CareFirst

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2022 ACA INDIVIDUAL PRODUCT TRAINING

Maryland, Washington D.C. & Northern Virginia

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AGENDA

1. Plan Design
2. 2022 ACA Product Portfolio
3. Mapping, Communications, and Impacts
4. Appendix
   - Exclusions and On/Off Exchange Differences
   - Jurisdictional Differences
   - Out-of-Area Care

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PLAN DESIGN

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2022 Open Enrollment

MD/VA: November 1, 2021 - January 15, 2022

DC: November 1, 2021 – January 31, 2022

Outside of the Annual Open Enrollment Period above, an individual may take advantage of a Limited Open Enrollment Period (LOEP). A Limited Open Enrollment is a specific period of time outside of the annual Open Enrollment period in which individuals are allowed to apply for coverage.

Only certain life events (marriage, birth of a child, loss of coverage etc.) qualify an individual for a Limited Open Enrollment period and each qualifying life event grants the individual a specific timeframe to enroll in a health plan. Generally this timeframe is 30 - 60 days before and/or after the life event.

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Key Products Overview

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- All plans offer preventive care that is not subject to the deductible, as well as pediatric dental & vision coverage
- Some plans have no deductible for common benefits, including:
  - PCP & specialist office visits
  - Retail health clinics
  - Urgent care
  - Labs, X-rays, Imaging and Outpatient surgery (non-hospital settings)
  - Generic drugs
- Significant savings for seeking care in non-hospital settings
- Prescription drug coverage is included in all plans
  - Some plans have separate drug deductibles (member does not have to meet the medical deductible first)
  - Low or no cost generic drugs
  - **Preferred Brand Name Insulin at no deductible, no cost**
  - Many plans and benefits have copays instead of coinsurance so subscribers can estimate out-of-pocket costs before they get care

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ACA Products Overview

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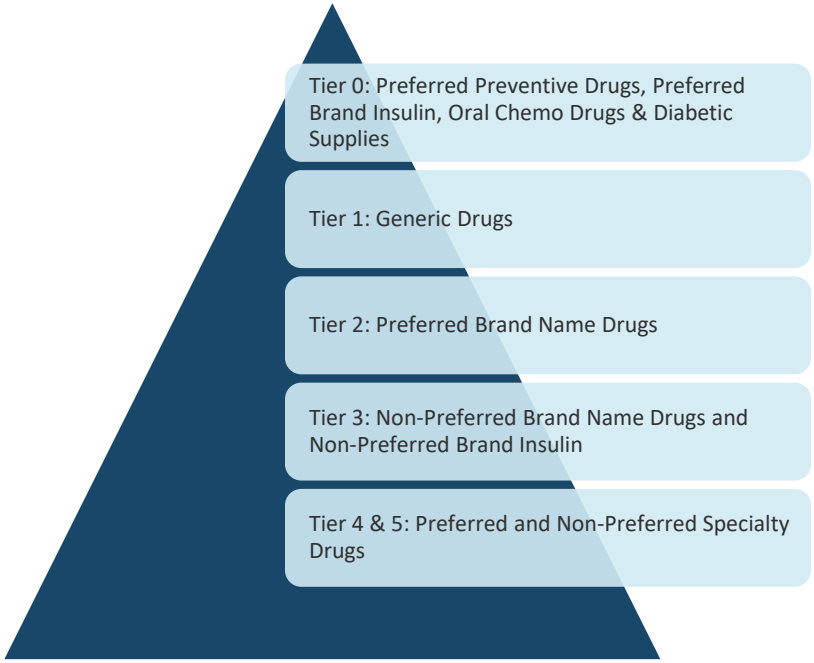
AV Calculator did not change for 2022 (first time it hasn't changed) resulting in only minor changes to the 2022 portfolio.

- CareFirst continues to participate in the Individual ACA market broadly with:
  - Plans in all rating areas and counties in our service area
  - **10 plans in MD**: 4 Bronze, 2 Silver, 3 Gold, and Catastrophic
  - **5 plans in VA**: 2 Silver, 2 Gold, and Catastrophic
  - **13 plans in DC**: 4 Bronze, 2 Silver, 4 Gold, 2 Platinum, and Catastrophic
- Broad networks
- Product choice – HMO and PPO designs
- No referrals
- Plans with first dollar coverage and separate pharmacy deductibles
- HSA options in all three jurisdictions

Prescription Drug Coverage

- All CareFirst plans include prescription drug coverage
- Depending on the plan, an individual/family will either:
  - meet the plan's embedded medical and drug deductible before prescription drug begins, or
  - have a separate, lower deductible just for drugs in addition to the Medical Deductible
- Some plans do not require a deductible on generic drugs
- All plans have preventive drugs at no cost

5 Tier Formulary Structure:



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Plan Design Principles

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Sample BlueChoice HMO Gold $1,750 In-Network		
Deductible		$1,750
OOP Maximum		$6,650
PCP Office Visit/Retail Health Clinic		$0
Specialist Office Visit		$30
Urgent Care		$50
Emergency Room		Deductible, then $300
Non-surgery- Outpatient Facility		Deductible, then $75
Labs	**Office/Non-Hospital Setting**	$15
X-Rays		$65
Imaging		$250
Labs	**Outpatient Hospital Setting**	Deductible, then $60
X-Rays		Deductible, then $100
Imaging		Deductible, then $350
Outpatient Surgery	**ASC/Non-Hospital Setting**	Physician: $30 Facility: $300
	Outpatient Hospital Setting	Physician: Deductible, then $30 Facility: Deductible, then $400
Inpatient Hospital		Deductible, then $450/day (up to $2,250 member max)
Rx Deductible		$150 (Tiers 2-5)
Generics/Preferred/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty		$0/$50/$70/$100/$150

- On some plans, copays increase from PCP/Retail Health Clinic, Specialist, Urgent Care to Emergency Room – no deductible for lower cost settings
- Additional facility charge may be assessed for office visits performed in a hospital setting
- Less costly diagnostic procedures have lower copays and are not subject to a deductible; these are combined copays for physician and facility
- Surgeries at non-hospital surgical centers have lower copays and no deductible
- Inpatient hospital is a per day copay (member copay maximum applies on some plans)
- Separate drug deductible; Generic drugs not subject to deductible and are sometimes $0

Know Before You Go – Non-Hospital Facilities

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- **Laboratories**
  - HMO members – LabCorp is their participating provider; pre-authorization is required for hospital setting
  - PPO members have a larger network for in-network benefits, including LabCorp and Quest Diagnostics
- **X-Ray and Imaging**
  - For HMO, pre-authorization is required for hospital setting
- **Non-Hospital Surgery Centers** (Ambulatory Surgical Centers)
  - Many outpatient surgical procedures can be performed at a non-hospital surgery center

Sample Costs – Know Before You Go

Health Care Service	Non-Hospital Setting	Hospital Setting
Lab Work	$20	Deductible, then $100
X-Rays	$40	Deductible, then $150
Outpatient Surgery	$100	Deductible, then $200
Infusion Treatment	$20	$200

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ACA PRODUCT PORTFOLIO

What Changed for 2022

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- **BlueChoice Young Adult Plans:**
  - All jurisdictions deductible and out-of-pocket maximum increases from $8,550 to $8,700
- **MHBE Change Maryland: BlueChoice HMO Value Bronze $6,100**
  - Deductible: $6,000 to $6,100
  - OOP Max: $8,300 to $8,700
  - Generic Drugs: $20, After Deductible to $20**, NO Deductible** (change mandated by the MHBE)
- **2021 MD Mandate, Prostate cancer screening**, out of network can no longer be subject to the deductible.
  - This change has been made for 2022 in DC and VA to align with the MD mandate.
- **2022 DC Insulin Mandate**
  - Changes to Insulin and Diabetic Equipment cap
  - Some changes were applied to both Maryland and Virginia (see next slide for details)
- **BlueRewards added back to the Individual portfolio for 2022**

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2022 DC Diabetes/Insulin Mandate (and how it applies to MD/VA)

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Insulin capped at $30 (DC/MD/VA)

- **Non-Preferred Brand Insulin:**
  - No deductible, $30 cap for 30-day supply and a $60 cap for a 90-day supply for all plans (including HSA plans).
  - Preferred Brand Insulin (no change):
  - No deductible, $0 copay for all plans (including HSA plans) for a 30- and 90-day supply.

Diabetic Equipment: *language varies based on plan type* (DC/MD/VA)

- **Non-HSA Plans**: The deductible will be waived, and the cost share will not exceed $100 for covered Diabetic Equipment used to diagnose, mitigate, or prevent diabetes, or to screen for diabetic ketoacidosis in individuals diagnosed with diabetes. Any cost sharing prior to meeting the deductible will be applied towards the deductible.
- **HSA Plans**: The deductible will be waived **for covered Glucometers** but will apply for all other covered Diabetes Equipment. The cost share will not exceed $100 for covered Diabetes Equipment including covered Glucometers used to diagnose, mitigate, or prevent diabetes, or to screen for diabetic ketoacidosis in individuals diagnosed with diabetes. Any cost sharing prior to meeting the deductible will be applied towards the deductible.

Pharmacy Change (DC ONLY - All Plans):

- Any cost sharing paid by the member for prescription insulin drugs will be applied to the patient's deductible.

WELLNESS PROGRAM

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- RealAge®: In just a few minutes, the RealAge online health assessment will help you determine the physical age of your body, compared to your calendar age.
- Personalized newsfeed: Receive content based on your health and well-being goals, as well as your motivation and interests.
- Trackers: Connect your wearable devices to monitor daily habits like stress, sleep, steps, nutrition and more.
- Challenges: Stay motivated to achieve your health goals by joining a challenge.
- Health profile: Access your health data— including biometric and lab results, vaccine information and medications—all in one place.
- Tobacco cessation program - Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Access expert guidance, support and tools to make quitting easier than you might think.
- Financial well-being - Learn how to take small steps toward big improvements in your financial situation. Whether you are planning for your child's education, your own retirement, or want to improve your current situation, the financial well-being program can help.

BlueRewards

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Blue Rewards Incentives

- Members and their spouse/domestic partner can each earn up to $150 for completing one or all of the following activities:
- **Earn $50**: consent to receive wellness emails and take the RealAge® test The RealAge test is a simple questionnaire that will help you determine the physical age of your body compared to your calendar age. Must complete within 120 days of your effective date.
- **Earn $100**: select a primary care provider (PCP) and complete a health screening You can visit your PCP or a CVS MinuteClinic®2 to complete your screening. Must complete within 120 days of your effective date.

Earn $50

Consent to receive wellness emails and take the RealAge® test

The RealAge test is a simple questionnaire that will help you determine the physical age of your body compared to your calendar age.

Must complete within 120 days of your effective date.

Earn $100

Select a primary care provider (PCP) and complete a health screening

You can visit your PCP or a CVS MinuteClinic® to complete your screening.

Must complete within 120 days of your effective date.

CVS MinuteClinic is an independent company that provides medical services to CareFirst members. CVS MinuteClinic does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the medical services it provides.

2022 Individual On-Exchange ACA Portfolio: Maryland

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Metal Level
AV Ranges:

Gold
76% - 82%

Gold HMO $1,000 Value Plan (81% AV)
Deductible: $1,000
Out-of-pocket maximum: $6,650
First dollar coverage

Gold HMO $1,750 (81% AV)
Deductible: $1,750
Out-of-pocket maximum: $6,650
First dollar coverage

Gold PPO $1,750 (81% AV)
Deductible: $1,750
Out-of-pocket maximum: $6,650
First dollar coverage

Silver
66% - 72%

Silver HMO $2,250 Value Plan* (72% AV)
Deductible: $2,250
Out-of-pocket maximum: $8,050
First dollar coverage

Silver PPO HSA $3,000* (68% AV)
Deductible: $3,000
Out-of-pocket maximum: $6,650
No first dollar coverage (HSA)

Bronze
56% - 62%/65%**

Bronze HMO $6,100 Value Plan (65% AV)
Deductible: $6,100
Out-of-pocket maximum: $8,700
First dollar coverage

Bronze HMO HSA $6,150 (65% AV)
Deductible: $6,150
Out-of-pocket maximum: $6,900
No first dollar coverage (HSA)

Bronze HMO $8,250 (62% AV)
Deductible: $8,250
Out-of-pocket maximum: $8,250
No first dollar coverage

Bronze PPO $8,250 (62% AV)
Deductible: $8,250
Out-of-pocket maximum: $8,250
No first dollar coverage

Catastrophic

BlueChoice Young Adult $8,700 (64% AV)
Deductible: $8,700
Out-of-pocket maximum: $8,700
Limited first dollar coverage

High level changes from 2021 to 2022 are in red.
*Silver on-exchange plans will have enhanced BlueVision+ benefits due to silver loading
***Plan can enter expanded AV range of 65% if it covers and pays for at least one major service before the deductible or is an HSA*
PPO NOTE: Benefits listed are for in-network services only. Out-of-network services have greater cost sharing. Maryland base plans include CFMI/GHMSI variations for PPO

2022 Individual ACA Portfolio: First Dollar Coverage Plans in Maryland

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Gold HMO/PPO $1,750

Deductible: $1,750
OOP Max : $6,650
PCP: No charge, ND
Specialist: $30 copay, ND
Hospital: $450 copay, AD ($2,250 copay max)
Rx Deductible: $150
RX: $0/$50/$70/$100/$150
First Dollar Coverage:

- PCP
  - *Mental Health/Substance Abuse Office Visits*
  - *OBGYN/Maternity Office Visits*
  - *Retail Health Clinic*
- Specialist
  - *Mental Health/Substance Abuse Outpatient*
  - *PT/OT/ST*
- Imaging (Freestanding)
- Lab/X-ray (Freestanding)
- Non-Hospital Outpatient Facility and Physician fees
- Generics
- Urgent Care

Gold HMO $1,000 Value Plan

Deductible: $1,000
OOP Max : $6,650
PCP: No charge, ND
Specialist: $30 copay, ND
Hospital: 30% coinsurance, AD
Rx Deductible: Integrated
RX: $0/$50/$70/$100/$150
First Dollar Coverage:

- PCP*
  - *Mental Health/Substance Abuse Office Visits*
  - *OBGYN/Maternity Office Visits*
  - *Retail Health Clinic*
- Specialist*
  - *Mental Health/Substance Abuse Outpatient*
  - *PT/OT/ST*
- Urgent Care*
- Lab* (Freestanding/ Hospital)
- X-ray* (Freestanding/ Hospital)
- Imaging* (Freestanding/ Hospital)
- Generics

Silver HMO $2,250 Value Plan

Deductible: $2,250
OOP Max : $8,050
PCP: $30 copay, ND
Specialist: $40 copay, ND
Hospital: 30% coinsurance, AD
Rx Deductible: Integrated
RX: $15/$50/$70/$100/$150
First Dollar Coverage:

- PCP*
  - *Mental Health/Substance Abuse Office Visits*
  - *OBGYN/Maternity Office Visits*
  - *Retail Health Clinic*
- Specialist*
  - *Mental Health/Substance Abuse Outpatient*
  - *PT/OT/ST*
- Urgent Care*
- Lab* (Freestanding/ Hospital)
- X-ray* (Freestanding/ Hospital)
- Generics**

Bronze HMO $6,100 Value Plan

Deductible: $6,100
OOP Max : $8,700
PCP: $40 copay, ND
Specialist: $50 copay, AD
Hospital: 40% coinsurance. AD
Rx Deductible: Integrated
RX: $20/$50/$70/$100/$150
First Dollar Coverage:

- PCP*
  - *Mental Health/Substance Abuse Office Visits*
  - *OBGYN/Maternity Office Visits*
  - *Retail Health Clinic*
  - Urgent Care**
  - Generics

BlueChoice HMO Young Adult $8,700

Deductible: $8,700
OOP Max : $8,700
PCP: Visits 1-3: No charge, ND
Visits 4+: No charge, AD
Specialist: No charge, AD
Hospital: No charge, AD
Rx Deductible: Integrated
RX: No charge, AD
First Dollar Coverage:

- **First 3 visits:** PCP
  - *Mental Health/Substance Abuse Office Visits*
  - *OBGYN/Maternity Office Visits*

Preventive Care Benefits are not subject to the deductible in all plans. Preventive services include, but are not limited to: Well child care visits, adult preventive care, women's preventive services, breast cancer screening, prostate cancer screening, colorectal cancer screening, chlamydia screening test, human papillomavirus screening test, preventive lab tests, x-ray/radiology services, specialty imaging and diagnostic testing, immunizations, osteoporosis screening, office visits for treatment of obesity, professional nutritional counseling and medical nutrition therapy, contraceptive drugs and devices, contraceptive counseling, maternity preventive visit, preventive drugs and oral chemotherapy drugs. (Preventive services can vary depending on jurisdiction.)

***Required by MHBE in Final 2021 Plan Certification Standards. ** Strongly encouraged to be offered in 2021 by MHBE.**

Maryland Silver On-Exchange Only: VisionPlus– Embedded Enhanced Vision Plan

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ADULT VISION

	IN	OUT
Eye Exam	No copay	Plan pays $40
Spectacle Lenses		
Basic Single Vision	No copay	Plan pays $52
Basic Bifocals	No copay	Plan pays $82
Basic Double Bifocals	No copay	Plan pays $82
Basic Trifocals	No copay	Plan pays $101
Basic Lenticular	No copay	Plan pays $181
Frames		
Davis Vision Collection Frames	No copay	Plan pays $70
Non-Collection Frames	Plan pays $70	Plan pays $70
Contact Lenses (in lieu of Spectacle Lenses)		
Select Single Vision (from the Davis collection)	No copay	Plan pays $105
Other Single Vision	Plan pays $105	Plan pays $105
Select Bifocal (from the Davis collection)	No copay	Plan pays $127
Other Bifocal	Plan pays $127	Plan pays $127
Medically Necessary	No copay, with prior authorization	Plan pays $285

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2022 Individual On-Exchange ACA Portfolio: Virginia

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Metal Level
AV Ranges:

Gold
76% - 82%

BlueChoice HMO Gold $1,750 (81% AV)

Deductible: $1,750
Out-of-pocket maximum: $6,650
First dollar coverage

BluePreferred PPO Gold $1,750 (81% AV)

Deductible: $1,750
Out-of-pocket maximum: $6,650
First dollar coverage

Silver
66% - 72%

BlueChoice HMO HSA Silver $3,000 (68% AV)

Deductible: $3,000
Out-of-pocket maximum: $6,650
No first dollar coverage (HSA)

BluePreferred PPO HSA Silver $3,000 (68% AV)

Deductible: $3,000
Out-of-pocket maximum: $6,650
No first dollar coverage (HSA)

Bronze
56% - 62%/65%*

CONTINUE TO NOT OFFER BRONZE PLANS IN VIRGINIA

Catastrophic

BlueChoice Young Adult $8,700 (64% AV)

Deductible: $8,700
Out-of-pocket maximum: $8,700
Limited first dollar coverage

High level changes from 2021 to 2022 are in red.
**Plan can enter expanded AV range if it covers and pays for at least one major service before the deductible or is an HSA*
PPO NOTE: Benefits listed are for in-network services only. Out-of-network services have greater cost sharing.

2022 Individual ACA Portfolio: First Dollar Coverage Plans in Virginia

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Gold HMO/PPO $1,750 (80% AV)

Deductible: $1,750
OOP Max : $6,650
PCP: No charge, ND
Specialist: $30 copay, ND
Hospital: $450 copay, AD ($2,250 copay max)
Rx Deductible: $150
RX: $0/$50/$70/$100/$150
First Dollar Coverage:

- PCP
  - *Mental Health/Substance Abuse Office Visits*
  - *OBGYN/Maternity Office Visits*
  - *Retail Health Clinic*
- Specialist
  - *Mental Health/Substance Abuse Outpatient*
  - *PT/OT/ST*
- Imaging (Freestanding)
- Lab/X-ray (Freestanding)
- Non-Hospital Outpatient Facility and Physician fees
- Generics
- Urgent Care

BlueChoice HMO Young Adult $8,700 (63% AV)

Deductible: $8,700
OOP Max : $8,700
PCP: Visits 1-3: No charge, ND
Visits 4+: No charge, AD
Specialist: No charge, AD
Hospital: No charge, AD
Rx Deductible: Integrated
RX: No charge, AD
First Dollar Coverage:

- **First 3 visits:** PCP
  - *Mental Health/Substance Abuse Office Visits*

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2022 Individual On-Exchange ACA Portfolio: D.C.

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Metal Level AV Ranges:

Platinum 86%-92%

BlueChoice HMO Standard Platinum $0 (90% AV)
Deductible: $0
Out-of-pocket maximum: $2,000
First dollar coverage

BluePreferred PPO Standard Platinum $0 (90% AV)
Deductible: $0
Out-of-pocket maximum: $2,000
First dollar coverage

Catastrophic

BlueChoice Young Adult $8,700 (64% AV)
Deductible: $8,700
Out-of-pocket maximum: $8,700
Limited first dollar coverage

Gold 76% - 82%

BlueChoice HMO Standard Gold $500 (82% AV)
Deductible: $500
Out-of-pocket maximum: $4,950
First dollar coverage

BluePreferred PPO Standard Gold $500 (82% AV)
Deductible: $500
Out-of-pocket maximum: $4,950
First dollar coverage

BlueChoice HMO HSA Gold $1,500 (81% AV)
Deductible: $1,500
Out-of-pocket maximum: $3,000
No first dollar coverage (HSA)

BluePreferred PPO HSA Gold $1,500 (81% AV)
Deductible: $1,500
Out-of-pocket maximum: $3,000
No first dollar coverage (HSA)

Silver 66% - 72%

BlueChoice HMO Standard Silver $4,000 (72% AV)
Deductible: $4,000
Out-of-pocket maximum: $8,250
Rx Deductible: $250
First dollar coverage

BluePreferred PPO Standard Silver $4,000 (72% AV)
Deductible: $4,000
Out-of-pocket maximum: $8,250
Rx Deductible: $250
First dollar coverage

Bronze 56% - 62%/65%*

BlueChoice HMO HSA Standard Bronze $6,350 (65% AV)
Deductible: $6,350
Out-of-pocket maximum: $6,900
No first dollar coverage (HSA)

BluePreferred PPO HSA Standard Bronze $6,350 (65% AV)
Deductible: $6,350
Out-of-pocket maximum: $6,900
No first dollar coverage (HSA)

BlueChoice HMO Standard Bronze $7,500 (65% AV)
Deductible: $7,500
Out-of-pocket maximum: $8,550
Rx Deductible: $850
First dollar coverage

BluePreferred PPO Standard Bronze $7,500 (65% AV)
Deductible: $7,500
Out-of-pocket maximum: $8,550
Rx Deductible: $850
First dollar coverage

High level changes from 2021 to 2022 are in red.
**Plan can enter expanded AV range if it covers and pays for at least one major service before the deductible or is an HSA*
NOTE: Benefits listed are for in-network services only. Out-of-network services have greater cost sharing.

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2022 Individual ACA Portfolio: First Dollar Coverage Plans in DC

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Platinum HMO/PPO Standard $0

Deductible: $0
OOP Max : $2,000
PCP: $20 copay, ND
Specialist: $40 copay, ND
Hospital: $250 copay, ND ($1,250 copay max)
Rx Deductible: None
RX: $5/$15/$25/$100/$100
First Dollar Coverage:

- PCP
  - *Mental Health/Substance Abuse Office Visits*
  - *Retail Health Clinic*
- Specialist
  - *OBGYN/Maternity Office Visits*
  - *Mental Health/Substance Abuse Outpatient*
  - *PT/OT/ST*
- All Imaging/Lab/X-ray
- Outpatient Facility and Physician fees
- Inpatient facility and Physician fees
- Urgent Care
- Emergency Room
- All prescription drugs

Gold HMO/PPO Standard $500

Deductible: $500
OOP Max : $4,950
PCP: $25 copay, ND
Specialist: $50 copay, ND
Hospital: $600 copay, AD ($3,000 copay max)
Rx Deductible: N/A
RX: $15/$50/$70/$150/$150
First Dollar Coverage:

- PCP
  - *Mental Health/Substance Abuse Office Visits*
  - *Retail Health Clinic*
- Specialist
  - *OBGYN/Maternity Office Visits*
  - *Mental Health/Substance Abuse Outpatient*
  - *PT/OT/ST*
- All Imaging/Lab/X-ray
- Outpatient Facility and Physician fees
- Urgent Care
- Emergency Room
- All prescription drugs

Silver HMO/PPO Standard $4,000

Deductible: $4,000
OOP Max : $8,250
PCP: $40 copay, ND
Specialist: $80 copay, ND
Hospital: 20% coinsurance, AD
Rx Deductible: $250
RX: $15/$50/$70/$150/$150
First Dollar Coverage:

- PCP*
  - *Mental Health/Substance Abuse Office Visits*
  - *Retail Health Clinic*
- Specialist*
  - *Mental Health/Substance Abuse Outpatient*
  - *OBGYN/Maternity Office Visits*
  - *PT/OT/ST*
- Urgent Care*
- All Imaging/Lab/X-ray
- Generics**

Bronze HMO/PPO Standard $7,500

Deductible: $7,500
OOP Max : $8,550
PCP: $60 copay, ND
Specialist: $125 copay, ND
Hospital: 40% coinsurance. AD
Rx Deductible: $850
RX: $25/$75/$100/$150/$150
First Dollar Coverage:

- PCP*
  - *Mental Health/Substance Abuse Office Visits*
  - *Retail Health Clinic*
- Specialist
  - *OBGYN/Maternity Office Visits*
  - *Mental Health/Substance Abuse Outpatient*
- Urgent Care**
- Generics

BlueChoice HMO Young Adult $8,700

Deductible: $8,700
OOP Max : $8,700
PCP: visits 1-3: No charge, ND
Visits 4+: No charge, AD
Specialist: No charge, AD
Hospital: No charge, AD
Rx Deductible: Integrated
RX: No charge, AD
First Dollar Coverage:

- **First 3 visits:** PCP
  - *Mental Health/Substance Abuse Office Visits*

NOTE: Benefits listed are for in-network services only. Out-of-network services have greater cost sharing.

2022 Plan Types and Names

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- Plan names include:
  - Product Type: HMO or PPO
  - HSA, if applicable
  - Metal level
  - Individual deductible
  - Value Plan – Plans that meet new MHBE requirements (Maryland Only)
  - VisionPlus for MD On Exchange Silver plans
  - Standard – Plan that are designed and required by the DC Exchange that all carriers must offer.

Plan Type	In Network	Out-of-Network	Plan Names
HMO	• BlueChoice HMO	• Emergency coverage only	*BlueChoice HMO* *BlueChoice HMO HSA* *BlueChoice HMO Value* *BlueChoice HMO Standard* *BlueChoice HMO HSA Standard*
PPO	• PPO (in area, no balance billing) • BlueCard (out of area, no balance billing)	• Non-participating (balance billing may apply)	*BluePreferred PPO* *BluePreferred PPO HSA* *BluePreferred PPO Value* *BluePreferred PPO Standard* *BluePreferred PPO HSA Standard*

Health Savings Account (HSA)

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- A **Health Savings Account** (HSA) is a tax-exempt medical savings account that can be used to pay for eligible health care expenses for the subscriber and their taxable dependents.
  - Allows individuals to put aside pre-tax money for health care expenses.
  - Any money not used during the plan year remains in the HSA and can be used for future health expenses.
- IRS HSA Plan Rules:
  - In 2022, the IRS limits HSA plan to a minimum deductible of $1,400 and an out-of-pocket maximum of $7,050.
    - Any plan with a lower deductible or higher out-of-pocket maximum than these amounts is NOT HSA-eligible.
  - On HSA plans, only preventive benefits can be available before the deductible.
  - Because of these requirements, **ALL CSR and Native American (NA) plan variations are NOT HSA-eligible in 2022.**
- IRS sets member contribution limits.
- CareFirst partners with Further℠ (HealthEquity as of 11/1/21) for administration of health savings accounts
- Members enrolled in an HSA compatible plan may activate their account by making their first deposit and a CareFirst-branded debit card will get mailed to them

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Silver Cost Sharing Reduction Plans

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	Maryland/Virginia 2022 Plans	DC Standard 2022 Plans
A 73% 200-250% FPL	BlueChoice HMO Silver $3,000 A (VA) BluePreferred PPO Silver $3,000 A BlueChoice HMO Value Silver $2,250 A (MD)	BlueChoice HMO Standard Silver $4,000 A BluePreferred PPO Standard Silver $4,000 A
B 87% 150-200% FPL	BlueChoice HMO Silver $3,000 B (VA) BluePreferred PPO Silver $3,000 B BlueChoice HMO Value Silver $2,250 B (MD)	BlueChoice HMO Standard Silver $4,000 B BluePreferred PPO Standard Silver $4,000 B
C 94% 100-150% FPL	BlueChoice HMO Silver $3,000 C (VA) BluePreferred PPO Silver $3,000 C BlueChoice HMO Value Silver $2,250 C (MD)	BlueChoice HMO Standard Silver $4,000 C BluePreferred PPO Standard Silver $4,000 C

FPL: Federal Poverty Level

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MAPPING, COMMUNICATIONS, AND IMPACTS

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Maryland 2021-2022 Mapping

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Maryland Plan Mapping	
2021 Plan	**Will Be Mapped to 2022 Plan**
BlueChoice HMO Gold $1,750	BlueChoice HMO Gold $1,750
BluePreferred PPO Gold $1,750	BluePreferred PPO Gold $1,750
BlueChoice HMO Value Gold $1,000	BlueChoice HMO Value Gold $1,000
BlueChoice HMO Value Silver $2,250 (BV+ On Exchange Only)	BlueChoice HMO Value Silver $2,250 (BV+ On Exchange Only)
BluePreferred PPO HSA Silver $3,000 (BV+ On Exchange Only)	BluePreferred PPO HSA Silver $3,000 (BV+ On Exchange Only)
BlueChoice HMO Value Bronze $6,000	BlueChoice HMO Value Bronze $6,100
BlueChoice HMO HSA Bronze $6,150	BlueChoice HMO HSA Bronze $6,150
BlueChoice HMO Bronze $8,250	BlueChoice HMO Bronze $8,250
BluePreferred PPO Bronze $8,250	BluePreferred PPO Bronze $8,250
BlueChoice HMO Young Adult $8,550	BlueChoice HMO Young Adult $8,700

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Virginia 2021-2022 Plan Mapping

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Virginia Plan Mapping	
2021 Plan	**Will Be Mapped to 2022 Plan**
BlueChoice HMO Gold $1,750	BlueChoice HMO Gold $1,750
BluePreferred PPO Gold $1,750	BluePreferred PPO Gold $1,750
BlueChoice HMO HSA Silver $3,000	BlueChoice HMO HSA Silver $3,000
BluePreferred PPO HSA Silver $3,000	BluePreferred PPO HSA Silver $3,000
BlueChoice HMO Young Adult $8,550	BlueChoice HMO Young Adult $8,700

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DC 2021-2022 Plan Mapping

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DC Plan Mapping	
2021 Plan	**Will Be Mapped to 2022 Plan**
BlueChoice HMO Standard Platinum $0	BlueChoice HMO Standard Platinum $0
BluePreferred PPO Standard Platinum $0	BluePreferred PPO Standard Platinum $0
BlueChoice HMO Standard Gold $500	BlueChoice HMO Standard Gold $500
BluePreferred PPO Standard Gold $500	BluePreferred PPO Standard Gold $500
BlueChoice HMO HSA Gold $1,500	BlueChoice HMO HSA Gold $1,500
BluePreferred PPO HSA Gold $1,500	BluePreferred PPO HSA Gold $1,500
BlueChoice HMO Standard Silver $4,000	BlueChoice HMO Standard Silver $4,000
BluePreferred PPO Standard Silver $4,000	BluePreferred PPO Standard Silver $4,000
BlueChoice HMO Standard Bronze $7,250	BlueChoice HMO Standard Bronze $7,500
BluePreferred PPO Standard Bronze $7,250	BluePreferred PPO Standard Bronze $7,500
BlueChoice HMO HSA Standard Bronze $6,200	BlueChoice HMO HSA Standard Bronze $6,350
BluePreferred PPO HSA Standard Bronze $6,200	BluePreferred PPO HSA Standard Bronze $6,350
BlueChoice HMO Young Adult $8,550	BlueChoice HMO Young Adult $8,700

BlueChoice Young Adult Age-Off Mapping

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- BlueChoice Young Adult Age-offs will map to the same plans as 2021.

JURISDICTION	ON/OFF	2021 RENEWAL PLAN NAME	2022 RENEWAL PLAN NAME
DC	ON	BlueChoice HMO HSA Standard Bronze $6,350	BlueChoice HMO HSA Standard Bronze $6,350
MD	ON	BlueChoice HMO Bronze $8,250	BlueChoice HMO Bronze $8,250
MD	OFF	BlueChoice HMO Bronze $8,250	BlueChoice HMO Bronze $8,250
VA	ON	BlueChoice HMO HSA Silver $3,000	BlueChoice HMO HSA Silver $3,000
VA	OFF	BlueChoice HMO HSA Silver $3,000	BlueChoice HMO HSA Silver $3,000

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Benefit Changes in Renewal Letters & Upcoming Renewal Dates

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Renewal Letters:

- Key changes noted in renewal letters:
  - Changes to in-network deductibles and/or out-of-pocket maximums
  - Some specific copay/coinsurance changes – there is also language in the renewal letters letting members know they should review the SBC/contract for all specific changes.
  - Diabetic Mandate Changes

Renewal Dates (mandated for members to receive in-hand):

- **90 Day Letters: 9/27/2021**
  - 90-day notifications for members who are being likely terminated, such as Young Adult age-off's and Medicare eligible members enrolled in an ACA plan
- **75 Day Letters: 10/11/2021**
  - 75-day notifications for VA medical renewals
- **60 Day Letters: 10/26/2021**
  - 60-day notifications for MD & DC medical/dental renewals, VA dental renewals

Complete	In-Progress	Pending
90 Day Letters	**75 Day Letters**	**60 Day Letters**
• Release by 9/27/2021 (preferred) • Release by 9/29/2021 (final) –complete for MD/VA 9/29; DC released 9/30 • Mandated in-hand date 10/3/2021	• Release by 10/11/2021 (preferred) – validation/sales approval complete 10/6 • Release by 10/13/2021 (final) • Mandated in-hand date 10/18/2021	• Release by 10/26/2021 (preferred) – ready for Communications validation • Release by 10/28/2021 (final) • Mandated in-hand date 11/2/2021

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APPENDIX

Exclusions and On/Off Exchange Differences
Jurisdictional Differences
Out of Area Care

Exclusions and On/Off Exchange Differences

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- **Exclusions for all jurisdictions**
  - Cosmetic surgery
  - Custodial care
  - Experimental services
  - Fees for failure to keep a visit
  - Injuries at work if covered under workman's comp policy
  - Non medically necessary services
  - Personal hygiene items
  - Private hospital room, unless medically necessary
  - Routine, palliative or cosmetic foot care
  - Services provided by a family member
    - MD- family member is spouse (including domestic partner), father, mother, son, daughter, brother, and sister
    - VA – family member is spouse, parents, siblings, grandparents, and children or eligible domestic partner
    - DC- family member is spouse, parent, child, grandparent, grandchild, sister, brother, great grandparent, great grandchild, aunt, uncle, niece, nephew, or anyone residing in the Member's home
- **MD On/Off Exchange Differences**
  - MD On Exchange Silver plans include enhanced adult vision benefit. When visiting an in-network provider, On Exchange Silver plans now include the following benefits at no cost: annual eye exam, select frames, and basic spectacle lenses or select contacts (in lieu of spectacle lenses).
- **VA On/Off Exchange Differences**
  - Abortion coverage ($1-$2 difference in premium) – VA On Exchange plans exclude abortion; VA Off Exchange plans cover abortion

2022 Jurisdictional Differences – Covered Benefits

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	MD	DC	VA
Abortion	• Included in all plans	• Included in all plans	• On Exchange- Excluded from all plans • Off Exchange- Included in all plans*
Acupuncture	• Covered	• Covered	• Covered
AI/IVF	• Covered	• Not Covered	• Not Covered
Bariatric Surgery	• Covered	• Not Covered	• Covered
Birthing Centers	• Covered	• Covered	• Covered for Medically Necessary Services**
Chiropractic Services	• Chiropractic: Covered	• Only spinal manipulation for musculoskeletal conditions of spine	• Chiropractic: Covered
Exclusive Specialty Pharmacy Network	• Applicable for all plans	• Applicable for all plans	• Not Applicable
Hearing Aids	• Covered	• Not Covered	• Not Covered
Home Duty Private Nursing	• Not Covered	• Not Covered	• Covered • Note: Limit is 16 hours per benefit period
Out of Country Non-Emergency Care	• Not Covered	• HMO – not covered • PPO – covered in-network	• HMO – not covered • PPO – covered in-network
Pulmonary Rehab	Covered	Covered	Covered
Nutritional Counseling	Covered	Covered	Covered
Nutritional therapy related to obesity	Covered	Covered	Not Covered
Reversal of sterilization	Not Covered	Covered	Covered
Specialty Drugs	$150 copay maximum for all plans (30 day supply)	$150 copay maximum for all plans (30 day supply)	$150 copay maximum for all plans (30 day supply)
Transgender Surgery	Covered- medically necessary only	Covered- medically necessary only	Covered- medically necessary only

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2022 Jurisdictional Differences – Visit Limits

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	MD	DC	VA
AI/IVF	• IVF: 3 attempts per live birth (Limits removed for AI for 2016)	• Not Covered	• Not Covered
Bereavement Services	• No limits	• Covered only within 90 days following death of deceased	• Bereavement services will be limited to the one year period following the patient's death.
Cardiac Rehab	• 90 visits per therapy, per benefit period	• 90 days per benefit period	• No limits
Chiropractic/Spinal Manipulation	• Chiropractic: 20 visits (per illness/injury) per benefit period	• Spinal Manipulation: No limits	• Chiropractic: 30 visits per benefit period
Habilitative Services	• Age 19+: Limited to 30 visits (per injury) for PT, 30 visits for OT and 30 visits for ST • Age <19: No limits	• No limits (removed for 2016)	• All ages: limited to 30 visits combined between PT/OT and 30 visits for ST
Hair Prosthesis	• Limited to one per benefit period	• Limited to one per benefit period	• Limited to one per benefit period
Hearing Aids	• 1 hearing aid per ear every 36 months	• Not Covered	• Not Covered
Home Duty Private Nursing	• Not Covered	• Not Covered	• 16 hours per benefit period
Home Health Services	• No limits	• 90 visits per "episode of care"*	• 100 visits per benefit period
Inpatient Hospice Services	• No limits	• Limited to 60 days per hospice eligibility period	• Limited to 180 days per hospice eligibility period
Inpatient Hospitalization solely for rehabilitation	• No limits	• Limited to 90 days per benefit period	• No limits
Physical/Occupational Therapy	• 30 visits (per illness/injury) per benefit period	• No limits	• 30 habilitative and 30 rehabilitative visits per benefit period combined with PT
Outpatient Hospice Services	• No limits	• Limited to a 180 day hospice eligibility period	• Limited to 180 days per hospice eligibility period
Pulmonary Rehab	• 1 pulmonary rehab program per lifetime	• 1 pulmonary rehab program per lifetime	• 1 pulmonary rehab program per lifetime
Respite Care	• No limits	• Limited to a 180 day hospice eligibility period	• Limited to 180 days per hospice eligibility period
Speech Therapy	• 30 visits (per illness/injury) per benefit period	• No limits	• 30 visits per benefit period
Skilled Nursing Facility	• 100 days per benefit period	• 60 days per benefit period	• 100 days per admission

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Out-of-Area Care

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	HMO	PPO
Emergency care (within or outside US)	All jurisdictions At in-network level	All jurisdictions At in-network level
Non-emergency care (within U.S., outside of CF service area) - BlueCard	Not covered	All jurisdictions At in-network level
Non-emergency care (outside of U.S.)	Not covered	Only in DC/VA At in-network level

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Away from Home Care

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- For those away from home for 90 days or more (school, travel, business)
- Will be considered member of affiliated BCBS HMO (Host HMO) and benefits will follow Host HMO plan (will get new ID card)
- Members should call number on ID card and ask for Away from Home Care Coordinator – Service will warm transfer to the appropriate contact
- No claim forms
- Multiple Blues do not participate with the Away from Home Care program. Away from Home Care is not available in the following states:

ALABAMA
ALASKA
IDAHO
IOWA
KANSAS
MICHIGAN
MISSISSIPPI
MONTANA
NEBRASKA
NORTH CAROLINA
NORTH DAKOTA
OREGON
PUERTO RICO
RHODE ISLAND
SOUTH CAROLINA
SOUTH DAKOTA
TENNESSEE
UTAH
VERMONT
VIRGIN ISLANDS
WASHINGTON
WEST VIRGINIA
WYOMING

APPENDIX: KEY TERMS

Product Types

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- ACA product types – HMO and PPO – refer to how a plan provides coverage and from which network of providers the member receives care.
- CareFirst offers two types of ACA products: HMO and PPO.

	BlueChoice (HMO)	BluePreferred (PPO)
Price	Lower premium	Higher premium
Network size	~44k providers in MD., DC., and Northern VA	~47k providers in MD., DC., and Northern VA, plus nationwide coverage
Referrals	Not required	Not required

Benefits	• In-Network only
	  • Exception: Emergency and urgent care* is covered outside of the plan's network
		• In-Network:
		  • PPO (in area, no balance billing)
		  • BlueCard (out-of-area, no balance billing)
		• Out-of-network:
		  • Non-participating (balance billing may apply)

*If a Member requires care while traveling or temporarily residing outside the Service Area, the Member must follow the emergency procedures established by CareFirst BlueChoice.

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Types of Cost-Sharing

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- **Cost-sharing** is the part of the health care costs a plan doesn't pay – the member's share.
- There are three types of cost-sharing:
  - **Deductible**: The amount of money the member pays each year before the plan begins to pay its portion. The deductible starts over each year on January 1.
    - Some plans have "first dollar coverage" on certain services, which means that the deductible does not apply for those services.
  - **Copayment** (copay): A fixed-dollar amount the member pays when visiting a provider (e.g., $30 for a PCP office visit).
  - **Coinsurance**: The percentage of the allowed benefit (the fee that providers in the CareFirst network have agreed to accept for a particular service) that the member pays after meeting their deductible (e.g., 20% coinsurance means that the insurer pays 80% and the member pays 20% for each visit or service that is subject to coinsurance).

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Out-of-Pocket Maximum

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- **Out-of-Pocket Maximum**
  - The maximum amount a member will pay in out-of-pocket expenses for eligible medical expenses in a calendar year.
  - Once the out-of-pocket maximum is met, the insurer pays 100% of the allowed benefit for covered services – except for premiums – for the remainder of the plan year.
- **What counts towards the OOP Max?**
  - Medical Deductible, copays, coinsurances
  - Rx Deductible, copays, coinsurances (apply to in-network OOP max)
  - Pediatric Dental Deductible, copays, coinsurance
    - HMO plans: all dental costs count toward the in-network OOP maximum
    - PPO plans: in-network dental costs count towards in-network OOP maximum; out-of-network dental costs counts towards out-of-network OOP maximum

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More about Deductibles and Out-of-Pocket Maximums…

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- All ACA plans have calendar year deductibles and out-of-pocket maximums.
- Deductibles don't carry over from year to year.
- Deductibles and out-of-pocket maximums will not be combined for in-network and out-of-network.
  - All in-network costs will count towards the in-network deductible and out-of-pocket maximum only.
  - All out-of-network costs will count towards the out-of-network deductible and out-of-pocket maximum only (if applicable).

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ACA vs. Grandfathered

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- **Grandfathered plans** are individual health insurance policies that were purchased on or before March 23, 2010 – prior to the signing of the Affordable Care Act.
  - Individuals lose "grandfathered" status if they leave their grandfathered plan.
- All plans sold after January 1, 2014 are required to be **ACA-compliant**.

Benefit	Grandfathered *(purchased prior to 3/23/10)*	ACA
Medical Underwriting/Denials	Yes	No
Essential health benefits	Not all 10 benefits consistently covered in all plans	Covered services must mirror benchmark plan
Dollar limits	Dollar limits on certain covered services (e.g. prescription drugs, hearing aids)	Not allowed
Maternity	Covered in HMO; offered as rider in PPO	Comprehensive maternity must be covered
Prescription Drug	No rules on required covered drugs; Saver plans cover generics only; Personal Comp plans have very limited drug benefit and claim forms are required	Must cover all classes of drugs, both generic and brand
Vision/Dental	• Vision: Eye exam covered in most plans, Discounts on materials • Dental: Not Covered	• Coverage for pediatric vision and dental embedded in all plans • Adult vision eye exam covered in all plans, Discounts on materials

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THANK YOU