

Maryland Small Group Reform (MSGR) Medical and Ancillary Product Portfolio

Current Plans Available

Blue [Selections](#). More Choices. More Value.

Maryland Small Group Product Portfolio

CareFirst of Maryland, Inc. (CFMI): Maryland-based Products

Maryland Point of Service (MPOS)				
BlueVision is not included, however BlueVision Plus may be purchased.				
Option 1	100%/80%	\$200/\$400 Deductible In and Out	OOP \$2,500/\$5,000	CUT6122
Option 2	80%/60%	\$200/\$400 Deductible In and Out	OOP \$2,500/\$5,000	CUT6121
Option 3	100%/80%	\$400/\$800 Deductible In and Out	OOP \$2,750/\$5,500	CUT6142
Option 4	80%/60%	\$400/\$800 Deductible In and Out	OOP \$2,500/\$5,000	CUT6123
Option 5	80%/60%	\$1,000/\$2,000 Deductible In and Out	OOP \$3,100/\$6,200	CUT6531
Option 6 CORE Effective July 1, 2006	80%/60%	\$2,500/\$5,000 Deductible In and Out	OOP \$4,900/\$9,800	CUT6925
Benefit Upgrade	For 100%/80% coinsurance. Eliminating contract deductibles for in-network services.			CUT5078
Benefit Upgrade	Replacing most in-network copays with a \$10 copay (except PT/OT/ST, CHIRO, ER & RX).			CUT5079
Benefit Upgrade	For 80%/60% coinsurance. Eliminating the health benefit plan deductible related to in-network services.			CUT6631

Maryland Preferred Provider Network (PPN)				
BlueVision is not included, however BlueVision Plus may be purchased.				
Option 1	100%/80%	\$250/\$500 Deductible In and Out	OOP \$2,500/\$5,000	CUT6127
Option 2	90%/70%	\$250/\$500 Deductible In and Out	OOP \$2,500/\$5,000	CUT6128
Option 3	80%/60%	\$250/\$500 Deductible In and Out	OOP \$2,500/\$5,000	CUT6124
Option 4 CORE	80%/60%	\$2,500/\$5,000 Deductible In and Out	OOP \$4,900/\$9,800	CUT6532
Option 5	100%/80%	\$400/\$800 Deductible In and Out	OOP \$2,750/\$5,500	CUT6125
Option 6	80%/60%	\$400/\$800 Deductible In and Out	OOP \$2,750/\$5,500	CUT6126
Option 7	80%/60%	\$1,000/\$2,000 Deductible In and Out	OOP \$3,400/\$6,800	CUT6129
Benefit Upgrade	For 80%/60% coinsurance. Eliminating the contract deductible related to in-network services.			CUT6632
Benefit Upgrade	For 100%/80% & 90%/70% coinsurance. Eliminating contract deductible for in-network services.			CUT5062
Benefit Upgrade	Replacing most in-network copays with a \$10 in-network copay (except PT/OT/ST, CHIRO, ER & RX).			CUT5063

Group Hospitalization and Medical Services, Inc. (GHMSI): DC-based Products

BluePreferred (Regional PPO)				
BlueVision is included and BlueVision Plus may be purchased.				
Option 1	100%/80%	\$250/\$500 Deductible In and Out	OOP \$2,500/\$5,000	CUT6033
Option 2	90%/70%	\$250/\$500 Deductible In and Out	OOP \$2,500/\$5,000	CUT6034
Option 4	100%/80%	\$250/\$500 Deductible Out-of-Network only	OOP \$2,000/\$4,000	CUT6035
Option 5	90%/70%	\$250/\$500 Deductible Out-of-Network only	OOP \$2,000/\$4,000	CUT6036
Option 7	100%/80%	\$400/\$800 Deductible In and Out	OOP \$2,750/\$5,500	CUT6037
Option 8	100%/80%	\$400/\$800 Deductible Out-of-Network only	OOP \$2,750/\$5,500	CUT6038
Option 9	100%/80%	\$1,000/\$2,000 Deductible In and Out	OOP \$3,400/\$6,800	CUT6039

BluePreferred (Limited Benefit Plan)				
BlueVision is not included, however BlueVision Plus may be purchased.				
Option 1	Specific account eligibility requirements apply & benefit maximums on all medical and drug covered services. Please see sales literature for details.			CUT6761

Select Preferred Provider Plan (SPPP)				
Options A & B - Include BlueVision.				
Option C - 7/1/07 Effective with new business & renewals; BlueVision is included; prior to 7/1/07 it had to be purchased.				
Option D (CORE) - BlueVision is not automatically included but may be purchased.				
Note: Group must have BlueVision in order to purchase BlueVision Plus.				
Option A	80%/60%	\$250/\$500 Deductible In and Out	OOP \$2,500/\$5,000	CUT6120
Option B	80%/60%	\$400/\$800 Deductible In and Out	OOP \$2,750/\$5,500	CUT6119
Option C	80%/60%	\$1,000/\$2,000 Deductible In and Out	OOP \$3,400/\$6,800	CUT6118
Option D (CORE)	80%/60%	\$2,500 /\$5,000 Deductible In and Out	OOP \$4,900/\$9,800	CUT6533

MPOS/PPN/PPO/SPPP Medical Plans: All deductibles and Out-of-Pocket (OOP) Max's are combined In and Out-of-Network.

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Maryland Small Group Product Portfolio BluePreferred



The following HRA & HSA plans are BluePreferred (PPO) based plans. Whether you choose an option as a BlueFund or Compatible Plan, there is no difference in cost.

BluePreferred HRA Plans						
Medical & Rx deductibles are separate **						
BluePreferred HRA	Medical Only Deductible*	Coinsurance	OOP Max*	Lifetime Max	Core BlueVision	Medical Brochure Number
Option 10	\$1,200/\$2,400	100%/80%	\$3,400/\$6,800	UL	YES	CUT6581
Option 11	\$2,000/\$4,000	100%/80%	\$4,500/\$9,000	UL	YES	CUT6582

NOTES: All HRA plans may be offered as a BlueFund or Compatible Plan with no difference in cost. **BlueFund Plans** integrate with a fund administrator (FlexAmerica). **Compatible Plans** do not integrate with the fund administrator offered by CareFirst.

* **Medical deductible and OOP Max are combined In and Out-of-Network.**

****Drug Option:** The MSGR HRA plans may be sold with any of the standard MSGR Rx plans currently available.

BlueVision *Plus* is also available and may be added either parallel or non-parallel to HRA plans (not subject to the deductible). Regional Traditional/Preferred Dental may be added either parallel or non-parallel to HRA plans.

If **both** BlueVision *Plus* and Regional Traditional/Preferred Dental are purchased, these benefits can then **only** be added non-parallel to HRA plans.

Deductible carry-over is not offered with these products.

BluePreferred HSA Plans								
HSA Plans have a combined Medical and Rx deductible								
BluePreferred HSA	Combined Medical & Rx Deductible	Coinsurance	Combined OOP Max	Combined Lifetime Max	Rx Copay/Coinsurance*	Core BlueVision**	Medical Brochure Number	Pharmacy Brochure Number*
Option 1	\$1,200/\$2,400	90%/70%	\$3,400/\$6,800	\$2M	2 Options Available	NO	CUT6788	CUT7048/CUT6792
Option 2	\$2,000/\$4,000	100%/80%	\$4,500/\$9,000	\$2M		NO	CUT6789	CUT7048/CUT6792
Option 3	\$2,500/\$5,000	100%/80%	\$5,000/\$10,000	\$2M		NO	CUT6790	CUT7048/CUT6792
Option 4 is available only to existing groups through their 2008 renewal date. Option 4 is not available for new sales effective 10/1/07 and renewals beginning 1/1/08.	\$2,750/\$5,500	80%/60%	\$5,000/\$10,000	\$2M		NO	CUT6949	CUT7048/CUT6792
Option 5 CORE Effective July 1, 2006	\$2,700/\$5,450	80%/60%	\$5,250/\$10,500	\$2M	75%	NO	CUT6787	CUT6948

NOTES: All HSA plans may be offered as a BlueFund or Compatible Plan with no difference in cost. **BlueFund Plans** integrate with our HSA trustee (Mellon Bank) and fund administrator (FlexAmerica). **Compatible Plans** do not integrate with the HSA trustee and fund administrator offered by CareFirst.

***Combined Drug Option:** The \$0/\$25/\$45 (CUT7048) and the \$15/\$25/\$50 (CUT6972) Rx Options are the **only** Rx options available with the MSGR BluePreferred Integrated HSA Plans Options 1-4; the medical and the Rx cannot be sold separately. **The \$0/\$25/\$45 Rx Option is available October 1, 2006 and Self Administered injectables are subject to 50% coinsurance with a \$75 maximum.**

Core Combined Drug Option: The 75% member coinsurance is the only Rx option with the MSGR BluePreferred Option 5 CORE HSA Plan.

**The core BlueVision product is not included in any of the above HSA plans. However, the BlueVision *Plus* product can be purchased on a non-parallel basis only. Regional Traditional/Preferred Dental can only be added on a non-parallel basis.

Deductible, OOP Max, and Lifetime Max are combined In and Out-of-Network.

Deductible carry-over is not offered with these products.

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Maryland Small Group Product Portfolio BlueChoice



CONSUMER DIRECTED HEALTH PLANS

The following HSA plans are BlueChoice HMO *Open Access* and BlueChoice Opt-Out *Plus Open Access* based plans. Whether you choose an option as a BlueFund or Compatible Plan, there is no difference in cost.

BlueChoice HMO HSA Plans							
HSA Plans combined Medical and Rx Deductible							
BlueChoice HMO HSA	In-Network Combined Medical and Rx Deductible	Combined OOP Max	Combined Lifetime Max	Rx Copay*/Coinsurance	Core BlueVision **	Medical Brochure Number	Pharmacy Brochure Number
Option 1	\$1,200/\$2,400	\$2,400/\$4,800	UL	\$0/\$25/\$45	NO	CUT6952	CUT7060
Option 2	\$2,000/\$4,000	\$4,000/\$8,000	UL	\$0/\$25/\$45	NO	CUT6953	CUT7060
Option 3 CORE Effective July 1, 2006	\$2,700/\$5,450	\$5,250/\$10,500	UL	75%	NO	CUT6951	CUT7015

NOTES: All HSA plans may be offered as a BlueFund or Compatible Plan with no difference in cost.

BlueFund Plans integrate with our HSA trustee (Mellon Bank) and fund administrator (FlexAmerica). **Compatible Plans** do not integrate with the HSA trustee and fund administrator offered by CareFirst.

***Combined Drug Option:** The \$0/\$25/\$45 Rx Option is the **only** Rx option available with the MSGR HMO BlueChoice HSA Options 1 and 2. **Self-Administered injectables are subject to 50% coinsurance with a \$75 maximum.**

The Core Option 3 HSA Health plan will only receive the 75% member coinsurance Rx Option; medical and the Rx cannot be sold separately.

**The core BlueVision product is not included in any of the above HSA plans. However, the BlueVision *Plus* product can be purchased on a non-parallel basis only.

Regional Traditional/Preferred Dental can only be added on a non-parallel basis.

Deductible, OOP Max and Lifetime Max are combined.

Deductible carry-over is not offered with these products.

BlueChoice Opt-Out-Plus HSA Plans										
HSA Plans have a combined Medical and Rx Deductible										
BlueChoice Opt-Out-Plus HSA	In-Network Combined Medical and Rx Deductible	Out-of-Network Combined Medical and Rx Deductible	Coinsurance	In-Network Combined OOP Max	Out-of-Network Combined OOP Max	Combined Lifetime Max IN/OON	Rx Copay*	Core Blue-Vision**	Medical Brochure Number	Pharmacy Brochure Number
Option 1	\$1,200/\$2,400	\$1,800/\$3,600	80%/20%	\$2,400/\$4,800	\$3,600/\$7,200	UL/\$2M	\$0/\$25/\$45	NO	CUT6954	CUT7060
Option 2	\$2,000/\$4,000	\$3,000/\$6,000	80%/20%	\$4,000/\$8,000	\$6,000/\$12,000	UL/\$2M	\$0/\$25/\$45	NO	CUT6955	CUT7060

NOTES: All HSA plans may be offered as a BlueFund or Compatible Plan with no difference in cost.

BlueFund Plans integrate with our HSA trustee (Mellon Bank) and fund administrator (FlexAmerica). **Compatible Plans** do not integrate with the HSA trustee and fund administrator offered by CareFirst.

***Combined Drug Option:** The \$0/\$25/\$45 Rx Option is the **only** Rx option available with the MSGR HMO BlueChoice HSA Options 1 and 2. Medical and Rx cannot be sold separately. **Self-Administered injectables are subject to 50% coinsurance with a \$75 maximum.**

**The core BlueVision product is not included in any of the above HSA plans. However, the BlueVision *Plus* product can be purchased on a non-parallel basis only.

Regional Traditional/Preferred Dental can only be added on a non-parallel basis.

Deductible carry-over is not offered with these products.

The Out-of-Network and In-Network deductibles, OOP Max, and Lifetime Max are separate and do not contribute toward each other.

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Maryland Small Group Product Portfolio

CareFirst BlueChoice, Inc. Products

BlueChoice HMO		CORE BlueVision	
Option 1	Copay \$20/\$30: \$250 per admission copay	Yes*	CUT5566
Option 2	Copay \$20/\$30	Yes	CUT5567
Option 3	Copay \$10/\$20	Yes	CUT5568
Option 4	Copay \$5/\$10	Yes	CUT5569
Option 5	Copay \$30/\$40: \$250 per admission copay	Yes*	CUT6534
Option 6 – CORE Effective July 1, 2006	Copay \$30/\$40: \$1,000 per admission copay	Sold with or without** effective 7/1/07	CUT6940

* Option 1 & 5: Effective with new business and renewals beginning 7/1/07, these two options will now include BlueVision; previously not included and could not be purchased.

** Option 6: Effective with new business and renewals beginning 7/1/07, BlueVision is not automatically included but may be purchased; previously not included and could not be purchased.

BlueChoice HMO Open Access		CORE BlueVision	
Option 1	Copay \$20/\$30: \$250 per admission copay	Yes*	CUT6708
Option 2	Copay \$20/\$30	Yes	CUT6709
Option 3	Copay \$10/\$20	Yes	CUT6710
Option 4	Copay \$5/\$10	Yes	CUT6711

* Option 1: Effective with new business and renewals beginning 7/1/07, BlueVision is included; previously not included and could not be purchased.

BlueChoice Opt-Out Open Access		CORE BlueVision	
Option 1	In: Copay \$10/\$20 Out: 80%/20%	Yes	CUT5960
Option 2	In: Copay \$15/\$25 Out: 80%/20%	Yes	CUT5961
Option 3	In: Copay \$20/\$30 Out: 80%/20%	Yes	CUT5962
Option 4	In: Copay \$10/\$20 Out: 60%/40%	Yes	CUT5963
Option 5	In: Copay \$15/\$25 Out: 60%/40%	Yes	CUT5964
Option 6	In: Copay \$20/\$30 Out: 60%/40%	Yes	CUT5965

BlueChoice Opt-Out Plus Open Access		CORE BlueVision	
Option 1	In: Copay \$5/\$10 Out: \$300/\$600 Deductible; 80%/20%	Yes	CUT5572
Option 2	In: Copay \$5/\$10 Out: \$500/\$1,000 Deductible; 80%/20%	Yes	CUT5573
Option 3	In: Copay \$10/\$20 Out: \$300/\$600 Deductible; 80%/20%	Yes	CUT5574
Option 4	In: Copay \$10/\$20 Out: \$500/\$1,000 Deductible; 80%/20%	Yes	CUT5575
Option 5	In: Copay \$20/\$30 Out: \$300/\$600 Deductible; 80%/20%	Yes	CUT5576
Option 6	In: Copay \$20/\$30 Out: \$500/\$1,000 Deductible; 80%/20%	Yes	CUT5577

Pharmacy Products

MSGR Pharmacy Options <i>Available with all Medical Plans except the Limited Benefit Plan</i>			
All HSA plans have set pharmacy options that cannot be changed			
Plan		BlueChoice/BluePreferred	PPN/MPOS
\$0/25/45	\$0 Deductible*	CUT7046	CUT7056
\$0/25/45	\$100 Deductible*	CUT7047	CUT7057
\$8/15/30	\$0 Deductible	CUT5707	CUT5680
\$10/20/30	\$0 Deductible	CUT5708	CUT5681
\$10/20/30	\$50 Deductible	CUT5709	CUT5682
\$15/20/30	\$150 Deductible	CUT5706	CUT5679
\$15/20/30	\$250 Deductible	CUT5716	CUT5678
\$15/25/50	\$100 Deductible	CUT6571	CUT5672
\$15/25/50	\$0 Deductible	CUT6573	CUT6574
\$15/25/50	\$250 Deductible	CUT6569	CUT6570
75% Member coinsurance CORE**: \$2,500/\$5,000 Deductible		CUT6945	CUT6947

* Effective October 1, 2006. Note: This Rx option has a fourth tier. Self-administered injectables are subject to 50% coinsurance with a \$75 maximum.

** This Rx option is non-creditable. It is the only MSGR Rx option with a deductible administered on an aggregate basis like the MSGR medical deductibles.

MSGR Limited Benefit Plan Pharmacy Option <i>Only available with the Limited Benefit Plan</i>		
\$10/30/50	\$250 Individual/\$750 other than Individual Benefit Maximum	CUT6761

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Maryland Small Group Ancillary Product Portfolio

Dental

*Regional PPO Dental – Sold with and without Orthodontics; \$800 or \$1200 Lifetime Maximum, 50% In-Network, 35% Out-of-Network							
Plan				In-Network	Out-of-Network	Maryland	
Plan 1	Deductible	In: \$25/\$75	Out: \$50/\$150	\$1000 Max	80%/50%/50%/50%	60%/35%/35%/35%	CUT6183
Plan 2	Deductible	In: \$25/\$75	Out: \$50/\$150	\$1000 Max	100%/80%/50%/50%	75%/60%/35%/35%	CUT6184
Plan 3	Deductible	In: \$25/\$75	Out: \$50/\$150	\$1000 Max	100%/80%/80%/50%	75%/60%/60%/35%	CUT6185
Plan 4	Deductible	In: \$25/\$75	Out: \$50/\$150	\$1500 Max	100%/80%/80%/50%	75%/60%/60%/35%	CUT6186

*Regional Traditional Dental – Sold with and without Orthodontics; \$800 or \$1200 Lifetime Maximum, 50% In-Network, 50% Out-of-Network							
Plan				In-Network	Out-of-Network	Maryland	
Plan 1	Deductible	\$50/\$150	\$1000 Max		80%/50%/50%/50%	80%/50%/50%/50%	CUT6082
Plan 2	Deductible	\$50/\$150	\$1000 Max		100%/80%/50%/50%	100%/80%/50%/50%	CUT6083
Plan 3	Deductible	\$50/\$150	\$1000 Max		100%/80%/80%/50%	100%/80%/80%/50%	CUT6084
Plan 4	Deductible	\$50/\$150	\$1500 Max		100%/80%/80%/50%	100%/80%/80%/50%	CUT6085

* Regional PPO/Regional Traditional: All products have deductible credit and deductible carry-over as a CORE benefit.

*Ridered Dental (DHMO) Products – Available ridered to BlueChoice medical products only		
Plan 10	Basic dental services \$10 per office visit	BRC6341
Plan 20	Basic dental services \$20 per office visit	BRC6340
Plan 10 – Opt-Out	High premium option	BRC6338
Plan 20 – Opt-Out	Low premium option	BRC6339

* Administered by The Dental Network (TDN).

Vision

CORE BlueVision		
Option 1	Use with MSGR BlueChoice HMO, and MSGR BlueChoice HMO <i>Open Access</i> . (Refer to BlueChoice section for more information). Also used with Non-MSGR (MD Parity)BlueChoice Opt-Out <i>Plus Open Access</i> .	BRC6420
Option 2	Use with MSGR BlueChoice Opt-Out <i>Open Access</i> and MSGR BlueChoice Opt-Out <i>Plus Open Access</i> .	BRC6421
Option 3	Use with MSGR BluePreferred and MSGR SPPP Options (Refer to SPPP section for more information).	BRC6422

BlueVision Plus Upgraded Products (Ridered Benefit)		
Option 1	\$0 exam copay/12 month benefit period	BRC6424
Option 2	\$0 exam copay/24 month benefit period	BRC6425
Option 3	\$10 exam copay/12 month benefit period	BRC6426
Option 4	\$10 exam copay/24 month benefit period	BRC6427

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10455 Mill Run Circle
Owings Mills, MD 21117

www.carefirst.com

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