



BluePreferred-Saver

Leaving more money in your hands

You're active.
You're healthy.
You *still* need health insurance.

*Health Care Coverage for residents of Washington, DC
who buy their own health insurance.*

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BluePreferred-Saver is a product for people like you:

people who know they need health coverage, but don't want to spend a lot of money for it. With BluePreferred-Saver's design, you save money, even if you don't visit the doctor very often.

- **Save with lower monthly premiums**, and rest assured: you're covered for life's sudden health emergencies.
- **Save at the doctor's office.** Your expense is limited to a small copay for the first two visits each year (excluding preventive care). All of your preventive care visits in-network are covered with a small copay and no deductible.
- **Save on prescription drugs.** After meeting a lower deductible, you pay only a \$15 copay for generic drugs, and get discounts on brand name prescriptions.

Save your hard-earned money, in the event of a medical emergency, and let CareFirst BlueCross BlueShield (CareFirst) cover you. With BluePreferred-Saver, you know what your maximum out-of-pocket expenses will be in any given year. Once you reach the out-of-pocket maximum, CareFirst pays 100% of your covered medical expenses (excluding prescriptions) for that benefit year. And, you can rest assured knowing that your BluePreferred-Saver coverage has a substantial \$3,000,000 lifetime benefit maximum for covered medical services.

A health plan that actually gives you opportunities to save while keeping you covered, at a competitive price.

Individuals under the age of 30 can get coverage for less than \$100 a month! Choose a plan with a higher deductible, and you'll pay even less for your coverage.

As a member, you'll get built-in cost savings from one of the region's leading health insurers, CareFirst BlueCross BlueShield. And, you'll be able to count on the negotiating power of CareFirst, by receiving discounts on medical care, prescriptions and a host of other programs designed to help you maintain your good health.

- **Save more by using in-network doctors.**
You can see any doctor you like. However, you'll notice significant savings when you use doctors within CareFirst's Preferred Provider Network, which includes more than 24,000 providers and 42 hospitals locally.
- **Save time by avoiding cumbersome paperwork.**
You won't need referrals. And you'll have few, if any, claim forms.
- **Save with discounts on health-related programs.**
As a CareFirst member, you are entitled to discounts on alternative therapies and health and wellness programs such as chiropractic, acupuncture, massage, yoga, Pilates, tai chi, qi gong, guided imagery and fitness centers. Also, this program offers discounts on Weight Watchers® Online and Jenny Craig®, mail order contacts, laser-vision correction, hearing aids, and eldercare management. Since this program is *in addition to* your medical plan rather than a benefit, there are no claim forms, paperwork or referrals. You simply visit www.carefirst.com to learn more about the "Options" program.

Questions?

Call 410-356-8000 or toll free at 1-800-544-8703 or call your insurance broker

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Choose the deductible level right for you

With BluePreferred-Saver, you have three plans to choose from. The choice is yours. The higher your deductible, the lower your premium and member coinsurance. Tailor your coverage to your budget.

Option 1: \$2,500 Deductible

	In-Network	Out-of-Network
Deductible	Individual: \$2,500	Individual: \$5,000
	Family: \$5,000	Family: \$10,000
Member Coinsurance	30%	40%
Out-of-Pocket Maximum	Individual: \$5,000	Individual: \$10,000
	Family: \$10,000	Family: \$20,000

Option 2: \$5,000 Deductible

	In-Network	Out-of-Network
Deductible	Individual: \$5,000	Individual: \$10,000
	Family: \$10,000	Family: \$20,000
Member Coinsurance	0%	20%
Out-of-Pocket Maximum	Individual: \$5,000	Individual: \$12,500
	Family: \$10,000	Family: \$22,500

Option 3: \$10,000 Deductible

	In-Network	Out-of-Network
Deductible	Individual: \$10,000	Individual: \$12,500
	Family: \$20,000	Family: \$25,000
Member Coinsurance	0%	20%
Out-of-Pocket Maximum	Individual: \$10,000	Individual: \$15,000
	Family: \$20,000	Family: \$27,500

All three BluePreferred-Saver plans give you the security and peace of mind of a substantial \$3,000,000 lifetime policy maximum.

How the Plan Works:

- ◆ You pay up to the deductible, when applicable. Families never pay more than two times the individual deductible in a benefit year. Remember, for just a \$30 copay per visit, your first two in-network office visits (excluding preventive care) are covered.
- ◆ Once the deductible has been met, BluePreferred-Saver pays a percentage (100% or 70% for in-network providers) of the allowed amount. This is called the coverage level. The percentage that you pay (0% or 30% for in-network providers) is referred to as coinsurance.
- ◆ Unlike many other plans, your deductible and most coinsurance payments are included as part of your out-of-pocket maximum, which is the maximum an individual on your policy spends toward coinsurance and deductibles per year.
- ◆ Once your out-of-pocket maximum is reached, no further coinsurance or deductibles will be required in that calendar year.*
- ◆ Eligible expenses of all covered members can be combined to satisfy the family out-of-pocket limit. An individual family member cannot contribute more than the individual out-of-pocket limit toward meeting the family out-of-pocket limit.

**Please note that the prescription program deductible, copayments and maximums are separate from the medical deductible, copayments and maximums.*

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In-Network Benefits at a Glance

Medical Benefits	You Pay (In-Network)
Lifetime Maximum	\$3 million
Preventive Services	
Routine Adult Physical	\$30 per visit (no deductible)
Well-Child Care Including Exams and Immunizations	No charge
Routine OB/GYN Visits	\$30 per visit (no deductible)
PAP test, Mammograms, Prostate Screening & Colorectal Screening	No charge
Office Visits, Labs and Testing	
Office Visits (excluding preventive care)	
1-2 visits	\$30 per visit (no deductible)
3+ visits	Deductible & Coinsurance
X-ray and Lab Tests	Deductible & Coinsurance
Allergy Treatments	Deductible & Coinsurance
Emergency Care	
Emergency Room	Deductible & Coinsurance
Urgent Care Center	Deductible & Coinsurance
Ambulance (when medically necessary)	Deductible & Coinsurance
Hospitalization	
Inpatient Facility Services	Deductible & Coinsurance
Inpatient Physician Services	Deductible & Coinsurance
Outpatient Facility Services	Deductible & Coinsurance
Outpatient Physician Services	Deductible & Coinsurance
Vision Services	
Routine Annual Exam (administered by Davis Vision)	\$10
Prescription Drug Benefits	
Deductible	\$150
Generic Copay	\$15
Preferred Brand Copay	Discount
Non-Preferred Brand Copay	Discount
Annual Maximum (per person)	\$1,500 (generic drugs)

Care received out-of-network is subject to higher deductibles and coinsurance. There is a 10-month waiting period for coverage on pre-existing conditions.

Optional Extended Maternity Services may be added for you or your covered spouse or domestic partner. For an additional \$126 a month, you'll receive coverage of up to \$3,000 per pregnancy for covered pre- and postnatal care as well as covered services associated with the delivery. If you add maternity coverage at any time following your initial enrollment in BluePreferred-Saver, there will be a 10-month waiting period for maternity benefits.

It's easy to apply

To be eligible for BluePreferred-Saver coverage, each family member applying must be a resident of Washington, DC and complete a medical questionnaire.

Just follow these easy steps to apply.

1. Choose what type of coverage you need. You can select:

- ◆ Individual
- ◆ Individual and Child(ren)*
- ◆ Individual and Adult**
- ◆ Family [Two eligible adults and eligible dependent(s)]

*“Child” means your unmarried, *eligible* child up to age 23. Eligibility requirements are defined in the BluePreferred contract.

**“Adult” means the spouse of the subscriber or the domestic partner of the Subscriber who resides with the subscriber and satisfies the eligibility requirements defined in the BluePreferred contract. The subscriber and domestic partner may not share a blood or familial relationship, and must have shared a common legal residence continuously for at least six (6) months prior to applying for coverage.

If you have questions about eligibility, please call our Product Specialists at **1-800-544-8703**.

2. **Choose the plan that best fits your needs.** The enclosed rate charts for each plan, coverage type, and age will help you identify your monthly premium.
3. **Locate the application form in this packet.** Be sure to answer all questions honestly and completely, and don't forget to sign your application. Make sure you check "yes" in the Maternity benefit selection area, if you wish to elect optional extended maternity benefits.
4. **Mail your application in the enclosed envelope.** Send no money at this time. We'll begin processing your application right away! The review process takes about 4-6 weeks. Once you have submitted your application, you can call the Application Status Hotline at **1-877-746-7515** with questions. Your coverage will become effective the first of the month following the month in which we approve your application. Once effective, you'll receive your ID cards and everything else you need.

Additional Coverage Options

- ◆ **BluePreferred** and BluePreferred HSA**** – A Preferred Provider Organization that reduces your out-of-pocket costs with lower deductible plans including health savings account-compatible plans.
- ◆ **Supplement-65** – Traditional coverage to supplement your Medicare policy. For more information about this plan, please call our Product Specialists toll free at **1-800-275-3802**.

Other Coverage Options:

- ◆ **CareFirst BlueChoice**, BlueChoice-Saver** & BlueChoice-HSA**** – A flexible HMO plan, offered by CareFirst BlueChoice, Inc., an affiliate, including low-premium and health savings account-compatible plans.

*** Medical questionnaire must be completed.*

To request information on these plans, please contact our Product Specialists toll-free at **1-800-544-8703**. If you are eligible for Medicare please call **1-800-275-3802**.

Apply today using the enclosed application form, or apply on-line through Individual Express at www.carefirst.com/eSales

Policy Form Numbers

DC/CF/LCRX (1/05) • DC/CF/LC70 (1/05) • DC/CF/LC100 (1/05) • DC/DP-1EA (9/95)
• PPP-A/DC (4/96) • DC/C-DP (4/96) and any amendments

Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.



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