



2021 APPROVED SMALL GROUP PRODUCT STRATEGY

2020-2021

Proprietary and Confidential

2021 Small Group ACA Product Strategy



Goal: Grow competitive position as market leader by offering a competitive portfolio that will achieve the small group medical enrollment goals.

- Maintain positive margin
- Continue market growth and increase market share
- Improve customer experience – minimize member benefit disruption

Approved benefit changes

- Adjust plans to meet new Actuarial Value (AV) requirements while minimizing group/member disruption.
 - Brought plans back into AV range by adjusting MOOP, Medical deductible, generic copays
- Reduce risk of atomization – by offering new Bronze Plans comparable with the Individual Bronze Value Plans.
- Add more plans on Maryland SHOP Exchange to improve access and choice.
- Exit poor performing plans or plans requiring significant benefit changes due to AV.
 - Map members in exited plans into plans with minimal differences in premiums and deductibles.

For all ACA (Individual and Small Group) products

Reduce financial barriers for services related to Diabetes, such as removing deductibles and copays for insulin and diabetic supplies.

2021 Actuarial Value Calculator—Off-SHOP



- A total of 42 plans fell out of AV for 2021 in all jurisdictions:

- 6 out of 7 Bronze
- 16 of 26 Silver
- 15 of 17 Gold
- 5 of 8 Platinum

- Exiting 4 products—2 Bronze 6500's and 2 Silver HSA 2500's:

- The only Silver HSA/HRA 2500 plan that remains is Plus 2500.

Plan Name—Bronze	2021 Status
BlueChoice HMO Referral Bronze 6500	Out-of-Range (Exit)
BlueChoice Advantage Bronze 6500	Out-of-Range (Exit)
BlueChoice HMO HSA/HRA Bronze 6000	Benefit changes due to AV
BlueChoice Advantage HSA/HRA Bronze 6000	Benefit changes due to AV
BlueChoice Plus HSA/HRA Bronze 6000	Benefit changes due to AV
BlueChoice HMO HSA/HRA Bronze 6000 90	Benefit changes due to AV
BlueChoice HMO Referral 8150	Benefit changes due to AV

Plan Name—Silver	2021 Status
BlueChoice HMO Silver 1500	In-Range—no changes
BluePreferred PPO Silver 1500	In-Range—no changes
BlueChoice HMO HSA/HRA Silver 1500	Benefit changes due to AV
BlueChoice Advantage HSA/HRA Silver 1500	Benefit changes due to AV
BlueChoice Plus HSA/HRA Silver 1500	Benefit changes due to AV
BluePreferred PPO HSA/HRA Silver 1500	Benefit changes due to AV
BlueChoice Advantage Silver 1500 BlueFund HSA	Benefit changes due to AV
BluePreferred PPO Silver 1500 BlueFund HSA	Benefit changes due to AV
BlueChoice HMO HSA/HRA Silver 2000	Benefit changes due to AV
BlueChoice Advantage HSA/HRA Silver 2000	Benefit changes due to AV
BluePreferred PPO HSA/HRA Silver 2000	Benefit changes due to AV
BlueChoice HMO HSA/HRA Silver 2500	Out-of-Range (Exit)
BlueChoice Advantage HSA/HRA Silver 2500	Out-of-Range (Exit)
BlueChoice Plus HSA/HRA Silver 2500	In-Range—no changes
BlueChoice HMO HSA/HRA Silver 3000	In-Range—no changes
BlueChoice Advantage HSA/HRA Silver 3000	In-Range—no changes
BlueChoice Plus HSA/HRA Silver 3000	In-Range—no changes
BlueChoice HMO Referral Silver 4000	In-Range—no changes
BlueChoice Advantage Silver 4000	In-Range—no changes
BlueChoice HMO Silver 5000	Benefit changes due to AV
BlueChoice Advantage Silver 5000	Benefit changes due to AV
BlueChoice HMO HSA/HRA Silver 2000 70	Benefit changes due to AV
BlueChoice Advantage HSA/HRA Silver 2000 70	Benefit changes due to AV
BluePreferred PPO HSA/HRA Silver 2000 70	Benefit changes due to AV
BlueChoice HMO HSA/HRA Silver 3000 70	In-Range—no changes
BlueChoice Advantage HSA/HRA Silver 3000 70	In-Range—no changes

Plan Name—Platinum	2021 Status
BlueChoice HMO Referral Platinum 0	Benefit changes due to AV
BlueChoice HMO Platinum 0	Benefit changes due to AV
BlueChoice Advantage Platinum 0	Benefit changes due to AV
BlueChoice Plus Opt-Out Platinum 0	Benefit changes due to AV
BluePreferred PPO Platinum 0	Benefit changes due to AV
BluePreferred PPO Platinum 500	In-Range—no changes
HealthyBlue Advantage Platinum 500	In-Range—no changes
HealthyBlue Plus Platinum 500	In-Range—no changes

Plan Name—Gold	2021 Status
BlueChoice HMO Referral Gold 0	Benefit changes due to AV
BlueChoice HMO Referral Gold 500	Benefit changes due to AV
BlueChoice HMO Gold 500	Benefit changes due to AV
BlueChoice Advantage Gold 500	Benefit changes due to AV
BlueChoice Plus Gold 500	Benefit changes due to AV
BluePreferred PPO Gold 500	Benefit changes due to AV
BlueChoice Advantage Gold 1000	Benefit changes due to AV
BlueChoice Plus Gold 1000	Benefit changes due to AV
BluePreferred PPO Gold 1000	Benefit changes due to AV
BlueChoice HMO Gold 1500	Benefit changes due to AV
BluePreferred PPO Gold 1500	Benefit changes due to AV
BlueChoice HMO HSA/HRA Gold 1500	Benefit changes due to AV
BlueChoice Advantage HSA/HRA Gold 1500	Benefit changes due to AV
BlueChoice HMO HSA/HRA Gold 1500 90	Benefit changes due to AV
BlueChoice Advantage HSA/HRA Gold 1500 90	Benefit changes due to AV
BlueChoice HMO Gold 3000	In-Range—no changes
BlueChoice Advantage Gold 3000	In-Range—no changes

Key:

Plan exits

Benefit Changes

Resulting 2021 Small Group Portfolio—On/Off-SHOP



Deductible Levels by Metal Level	Platinum	Gold	Gold HSA/HRA	Silver	Silver HSA/HRA	Bronze	Bronze HSA/HRA
	\$0 (non-integrated)	\$0 new plan! Advantage Plan (non-integrated)	\$1500 (Integrated)	\$1500 (non-integrated)	\$1500 (Integrated)	\$6000 new! (Integrated) (Value Bronze*)	\$5500→\$6200 (MD only) (Integrated)
	\$500 (non-integrated)	\$500 (non-integrated)		\$4000 (non-integrated)	\$2000 (Integrated)	\$6500 (non-integrated) (Exited HMO Referral and Advantage)	\$6000→\$6100 (Integrated)
		\$1000 (non-integrated)		\$5000 (non-integrated)	\$2000→\$2100 (Integrated)	\$8150→\$8250 (Integrated)	\$6000→\$6500 (Integrated)
		\$1000 (SHOP) (integrated) (MD and VA only)			\$2300→\$2400 (Integrated)		
		\$1500 (non-integrated)			Plus \$2500 (Integrated) (Exited HMO and Advantage)		
		\$3000 (non-integrated)			\$3000 (Integrated)		
	Total	2	5	1	3	6	2

Small Group Product Counts

	MD	DC	N. VA	Total
Platinum	8	8	10	26
Gold	20	19	20	59
Silver	24	25	24	73
Bronze	9	7	7	23
Total	61	59	61	181

2021 Portfolio Results:

- 22 distinct deductible levels in 2021
- 3 new plans in each jurisdiction.
- 12 SHOP offerings in MD
- 4 plans exited (2 Bronze, 2 Silver):
 - Low enrollment
 - Significant AV changes causing major member disruptions
- Total plan count decreases from 190 in 2020 to 181 in 2021.

*Value plans are defined by the Maryland Health Exchange. These plans are required to contain certain deductible amounts and first dollar coverage on the Individual ACA market. Most non-CDH CareFirst plans in Small Group already include this “value-based” design. **Proprietary and Confidential**

SMALL GROUP PRODUCT CHANGES

2021 Small Group Changes

2021 AV Impacts

- All plans requiring changes brought back into AV with MOOP, Rx copay changes, and medical deductible.

2021 New Plans

- 2 new Bronze Value plans, 1 Gold:
 - 3 in each jurisdiction
 - 9 plans across jurisdictions

2021 New SHOP Offerings in Maryland

12 top selling off-SHOP plans will be offered for MD on-SHOP.

2021 Exited Plans

- BlueChoice HMO and Advantage HSA/HRA Silver 2500—due to low enrollment
 - 0.9% AND 0.7% of total enrollment
- BlueChoice HMO Referral Bronze 6500 and BlueChoice Advantage Bronze 6500—due to disruptive member changes
 - 0.3% and 0.1% of total enrollment

Had we kept these plans they would have required significant changes:

- **Scenario 1:**
 - Changes included increasing the MOOP from \$8,150 to \$8,400
 - Rx Deductible from \$500 to \$750
 - PCP from \$40→\$60
 - Spec from \$80→\$120
 - Generics from \$20→\$30
- **Scenario 2:**
 - Changes included increasing the MOOP from \$8,150 to \$8,400
 - PCP visits subject to deductible, with 1 visit exception.
 - Labs subject to deductible.

Bronze 8150 (HMO Referral)—Integrated
2021 Plan Name: Bronze 8250



In-Network High-Level Benefit Changes
2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Bronze 8150	\$8,150	Integrated	\$8,150	D, \$0	D, \$0	D, \$0	D, \$0	D, \$0	D, \$0	D, \$0

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Bronze 8250	\$8,250	Integrated	\$8,250	D, \$0	D, \$0	D, \$0	D, \$0	D, \$0	D, \$0	D, \$0

- **Deductible:** Increased from \$8,150 to \$8,250 (\$100 difference)
- **MOOP:** Increased from \$8,150 to \$8,250 (\$100 difference)

HSA/HRA Bronze 6000 (HMO, Advantage, Plus)—Integrated

2021 Plan Name: Bronze 6100



In-Network High-Level Benefit Changes

2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Bronze 6000	\$6,000	Integrated	\$6,550	D, \$50	D, \$100	D, \$100	D, \$300	D, \$450	D, \$250	D, \$500

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Bronze 6100	\$6,100	Integrated	\$6,900	D, \$50	D, \$100	D, \$100	D, \$300	D, \$450	D, \$250	D, \$500

- **Deductible:** Increased from \$6000 to \$6,100 (\$100 difference).
- **MOOP:** Increased from \$6,550 to \$6,900 (\$350 difference).

Advantage/Plus (OON):

- **OON Individual Deductible:** Increased from \$12,000 to \$12,200 (\$200 difference)
- **OON Individual MOOP:** Increased from \$13,100 to \$13,800 (\$700 difference)

HSA/HRA HMO Bronze 6000 90—Integrated

2021 Plan Name: Bronze 6500 90



In-Network High-Level Benefit Changes

2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Bronze 6000 90	\$6,000	Integrated	\$6,550	D, 10% coin	D, 10% coin	D, 10% coin	D, 10% coin	D, 10% coin	D, 10% coin	D, 10% coin

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Bronze 6500 90	\$6,500	Integrated	\$6,900	D, 10% coin	D, 10% coin	D, 10% coin	D, 10% coin	D, 10% coin	D, 10% coin	D, 10% coin

- **Deductible:** Increased from \$6000 to \$6,500 (\$500 difference).
- **MOOP:** Increased from \$6,550 to \$6,900 (\$350 difference).

Reminder : This is a hybrid coinsurance plan, with most benefits subject to coinsurance after the deductible (with the exception to Rx, sleep studies, and infusion therapy which are copay based). Please see benefit summary for full list of benefits and cost-shares

HSA/HRA Silver 1500 (HMO, Plus, Advantage, PPO)—Integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services			Generics
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp	30 day/90 day supply
CDH Silver 1500	\$1,500	Integrated	\$6,750	D, \$25	D, \$50	D, \$100	D, \$300	D, \$500	D, \$250	D, \$500	\$10/\$20

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services			Generics
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp	30 day/90 day supply
CDH Silver 1500	\$1,500	Integrated	\$6,900	D, \$25	D, \$50	D, \$100	D, \$300	D, \$500	D, \$250	D, \$500	\$15/\$30

- **MOOP:** Increased from \$6,750 to \$6,900 (\$150 difference).
- **Generics:** Increased from \$10/\$20 to \$15/\$30 (\$5/\$10 difference)

- *The HSA/HRA Silver 1500 product family is mirrored in DC for BlueFund HSA enrollment purposes.
 - The DC BlueFund product has a \$200 lower OOP max of \$6,700 in 2021.

Plus/Advantage/PPO:

- No OON changes to this plan.

BlueFund HSA/HRA Silver 1500 (Advantage and PPO)—Integrated DC Only



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services			Generics
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp	30 day/90 day supply
CDH Silver 1500	\$1,500	Integrated	\$6,550	D, \$25	D, \$50	D, \$100	D, \$300	D, \$500	D, \$250	D, \$500	\$10/\$20

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services			Generics
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp	30 day/90 day supply
CDH Silver 1500	\$1,500	Integrated	\$6,700	D, \$25	D, \$50	D, \$100	D, \$300	D, \$500	D, \$250	D, \$500	\$15/\$30

- **MOOP:** Increased from \$6,550 to \$6,700 (\$150 difference).
- **Generics:** Increased from \$10/\$20 to \$15/\$30 (\$5/\$10 difference)

- *The HSA/HRA Silver 1500 product family is mirrored in DC for BlueFund HSA enrollment purposes.
 - ▢ The DC BlueFund product has a \$200 lower OOP max of \$6,700 in 2021.

Advantage/PPO:

- No OON changes to this plan.

HSA/HRA Silver 2000 (HMO, Adv and PPO)—Integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Silver 2000	\$2,000	Integrated	\$5,550	D, \$25	D, \$50	D, \$100	D, \$300	D, \$400	D, \$250	D, \$500

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Silver 2000	\$2,000	Integrated	\$5,750	D, \$25	D, \$50	D, \$100	D, \$300	D, \$400	D, \$250	D, \$500

- MOOP:** Increased from \$5,550 to \$5,750 (\$200 difference).

Advantage/PPO:

- No OON changes to this plan.

HSA/HRA Silver 2000 70 (HMO, Adv and PPO)—Integrated

2021 Plan Name: HSA/HRA 2100 70



In-Network High-Level Benefit Changes

2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Silver 2000 70	\$2,000	Integrated	\$6,750	D, 30% coin	D, 30% coin	D, 30% coin	D, 30% coin	D, 30% coin	D, 30% coin	D, 30% coin

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Silver 2100 70	\$2,100	Integrated	\$6,900	D, 30% coin	D, 30% coin	D, 30% coin	D, 30% coin	D, 30% coin	D, 30% coin	D, 30% coin

- **Deductible:** Increased from \$2,000 to \$2,100 (\$100 difference).
- **MOOP:** Increased from \$6,750 to \$6,900 (\$150 difference).

ADV/PPO (OON):

- **OON Deductible:** Increased from \$4,000 to \$4,200 (\$200 difference).

Reminder: This is a hybrid coinsurance plan, with most benefits subject to coinsurance after the deductible (with the exception to Rx, sleep studies, and infusion therapy which are copay based). Please see benefit summary for full list of benefits and cost-shares

Silver 5000 (HMO and Advantage)—Non-integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Silver 5000	\$5,000	\$450	\$8,150	No charge	\$50	\$50	\$300	D, \$400	D, \$250	D, \$500

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Silver 5000	\$5,000	\$450	\$8,300	No charge	\$50	\$50	\$300	D, \$400	D, \$250	D, \$500

- **MOOP:** Increased from \$8,150 to \$8,300 (\$150 difference).

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP/Specialist, Convenience Care, Urgent Care, Generics Drugs, and Freestanding Lab/X-ray services.

Advantage (OON):

- **OON Individual MOOP:** Increased from \$16,300 to \$16,600 (\$300 difference)

Gold 0 (HMO Referral)—Non-integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 0	\$0	\$0	\$5,350	\$30	\$40	\$50	\$200	\$300	\$250	\$500

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 0	\$0	\$0	\$6,500	\$30	\$40	\$50	\$200	\$300	\$250	\$500

- MOOP:** Increased from \$5,350 to \$6,500 (\$1,150 difference).

Gold 500 (HMO, HMO Referral, Plus, Advantage, PPO)—Non-integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 500	\$500	\$250	\$5,750	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 500	\$500	\$250	\$7,900	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

- MOOP:** Increased from \$5,750 to \$7,900 (\$2,150 difference).

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP/Specialist, Convenience Care, Urgent Care, Generics Drugs, and Freestanding Lab/X-ray services.

- Plus/Advantage/PPO (OON):**
 - OON Individual MOOP:** Increased from \$11,500 to \$15,800 (\$4,300 difference)

Gold 1000 (Plus, Advantage, PPO)—Non-integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 1000	\$1,000	\$250	\$4,400	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 1000	\$1,000	\$250	\$5,750	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

- MOOP:** Increased from \$4,400 to \$5,750 (\$1,350 difference).

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP/Specialist, Convenience Care, Urgent Care, Generics Drugs, and Freestanding Lab/X-ray services.

- Plus/Advantage/PPO (OON):**
 - OON Individual MOOP:** Increased from \$8,800 to \$11,500 (\$2,700 difference)

HSA/HRA Gold 1500 (HMO and ADV)—Integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	ER	IP Hosp	
CDH Gold 1500	\$1,500	Integrated	\$3,000	D, \$10	D, \$20	D, \$50	D, \$50	D, \$100	D, \$100	D, \$200

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	ER	IP Hosp	
CDH Gold 1500	\$1,500	Integrated	\$3,200	D, \$10	D, \$20	D, \$50	D, \$50	D, \$100	D, \$100	D, \$200

- MOOP:** Increased from \$3,000 to \$3,200 (\$200 difference).

Advantage OON:

- OON MOOP:** Increased from \$6,000 to \$6,400 (\$400 difference).

Gold 1500 (HMO and PPO)—Non-integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 1500	\$1,500	\$250	\$3,900	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 1500	\$1,500	\$250	\$5,100	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

- **MOOP:** Increased from \$3,900 to \$5,100 (\$1,200 difference).

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP/Specialist, Convenience Care, Urgent Care, Generics Drugs, and Freestanding Lab/X-ray services.

- **PPO (OON):**
 - **OON Individual MOOP:** Increased from \$7,800 to \$10,200 (\$2,400 difference)

Platinum 0 (HMO, HMO Referral, Advantage, Plus Opt-Out, PPO)—Non-integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Platinum 0	\$0	\$0	\$1,550	\$10	\$20	\$50	\$50	\$150	\$100	\$200

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Platinum 0	\$0	\$0	\$1,600	\$10	\$20	\$50	\$50	\$150	\$100	\$200

- MOOP:**
 Increased from \$1,550 to \$1,600 (\$50 difference).

Advantage/Plus Opt-Out/PPO (OON):

- OON Individual MOOP:**
 Increased from \$3,100 to \$3,200 (\$100 difference)

2021 Actuarial Value Calculator—On-SHOP (MD/DC/VA)



All MD/VA SHOP plans for 2021 will require benefit changes.

2 Bronze plans only available for MD On-SHOP

2 Platinum plans only available for VA On-SHOP

DC is all On-Shop.

Plan Name—Bronze	2021 Status
BlueChoice HMO Referral HSA/HRA 5500 (MD only*)	Benefit changes due to AV
BluePreferred PPO HSA/HRA 5500 (MD only)	Benefit changes due to AV
Plan Name—Gold	2021 Status
BlueChoice HMO 1000 (MD/VA)	Benefit changes due to AV
BluePreferred PPO 1000 90%/70% (MD/VA/DC)	Benefit changes due to AV

Plan Name—Silver	2021 Status
BlueChoice HMO HSA/HRA 2300 (MD/VA)	Benefit changes due to AV
BluePreferred PPO HSA/HRA 2300 (MD/VA/DC)	Benefit changes due to AV
Plan Name—Platinum	2021 Status
BlueChoice Advantage 90%/70% (VA only)	Benefit changes due to AV
BluePreferred PPO 100%/80% (VA only)	Benefit changes due to AV

MD SHOP HSA/HRA 5500 (HMO Referral and PPO)—Integrated 2021 Plan Name: HSA/HRA 6200



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH 5500 (Bronze)	\$5,500	Integrated	\$6,550	D, 40% coin	D, 40% coin	D, 40% coin	D, 40% coin	D, 40% coin	D, 40% coin	D, 40% coin

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH 6200 (Bronze)	\$6,200	Integrated	\$6,900	D, 40% coin	D, 40% coin	D, 40% coin	D, 40% coin	D, 40% coin	D, 40% coin	D, 40% coin

- **Deductible:** Increased from \$5,500 to \$6,200 (\$700 difference).
- **MOOP:** Increased from \$6,550 to \$6,900 (\$350 difference).

PPO (OON):

- **OON Individual Deductible:** Increased from \$11,000 to \$12,400 (\$1,400 difference)
- **OON Individual MOOP:** Increased from \$13,100 to \$13,800 (\$700 difference)

MD SHOP/VA SHOP (SE)/DC: HSA/HRA Silver 2300 (HMO, PPO)—Integrated

2021 Plan Name: CDH 2400



In-Network High-Level Benefit Changes

2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
MD and VA only: HMO HSA/HRA 2300 and All Jurisdictions: PPO HSA/HRA 2300 80%/60% (Silver)	\$2,300	Integrated	\$6,750	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
MD and VA only: HMO HSA/HRA 2400 and All Jurisdictions: PPO HSA/HRA 2400 80%/60% (Silver)	\$2,400	Integrated	\$6,900	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%

- **Deductible:** Increased from \$2,300 to \$2,400 (\$100 difference).
- **MOOP:** Increased from \$6,750 to \$6,900 (\$150 difference).

PPO (OON):

- **OON Individual Deductible:** Increased from \$4,600 to \$4,800 (\$200 difference)
- **OON Individual MOOP:** Increased from \$13,500 to \$13,800 (\$300 difference)

In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
MD and VA only: HMO 1000 (Gold)	\$1,000	Integrated	\$3,300	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
MD and VA only: HMO 1000 (Gold)	\$1,000	Integrated	\$4,550	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%

- **Deductible and MOOP:** changed from **Aggregate to Separate**
- **MOOP:** Increased from \$3,300 to \$4,550 (\$1,250 difference)

In-Network High-Level Benefit Changes
2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			Generics 30/90 day supply	
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER		IP Hosp
PPO 1000 90%/70% (Gold)	\$1,000	Integrated	\$6,550	10%	10%	10%	10%	10%	10%	10%	\$10/\$20

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			Generics 30/90 day supply	
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER		IP Hosp
PPO 1000 90%/70% (Gold)	\$1,000	Integrated	\$7,350	10%	10%	10%	10%	10%	10%	10%	\$15/\$30

- **MOOP:** Increased \$6,550 to \$7,350 (\$800 difference).
- **Generics:** Increased from \$10/\$20 to \$15/\$30 (\$5/\$10 difference)

PPO (OON):

- **OON Individual MOOP:** Increased from \$13,100 to \$14,700 (\$1,600 difference)

VA SHOP/SE Only: ADV Platinum 90%/70% — Non-Integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
VA only: Adv 90%/70% (Platinum)	\$0	\$0	\$2,700	10%	10%	10%	10%	10%	10%	10%

2021 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
VA only: Adv 90%/70% (Platinum)	\$0	\$0	\$3,100	10%	10%	10%	10%	10%	10%	10%

- MOOP:**
 Increased \$2,700 to \$3,100 (\$400 difference).

- Advantage (OON):**
 - OON Individual MOOP:**
 Increased from \$5,400 to \$6,200 (\$800 difference)

VA SHOP/SE Only: PPO Platinum 100%/80%—Non-Integrated



In-Network High-Level Benefit Changes 2020 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
VA only: PPO 100%/80% (Platinum)	\$0	\$0	\$3,300	\$20	\$30	\$50	No charge	No charge	\$200	\$250

2021 Approved Product

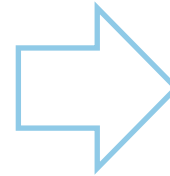
Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
VA only: PPO 100%/80% (Platinum)	\$0	\$0	\$3,700	\$20	\$30	\$50	No charge	No charge	\$200	\$250

- MOOP:**
 Increased \$3,300 to \$3,700 (\$400 difference).

- PPO (OON):**
 - OON Individual MOOP:**
 Increased from \$6,600 to \$7,400 (\$800 difference)

Product Mapping for 2021 Exits

2020 Exited Plan
BlueChoice HMO Referral Bronze 6500
BlueChoice Advantage Bronze 6500
BlueChoice HMO HSA/HRA Silver 2500
BlueChoice Advantage HSA/HRA Silver 2500



2021 New Plan
New BlueChoice HMO Value Bronze 6000*
New BlueChoice Advantage Value Bronze 6000*
BlueChoice HMO HSA/HRA Silver 2000
BlueChoice Advantage HSA/HRA Silver 2000

*Value plans are defined by the Maryland Health Exchange. These plans are required to contain certain deductible amounts and first dollar coverage on the Individual ACA market. Most non-CDH CareFirst plans in Small Group already include this “value-based” design.

NEW PLANS

Strategic Product Additions (HMO, Advantage)—Integrated Non-HSA Bronze Individual ACA vs. Small Group ACA



Coplay/Coinsurance 64.7% AV	CareFirst ACA Individual 2021	CareFirst ACA GROUP 2021	Exited CareFirst 6500 Bronze in 2021
	Value Bronze 6000	Value Bronze 6000	HMO Referral Bronze 6500
Individual Deductible^{1,2}	\$6,000/\$12,000 (Separate)	\$6,000/\$12,000 (Separate)	\$6,500/\$13,000 (Separate)
Individual OOP Maximum	\$8,300/\$16,600 (Separate)	\$8,300/\$16,600 (Separate)	\$8,400/\$16,800 (Separate) (Previously \$8,150/\$16,300)
PCP Office Visit	\$40 copay	\$40 copay	\$60 (previously \$40)
Specialist Office Visit	D, \$50 copay	D, \$50 copay	D, \$120 (previously D, \$80)
Urgent Care	\$70 copay	\$70 copay	\$100
Emergency Room	D, 40% coinsurance	D, 40% coinsurance	D, \$500
OP Facility – Freestanding	D, \$300	D, \$300	D, \$300
OP Facility-Hospital surgical	D, \$450	D, \$450	D, \$450
Inpatient Hospital³	D, 40% coinsurance	D, 40% coinsurance	D, \$500
Rx Deductible	Integrated	Integrated	\$750 (previously \$500)
Generics/Preferred/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty	D, \$20/D, \$50/D, \$70/D,\$100/D,\$150	D, \$20/D, \$50/D, \$70/D,\$100/D,\$150	D, \$30/D,\$80/D,\$150/D,\$100/D,\$150 (previously \$20)

- **BlueChoice HMO Value Bronze 6000**
 - Offered: MD On/Off SHOP, VA Off-Shop and DC On-SHOP
- **BlueChoice Advantage Value Bronze 6000**
 - Offered: MD and VA Off-SHOP, DC On-SHOP

Reasons to Offer Value Bronze 6000:

- *Align SG and Individual Portfolio*—the same plan is also offered on the Individual Market.
- *Reduce atomization*—offering a Value plan in Small Group for members to be able to purchase.
- *Product Mapping*—members in exited 6500 plan to be mapped to Value plan with several richer benefits:
 - Lower deductible
 - Lower OOPM Max
 - Lower Specialist copay
 - PCP, Retail Health Clinic, Urgent Care continues not to be subject to the deductible
 - Generic drugs are typically lower than \$20.

HMO Referral Bronze 6500 vs. Value Bronze 6000

- Freestanding lab and x-ray and generics are now subject to deductible.
- ER and hospital benefits subject to coinsurance

Differences between SG and Individual Value Plan:

- Infertility, AI—SG subject to deductible, Individual not subject.
- In-vitro fertilization—covered in Individual and not in SG.
- Skilled Nursing is \$50 in SG, \$100 in Individual.
- DME is 25% in SG, 40% in Individual.

Competition:

- Competitor does not offer a non-HSA Bronze.

10/19/2020 • Benefits in Green are richer than the exited Bronze 6500.
• Benefits in Red are less rich than the exited Bronze 6500.

¹All preventive services and preventive drugs are not subject to the deductible. All other services are subject to the deductible, and then coinsurance/copay.

²Please refer to benefit summaries and evidence of coverage for a full list of benefits.

³All services rendered in a hospital setting are subject to the facility fee.

Strategic Product Additions (Advantage)—Non-Integrated



Coplay-based 81.93% AV	CareFirst	Competitor
	Advantage Gold 0 (INN/OON)	POS Gold 22 (INN/OON Only)
Individual Deductible^{1,2}	\$0/\$1,000	\$0/\$15,000
Individual OOP Maximum	\$6,500/\$13,000 (Separate)	\$7,900/\$15,000 (Separate)
PCP Office Visit	\$30/D, \$50 copay	\$30 copay/20% coinsurance
Specialist Office Visit	\$40/D, \$50 copay	\$60 copay/20% coinsurance
Urgent Care	\$50 copay and paid as in-network	\$30 copay/20% coinsurance
Emergency Room	\$250 (waived if admitted) and paid as in-network	\$500 (waived if admitted) and paid as in-network
OP Facility – Freestanding	\$200 copay/D, \$300 copay	\$600 copay/20% coinsurance
OP Facility- Hospital surgical³	\$300 copay/D, \$400 copay	\$600 copay/20% coinsurance
Inpatient Hospital	\$500 per admission/D, \$600 per admission	\$1000 (3 day max)/20% coinsurance
Rx Deductible	\$0	\$0
Generics/Preferred/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty	\$10/\$45/\$65/\$100/\$150	\$10/\$50/\$100/\$150

• BlueChoice Advantage Gold 0

- Offered: MD and VA Off-Shop, DC On-SHOP

Reasons to Offer:

- For CareFirst, non-CDH plans with a \$0 deductible tend to have higher enrollment vs. non-CDH plans with a higher deductible.
 - Plans with \$0 cost-shares also sell well among Congress—this will be an addition to recapture members lost with the HealthyBlue exits.

Plan Details:

- This plan contains an out-of-network component—**built off the existing HMO Referral Gold 0** plan.
 - In-network copays are the same as the existing HMO Referral Gold 0 plan.
 - Added an out-of-network component for rate advantages due to increased market trend of groups buying down from PPO to Advantage.

Competition:

- Competitor offers a Gold 22 POS with a \$7,900 MOOP and PCP/Spec at \$30/\$60 copay for in-network and 20% coinsurance for out-of-network benefits.
- There are also several benefits that compete against competitor’s Gold 22:
 - Deductible (OON)
 - OOPM
 - Specialist
 - ER
 - OP Freestanding/Hospital
 - Inpatient Hospital

¹All preventive services and preventive drugs are not subject to the deductible. All other services are subject to the deductible, and then coinsurance/copay.

²Please refer to benefit summaries and evidence of coverage for a full list of benefits.

³All services rendered in a hospital setting are subject to the facility fee.

2021 Small Group New Plans (MD On-SHOP only)

Maryland SHOP Plans—Offering 12 Off-SHOP plans for more choice and access.

Offer more choice and access to better serve CareFirst's community and mission for members who purchase On-SHOP and qualify for subsidies.

- **A total of 68 plans are currently offered on the MD SHOP exchange:**
- CareFirst currently offers 6 coinsurance-based plans on the exchange.
- Competitors offer HMO and POS plans on the Bronze, Silver, Gold and Platinum metal levels.
- For lower rates, new plans offered on-SHOP include:
 - Higher deductibles
 - Value-based plan designs
 - HMO and Advantage networks
- **Note:** 2021 Benefit Summaries on the Broker Portal for On-Shop plans will also be accessible via the Off-SHOP section, with updated headers.

Bronze (2 HSA's, 2 non-HSA)

- BlueChoice HMO HSA/HRA Bronze 6100
- BlueChoice Advantage HSA/HRA Bronze 6100
- BlueChoice HMO Value Bronze 6000
- BlueChoice HMO Referral 8250

Silver (3 HSA's, 2 non-HSA)

- BlueChoice HMO HSA/HRA Silver 1500
- BlueChoice HMO HSA/HRA Silver 3000
- BlueChoice HMO Silver 5000
- BlueChoice Advantage HSA/HRA Silver 3000
- BlueChoice Advantage Silver 5000

Gold (1 HSA, 2 non-HSA)

- BlueChoice Advantage HSA/HRA Gold 1500
- BlueChoice HMO Gold 1500
- BlueChoice Advantage Gold 1000

2021 Diabetic Supplies, Insulin, and Blue Rewards Update



As prescription drug prices continue to rise, CareFirst is continually looking for innovative ways to help our members afford their medication.

Effective January 1, 2021 (upon renewal in MD, DC, VA)—

- **Insulin**
 - **Preferred Brand Insulin:**
 - No deductible, \$0 copay for all plans (including HSA plans) for a 30- and 90-day supply.
 - **Non-Preferred Brand Insulin:**
 - No deductible, \$50 cap for 30-day supply and a \$100 cap for a 90-day supply for all plans (including HSA plans).
- **Diabetic Supplies** (lancets, test strips, syringes, etc.)
 - For members in HSA plans, there is no longer a deductible requirement to get diabetic supplies at no cost.
 - Diabetic supplies will continue to be no charge for all plans¹
- **Blue Rewards**
 - Earning a \$100 incentive for completing a health screening is now easier!
 - Members no longer have to select a Patient-Centered Medical Home (PCMH) specific primary care provider (PCP).
 - All members simply need to select a PCP, no matter what type of plan.

Benefit Summaries:

- 2021 Benefit Summaries are live on the SOS and broker portal.
- On-SHOP benefit summaries are now also accessible in the Off-SHOP section of the broker portal.

Product Portfolios:

- Will be available on broker portal, targeting the end of this month.

Enrollment Forms and Group Contract Applications:

- Live in the SOS, will be available on the broker portal.

Uniform Modification Letters:

- First letter sent for January renewals, see image for example
- Example: For January 1, 2021 renewals with renewal packages sent on mid-October → the uniform mod letter will be sent on 9/19/20.

Dear Group Administrator:

Each year, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) reviews our product portfolio to ensure each plan complies with Affordable Care Act (ACA) guidelines. As a result of this evaluation, the following 2021 health plans will be modified upon renewal to the corresponding plans below:

2020 Product Name	2020 In-Network Product Features	2021 Modified Product Name	2021 In-Network Product Features
BlueChoice HMO Referral Bronze 6500	\$6,500 Ded, \$8,150 OOP Max, \$500 Rx Ded, \$40/D, \$80 PCP/Spec.	BlueChoice HMO Value Bronze 6000	\$6,000 Ded, \$8,300 OOP Max, Integrated Rx Ded, \$40/D, \$50 Spec.
BlueChoice Advantage Bronze 6500	\$6,500 Ded, \$8,150 OOP Max, \$500 Rx Ded, \$40/D, \$80 PCP/Spec.	BlueChoice Advantage Value Bronze 6000	\$6,000 Ded, \$8,300 OOP Max, Integrated Rx Ded, \$40/D, \$50 Spec.
BlueChoice HMO HSA/HRA Silver 2500	\$2,500 Ded, \$6,000 OOP Max, D, \$20/D, \$40 PCP/Spec.	BlueChoice HMO HSA/HRA Silver 2000	\$2,000 Ded, \$5,750 OOP Max, D, \$25/D, \$50 PCP/Spec.
BlueChoice Advantage HSA/HRA Silver 2500	\$2,500 Ded, \$6,000 OOP Max, D, \$20/D, \$40 PCP/Spec.	BlueChoice Advantage HSA/HRA Silver 2000	\$2,000 Ded, \$5,750 OOP Max, D, \$25/D, \$50 PCP/Spec.

Enrolling in your plan

You will be automatically enrolled in the 2021 plan listed in the chart above. We are committed to finding a plan that meets your and your employees' needs, and you are welcome to select a different plan than what we have noted. You will receive more information in the *Current and Renewal Plan* section of your upcoming renewal packet.

If you wish to enroll in a plan other than the plan identified above, you will need to actively select another option at your next renewal. Once you receive your upcoming renewal, your broker or CareFirst sales rep can help answer any questions you may have about additional plan options.

To assist you in understanding these changes, on the next page are answers to the most frequently asked questions:

2021 DENTAL/VISION UPDATES

- **Small Group OFF Exchange exit**
 - Effective 1/1/21
 - MD/DC/VA ACA-Compliant (member level rated)*
 - BlueDental Preferred and BlueDental Traditional exited from the SG OFF-Exchange portfolio.

- **New rates for Small Group Dental/Vision effective 7/1/20.**
 - Sales & Broker News for release in June.
 - **SG Dental:**
 - No changes in MD
 - 3% increase for Preferred Dental, BlueDental Basic, and BlueDental Plus in VA and DC
 - No changes for Traditional Dental, BlueDental EPO or BlueDHMO
 - **SG Vision – BV+ plans:**
 - No changes to base rates or tier factors
 - Eliminated freestanding load
 - Removed geo-rating in MD

*These plans are typically sold to satisfy the pediatric dental requirements if other carriers don't embed pediatric dental in their ACA medical plans. Member level rated.

2021 Standalone Dental Portfolio

On & Off Exchange/SHOP Offerings by Jurisdiction

	Product Name	ON			OFF		
		MD	DC	VA	MD	DC	VA
Small Group MLR Rated (ACA Compliant)	BlueDental Preferred		✓		Exit for 1/1/2021	Exit for 1/1/2021	Exit for 1/1/2021
	BlueDental Traditional		✓		Exit for 1/1/2021	Exit for 1/1/2021	Exit for 1/1/2021

2021 Small Group Standalone Dental (ACA-compliant)* On SHOP, DC

BlueDental Traditional

Individual Deductible	Family Deductible	Deductible Applies	Annual Maximum for Class I, II, III & IV Members Over 19	Out-of-Pocket Maximum Members Under 19	Class I Coinsurance ¹	Class II Coinsurance ¹	Class III Coinsurance ¹	Class IV Coinsurance ¹	Class V Coinsurance ¹ Members Under 19, Medically Necessary Ortho ²
\$50	\$150	2, 3 & 4	\$1,500	\$350 for 1 member, \$700 for 2+ members	100%	80%	80%	50%	50%

BlueDental Preferred

Individual Deductible		Family Deductible		Deductible Applies	Annual Maximum for Class I, II, III & IV Members Over 19	Out-of-Pocket Maximum Members Under 19	Class I Coinsurance ¹		Class II Coinsurance ¹		Class III Coinsurance ¹		Class IV Coinsurance ¹		Class V Coinsurance ¹ Members Under 19, Medically Necessary Ortho ²	
In	Out	In	Out				In	Out	In	Out	In	Out	In	Out	In	Out
\$50	\$100	\$150	\$300	2, 3 & 4 (In & Out)	\$1,000	\$350 for 1 member, \$700 for 2+ members	100%	80%	80%	60%	80%	60%	50%	35%	50%	35%

Note: Plans are available as employer-sponsored only, not voluntary. Plans do not include Deductible Carryover or Deductible Credit provisions.

¹ Coinsurance shown is the percentage the **plan** pays. CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

² Qualifications to be medically necessary vary by jurisdiction

*These plans are typically sold to satisfy the pediatric dental requirements if other carriers don't embed pediatric dental in their ACA medical plans. Member level rated.

APPENDIX

Medical and Dental/Vision Enrollment

MD Top Ten Plans

Maryland Top 10 Plans (New Sales) ₁	
Plan	
BlueChoice HMO Gold 1500	
BlueChoice HMO HSA/HRA Silver 1500	
BlueChoice HMO HSA/HRA Gold 1500	
BluePreferred PPO Platinum 0	
BlueChoice Advantage HSA/HRA Silver 2500	
BlueChoice HMO Gold 3000	
BlueChoice HMO Gold 500	
BlueChoice HMO HSA/HRA Silver 2000	
BlueChoice HMO HSA/HRA Silver 2500	
BlueChoice Advantage HSA/HRA Gold 1500	

Maryland Top 10 Plans (New and Renewing) ₂	
Plan	
BlueChoice HMO HSA/HRA Silver 1500	
BlueChoice HMO HSA/HRA Silver 2000	
BlueChoice Advantage HSA/HRA Silver 1500	
BlueChoice HMO HSA/HRA Silver 3000	
BlueChoice Plus HSA/HRA Silver 1500	
BlueChoice HMO Referral Gold 0	
BlueChoice HMO HSA/HRA Bronze 6000	
BlueChoice Plus Opt-Out Platinum 0	
BlueChoice Advantage Gold 1000	
BlueChoice HMO Gold 1500	

VA Top Ten Plans

Virginia Top 10 Plans (New Sales) ₁
Plan
BluePreferred PPO Gold 1500
HealthyBlue Plus Platinum 500
BlueChoice HMO Referral Platinum 0
BlueChoice Advantage Platinum 0
BluePreferred PPO Platinum 0
BlueChoice Advantage Gold 1000
BlueChoice Plus Gold 1000
BluePreferred PPO Gold 500
BlueChoice HMO Gold 1500
BluePreferred PPO Gold 1000

Virginia Top 10 Plans (New and Renewing) ₂
Plan
BlueChoice Plus Opt-Out Platinum 0
BlueChoice Advantage HSA/HRA Silver 1500
BlueChoice Advantage Gold 1000
BluePreferred PPO Platinum 0
BlueChoice Advantage Gold 500
BlueChoice Plus HSA/HRA Silver 1500
BluePreferred PPO Platinum 500
BlueChoice Advantage Platinum 0
BlueChoice HMO Referral Platinum 0
BlueChoice HMO HSA/HRA Silver 1500

DC Top Ten Plans

DC Top 10 Plans (New Sales) ₁
Plan
BlueChoice HMO Silver 5000
BlueChoice Plus Gold 500
BlueChoice Advantage Gold 500
BluePreferred PPO Gold 1500
BluePreferred PPO Gold 500
BlueChoice Advantage Bronze 6500
BluePreferred PPO Platinum 0
BlueChoice Plus Opt-Out Platinum 0
BlueChoice Advantage Gold 1000
HealthyBlue Advantage Platinum 500

DC Top 10 Plans (New and Renewing) ₂
Plan
BluePreferred PPO Platinum 0
BluePreferred PPO Gold 500
BlueChoice Plus Opt-Out Platinum 0
BlueChoice Advantage Gold 500
BlueChoice Advantage Platinum 0
BlueChoice Advantage Gold 1000
BluePreferred PPO Platinum 500
BluePreferred PPO Gold 1500
BluePreferred PPO Gold 1000
BlueChoice Plus Gold 500

Top Dental & Vision Plans—All Jurisdictions



Top Dental Plans (Employer-Sponsored)	
Plan	Description (Preventive & Diagnostic/Basic/Major Restorative)
BlueDental Plus Plan 5 w/ortho	100/80/50* \$2,000 Annual Max
BlueDental Plus Plan 1	100/80/50* \$1,500 Annual Max
BlueDental Plus Plan 5	100/80/50* \$2,000 Annual Max
BlueDental Plus Plan 1 w/ortho	100/80/50* \$1,500 Annual Max

Top Dental Plans (Voluntary)	
Plan	Description (Preventive & Diagnostic/Basic/Major Restorative)
Voluntary BlueDental Plus Plan 1	100/80/50* \$1,500 Annual Max
Voluntary BlueDental Plus Plan 1 w/ortho	100/80/50* \$1,500 Annual Max

Top Vision Plans (Employer-Sponsored)	
Plan	Description
BlueVision Plus Option 3	\$10 exam copay / 12 month benefit period
BlueVision Plus Option 1	\$0 exam copay / 12 month benefit period
BlueVision Plus Option B	\$10 exam copay / 12/12/24 benefit period

Top Vision Plans (Voluntary)	
Plan	Description
Voluntary BlueVision Plus Option B	\$10 exam copay / 12/12/24 benefit period
Voluntary BlueVision Plus Option D	\$10 exam copay / 12 month benefit period

*CareFirst gives you the flexibility to select Major Surgical Services at either the Basic Services or Major Restorative Services benefit level. Major Surgical Services include surgical periodontics, endodontics, and complex oral surgery. Plans 1, 2, 5, and 6: Major Surgical Services have the same coinsurance as Basic Services. Plans 3, 4, 7, and 8: Major Surgical Services have the same coinsurance as Major Restorative Services.

Updated Commercial Enrollment Contact Information

To improve business efficiency and customer response, the Commercial Enrollment department has streamlined enrollment-related email boxes. Please refer to the chart below to make sure you have the most up-to-date contact information.

Purpose of email	Email Address	Expected Processing Time
Day-to-day and retroactive enrollment	CommercialEnrollment@carefirst.com	2 business days
Urgent enrollment requests for immediate care or prescriptions	AISOS@carefirst.com	2 business hours
All account installation requests	sammdai@carefirst.com	Within 24 hours for urgent account installation 1-3 business days for non-urgent account installation

- **Vitality Magazine**

- Access our [member resource guide](#), containing important plan information such as understanding plans, wellness resources and ways to save!

- **Coronavirus Resource Center**

- Stay up to date on the latest updates regarding [COVID-19](#).

- **Medical Enrollment Forms (2021—pending)**

- [MD](#)
- [VA](#)

- **2021 Medical Benefit Summaries**

- [MD](#)
- [DC](#)
- [VA](#)

- **Reminder:** MD Small Group Grandfathered plans will be exited, effective January 1, 2021

- Exit letters have already been mailed for January renewals.
- Group letters sent on the 17th of each month and subscriber letters sent on the 24th of each month
- Groups who are eligible will be mapped into corresponding ACA plans.



THANK YOU

For more information, contact