JOE
	Copay

FEP Member ID Cards


Basic Option

	
BlueCross BlueShield	
Government-Wide Service Benefit Plan	
Federal Employee Program.	
Member Name Sample A. Sample	www.fepblue.org
Member ID R12345678	
Enrollment Code Effective Date	112 01/13/2002
RxIN RxPCN RxGrp	610239 FEPRX 65006500

Standard Option

	
BlueCross BlueShield	
Government-Wide Service Benefit Plan	
Federal Employee Program.	
Member Name Sample Sample	www.fepblue.org
Member ID R12345678	
Enrollment Code Effective Date	105 01/01/1998
RxIN RxPCN RxGrp	610239 FEPRX 65006500

FEP Blue Focus

	
BlueCross BlueShield	
Government-Wide Service Benefit Plan	
Federal Employee Program.	
Member Name ** QC - DO NOT MAIL ** Q	www.fepblue.org
Member ID R99993044	
Enrollment Code Effective Date	131 01/01/2019
RxIN RxPCN RxGrp	610239 FEPRX 65006500

★ Under all options the Member ID begins with an 'R'

Member ID Cards



MedPlus Member ID Cards

MedPlus Medical and GHMSI Vision

CareFirst CareFirst MedPlus	
Member Name JANE DOE Member ID XWC 95511222	PROD NAME
Group XXXY	
BCBS Plan 080/580	ME VC

 www.carefirst.com Member Service: 800-555-1111	Providers must submit all claims to the local Blue Cross and Blue Shield Plan. Local CareFirst providers mail to: Mail Administrator PO Box 14116 (for claims) Lexington, KY 40512-4116	Provider Claims and Benefits: 800-555-2222 24hr First-Help: 800-555-3333 Overseas Medical Help: 800-555-4444 To locate Participating Providers outside the CareFirst BlueCross BlueShield service area, call 800-810-2583 Davis Vision*: 800-783-5602 *Vision Benefits Administrator
CareFirst MedPlus is the business name of First Care, Inc. CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc. Both are independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc. ® Registered trademark of the Blue Cross and Blue Shield Association. DC0222-15 (7/16)		

★ New MedPlus Cards

CareFirst MedPlus	
Member Name FERR FERD Member ID XWC330618301	MedPlus Plan A
Group 9906	
BCBS Plan 080/580	ME

 www.carefirst.com Member Service: 410-581-3418 800-722-2235	Providers must submit all claims to the local Blue Cross and Blue Shield Plan. Local CareFirst providers mail to: Mail Administrator PO Box 14116 (for claims) Lexington, KY 40512-4116	Provider Claims and Benefits: 800-842-5975 24hr First-Help: 800-535-9700 Overseas Medical Help: 800-810-2583 To locate Participating Providers outside the CareFirst BlueCross BlueShield service area, call 800-810-2583
In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc., which is an independent licensee of the Blue Cross and Blue Shield Association. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in Virginia First Care, Inc.), a registered trademark of the Blue Cross and Blue Shield Association. DC0333-15 (6/17/16)		

MedPlus Medical and CFMI Vision

CareFirst CareFirst MedPlus	
Member Name JOHN Q PUBLIC Member ID XWC 900123456	PROD NAME
Group ABCD	
BCBS Plan 080/580	ME VC

 www.carefirst.com Member Service: 800-555-1111	Providers must submit all claims to the local Blue Cross and Blue Shield Plan. Local CareFirst providers mail to: Mail Administrator PO Box 14116 (for claims) Lexington, KY 40512-4116	Provider Claims and Benefits: 800-555-2222 24hr First-Help: 800-555-3333 Overseas Medical Help: 800-555-4444 To locate Participating Providers outside the CareFirst BlueCross BlueShield service area, call 800-810-2583 Davis Vision*: 800-783-5602 *Vision Benefits Administrator
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Medicare Advantage Member ID Cards

 BlueCross BlueShield of Alabama	Blue Advantage A Medicare Approved PPO
Member Name John Doe Member ID MBG123456789	CMS Contract# and PBP# CMS H0104-002
Issuer 80840 Effective Date 7/1/2010	Rx BIN 014897 Rx PCN MBG Rx GRP 90100 Rx ID MBG123456789
MedicareRx Prescription Drug Coverage	

MedPlus Medical only

CareFirst MedPlus	
Member Name JOSH SMITH Member ID XWC 900654321	PROD NAME
Group AABB	
BCBS Plan 080/580	ME

 www.carefirst.com Member Service: 800-555-1111	Providers must submit all claims to the local Blue Cross and Blue Shield Plan. Local CareFirst providers mail to: Mail Administrator PO Box 14116 (for claims) Lexington, KY 40512-4116	Provider Claims and Benefits: 800-555-2222 24hr First-Help: 800-555-3333 Overseas Medical Help: 800-555-4444 To locate Participating Providers outside the CareFirst BlueCross BlueShield service area, call 800-810-2583
CareFirst MedPlus is the business name of First Care, Inc., which is an independent licensee of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc. DC0222-15 (7/16)		

CDH Member ID Cards

CareFirst BlueChoice	
Member Name JOHN DOE Member ID XIK900000000	OPEN ACCESS
Group QM78	PCP Name JOHN Q PUBLIC
RxBIN 004336 RxPCN ADV RxGrp RX7546 BCBS Plan 080/580	P520 S630 CCS20 UCS30 ERS100 CDS3000 X2




BLUE HPN

- Beginning in January 2021, the Blue Cross and Blue Shield (BCBS) System will launch the Blue High Performance Network (Blue HPN). Blue HPN is a narrow network that is available to members that live in key metropolitan areas.
- Blue HPN patients will only have full benefits when receiving care from Blue HPN-contracted healthcare providers. When receiving care from non-Blue HPN healthcare providers, benefits will be limited to emergent care in areas of the country where Blue HPN healthcare providers are available, and to urgent and emergent care in areas of the country where no Blue HPN healthcare providers are available.



- A Blue HPN patient can easily be identified by their member ID card. The Blue High Performance Network name will be prominently displayed on the front of the member ID card, along with the “HPN in a suitcase” logo. This “HPN in a suitcase” logo indicates that Blue HPN rates apply. If you don’t see the Blue High Performance Network name or the “HPN in a suitcase” logo on the front of the member ID card, then the patient is not in Blue HPN and other rates apply.

FRONT OF MEMBER ID CARD

 BlueCross BlueShield Geography		
Member Name Member Name Member ID XYZ123456789	Dependents Dependent One Dependent Two Dependent Three	
Group No. 023457 BIN 987654 Benefit Plan HIOPT Effective Date 00/00/00	Plan Office Visit Specialist Copay Emergency Deductible	EPO \$15 \$15 \$75 \$50
		

BACK OF MEMBER ID CARD

 BlueCross BlueShield Geography	www.BluePlan.com Customer Service: 1-800-234-5678 Outside of Area: 1-800-810-2583 Eligibility: 1-800-676-2583 Pharmacy Benefits: 1-800-123-4567 Gamma Vision*: 1-800-987-6543 *ALPHA contracts directly with Gamma Vision.
Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits. Hospital or physicians: file claims with local BlueCross and/or BlueShield Plan. BlueCross and BlueShield of Geography provides administrative services only and does not assume any financial risk for claims.	BlueCross and BlueShield of Geography P.O. Box 01234 City, State 01234-1234 An independent licensee of the BlueCross and BlueShield Association.
Benefits limited to emergent care at non-Blue HPN providers within Blue HPN product areas. Benefits limited to urgent and emergent care at non-Blue HPN providers outside of Blue HPN product areas.	Pharmacy benefits administrator

The following disclaimer is printed on the ID card:

Benefits limited to emergent care at non-Blue HPN providers within Blue HPN product areas. Benefits limited to urgent and emergent care at non-Blue HPN providers outside of Blue HPN product areas.

- Checking patient eligibility and benefits for Blue HPN members will be done the same way you do today for BlueCard PPO members. Providers may verify member eligibility and coverage information by calling the BlueCard Eligibility Line at 1-800-676-BLUE (2583) or electronically through CareFirst Direct.
- We will indicate that the patient is part of the Blue HPN along with the appropriate member cost share on the eligibility and benefit response you typically receive from us.

Blue HPN Healthcare Providers	Non-Blue HPN Healthcare Providers
<ul style="list-style-type: none">• Should apply the in-network cost share when collecting payment from members.	<ul style="list-style-type: none">■ Only services that are covered for Blue HPN patients are:<ul style="list-style-type: none">■ emergent care within Blue HPN geographic areas, and■ urgent and emergent care outside of Blue HPN geographic areas.■ For these limited benefits, you will be reimbursed according to CareFirst's provider contract, just like you are for other EPO products.*

***All other services are considered out-of-network, which will be indicated with a 100% member cost share on the eligibility and benefit response, and the patient needs to be informed that they will need to pay 100% of the cost share.**

Recommending Other Providers



Blue HPN patients will primarily use online provider finder tools to locate in-network Blue HPN healthcare providers. When Blue HPN patients search for healthcare providers using their member ID card or number, only Blue HPN healthcare providers will be returned in the search.



Blue HPN is a comprehensive network, including a full range of providers, from primary care doctors and specialists to hospitals. Not all healthcare providers are included.



If a Blue HPN patient needs to see a specialist or another healthcare provider, it's important that you only recommend Blue HPN healthcare providers to ensure your patients will have full benefits. You can use the Provider Search tool to identify Blue HPN healthcare providers.



If a Blue HPN patient needs, for a specific medical reason, to receive care from a non-Blue HPN specialist or hospital, please contact CareFirst before referring the patient to the non-Blue HPN healthcare provider.







- The claims submission procedures you follow for BlueCard PPO patients will be exactly the same for Blue HPN patients. Local and out-of-area claims are to be submitted CareFirst, just as you do today.
- You may also leverage existing tools and procedures for checking the claims status and performing pre-service review.

GEOBLUE

GeoBlue Expat Program



- This Preferred Provider (PPO) plan is designed for international assignees and their families when they leave their home countries for six months or more.
- Medical claims incurred inside the U.S., Puerto Rico, and the U.S. Virgin Islands are to be filed as you do with a BlueCard claim File to the provider's local plan. **For you this is CareFirst-**
- For benefit verification in the US, call the BlueCard Eligibility Line at 800-676-BLUE (2583).

GeoBlue 		Expat	
GEOBLUE EXPAT TEST BCBS			
Sammy Smith QHC500942861H		Jane Smith Sally Smith	
Group No.	99990483	Copay in Network, Inside U.S.	\$30
BIN	610020	Copay Out of Network, Inside U.S.	\$0
Effective Date	01-Jan-2012	Copay Outside U.S.	\$0
			

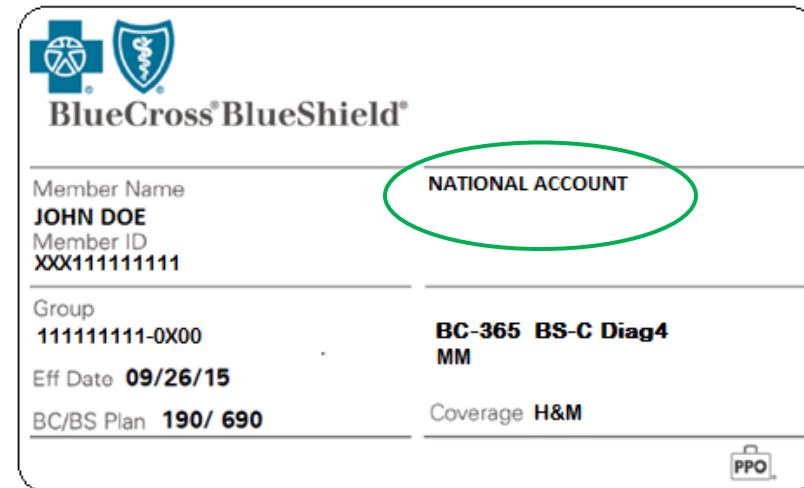
Plan code:
145 Facilities
645 Professional
Prefix QHA Thru
QHZ

GeoBlue 		www.geo-blue.com	
Members: See benefit booklet for services covered by your plan. Possession of this card does not guarantee eligibility for benefits.		Members Services	
Medical claims incurred Inside the U.S., Puerto Rico, and U.S. Virgin Islands Hospitals or Physicians: file claims with local Blue Cross and/or Blue Shield Plan Members: See benefit booklet for claims filing procedures or visit www.geo-blue.com .		Collect Outside the U.S. +1.610.254.5304 Toll Free Within the U.S. 1.855.282.3517	
Claims Incurred Outside the U.S., Puerto Rico, and U.S. Virgin Islands and all Dental and Rx claims File all claims with GeoBlue, One Radnor Corporate Center, Suite 100, Radnor, PA 19087, USA. Visit www.geo-blue.com for instructions.		24/7 Assistance Including Medical Evacuation Provided by HTH Worldwide Collect Calls Accepted +1.610.254.8771 globalhealth@hthworldwide.com	
Medical benefits underwritten by 4 Ever Life Insurance Company, an independent licensee of the Blue Cross Blue Shield Association.		Prescription/Pharmacy Information Pharmacy Help Desk 1.800.788.2910	
		GeoBlue One Radnor Corporate Center, Suite 100 Radnor, PA 19087, USA GeoBlue is the trade name of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross and Blue Shield Association.	
		Pharmacy benefits administrator.	


PROGRAMS



National Account Service Company (NASCO)

- Single system approach to manage health benefits and claims processing
- Provides consistent adjudication no matter where employee lives, works or travels
- Medical policy and claims processing guidelines may differ which could influence claims processing edits
 - Accounts may follow BlueCross BlueShield Association (BCBSA) 'national' medical policy
 - If no BCBSA medical policy exists, may default to CareFirst's 'local' policy
- Identification cards include the BlueCross BlueShield logo and 'National Account' verbiage
- **Must include 3-digit prefix – can be different based on employer group**
- Use CareFirst Direct for claim and benefit inquiries



- National program
- Offers mobility of coverage to out-of-area members
- Prefix - Indicates the member's Home Plan
- Use **CareFirst Direct** for eligibility, benefits and claim status or call 800-676-BLUE (2583)
- **When calling:**
 - You will be transferred to the member's home plan
 - Home plan medical policies supersede CareFirst medical policy
- Submit claims to CareFirst with your CareFirst provider number - receive payment on **NASCO** voucher – prefix must be included on claim
- Enroll today in separate BlueCard webinar for detailed information on how the program works and how to service these members

 BlueCross BlueShield of Geography		Blue Product	ALPHA Employer Group
Member Name Member Name Member ID XYZ123456789		Dependents Dependent One Dependent Two Dependent Three	
Group No.	023457	Plan	PPO
BIN	987654	Office Visit	\$15
Benefit Plan	HIOPT	Specialist Copay	\$15
Effective Date	00/00/00	Emergency	\$75
Plan Code	123	Deductible	\$50

You may see members from other BCBSA plans. They are handled through the BlueCard program. The suitcase in the right lower corner of the identification card gives you information about the network reimbursement level.

NOTE: *Benefits and eligibility must be verified on CareFirst Direct or by calling 1-800-676-2583*



Empty suitcase:

- The member is enrolled in a Traditional/Indemnity, HMO or POS product.
- The provider is reimbursed at the CareFirst contracted rate.



PPO in suitcase:

- The member is enrolled in a PPO or EPO product (back of card may identify benefit limitations for EPO members).
- The provider is reimbursed at the CareFirst contracted rate.



PPO B in the suitcase:

- The PPO B suitcase represents limited networks that other plans, such as the Exchange members may have.
- CareFirst doesn't have limited networks.
- Members have access to the CareFirst networks based on their product.

Third Party Administrator



Sample ID

- CareFirst BlueCross BlueShield **shares administrative duties** with the employer group or Third Party Administrator (TPA).
- Identification card has a **dual logo** - CareFirst and the TPA and/or the employer group.
- Prefix contains **'A' followed by two numerals**.
- Members utilize the CareFirst Provider Network.
- Claims received are **priced and passed by CareFirst** to the respective TPA for adjudication.
- The TPA is responsible for:
 - Benefits and eligibility
 - Processing claims
 - Printing member ID cards
 - Inquiries and appeals
- Eligibility, benefits and claim information are maintained by the TPA therefore are **not available** on CareFirst Direct or the VRU.
- Submit claims electronically using **Plan Code 580** for Professional claims.
- Paper claims and correspondence should be submitted to the TPA **using the address on the back of the identification card**.
- Important telephone numbers and the claims and correspondence address** are on the back of the identification card.
- Self Service Website: www.ncas.com for **prefix A11**. For all other prefixes use the back of the card for information.

Member Name JOHN TEST MEMBER		Coverage Level XXXXXXX
Member ID XXXXXXX		
Group ID.	See Info Sec	
Benefit Plan	See Info Sec	
Prefix	A11	
MagellanRx MANAGEMENT		RxBIN: See Info Sec PCN: See Info Sec RxGRP: See Info Sec

Precertification is mandatory before any hospital admission or the next business day for emergency admission. Failure to comply will reduce benefits.

CareFirst BlueCross BlueShield provides network access only and does not assume any financial risk or obligation with respect to claims. No network access is available from BlueCross and BlueShield plans outside of the service area of CareFirst BlueCross BlueShield. ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

Member Services: 866-462-4057
Eligibility/Benefits: 800-335-6227
To find a provider visit: www.ncas.com
To locate providers outside the health plan: 800-678-7427
Service area call PHCS: 866-332-1410
Inpatient Precertification: 866-332-1410
Outpatient Precertification: 866-332-1410
Pharmacy: 800-424-5828
Rx Member use only: 800-424-5828

CareFirst Providers Submit To:
Payer EDI #: Prof 580met 190
All Other Providers Submit To:
Payer EDI #: 75190
Or mail claims and correspondence to:
NCAS
PO Box 901610
El Paso, Texas 79998

Outside of the CareFirst Service Area: PHCS


Local Network provider of: CareFirst BlueCross BlueShield

- Nationwide TPA which is “BlueBranded” and operating under an independent license from the BlueCross BlueShield Association. Allows members to take advantage of local plan networks for out-of-area services.
 - Product offered
 - Is customized using the BlueCross BlueShield national network of providers
 - Allows members to take advantage of this network for out-of-area services
 - Submit claims electronically using payer code 75191
 - Paper Claims Submission to address on the back of the identification card
 - If you submit claims electronically, you can enroll to receive payment via Electronic Fund Transfer (EFT)*
 - Enroll online at www.emdeon.com/eftsignup
 - Manual enrollment at www.emdeon.com/resourcepdfs/e/PaymentEnrollment
- For more details refer to WWW.CFABlue.com

CareFirst Administrators	
Member Name JOHN TEST MEMBER	Coverage Level Family
Member ID XXX123456	Copay OV10
Group No. XXX	
Benefit Plan PREMIER	
BIN/PCN/GRP XXXX/XXXXXXXXX	
Effective Date 01/01/09	
BCBS Plan 192/692	

PPO Rx

www.cfbblue.com	
<p>Providers must submit all claims to the local Blue Cross and Blue Shield Plan.</p> <p>This employee benefit plan provides benefits to you and your eligible dependents.</p> <p>Pre-certification is mandatory before any hospital admission or the next business day for emergency admission. Failure to comply will reduce benefits.</p> <p>CareFirst Administrators, an independent corporation operating under a license from the Blue Cross and Blue Shield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.</p>	<p>Member Services and Benefits: 800-878-2683</p> <p>Provider Claims and Eligibility: 800-878-2683</p> <p>Inpatient Pre-certification: 800-878-2683</p> <p>Outpatient Pre-certification: 800-878-2683</p> <p>To locate Participating Providers outside the CareFirst Administrators service area, call 800-878-2683</p> <p>Pharmacy:</p> <p>Member Services: 800-878-2683</p> <p>Pharmacy Only: 800-878-2683</p> <p>CareFirst provides mail claims and correspondence to:</p> <p>CareFirst Administrators P.O. Box 3800 Merrifield, VA 22118-3800</p> <p>Or submit claims electronically to Electronic Payer ID: 75191</p> <p>Pharmacy benefits administrator - not a BlueCross BlueShield product.</p>

 **Note:** Please do not confuse these members with those handled by other Third Party Administrators that have an 'Axx' prefix and are submitted to CareFirst BlueCross BlueShield.

- You can use CareFirst Direct or CareFirst on Call for eligibility and claim status however **all claims and service inquiries are still handled by CFA.**


- Interactive Voice Response System (IVR) - **1-877-889-2478**
 - 24 hours a day/7 days a week
 - Access patient claims information
 - Check eligibility status
 - Verify benefits

CareFirst offers disease management services for the following conditions:

Condition	Contact Information
Behavioral Health and Substance Use	1-800-245-7013
Diabetes	1-800-783-4582
Heart Disease	1-800-783-4582
Oncology	1-888-264-8648
Respiratory Diseases	1-800-783-4582

For more information on these services, visit <https://provider.carefirst.com/providers/care-management/disease-management.page>

- Available to all FEP members
- Free program for expectant members age 18 and over
- Two step incentive program encouraging members to receive prenatal care in the first trimester
 1. Members must complete the Blue Health Assessment (BHA) questionnaire and
 2. Enroll in My Pregnancy Assistant, completing all required fields

-  They will then receive:
- Pregnancy Care Box
 - \$75 toward a health account to be used for most qualified medical expenses
-
- Refer members by visiting this website www.fepblue.org/maternity



THANK YOU

For more information, contact

YOUR PROVIDER RELATIONS REPRESENTATIVE