



# CareFirst Sales Flash



**For Distribution to Brokers/General Producers/Full-Service Producers Only  
(Not intended for distribution to Groups and Members)**

Date: August 9, 2012  
Markets: 2-50 DC/VA, MD Non-MSGR

## Changes to BluePreferred, HealthyBlue Triple Option, BlueChoice, Inc., Preferred/Traditional Dental and Pharmacy Portfolios

We are streamlining our portfolio of products and will be eliminating certain options within product lines. Effective December 1, 2012 and upon renewal, for renewals and new sales, the following group medical, dental and pharmacy products will no longer be offered:

2-50 Medical		
Product	Option	Features
BlueChoice HMO	2	Copay \$5/10, \$300 Inpatient
BlueChoice HMO	4	Copay \$10/20, \$300 Inpatient
BlueChoice HMO	5	Copay \$15/25; \$300 Inpatient
BlueChoice HMO	6	Copay \$15/25
BlueChoice HMO	11	Copay \$20/30
BlueChoice HMO	12	Copay \$30/40
BlueChoice HMO	A	Copay \$10/20 \$500 Ded
BlueChoice HMO	D	Copay \$10/20 \$500 Ded, 20% Inpatient
BlueChoice HMO	E	Copay \$20/30 \$500 Ded, 20% Inpatient
BlueChoice HMO Open Access	1	Copay \$5/10
BlueChoice HMO Open Access	2	Copay \$5/10, \$300 Inpatient
BlueChoice HMO Open Access	4	Copay \$10/20, \$300 Inpatient
BlueChoice HMO Open Access	11	Copay \$20/30
BlueChoice HMO Open Access	12	Copay \$30/40
BlueChoice HMO Open Access	A	Copay \$10/20 \$500 Ded
BlueChoice HMO Open Access	D	Copay \$10/20 \$500 Ded, 20% Inpatient
BlueChoice HMO Open Access	E	Copay \$20/30 \$500 Ded, 20% Inpatient
BlueChoice Advantage	1	In: \$0 Ded, Out \$250 Ded 100%-70%
BlueChoice Advantage	2	In: \$0 Ded, Out \$500 Ded 90%-60%
BlueChoice Opt-Out (Open Access)	1	In: Copay \$5/10   Out: 80%-20%
BlueChoice Opt-Out (Open Access)	3	In: Copay \$15/25   Out: 80%-20%
BlueChoice Opt-Out (Open Access)	7	In: Copay \$15/25   Out: 60%-40%
BlueChoice Opt-Out (Open Access)	A	Copay \$10/20 \$500 Ded
BlueChoice Opt-Out (Open Access)	C	Copay \$30/40 \$500 Ded, 20% Opt-Out
BlueChoice Opt-Out (Open Access)	D	Copay \$10/20 \$500 Ded, 40% Opt-Out

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. © Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

BlueChoice Opt-Out (Open Access)	E	Copay \$20/30 \$500 Ded, 40% Opt-Out
BlueChoice Opt-Out (Open Access)	G	Copay \$10/20 \$500 Ded, 20% Inpatient, 20% Opt-Out
BlueChoice Opt-Out (Open Access)	I	Copay \$30/40 \$500 Ded, 20% Inpatient, 20% Opt-Out
BlueChoice Opt-Out (Open Access)	K	Copay \$20/30 \$500 Ded, 20% Inpatient, 40% Opt-Out
BlueChoice Opt-Out (Open Access)	J	Copay \$10/20 \$500 Ded, 20% Inpatient, 40% Opt-Out
BlueChoice Opt-Out Plus (Open Access)	1	In: Copay \$5/10   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	2	In: Copay \$5/10   Out: \$500/\$1,000 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	4	In: Copay \$10/20   Out: \$500/\$1,000 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	5	In: Copay \$15/25   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	6	Copay \$10/20, \$300 Opt-Out Ded; 100%/80%
BlueChoice Opt-Out Plus (Open Access)	16	In: Copay \$20/30   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	17	In: Copay \$30/40   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	A	Copay \$10/20 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	B	Copay \$20/30 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	C	Copay \$30/40 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	D	Copay \$10/20 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	E	Copay \$20/30 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	F	Copay \$30/40 \$500 Ded
HealthyBlue Triple Option	A	\$500 Ded
HealthyBlue Triple Option	C	\$1,200 Ded
HealthyBlue Triple Option	D	\$1,500 Ded
BluePreferred	2	In: \$0 Ded; 90%   Out: \$300 Ded; 70%
BluePreferred	3	In: \$500 Ded; 90%   Out: \$1,000 Ded; 70%
BluePreferred	4	In: \$0 Ded; 80%   Out: \$300 Ded; 70%
BluePreferred	5	In: \$100 Ded; 80%   Out: \$500 Ded; 65%
BluePreferred	8	In: \$0 Ded; 90%   Out: \$500 Ded; 70%
<b>2-50 Pharmacy</b>		
<b>Product</b>	<b>Option</b>	<b>Features</b>
Pharmacy	1	\$5/\$10/\$25 - \$0 deductible
Pharmacy	3	\$8/\$15/\$30 - \$100 deductible
Pharmacy	6	\$10/\$20/\$35 - \$50 deductible
Pharmacy	7	\$10/\$20/\$35 - \$100 deductible
Pharmacy	N/A	\$4/\$45/\$65 - Integrated deductible value-based(when integrated with a streamlined medical plan)

Pharmacy	N/A	\$10/\$25/\$45- Integrated deductible value-based(when integrated with a streamlined medical plan)
<b>2-50 Dental</b>		
<b>Product</b>	<b>Option</b>	<b>Features</b>
Traditional Dental	1	80% / 50% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Traditional Dental	2	100% / 80% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Traditional Dental	3	100% / 80% / 80% / 50% \$800 Orth Max / \$1,000 Annual Max
Traditional Dental	4	100% / 80% / 80% / 50% \$800 Orth Max / \$1,500 Annual Max
Preferred Dental	1	80% / 50% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Preferred Dental	2	100% / 80% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Preferred Dental	3	100% / 80% / 80% / 50% \$800 Orth Max / \$1,000 Annual Max
Preferred Dental	4	100% / 80% / 80% / 50% \$800 Orth Max / \$1,500 Annual Max

Impacted employers currently offering the options above will be notified of these changes 90 days prior to their renewal. An additional notification (ACC4025, attached) will be included with the groups' renewal information. This renewal package will include an additional alternative which is similar to their current product and may allow them to remain grandfathered (if applicable). Please note: unless groups select an alternative product, they will be force-migrated into a similar alternative.

The attached notification letter (ACC4024) will be mailed on a staggered basis based on the groups' renewal date.

Renewal date	Date letter will mail
Between December 1, 2012 and March 31, 2013	August 15, 2012
Between April 1, 2013 and July 31, 2013	December 10, 2013
Between August 1, 2013 and November 30, 2013	April 10, 2013

CareFirst has a broad range of products from which to choose. Please refer to our Product Portfolio for all options available to our groups.

If you have any questions, please contact your Broker Sales Representative.



Shekar Subramaniam  
Associate Vice President, Broker Sales

CareFirst BlueCross BlueShield  
 CareFirst BlueChoice, Inc.  
 10455 Mill Run Circle  
 Owings Mills, MD 21017-5559  
 www.carefirst.com



August 6, 2012

Group Name  
 Address  
 City, State Zip

Dear Group Administrator:

Periodically, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) review product portfolios to ensure that we are delivering the product design, benefits and services that our customers most desire. As a result of a recent evaluation, the following products will be modified upon your renewal:

2-50 Medical		
Product	Option	Features
BlueChoice HMO	2	Copay \$5/10, \$300 Inpatient
BlueChoice HMO	4	Copay \$10/20, \$300 Inpatient
BlueChoice HMO	5	Copay \$15/25; \$300 Inpatient
BlueChoice HMO	6	Copay \$15/25
BlueChoice HMO	11	Copay \$20/30
BlueChoice HMO	12	Copay \$30/40
BlueChoice HMO	A	Copay \$10/20 \$500 Ded.
BlueChoice HMO	D	Copay \$10/20 \$500 Ded, 20% Inpatient
BlueChoice HMO	E	Copay \$20/30 \$500 Ded, 20% Inpatient
BlueChoice HMO Open Access	1	Copay \$5/10
BlueChoice HMO Open Access	2	Copay \$5/10, \$300 Inpatient
BlueChoice HMO Open Access	4	Copay \$10/20, \$300 Inpatient
BlueChoice HMO Open Access	11	Copay \$20/30
BlueChoice HMO Open Access	12	Copay \$30/40
BlueChoice HMO Open Access	A	Copay \$10/20 \$500 Ded.
BlueChoice HMO Open Access	D	Copay \$10/20 \$500 Ded, 20% Inpatient
BlueChoice HMO Open Access	E	Copay \$20/30 \$500 Ded, 20% Inpatient
BlueChoice Advantage	1	In: \$0 Ded, Out \$250 Ded 100%-70%
BlueChoice Advantage	2	In: \$0 Ded, Out \$500 Ded 90%-60%
BlueChoice Opt-Out (Open Access)	1	In: Copay \$5/10   Out: 80%-20%
BlueChoice Opt-Out (Open Access)	3	In: Copay \$15/25   Out: 80%-20%
BlueChoice Opt-Out (Open Access)	7	In: Copay \$15/25   Out: 60%-40%
BlueChoice Opt-Out (Open Access)	A	Copay \$10/20 \$500 Ded.

BlueChoice Opt-Out (Open Access)	C	Copay \$30/40 \$500 Ded., 20% Opt-Out
BlueChoice Opt-Out (Open Access)	D	Copay \$10/20 \$500 Ded., 40% Opt-Out
BlueChoice Opt-Out (Open Access)	E	Copay \$20/30 \$500 Ded., 40% Opt-Out
BlueChoice Opt-Out (Open Access)	G	Copay \$10/20 \$500 Ded, 20% Inpatient, 20% Opt-Out
BlueChoice Opt-Out (Open Access)	I	Copay \$30/40 \$500 Ded., 20% Inpatient, 20% Opt-Out
BlueChoice Opt-Out (Open Access)	K	Copay \$20/30 \$500 Ded, 20% Inpatient, 40% Opt-Out
BlueChoice Opt-Out (Open Access)	J	Copay \$10/20 \$500 Ded., 20% Inpatient, 40% Opt-Out
BlueChoice Opt-Out Plus (Open Access)	1	In: Copay \$5/10   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	2	In: Copay \$5/10   Out: \$500/\$1,000 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	4	In: Copay \$10/20   Out: \$500/\$1,000 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	5	In: Copay \$15/25   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	6	Copay \$10/20, \$300 Opt-Out Ded; 100%/80%
BlueChoice Opt-Out Plus (Open Access)	16	In: Copay \$20/30   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	17	In: Copay \$30/40   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	A	Copay \$10/20 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	B	Copay \$20/30 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	C	Copay \$30/40 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	D	Copay \$10/20 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	E	Copay \$20/30 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	F	Copay \$30/40 \$500 Ded
HealthyBlue Triple Option	A	\$500 Ded
HealthyBlue Triple Option	C	\$1,200 Ded
HealthyBlue Triple Option	D	\$1,500 Ded
BluePreferred	2	In: \$0 Ded; 90%   Out: \$300 Ded; 70%
BluePreferred	3	In: \$500 Ded; 90%   Out: \$1,000 Ded; 70%
BluePreferred	4	In: \$0 Ded; 80%   Out: \$300 Ded; 70%
BluePreferred	5	In: \$100 Ded; 80%   Out: \$500 Ded; 65%
BluePreferred	8	In: \$0 Ded; 90%   Out: \$500 Ded; 70%
<b>2-50 Pharmacy</b>		
<b>Product</b>	<b>Option</b>	<b>Features</b>
Pharmacy	1	\$5/\$10/\$25 - \$0 deductible
Pharmacy	3	\$8/\$15/\$30 - \$100 deductible
Pharmacy	6	\$10/\$20/\$35 - \$50 deductible
Pharmacy	7	\$10/\$20/\$35 - \$100 deductible
Pharmacy	N/A	\$4/\$45/\$65 - Integrated deductible value-based(when integrated with a streamlined medical plan)

Pharmacy	N/A	\$10/\$25/\$45- Integrated deductible value-based(when integrated with a streamlined medical plan)
<b>2-50 Dental</b>		
<b>Product</b>	<b>Option</b>	<b>Features</b>
Traditional Dental	1	80% / 50% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Traditional Dental	2	100% / 80% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Traditional Dental	3	100% / 80% / 80% / 50% \$800 Orth Max / \$1,000 Annual Max
Traditional Dental	4	100% / 80% / 80% / 50% \$800 Orth Max / \$1,500 Annual Max
Preferred Dental	1	80% / 50% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Preferred Dental	2	100% / 80% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Preferred Dental	3	100% / 80% / 80% / 50% \$800 Orth Max / \$1,000 Annual Max
Preferred Dental	4	100% / 80% / 80% / 50% \$800 Orth Max / \$1,500 Annual Max

Since you currently offer one or more of the products listed above, you will receive further information about these modifications. Also, along with the standard product selections, your renewal package will include an additional alternative which is similar to your current product and may allow you to remain grandfathered (if applicable). We are confident that you will find our other group offerings to be a welcome complement to your employee benefits package.

To assist you in understanding these changes, we are providing you with some answers to the most frequently asked questions:

**Why are these changes being made?**

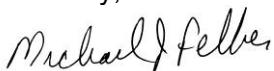
Ultimately, our goal is to simplify your benefit options while continuing to provide your employees with access to similar cost-effective products that include a broad choice of physicians, value-added programs and the highest level of customer care.

**Can my employees continue to use their current ID cards?**

Yes, member ID cards are still valid until your next renewal date. Until then, your employees should continue to present their ID card when receiving health care.

I hope that this notification will provide sufficient time for you to plan your next open enrollment, and I appreciate your patience and assistance during this transition. Should you have any questions, please contact your broker or CareFirst Sales Representative.

Sincerely,



Michael J. Felber  
Senior Vice President, Sales

ACC4024 (7/12)

Market: 2-50

Dear Group Administrator:

As mentioned in a previous notification letter sent approximately 90 days prior to your renewal date, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) periodically reviews its product offerings in order to ensure that we are delivering the products, benefits and services that our customers most desire. This notice is simply a reminder of those product changes.

Please reference the chart below to determine the benefit modifications that apply to your group's coverage.

2-50 Medical - Uniform Modification		
Product	Option	Features
BlueChoice HMO	2	Copay \$5/10, \$300 Inpatient
BlueChoice HMO	4	Copay \$10/20, \$300 Inpatient
BlueChoice HMO	11	Copay \$20/30
BlueChoice HMO	12	Copay \$30/40
BlueChoice HMO Open Access	4	Copay \$10/20, \$300 Inpatient
BlueChoice HMO Open Access	11	Copay \$20/30
BlueChoice HMO Open Access	12	Copay \$30/40
BlueChoice Advantage	1	In: \$0 Ded, Out \$250 Ded 100%-70%
BlueChoice Advantage	2	In: \$0 Ded, Out \$500 Ded 90%-60%
BlueChoice Opt-Out (Open Access)	1	In: Copay \$5/10   Out: 80%-20%
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BlueChoice Opt-Out (Open Access)	7	In: Copay \$15/25   Out: 60%-40%
BlueChoice Opt-Out (Open Access)	C	Copay \$30/40 \$500 Ded., 20% Opt-Out
BlueChoice Opt-Out (Open Access)	J	Copay \$10/20 \$500 Ded., 20% Inpatient, 40% Opt-Out
BlueChoice Opt-Out Plus (Open Access)	1	In: Copay \$5/10   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	2	In: Copay \$5/10   Out: \$500/\$1,000 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	4	In: Copay \$10/20   Out: \$500/\$1,000 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	5	In: Copay \$15/25   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	6	Copay \$10/20, \$300 Opt-Out Ded; 100%/80%
BlueChoice Opt-Out Plus (Open Access)	7	Copay \$10/20, \$300 Opt-Out Ded; 100%/80%, \$0/20% DME
BlueChoice Opt-Out Plus (Open Access)	8	Copay \$15/25, \$300 OON Ded; 100%/80%
BlueChoice Opt-Out Plus (Open Access)	9	Copay \$5/10, \$500 Opt-Out Ded; 100%/80%
BlueChoice Opt-Out Plus (Open Access)	10	Copay \$10/20, \$500 Opt-Out Ded; 100%/80%
BlueChoice Opt-Out Plus (Open Access)	11	Copay \$5/10, \$500 Opt-Out Ded; 100%/70%

BlueChoice Opt-Out Plus (Open Access)	12	Copay \$5/10, \$1,000 Opt-Out Ded; 100%/70%
BlueChoice Opt-Out Plus (Open Access)	13	Copay \$10/20, \$300 Opt-Out Ded; 100%/70%
BlueChoice Opt-Out Plus (Open Access)	14	Copay \$10/20, \$500 OON Ded; 100%/70%
BlueChoice Opt-Out Plus (Open Access)	15	Copay \$10/20, \$1,000 OON Ded; 100%/70%
BlueChoice Opt-Out Plus (Open Access)	16	In: Copay \$20/30   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	17	In: Copay \$30/40   Out: \$300/\$600 Ded; 80%/20%
BlueChoice Opt-Out Plus (Open Access)	A	Copay \$10/20 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	B	Copay \$20/30 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	C	Copay \$30/40 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	D	Copay \$10/20 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	E	Copay \$20/30 \$500 Ded
BlueChoice Opt-Out Plus (Open Access)	F	Copay \$30/40 \$500 Ded
HealthyBlue Triple Option	A	\$500 Ded
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BluePreferred	2	In: \$0 Ded; 90%   Out: \$300 Ded; 70%
BluePreferred	3	In: \$500 Ded; 90%   Out: \$1,000 Ded; 70%
BluePreferred	5	In: \$100 Ded; 80%   Out: \$500 Ded; 65%
BluePreferred	8	In: \$0 Ded; 90%   Out: \$500 Ded; 70%
<b>2-50 Pharmacy- Uniform Modification</b>		
<b>Product</b>	<b>Option</b>	<b>Features</b>
Pharmacy	1	\$5/\$10/\$25 - \$0 deductible
Pharmacy	3	\$8/\$15/\$30 - \$100 deductible
Pharmacy	6	\$10/\$20/\$35 - \$50 deductible
Pharmacy	7	\$10/\$20/\$35 - \$100 deductible
Pharmacy	N/A	\$4/\$45/\$65 - Integrated deductible value-based(when integrated with a streamlined medical plan)
Pharmacy	N/A	\$10/\$25/\$45- Integrated deductible value-based(when integrated with a streamlined medical plan)
<b>2-50 Dental - Uniform Modification</b>		
<b>Product</b>	<b>Option</b>	<b>Features</b>
Traditional Dental	1	80% / 50% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Traditional Dental	2	100% / 80% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Traditional Dental	3	100% / 80% / 80% / 50% \$800 Orth Max / \$1,000 Annual Max
Traditional Dental	4	100% / 80% / 80% / 50% \$800 Orth Max / \$1,500 Annual Max
Preferred Dental	1	80% / 50% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Preferred Dental	2	100% / 80% / 50% / 50% \$800 Orth Max / \$1,000 Annual Max
Preferred Dental	3	100% / 80% / 80% / 50% \$800 Orth Max / \$1,000 Annual Max
Preferred Dental	4	100% / 80% / 80% / 50% \$800 Orth Max / \$1,500 Annual Max



One or more of the product options you offer may be eliminated. To determine the products impacted by these changes, please reference the chart above. If your products are impacted, along with the standard product selections, your renewal package will include an additional alternative which is similar to your current product and may allow you to remain grandfathered (if applicable). You may also choose from the standard product selections typically included. Please note: unless you select an alternative product, you will be force-migrated into a similar alternative.

Should you have any questions, please contact your broker or CareFirst Sales Representative.

Sincerely,

CareFirst Broker Sales

ACC4025