

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003C Large Group Only - HMO  
**Product Name:** CFBC 2017 LG AMEND  
**Project Name/Number:** CFBC 2017 LG AMEND/DC/CFBC/2017 LG AMEND (1/17)

### Filing at a Glance

Company: CareFirst BlueChoice, Inc.  
 Product Name: CFBC 2017 LG AMEND  
 State: District of Columbia  
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)  
 Sub-TOI: HOrg02G.003C Large Group Only - HMO  
 Filing Type: Form  
 Date Submitted: 11/17/2016  
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 Implementation: On Approval  
 Date Requested:  
 Author(s): Rachel Peters, Gina Harrison  
 Reviewer(s): Colin Johnson (primary)  
 Disposition Date:  
 Disposition Status:  
 Implementation Date:

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
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## General Information

Project Name: CFBC 2017 LG AMEND Status of Filing in Domicile:  
 Project Number: DC/CFBC/2017 LG AMEND (1/17) Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Large  
 Group Market Type: Overall Rate Impact:  
 Filing Status Changed: 11/17/2016  
 State Status Changed: Deemer Date:  
 Created By: Rachel Peters Submitted By: Rachel Peters  
 Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

### Filing Description:

Attached for your review and approval is a copy of the above-referenced form in its final version. The purpose of this filing is to request approval for the attached form that contain updates to forms previously approved by the Department of Insurance, Securities and Banking for existing products (as described below) issued by CareFirst BlueChoice in the large group market. This includes Point-of-Service products where the in-network benefit are underwritten by CareFirst BlueChoice and out-of-network benefits are underwritten by Group Hospitalization and Medical Services, Inc. These updates are based on internal business decisions to improve operations and customer service.

2017 Amendment (Form No. DC/CFBC/2017 LG AMEND (1/17))

The purpose of this amendment is based on internal business decisions to improve operations and customer service. The updates are also made to ensure that they are compliant with the District of Columbia Department of Insurance, Securities and Banking requirements and legislation. We have made the following revisions:

- We have revised the definition of “Allowed Benefit” within the Evidence of Coverage,
- We have replaced the definition of “Prior Authorization List” with the definition of “Prescription Guidelines” and changed references to “Prior Authorization List” to “Prescription Guidelines”. We have changed the references to “Preferred Preventive Drug” to “Preventive Drug” as well as the reference to “Preferred Preventive Drug List” to “Preventive Drug List”. The updates are within the Evidence of Coverage.
- We have revised the Eligibility of Children provision in the Evidence of Coverage to clarify the definition of Dependent Child eligibility.
- 
- We have revised the Proof of Loss provision in the Evidence of Coverage to be consistent across products and jurisdiction.
- We have revised the Member Privacy provision in the Evidence of Coverage.
- We have revised the provision on Service Area in the Evidence of Coverage.

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.
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•We have added a statement in the Prescription Drug Benefits Rider stating that a member may obtain up to a twelve month supply of contraceptives at one time.

The form may be included on our website at www.carefirst.com. This filing does not affect existing rates. The Readability Compliance Certification is also included with this form. The form will attach to an evidence of coverage with a Flesch Reading Ease score of 40 or more.

Company and Contact

Filing Contact Information

Rachel Peters, Senior Contract Specialist rachel.peters@carefirst.com
840 First Street NE 202-680-5235 [Phone]
Washington, DC 20065 202-680-5235 [FAX]

Filing Company Information

CareFirst BlueChoice, Inc. CoCode: 96202 State of Domicile: District of
840 First Street NE Group Code: Columbia
Washington, DC 20065 Group Name: Company Type:
(202) 479-8000 ext. [Phone] FEIN Number: 52-1358219 State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003C Large Group Only - HMO  
**Product Name:** CFBC 2017 LG AMEND  
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## Form Schedule

### Lead Form Number: DC/CFBC/2017 LG AMEND (1/17)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		2017 Amendment	DC/CFBC/2017 LG AMEND (1/17)	CERA	Initial			DC CFBC 2017 LG AMEND (1-17).pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**CareFirst BlueChoice, Inc.**

[840 First Street, NE]  
[Washington, DC 20065]  
[202-479-8000]

An independent licensee of the Blue Cross and Blue Shield Association

**2017 AMENDMENT**

This amendment is effective [\_\_\_\_\_]. If no date is shown, this amendment is effective on the effective date or renewal date of the Evidence of Coverage to which this amendment is attached.

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**[SECTION H – EXCLUSIONS AND LIMITATIONS]**

**[SECTION I – PRESCRIPTION DRUGS]**

The Evidence of Coverage is amended as follows:

**SECTION A - DEFINITIONS**

- 1. The definition of “Allowed Benefit” in Section 1 of the [In-Network] Evidence of Coverage is deleted and replaced with the following:**

Allowed Benefit means:

- |    |  |
|----|--|
| A. | For a [Contracting] Provider, the Allowed Benefit for a Covered Service is the amount agreed upon between CareFirst BlueChoice and the [Contracting] Provider which, in some cases, will be a rate set by a regulatory agency. The benefit is payable to the provider and is accepted as payment in full, except for any applicable Deductible, Copayment, or Coinsurance amounts, for which the Member is responsible.  |
| B. | For a [Non-Contracting] Provider that is a health care practitioner, the Allowed Benefit for a Covered Service is based upon the lesser of the provider’s actual charge or the established fee schedule. The benefit is payable to the Member or to the provider at the discretion of CareFirst BlueChoice. The Member is responsible for any applicable Deductible, Copayment, or Coinsurance amounts stated in the Schedule of Benefits and the difference between the Allowed Benefit and the practitioner’s actual charge. The provider may bill the Member directly for such amounts. It is the Member’s responsibility to apply any CareFirst BlueChoice payments to the claim from the [Non-Contracting] Provider charge. |
| C. | For a [Non-Contracting] Provider that is a health care facility, the Allowed Benefit for a Covered Service is based upon either the provider’s actual charge or the established fee schedule. The benefit is payable to the Member or to the facility, at the discretion of CareFirst BlueChoice. Benefit payments to Department of Defense and Veteran Affairs providers will be made directly to the provider. The Member is responsible for any applicable Deductible, Copayment, or Coinsurance amounts stated in the Schedule of Benefits and, unless negotiated, for the difference between the Allowed Benefit and the  |

provider's actual charge. It is the Member's responsibility to apply any CareFirst BlueChoice payments to the claim from the Non-Contracting Facility.

In some cases, and on an individual basis, CareFirst BlueChoice is able to negotiate a lower rate with an eligible provider. In that instance, the CareFirst BlueChoice payment will be based on the negotiated fee and the provider agrees to accept the amount as payment in full except for any applicable Deductible, Copayment, or Coinsurance amounts, for which the Member is responsible.

D. For a Covered Service rendered by a [Non-Contracting] Provider of ambulance services, the Allowed Benefit for a Covered Service is based upon the lesser of the provider's actual charge or the established fee schedule. The benefit is payable to the Member or to the [Non-Contracting Provider] of ambulance services, at the discretion of CareFirst BlueChoice. When benefits are paid to the Member, it is the Member's responsibility to apply any CareFirst BlueChoice payments to the claim from the [Non-Contracting] Provider of ambulance services. The Member is responsible for any applicable Deductible, Copayment, or Coinsurance amounts stated in the Schedule of Benefits and the difference between the Allowed Benefit and the provider's actual charge. The provider may bill the Member directly for such amounts.

For Emergency Services provided by a [Non-Contracting] Provider, the Allowed Benefit for a Covered Service is based upon the lesser of the provider's actual charge, or the amount that would be paid to a [Contracting] Provider for the Covered Service. The Member is responsible for any applicable Deductible, Copayment, or Coinsurance amounts stated in the Schedule of Benefits and the difference between the Allowed Benefit and the practitioner's actual charge. The provider may bill the Member directly for such amounts.

*Available variables for bracketed term [Contracting] are [In-Network] and [Participating]. Variables provide flexibility for the network provider name. Use of variables will depend on which market product contract that the amendment is used.*

*Available variables for bracketed term [Non-Contracting] are [Out-of-Network] and [Non-Participating]. Variables provide flexibility for a non-participating provider name. Use of variables will depend on which market product contract that the amendment is used.*

**2. The [following] definition of "Prescription Drugs" [in Section 1 of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:**

*The variables in the following statements will be used based on whether the amended provision is being deleted and replaced or added.*

- *The [following] definition of "Prescription Drugs" [in Section 1 of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:*
- *The [following] definition of "Prior Authorization List" [in Section 1, Definitions, of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:*

*Provisions 4 and 5 may be removed from the amendment if the terms are already included in the Evidence of Coverage the amendment is attached.*

Prescription Drug means

- A. A drug, biological, or compounded prescription intended for outpatient use that carries the FDA legend "may not be dispensed without a prescription;"

- B. Drugs prescribed for treatments other than those stated in the labeling approved by the FDA, if the drug is recognized for such treatment in standard reference compendia or in the standard medical literature as determined by CareFirst BlueChoice;
- C. A covered Over-the-Counter medication or supply; or
- D. Any Diabetic Supply.
- E. Prescription Drugs do not include:
  - 1. Compounded bulk powders that contain ingredients that:
    - a) Do not have FDA approval for the route of administration being compounded, or
    - b) Have no clinical evidence demonstrating safety and efficacy, or
    - c) Do not require a prescription to be dispensed.
  - 2. Compounded drugs that are available as a similar commercially available Prescription Drug unless:
    - a) There is no commercially available bio-equivalent Prescription Drug; or
    - b) The commercially available bio-equivalent Prescription Drug has caused or is likely to cause the Member to have an adverse reaction.

**3. All references to “Prior Authorization List” in the [In-Network] Evidence of Coverage are replaced with “Prescription Guidelines”.**

The [following] definition [of “Prior Authorization List”] [in Section 1, Definitions, of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:

*The variables in the following statements will be used based on whether the amended provision is being deleted and replaced or added.*

- *The [following] definition of “Prescription Drugs” [in Section 1 of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:*
- *The [following] definition of “Prior Authorization List” [in Section 1, Definitions, of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:*

*Provisions 4 and 5 may be removed from the amendment if the terms are already included in the Evidence of Coverage the amendment is attached.*

Prescription Guidelines means the limited list of Prescription Drugs issued by CareFirst BlueChoice for which providers, when writing, and Pharmacists, when filling prescriptions, must obtain prior authorization from CareFirst BlueChoice and the quantity limits CareFirst BlueChoice has placed on certain drugs. A copy of the Prescription Guidelines is available to the Member upon request.

**4. [All references to “Preferred Preventive Drug” in the [In-Network] Evidence of Coverage are replaced with “Preventive Drug”.]**

[The following definition of “Preventive Drug” is added to Section 1, Definitions]:

[Preventive Drug means a Prescription Drug or Over-the-Counter medication or supply dispensed under a written prescription by a health care provider that is included on the CareFirst BlueChoice Preventive Drug List.]

*The variables in the following statements will be used based on whether the amended provision is being deleted and replaced or added.*

- *The [following] definition of “Prescription Drugs” [in Section 1 of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:*
- *The [following] definition of “Prior Authorization List” [in Section 1, Definitions, of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:*

**5. [All references to “Preferred Preventive Drug List” in the [In-Network] Evidence of Coverage are replaced with “Preventive Drug List”.]**

[The following definition of “Preventive Drug List” is added to Section 1, Definitions:]

[Preventive Drug List means the list issued by CareFirst BlueChoice of Prescription Drugs or Over-the-Counter medications or supplies dispensed under a written prescription by a health care provider that have been identified in the current recommendations of the United States Preventive Services Task Force that have in effect a rating of “A” or “B” or as provided in the comprehensive guidelines for women’s preventive health supported by the Health Resources and Services Administration. CareFirst BlueChoice may change this list periodically without notice to Members. A copy of the Preventive Drug List is available to the Member upon request.]

*The variables in the following statements will be used based on whether the amended provision is being deleted and replaced or added.*

- *The [following] definition of “Prescription Drugs” [in Section 1 of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:*
- *The [following] definition of “Prior Authorization List” [in Section 1, Definitions, of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:*

**SECTION B – ELIGIBILITY OF DEPENDENT CHILDREN**

All provisions of the Evidence of Coverage that define or describe Eligibility of Dependent Children are revised as follows:

A Dependent Child means an individual who:

- A. Is:
1. The natural child, stepchild, adopted child, or foster child of the Subscriber;
  2. A child placed with the Subscriber or the Subscriber’s covered Spouse for legal Adoption;
  3. A child under testamentary or court appointed guardianship, other than temporary guardianship for less than twelve (12) months’ duration, of the Subscriber or the Subscriber’s covered Spouse;

4. An unmarried grandchild, niece or nephew, who meets the requirements for coverage as the Subscriber's Primary Care Dependent as stated below:
  - a) The child must be the Subscriber's unmarried grandchild, niece, or nephew;
  - b) The child is under the Subscriber's Primary Care. Primary Care means the Subscriber provides food, clothing and shelter for the child on a regular and continuous basis during the time District of Columbia public schools are in regular session; and,
  - c) If the child's legal guardian is someone other than the Subscriber, the child's legal guardian is not covered under any other health insurance policy.

The Subscriber must provide CareFirst BlueChoice with proof upon application that the child meets the requirements for coverage as a Primary Care Dependent, including proof of the child's relationship and primary dependency on the Subscriber and certification that the child's legal guardian does not have other coverage. CareFirst BlueChoice reserves the right to verify whether the child is and continues to qualify as a Primary Care Dependent, and

5. A child who becomes a Dependent of the Subscriber through a child support order or other court order.

## **SECTION C - PROOF OF LOSS**

Section [XX], Proof of Loss, of the [In-Network] Evidence of Coverage is deleted and replaced with the following:

- [XX]. Proof of Loss. For Covered Services, [Covered Dental Services] [or Covered Vision Services] provided by Non-[Contracting; Participating] Providers, [Non-Participating Dentists] or [Non-Contracting Vision Providers], Members must furnish written proof of loss, or have the provider submit proof of loss, to CareFirst within one (1) year after the date of the loss. Failure to furnish proof within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof within the required time, provided proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

CareFirst BlueChoice will honor claims submitted for Covered Services by any agency of the federal, state or local government that has the statutory authority to submit claims beyond the time limits established under this Evidence of Coverage. These claims must be submitted to CareFirst BlueChoice before the filing deadline established by the applicable statute on claims forms that provide all of the information CareFirst BlueChoice deems necessary to process the claims. CareFirst BlueChoice provides forms for this purpose.

## **SECTION D- CONVERSION PRIVILEGE**

Section 5, Conversion Privilege, of the [In-Network] Evidence of Coverage is deleted in its entirety.

## **SECTION E - MEMBER PRIVACY**

Section [XX], Member Privacy, of the [In-Network] Evidence of Coverage deleted and replaced with the following:

[XX.] Member Privacy. CareFirst BlueChoice shall comply with state, federal and local laws pertaining to the dissemination or distribution of non-public personally identifiable financial, medical or health related data. In that regard, CareFirst BlueChoice will not provide to unauthorized third parties any personally identifiable financial or medical information without the prior written authorization of the Member or parent/guardian of the Member or as otherwise permitted by law. Personal information, including email addresses and phone numbers, may be used and shared with other businesses who work with CareFirst BlueChoice to administer and/or provide benefits under this plan. Personal information may also be used to notify enrollees about treatment options, health-related services, and/or coverage options. Enrollees may contact CareFirst BlueChoice to change the information used to communicate with them.

## SECTION F - CREDIT MONITORING

The following is added to the General Provisions section of the Evidence of Coverage:

Credit Monitoring. CareFirst BlueChoice is offering credit monitoring to the Subscriber and eligible Dependents at no additional charge through services administered by [Experian]. Credit monitoring is available on an opt-in basis for all eligible Members during the effective Benefit Period of their CareFirst BlueChoice health insurance policy. Eligible Members may enroll by calling [800-XXX-XXXX] or visiting [www.carefirst.com].

## SECTION G - SERVICE AREA

Section [XX], Service Area, of the [In-Network] Evidence of Coverage is deleted and replaced with the following:

### SECTION [XX] SERVICE AREA

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CareFirst BlueChoice's Service Area is a clearly defined geographic area in which CareFirst BlueChoice has arranged for the provision of health care services to be generally available and readily accessible to Members. CareFirst BlueChoice will provide the Member with a specific description of the Service Area at the time of enrollment.

The Service Area is as follows: the District of Columbia; the State of Maryland; in the State of Virginia, the cities of Alexandria and Fairfax, Arlington County, the town of Vienna and the areas of Fairfax and Prince Williams Counties in Virginia lying east of Route 123.

If a Member temporarily lives out of the Service Area (for example, if a Dependent goes to college in another state), the Member may be able to take advantage of the CareFirst BlueChoice Away From Home Program. This Program may allow a Member who resides out of the Service Area for an extended period of time to utilize the benefits of an affiliated Blue Cross and Blue Shield HMO. This Program is not coordination of benefits. **A Member who takes advantage of the Away From Home Program will be subject to the rules, regulations and plan benefits of the affiliated Blue Cross and Blue Shield HMO.** If the Member makes a permanent move, he/she does not have to wait until the Annual Open Enrollment Period to change plans. Please call [888-452-6403] or visit [www.bcbs.com] for more information on the Away from Home Program.

## [SECTION H – EXCLUSIONS AND LIMITATIONS

Section [10; 12].1[JJ; FF; GG; NN] of the [In-Network] Description of Covered Services is deleted and replaced with:

- MM. Services required solely for administrative purposes, including but not limited to employment, insurance, foreign travel, school, camp admissions or participation in sports activities.]

**[SECTION I – PRESCRIPTION DRUGS**

The following is added to the Prescription Drug Benefits Rider:

A Member may obtain up to a twelve (12) month supply of contraceptives at one time.]

This amendment is issued to be attached to the [In-Network] Evidence of Coverage. This amendment does not change the terms and conditions of the [In-Network] Evidence of Coverage, unless specifically stated herein.

**CareFirst BlueChoice, Inc.**

[Signature]

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[Name]

[Title]

**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003C Large Group Only - HMO  
**Product Name:** CFBC 2017 LG AMEND  
**Project Name/Number:** CFBC 2017 LG AMEND/DC/CFBC/2017 LG AMEND (1/17)

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Submission Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	DC CFBC 2017 LG AMEND (1-17) Submission Ltr.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Readability Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	DC CFBC 2017 LG AMEND (1-17) Readability Cert.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Explanation of Variations
<b>Comments:</b>	
<b>Attachment(s):</b>	DC CFBC 2017 LG AMEND (1-17) eov.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	



**VIA SERFF**  
November 17, 2016

Stephen C. Taylor, Commissioner  
Department of Insurance, Securities and Banking  
810 First Street, NE  
Suite 701  
Washington, DC 20002

RE: CareFirst BlueChoice, Inc.  
**NAIC Number: 96202**

Form Number: DC/CFBC/2017 LG AMEND (1/17)

Dear Commissioner Taylor:

Attached for your review and approval is a copy of the above-referenced form in its final version. The purpose of this filing is to request approval for the attached form that contain updates to forms previously approved by the Department of Insurance, Securities and Banking for existing products (as described below) issued by CareFirst BlueChoice in the large group market. This includes Point-of-Service products where the in-network benefit are underwritten by CareFirst BlueChoice and out-of-network benefits are underwritten by Group Hospitalization and Medical Services, Inc. These updates are based on internal business decisions to improve operations and customer service.

**2017 Amendment (Form No. DC/CFBC/2017 LG AMEND (1/17))**

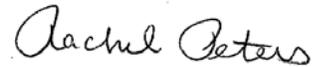
The purpose of this amendment is based on internal business decisions to improve operations and customer service. The updates are also made to ensure that they are compliant with the District of Columbia Department of Insurance, Securities and Banking requirements and legislation. We have made the following revisions:

- We have revised the definition of “Allowed Benefit” within the Evidence of Coverage,
- We have replaced the definition of “Prior Authorization List” with the definition of “Prescription Guidelines” and changed references to “Prior Authorization List” to “Prescription Guidelines”. We have changed the references to “Preferred Preventive Drug” to “Preventive Drug” as well as the reference to “Preferred Preventive Drug List” to “Preventive Drug List”. The updates are within the Evidence of Coverage.
- We have revised the Eligibility of Children provision in the Evidence of Coverage to clarify the definition of Dependent Child eligibility.
- 
- We have revised the Proof of Loss provision in the Evidence of Coverage to be consistent across products and jurisdiction.
- We have revised the Member Privacy provision in the Evidence of Coverage.
- We have revised the provision on Service Area in the Evidence of Coverage.
- We have added a statement in the Prescription Drug Benefits Rider stating that a member may obtain up to a twelve month supply of contraceptives at one time.

The form may be included on our website at [www.carefirst.com](http://www.carefirst.com). This filing does not affect existing rates. The Readability Compliance Certification is also included with this form. The form will attach to an evidence of coverage with a Flesch Reading Ease score of 40 or more.

We appreciate your consideration of this matter and look forward to your acknowledgement and approval of these forms. If you have any questions, please contact Rachel Peters at (202) 680-5235 or via e-mail at [Rachel.Peters@carefirst.com](mailto:Rachel.Peters@carefirst.com).

Sincerely,

A handwritten signature in cursive script that reads "Rachel Peters".

Rachel Peters  
Senior Contract Specialist  
Benefit Contract Management

cc: Gina Harrison  
Ryan Mihalic

**READABILITY COMPLIANCE CERTIFICATION**

NAME & ADDRESS OF INSURER: CareFirst BlueChoice, Inc.  
840 First Street, NE, Washington, DC 20065  
202-479-8000

I hereby certify that the policy form number listed below will attach to an evidence of coverage with a Flesch reading ease score above 40.0.

DC/CFBC/2017 LG AMEND (R. 1/17)

CareFirst BlueChoice, Inc. has reviewed the enclosed policy form and certifies that, to the best of its knowledge and belief, the form submitted is consistent and complies with the requirements of the District of Columbia Code, particularly §31-4725 and §31-4726(b)(2) of the District of Columbia Code.



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Signed by Officer of the Insurer  
Randolph S. Sargent  
Vice President and Deputy General Counsel

11/17/2016  
Date

Explanation of Variations for  
Form Number DC/CFBC/2017 LG AMEND (1/17)

**Note:** If any variation is deleted, the remaining provisions will be renumbered/re-lettered accordingly and appropriate adjustment made to alignment. Bracketed provision references will also be renumbered.

The bracketed text in the opening paragraph allows CareFirst BlueChoice to use a specific date or the effective/renewal date of the [In-Network] Evidence of Coverage.

The variable text [In-Network] that appears throughout the form will be used when the form is used for our dual offering for which In-Network benefits are underwritten by CareFirst BlueChoice Inc., and Out-of-Network benefits are underwritten by Group Hospitalization and Medical Services, Inc.

Bracketed section references in the form will be included or deleted, as appropriate, to coordinate the provision in the amendment to the appropriate provision in the core form, as that core form is used for a particular product.

## **SECTION A - DEFINITIONS**

### Allowed Benefit:

Available variables for bracketed term [Contracting] are [In-Network] and [Participating]. Variables provide flexibility for the network provider name. Use of variables will depend on which market product contract that the amendment is used.

Available variables for bracketed term [Non-Contracting] are [Out-of-Network] and [Non-Participating]. Variables provide flexibility for a non-participating provider name. Use of variables will depend on which market product contract that the amendment is used.

### Prescription Drug:

The variables in the following statements will be used based on whether the amended provision is being deleted and replaced or added.

- *The [following] definition of “Prescription Drugs” [in Section 1 of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:*
- *The [following] definition of “Prior Authorization List” [in Section 1, Definitions, of the [In-Network] Evidence of Coverage is deleted and replaced with the following][is added to Section 1, Definitions]:*

Provisions 4 and 5 may be removed from the amendment if the terms are already included in the Evidence of Coverage the amendment is attached.

## **SECTION C - PROOF OF LOSS**

Bracketed section references in the form will be included or deleted, as appropriate, to coordinate the provision in the amendment to the appropriate provision in the core form, as that core form is used for a particular product.

## **SECTION E - MEMBER PRIVACY**

Bracketed section references in the form will be included or deleted, as appropriate, to coordinate the provision in the amendment to the appropriate provision in the core form, as that core form is used for a particular product.

Explanation of Variations for  
Form Number DC/CFBC/2017 LG AMEND (1/17)

**SECTION F - CREDIT MONITORING**

The name of the credit monitoring provider, phone number and website address are bracketed to allow for changes if the contact information changes in the future.

**SECTION G - SERVICE AREA**

Bracketed section references in the form will be included or deleted, as appropriate, to coordinate the provision in the amendment to the appropriate provision in the core form, as that core form is used for a particular product.

**SECTION H - EXCLUSIONS AND LIMITATIONS**

The entire section is bracketed and will be omitted when the amendment attaches to an Evidence of Coverage that already contains this provision. Bracketed section references in the form will be included or deleted, as appropriate, to coordinate the provision in the amendment to the appropriate provision in the core form, as that core form is used for a particular product.

**SECTION I – PRESCRIPTION DRUGS**

The entire section is bracketed and will be omitted when the amendment attaches to an Evidence of Coverage that does not include a Prescription Drug Benefits Rider.

In the signature block at the bottom of the form, the variations will be for the signature, name, and title of the CareFirst BlueChoice officer.