Open Enrollment dates: 10/28/2019 through 11/8/2019

Important phone numbers

■ Dedicated customer service
  (410) 581-3506 or (800) 648-5285

■ Mailing address
  CareFirst BlueCross BlueShield
  Mail Administrator
  P.O. Box 14116
  Lexington, KY 40512-4116

■ Pre-authorizations for required benefits
  (Including but not limited to: Inpatient Hospitalization, Outpatient Therapies, Home Health Care, Private Duty Nursing, etc.)
  (410) 581-3550 or (800) 443-5434

■ CareFirst
  For Mental Health Services
  (800) 245-7013
Welcome to your plan for healthy living

From preventive services to maintaining your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

How your plan works
Find out how your health plan works and how you can access the highest level of coverage.

What's covered
See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

Getting the most out of your plan
Take advantage of the added features you have as a CareFirst member:

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- Vitality magazine with healthy recipes, preventive health care tips and a variety of articles.
You know that CareFirst BlueCross BlueShield (CareFirst) provides your health benefits and processes claims, but that’s not all we do. We’re there for you at every step of care—and every stage, even when life throws you a curveball.

Whether you are faced with an unexpected medical emergency, managing a chronic condition like diabetes, or looking for help with a health goal such as losing weight, we offer one-on-one coaching and support programs. You may receive a letter or postcard in the mail, or a call from a nurse, health coach or pharmacy technician explaining the programs and inviting you to participate. These programs are confidential and part of your medical benefit. They can also play a huge role in helping you through an illness or keeping you healthy. Once you decide to participate, you can choose how involved you want to be. We encourage you to connect with the CareFirst team so you can take advantage of this personal support.

CareFirst may call you to offer one-on-one support programs concerning Health & Wellness, Complex Care Coordination, Pharmacy or Behavioral Health

carefirst.com/takethecall
Here are a few examples of when we may contact you about these programs. Visit carefirst.com/takethecall to learn more.

<table>
<thead>
<tr>
<th>Program name</th>
<th>Overview</th>
<th>Why it’s important</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Wellness</td>
<td>Personal coaching support to help you achieve your health goals</td>
<td>Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more</td>
<td>Letter or phone call from a Sharecare coach</td>
</tr>
<tr>
<td>Complex Care Coordination</td>
<td>Support for a variety of critical health concerns or chronic conditions</td>
<td>Connecting you with a nurse who works closely with your primary care provider (PCP) to help you understand your doctor’s recommendations, medications and treatment plans</td>
<td>Introduction by your PCP or a phone call from a CareFirst care coordinator (nurse)</td>
</tr>
<tr>
<td>Hospital Transition of Care</td>
<td>Supporting transition from hospital to home</td>
<td>Help plan for your recovery after you leave the hospital, answer your questions and, based on your needs, connect you to additional services</td>
<td>Onsite visit or phone call from a CareFirst nurse</td>
</tr>
<tr>
<td>Pharmacy Advisor</td>
<td>Managing medications for specific conditions</td>
<td>Understanding your condition and staying on track with appropriate medications is crucial to successfully managing your health</td>
<td>Letter or a phone call from a CVS Caremark pharmacy specialist</td>
</tr>
<tr>
<td>Comprehensive Medication Review</td>
<td>Managing multiple medications</td>
<td>Talking to a pharmacist who understands your medication history can help identify any possible side effects or harmful interactions</td>
<td>Phone call from a CVS Caremark pharmacist</td>
</tr>
<tr>
<td>Specialty Pharmacy Coordination</td>
<td>Managing specialty medications for chronic conditions</td>
<td>Connecting with a nurse who specializes in your condition provides additional support so you can adhere to your treatment plan for better health</td>
<td>Letter or phone call from a CVS Caremark specialty nurse</td>
</tr>
<tr>
<td>Behavioral Health and Substance Use Disorder</td>
<td>Support for mental health and/or addiction issues</td>
<td>Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources</td>
<td>Phone call from a CareFirst behavioral health care coordinator</td>
</tr>
</tbody>
</table>

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members. CVS Caremark does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the pharmacy benefit management services it provides.
BlueChoice Point-of-Service

*A plan with predictable costs and the freedom to choose*

You’re committed to taking care of your family’s health. As a Baltimore City Public Schools’ employee, it’s time to choose a health plan with that same level of commitment. CareFirst’s BlueChoice Point-of-Service offers you maximum flexibility to choose any doctor, any specialist and any hospital you wish. You determine the level of coverage.

**Benefits of BlueChoice Point-of-Service**

- Choose from over 28,000 providers, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- Enjoy the freedom to visit providers outside of the BlueChoice network and still be covered but with a higher out-of-pocket cost.
- No PCP referral required to see a specialist.
- Receive coverage for preventive health care visits at no copay.
- Avoid the unwelcome surprise of high medical costs with predictable copays and coinsurance (if applicable).
- Avoid balance billing when you receive care from a CareFirst BlueChoice provider or national participating provider.
- Take your health care benefits with you when you travel.
- Enjoy your plan benefits when you’re out of the area for 90 days with the Away From Home Care® program.

**How your plan works**

Establishing a relationship with one provider is the best way for you to receive consistent, quality health care. When you enroll in this plan, you will select a PCP to manage your primary medical care. Make sure you select a PCP for not only yourself but each of your family members as well. Your PCP must participate in the CareFirst BlueChoice provider network and must specialize in either family practice, general practice, pediatrics or internal medicine.

Visit providers outside of the network. No need to get a referral.

This plan has an Open Access feature, which means you have direct access to CareFirst BlueChoice specialists without needing to obtain a referral from your PCP for an office visit.

However, you may choose to call your PCP when you need care. Your PCP can:

- Provide basic medical care.
- Prescribe any medications you need.
- Maintain your medical history.
- Work with you to determine when you should see a specialist.
- Assist you in the selection of a specialist.

If you do not select a PCP for you and any of your covered family members, you may be charged a higher copayment (copay) for covered services.
In-network vs. out-of-network coverage

In-network benefits provide a higher level of coverage. This means you have lower out-of-pocket costs when you visit a CareFirst BlueChoice provider. However, the choice is entirely yours. That’s the advantage of this plan.

Out-of-network benefits provide a lower level of coverage in exchange for the freedom to seek care from any provider you choose. If you receive services from a provider outside of the BlueChoice network (out-of-network), you may have to:

- Pay the provider’s actual charge at the time you receive care.
- File a claim for reimbursement.
- Satisfy a higher deductible and/or coinsurance amount.

The Blue Cross and Blue Shield Association, made up of Blues plans across the country, has a national network of providers, called BlueCard® participating providers. If you choose to visit a BlueCard® provider, you will have a lower out-of-pocket cost. Your benefits will still be paid at the out-of-network level. But the provider cannot balance bill for any difference between the allowed amount and charges. Find a national participating provider by visiting www.bcbs.com.

Hospital authorization/utilization management

CareFirst BlueChoice providers will obtain any necessary admission authorizations for in-area covered services. You will be responsible for obtaining authorization for outpatient facility services, and for services provided by out-of-network providers and out-of-area admissions. Call toll-free at (866) 773-2884.

Laboratory services

To ensure you receive the maximum laboratory benefit from your plan, you must use a LabCorp® facility for any in-network laboratory services.

Your benefits

Let’s say you get the flu. Your primary care provider may typically charge $250 for your visit. However, because of their agreement with CareFirst BlueChoice, Inc., instead they charge the agreed upon fee of $120. This is called the allowed benefit for this service.

Assume your plan has a $5 copay for in-network benefits, a 50% member coinsurance for out-of-network benefits:

<table>
<thead>
<tr>
<th>Office visit at an in-network CareFirst BlueChoice provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s Charge</td>
</tr>
<tr>
<td>$250</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office visit at a non-BlueChoice Participating provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s Charge</td>
</tr>
<tr>
<td>$250</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office visit at an out-of-network provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s Charge</td>
</tr>
<tr>
<td>$250</td>
</tr>
</tbody>
</table>

(50% of the out-of-network provider’s charge that is above the allowed benefit) = $190

*In general, out-of-network providers do not have an agreement with CareFirst BlueChoice, Inc., to accept the allowed benefit as payment in full for their services. Therefore, if you receive services from an out-of-network provider, you may be balance billed based on the provider’s actual charge. In addition, you may be required to pay the out-of-network provider’s total charges at the time of service and submit a claim to CareFirst for reimbursement. However, if you visit a BlueCard® participating provider, you will be protected from balance billing, in which case your total cost for the example above would be $60.
Services performed at a facility that is not part of the LabCorp network may not be covered under your plan. **Also, any lab work performed in an outpatient hospital setting will require a prior authorization from your PCP.**

LabCorp has approximately 70 locations throughout Maryland, Washington, D.C. and Northern Virginia. To locate the LabCorp patient service center near you, call 888-LAB-CORP or visit [www.labcorp.com](http://www.labcorp.com).

**Out-of-area coverage**

You have the freedom to take your health care benefits with you—across the country and around the world. BlueCard®️, a program from the Blue Cross and Blue Shield Association, allows you to receive out-of-network benefits when you visit a BlueCard®️ participating provider while living or traveling outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). The BlueCard®️ program includes more than 6,100 hospitals and 600,000 providers nationally.

In addition, members and their covered dependents planning to be out of the service area for at least 90 consecutive days can take advantage of a special program, called Away From Home Care®️️. This program allows temporary benefits through another Blue Cross and Blue Shield plan. It provides coverage for routine services and is perfect for extended out-of-town business or travel, semesters at school or families living apart. For more information on Away From Home Care®️️, please call Member Services at the phone number listed on your identification card. If there are no participating affiliated HMOs in the area, the program will not be available to you.

**Important Terms**

- **ALLOWED BENEFIT** is the amount CareFirst BlueChoice, Inc. allows for the particular service in effect on the date that service is rendered.
- **COPAY** is a fixed amount a member must pay for a covered service (e.g. $5 per office visit to a PCP).
- **COINSURANCE** is a percentage of the provider’s charge or allowed benefit a member must pay for a covered service.
Preferred Provider Network

A referral-free go anywhere health plan

You’re committed to taking care of your family’s health. As a Baltimore City Public Schools’ employee, it’s time to choose a health plan with that same level of commitment. CareFirst’s Preferred Provider Network (PPN) offers you maximum flexibility to choose any doctor, any specialist and any hospital you wish.

Designed for today’s health conscious and busy families, the PPN plan offers one less thing to worry about during your busy day. Your PPN plan gives you the freedom to visit any provider you wish—any time you wish. This means you can receive care from the provider of your choice without ever needing to select a primary care provider (PCP) or obtaining a PCP referral for specialist care.

Benefits of PPN

- Access to our network of more than 35,000 doctors, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- No primary care provider required, and no referrals to see a specialist.
- Take your health care benefits with you—across the country and around the world.
- Receive coverage for preventive health care visits.
- Avoid balance billing when you receive care from a preferred provider.
- Enjoy the freedom to visit providers outside of the PPN network and still be covered but with a higher out-of-pocket cost.

How your plan works

In-network vs. out-of-network coverage

The amount of coverage your PPN plan offers depends on whether you see a provider in the PPN network (preferred provider) or out-of-network. You will receive a higher level of benefits when you visit a preferred provider. However, the choice is entirely yours. That’s the advantage of a PPN plan.

In-network benefits: when you use a preferred provider you have lower out-of-pocket costs. If
you are out of the CareFirst BlueCross BlueShield service area, you have the freedom to select any provider that participates with a Blue Cross and Blue Shield PPN plan across the country and receive benefits at the in-network level.

**Out-of-network benefits:** if you use an out-of-network provider you have a higher out-of-pocket cost in exchange for the freedom to seek care from any provider you choose. If you receive services from a provider outside of the PPN network (non-preferred provider), you may have to:

- Pay the provider’s actual charge at the time you receive care.
- File a claim for reimbursement.
- Satisfy a higher deductible and/or coinsurance amount.

**Hospital Authorization/Utilization Management**

Preferred providers will obtain any necessary admission authorizations for in-area covered services. You will be responsible for obtaining authorization for services provided by non-preferred providers and out-of-area admissions. Call toll-free at (866) 773-2884.

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**Out-of-area coverage**

You have the freedom to take your health care benefits with you—across the country and around the world. BlueCard® PPN, a program from the Blue Cross and Blue Shield Association, allows you to receive the same health care benefits when receiving care from a BlueCard® preferred provider while living or traveling outside of the CareFirst service area (Maryland, Washington, D.C. and Northern Virginia). The BlueCard® program includes more than 6,100 hospitals and 600,000 other health care providers nationally.

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**Important Terms**

**ALLOWED BENEFIT** is the amount CareFirst BlueChoice, Inc. allows for the particular service in effect on the date that service is rendered.

**COPAY** is a fixed amount a member must pay for a covered service (e.g. $5 per office visit to a PCP).

**COINSURANCE** is a percentage of the provider’s charge or allowed benefit a member must pay for a covered service.

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**Your benefits**

Let’s say you get the flu. Your doctor may typically charge $500 for your visit. However, because of their agreement with CareFirst, instead they charge the agreed upon fee of $300. This is called the allowed benefit for this service.

Assume your plan has a $5 copay for in-network benefits, a 20% member coinsurance for out-of-network benefits:

**Office visit at an in-network preferred provider**

<table>
<thead>
<tr>
<th>Provider’s Charge</th>
<th>Allowed Benefit</th>
<th>You Pay (in-network copay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500</td>
<td>$300</td>
<td>$10</td>
</tr>
</tbody>
</table>

**Office visit at an out-of-network non-preferred provider**

<table>
<thead>
<tr>
<th>Provider’s Charge</th>
<th>Allowed Benefit</th>
<th>You Pay (out-of-network coinsurance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500</td>
<td>$300</td>
<td>(20% x $300) = $60 + $200 (the portion of the out-of-network provider’s charge that is above the allowed benefit) = $260</td>
</tr>
</tbody>
</table>

*In general, non-preferred providers do not have an agreement with CareFirst to accept the allowed benefit as payment in full for their services. Therefore, if you receive services from a non-preferred provider, you may be balance billed based on the provider’s actual charge. In addition, you may be required to pay the non-preferred provider’s total charges at the time of service and submit a claim to CareFirst for reimbursement.*
## 2020 Summary of Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Preferred Provider Network</th>
<th>BlueChoice Point of Service (POS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network benefits</td>
<td>Out-of-network benefits</td>
</tr>
<tr>
<td><strong>OUT-OF-POCKET MAXIMUMS</strong></td>
<td>$400</td>
<td>$2,000 Individual $4,000 Family</td>
</tr>
<tr>
<td><strong>INPATIENT HOSPITALIZATION—365 MEDICAL DAYS</strong></td>
<td>365 days at 100% of Allowed Benefit</td>
<td>$100 deductible per admission 80% up to $1,500 out-of-pocket maximum per admission then 100% Allowed Benefit 365 inpatient days</td>
</tr>
<tr>
<td><strong>ROUTINE PHYSICALS</strong></td>
<td>100% of Allowed Benefit</td>
<td>100% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>ROUTINE OB/GYN EXAM</strong></td>
<td>100% of Allowed Benefit</td>
<td>$10 PCP/$20 Specialist copay per visit, then 80% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>OFFICE MEDICAL VISITS—PRIMARY CARE PROVIDERS</strong></td>
<td>$10 copay per visit, then 100% of Allowed Benefit</td>
<td>$10 copay per visit, then 80% of Allowed Benefit</td>
</tr>
<tr>
<td></td>
<td>$20 copay per visit, then 100% of Allowed Benefit</td>
<td>$20 copay, then 80% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>SPECIALIST OFFICE VISIT</strong></td>
<td>100% of Allowed Benefit</td>
<td>$10 PCP/$20 Specialist copay per visit, then 80% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>WELL-CHILD CARE</strong></td>
<td>100% of Allowed Benefit</td>
<td>$10 PCP/$20 Specialist copay per visit, then 80% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY</strong></td>
<td>100% of Allowed Benefit</td>
<td>80% of Allowed Benefit; 100 combined visits per calendar year (pre-authorization required after the 10th lifetime visit)</td>
</tr>
<tr>
<td><strong>EMERGENCY ROOM CHARGES DUE TO ACCIDENTAL INJURY OR MEDICAL EMERGENCY</strong></td>
<td>$100 copay per visit (waived if admitted), then 100% of Allowed Benefit</td>
<td>$100 copay per visit (waived if admitted), then 100% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>DIABETIC MEDICAL SUPPLIES</strong></td>
<td>100% of Allowed Benefit</td>
<td>100% of Allowed Benefit (Lancets, test strips and glucometers)</td>
</tr>
<tr>
<td><strong>IN VITRO FERTILIZATION</strong></td>
<td>$20 copay per visit, then 100% of Allowed Benefit</td>
<td>80% of Allowed Benefit</td>
</tr>
</tbody>
</table>
## 2020 Summary of Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Preferred Provider Network</th>
<th>BlueChoice Point of Service (POS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network benefits</td>
<td>Out-of-network benefits</td>
</tr>
</tbody>
</table>
| ARTIFICIAL INSEMINATION  
(pre-authorization required; limited to 6 cycles per live birth) | $20 copay per visit, then 100% of Allowed Benefit | 80% of Allowed Benefit | 90% Allowed Benefit | $20 copay per visit, 70% Allowed Benefit |
| DIAGNOSTIC TESTS, X-RAY, LABORATORY SERVICES | 100% of Allowed Benefit | 80% of Allowed Benefit | 90% Allowed Benefit | 70% of Allowed Benefit |
| OUTPATIENT SURGERY | 100% of Allowed Benefit | 80% of Allowed Benefit | 90% Allowed Benefit | 70% of Allowed Benefit |
| MENTAL HEALTH CARE/SUBSTANCE USE DISORDER | | | | |
| INPATIENT (PRE-AUTHORIZATION REQUIRED) | 100% of Allowed Benefit | $100 deductible per admission 80% up to $1,500 out-of-pocket maximum per admission then 100% Allowed Benefit 365 inpatient days | 90% Allowed Benefit | 70% of Allowed Benefit |
| OFFICE VISITS | $10 copay | 80% of Allowed Benefit | $10 copay | 70% of Allowed Benefit |
| OUTPATIENT | 100% of Allowed Benefit | 80% of Allowed Benefit | 90% Allowed Benefit | 70% of Allowed Benefit |
| MEDICAL SUPPLIES (excluding diabetic medical supplies which are covered under Basic benefit as indicated above) | 100% of Allowed Benefit | 80% of Allowed Benefit | 90% Allowed Benefit | 70% of Allowed Benefit |
| AMBULANCE SERVICE (public and private-ground only) | 100% of Allowed Benefit | 80% of Allowed Benefit | Covered in full for emergency, if not ER 90% Allowed Benefit | 70% of Allowed Benefit |
| ORTHOPEDIC AND PROSTHETIC DEVICES | 100% of Allowed Benefit | 80% of Allowed Benefit | 90% Allowed Benefit | 70% of Allowed Benefit |
| DURABLE MEDICAL EQUIPMENT | 100% of Allowed Benefit | 80% of Allowed Benefit | 90% Allowed Benefit | 70% of Allowed Benefit |
| DEPENDENT ELIGIBILITY | Unmarried eligible dependents are covered until the end of the month in which they turn age 26, regardless of student status. | | | |
Know Before You Go
Your money, your health, your decision

Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It’s important to understand your options so you can make the best decision when you or your family members need care.*

**Primary care provider (PCP)**
Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

**FirstHelp—free 24-hour nurse advice line**
Call 800-535-9700 anytime to speak with a registered nurse. Nurses will discuss your symptoms with you and recommend the most appropriate care.

**CareFirst Video Visit**
See a doctor 24/7/365 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pinkeye. Visit carefirst.com/needcare for more information.

**Convenience care centers (retail health clinics)**
These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

**Urgent care centers**
Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

**Emergency room (ER)**
An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.

*The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.
When you need care

When your PCP isn’t available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs* may vary for a sample health plan depending on where you choose to get care.

<table>
<thead>
<tr>
<th>Sample cost</th>
<th>Sample symptoms</th>
<th>Available 24/7</th>
<th>Prescriptions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10</td>
<td>Cough, cold and flu</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Pink eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video Visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10</td>
<td>Cough, cold and flu</td>
<td>X</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Pink eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)</td>
<td>$10</td>
<td>Sprains</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Cut requiring stitches</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minor burns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Urgent Care (e.g., Patient First or ExpressCare)</td>
<td>$20</td>
<td>Chest pain</td>
<td>✔</td>
</tr>
<tr>
<td></td>
<td>Difficulty breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdominal pain</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Emergency Room</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

To determine your specific benefits and associated costs:

- Log in to My Account at carefirst.com/myaccount
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

For more information and frequently asked questions, visit carefirst.com/needcare.

Did you know that where you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.
Mental Health Support
Well-being for mind and body

Living your best life involves good physical and mental health. Emotional well-being is important at every stage in life, from adolescence through adulthood.

It’s common to face some form of mental health challenge during your life. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are here to help. Our support team is made up of specially trained service representatives, registered nurses and licensed behavioral health clinicians, ready to:

■ Help you find the right mental health provider(s) and schedule appointments
■ Connect you with a care coordinator who will work with your doctor to create a tailored action plan
■ Find support groups and resources to help you stay on track

When mental health difficulties arise for you or a loved one, remember you are not alone. Help is available and feeling better is possible.

CareFirst members have access to specialized services and programs for depression, anxiety, drug or alcohol dependence, eating disorders, and other mental health conditions.

If you or someone close to you needs support or help making an appointment, call our support team at 800-245-7013, Monday-Friday 8 a.m.–6 p.m. ET. Or for more information, visit carefirst.com/mentalhealth.

If you are in crisis, help is available 24/7 at 800-245-7013.
Coordination of Benefits

If you’re covered by more than one health plan

As a valued CareFirst member, we want to help you maximize your benefits and lower your out-of-pocket costs. If you’re insured by more than one health insurance plan, our Coordination of Benefits program can help manage your benefit payments for you, so that you get the maximum benefits.

What is Coordination of Benefits (COB)?
It's a way of organizing or managing benefits when you're covered by more than one health insurance plan. For example:

- You and your spouse have coverage under your employer's plan.
- Your spouse also has coverage with another health insurance plan through his or her employer.

When you're covered by more than one plan, we coordinate benefit payments with the other health care plan to make sure you receive the maximum benefits entitled to you under both plans.

How does COB work?
CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) and most commercial insurance carriers follow the primary-secondary rule. This rule states when a person has double coverage, one carrier is determined to be the primary plan and the other plan becomes the secondary plan.

The primary plan has the initial responsibility to consider benefits for payment of covered services and pays the same amount of benefits it would normally pay, as if you didn't have another plan.

The secondary plan then considers the balances after the primary plan has made their payment. This additional payment may be subject to applicable deductibles, copay amounts, and contractual limitations of the secondary plan.

With the COB between your primary and secondary plans, your out-of-pocket costs may be lower than they would've been if you only had one insurance carrier.

Covered by more than one health plan? Contact Member Services at the number listed on your ID card.
What if I have other coverage?
Contact Member Services at the number listed on your ID card, so we can update your records and pay your claims as quickly and accurately as possible. Let us know when:

■ You’re covered under another plan.
■ Your other coverage cancels.
■ Your other coverage is changing to another company.

We may send you a routine questionnaire asking if you have double coverage and requesting information regarding that coverage, if applicable. Complete and return the form promptly, so we can continue to process your claims.

How do I submit claims?
When CareFirst is the primary plan
You or your doctor should submit your claims first to CareFirst, as if you had no other coverage. The remaining balance, if any, should be submitted to your secondary plan. Contact your secondary plan for more information on how to submit the claims for the remaining balance.

When CareFirst is the secondary plan
Submit your claim to the primary plan first. Once the claim has been processed and you receive an Explanation of Benefits detailing the amount paid or denial reasons, the claim can be submitted to CareFirst for consideration of the balances. Mail a copy of the Explanation of Benefits from the primary carrier and a copy of the original claim to the address on the back of your CareFirst ID card.

When CareFirst is the primary and secondary plan
You don’t need to submit two claims. When a claim form is submitted, write the CareFirst ID number of the primary plan in the subscriber ID number space. Then complete the form by indicating the CareFirst secondary plan ID number under Other Health Insurance. In most cases, we’ll automatically process a second claim to consider any balances.

Which health plan is primary?
There are standard rules throughout the insurance industry to determine which plan is primary and secondary. It’s important to know these rules because your claims will be paid more quickly and accurately if you submit them in the right order. Keep in mind that the primary-secondary rule may be different for different family members.

Here are the rules we use to determine which plan is primary:

■ If a health plan doesn’t have a COB provision, that plan is primary.
■ If one person holds more than one health insurance policy in their name, the plan that has been in effect the longest is primary.
■ If you’re the subscriber under one plan and a covered dependent under another, the plan that covers you as the subscriber is primary for you.
■ If your child(ren) are covered under your plan and your spouse’s plan, the Birthday Rule applies. This rule states the health plan of the parent whose birthday occurs earlier in the year is the primary plan for the children.
  □ For example, if your birthday is May 3 and your spouse’s is October 15, your plan is primary for your children. But, if the other insurer does not follow the Birthday Rule, then its rules will be followed.
  □ When parents are separated or divorced, the family plan in the name of the parent with custody is primary unless this is contrary to a court determination.
  □ For dependent coverage only, if none of the above rules apply, the plan that’s covered the dependent longer is primary.
Health & Wellness

Putting the power of health in your hands

Improving your health just got easier! CareFirst BlueCross BlueShield (CareFirst) has partnered with Sharecare, Inc.* to bring you a new, highly personalized wellness program. Catering to your unique health and wellness goals, our program offers motivating digital resources—accessible anytime—to help you live a healthier life.

Ready to take charge of your health?
Want to find out if your healthy habits are truly making an impact? Take the RealAge® health assessment! In just a few minutes, RealAge will help you determine the physical age of your body versus your calendar age. You'll discover the lifestyle behaviors helping you stay younger or making you age faster and receive insightful recommendations based on your results.

Exclusive features
Our wellness program is full of tailored resources and tools that reflect your own preferences and interests. You get:

- A personalized health newsfeed: Receive insights, content and services.
- Trackers: Connect your wearable devices to monitor daily habits like sleep, steps, nutrition and more.
- Challenges: Having trouble staying motivated? Join a challenge to make achieving your health goals more entertaining.
- A health profile: Access your important health data like biometric information, vaccine history, lab results and medications all in one place.

*Sharecare, Inc. is an independent company that provides health improvement management services to CareFirst members.
Specialized programs
The following programs can help you focus on specific wellness goals.

Health coaching
You may receive a call or email inviting you to participate in health coaching. Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

Diabetes Prevention Lifestyle Change Program
Scale Back is an interactive, telemedicine-based lifestyle change program developed by the CDC to help participants lose 5 – 10% of their body weight and significantly reduce the risk of developing type 2 diabetes and associated chronic conditions. Enrolled participants will receive a free digital scale and if you stay in the program for four weeks you will also receive a free Fitbit to easily track your physical activity, sleep patterns and more. Don’t miss out on this opportunity to take control of your health and make lasting changes.

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. Our program’s expert guidance, support and wealth of tools make quitting easier than you might think.

Financial well-being program
Learn how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program can help.

Additional offerings
- **Wellness discount program**—Sign up for Blue365 at carefirst.com/wellnessdiscounts to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- **Vitality magazine**—Read our member magazine which includes important plan information at carefirst.com/vitality.
- **Health education**—View our health library for more health and well-being information at carefirst.com/livinghealthy.

To get started, visit carefirst.com/sharecare. You'll need to enter your CareFirst account username and password and complete the one-time registration with Sharecare to link your CareFirst account information. This will help personalize your experience.

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.
My Account
Online access to your health care information

My Account makes it easier than ever to understand and manage personalized information about your health plan and benefits. Set up an account today! Go to carefirst.com/myaccount to create a username and password.

My Account at a glance

1 Home
   - Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
   - Manage your personal profile details including password, username and email, or choose to receive materials electronically
   - Send a secure message via the Message Center
   - Check Alerts for important notifications

2 Coverage
   - Access your plan information—plus, see who is covered
   - Update your other health insurance information, if applicable
   - View, order or print member ID cards
   - Review the status of your health expense account (HSA or FSA)

3 Benefits
4 Doctor Locator
5 My Health
6 Document Center
7 Tools
8 Help

Signing up is easy
Information included on your member ID card will be needed to set up your account.

- Visit carefirst.com/myaccount
- Select Register Now
- Create your username and password

1 Only if offered by your plan.
My Account

3 Claims
- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

4 Doctors
- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

5 My Health
- Access health and wellness discounts through Blue365
- Learn about your wellness program options
- Track your Blue Rewards progress

6 Documents
- Look up plan forms and documentation
- Download Vitality, your annual member resource guide

7 Tools
- Access the Treatment Cost Estimator to calculate costs for services and procedures

8 Help
- Find answers to many frequently asked questions
- Send a secure message or locate important phone numbers

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1 Only if offered by your plan.
2 Only available when using a computer.
3 The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.
Find Providers and Estimate Treatment Costs

Quickly find doctors and facilities, review your health providers and estimate treatment costs—all in one place!

**Find providers**

carefirst.com/doctor

You can easily find health care providers and facilities that participate with your CareFirst health plan. Search for and filter results based on your specific needs, like:

- Provider name
- Provider specialty
- Distance
- Gender
- Accepting new patients
- Language
- Group affiliations

**Review providers**

Read what other members are saying about the providers you’re considering before making an appointment. You can also leave feedback of your own after your visit.

**Make low-cost, high-quality decisions**

When you need a medical procedure, there are other things to worry about besides your out-of-pocket costs. To help you make the best care decisions for your needs, CareFirst’s Treatment Cost Estimator will:

- Quickly estimate your total treatment costs
- Avoid surprises and save money
- Plan ahead to control expenses

Want to see how it works? Visit carefirst.com/doctor today!
Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:
- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights
Mailing Address: P.O. Box 8894
Baltimore, Maryland 21224

Email Address: civilrightscoordinator@carefirst.com

Telephone Number: 410-528-7820
Fax Number: 410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

Édè Yorùbá (Yoruba) Itétíléko: Àkíyèsi yìí ní iwisùn nipa isè adójútòfó rẹ. Ò le ni àwọn dééti pàtò o si le ni láájìgbé èbì, ni awọn ójọ gbéèdẹkè kan. O ni ètò láájì gba iwisùn yìí ìrí iránílọwọ ní èdè rẹ lófè. Àwọn omo-ègbégbó pè nòmbà fòònu tó wà lèyin káádì idànimò wọn. Àwọn mírán le pe 855-258-6518 kí o sí dúró nipasè ìjìrórò títí à ó fì sô fun ô láájì tè 0. Nígbàti asojú kán bá dàhùn, sò èdè ti o fì à ó sì sô pò pò ìgbùfù kán.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở một sao của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc gọi điện thoại cho đến khi được nhắc nhở phím 0. Khi một tổng đài viên trả lời, hãy nhắc rằng ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một tổng đài viên.


Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящее сведения и сопутствующую помощь на удобном для вас языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.
Notice of Nondiscrimination and Availability of Language Assistance Services

Baltimore City Public Schools—Health Care Options 2020

Notice of Nondiscrimination and Availability of Language Assistance Services

Bàɔɔsuite (Bassá) Tô Đùu Cáo! Bô ni ke bá nyọ bê m gbo kpá pó m fú-àà-ìn nyye jë dyi. Bô ni ke bëdë wë jë bë m ke dë wa mò m ke nyọe nyu hwe bò wë béa ke kë. C mò ni kpë bë m bô ni ke gbo-kpá-kpá m mòë dyë dë ni bidj-wuদৃ ব্য মূ জ m ke së wëdë jë péy. Kpoodo nyọ bë me dâ fúun-nôô nià qu waà I.D. káà déin nyye. Nyọ tô tô séin me dâ nôô nià ke: 855-258-6518, kë m fe tô bë wa kë m gbo bë m ke bë m bô àa mô 0 kee dyë pâdàin hwe. C jë ke nyọ jë dyë m gò jëjûn, po wu�ৃ দৃ m mò poë dyë, kë nyọ dô mu bô nîn bë c ke ni wuđô mú zâ.

Bengali (Bengali) ন্যায় করণ: এই লোটিতে আমাদের বিশ্ব ক্ষেত্র সম্পর্কে তথ্য রয়েছে। এর মধ্যে প্রথমপূর্ব তারিখ থাকতে পারে এবং বিদ্যমান তারিখের মাধ্যমে আমাদের সদস্যগণ সত্যিকারে তথ্য সরবরাহ করতে পারে। বিশ্ব থেকে নিজের ভাষায় এই তথ্য গ্রহণ এবং ব্যবহার নির্দেশিকা আছে। সমস্ত ভাষার ভাষার পরিচয় ভাষার বিভাগে নথিবে করা হয়। অন্যদিকে 855-258-6518 নম্বরে কল করে এটি সহায়তা পেতে পারেন। যখন কোনো প্রশ্নের জবাব দেবেন তখন আমাদের নিজের ভাষায় নাম বলুন এবং আমাদের সেবার সম্পর্কে সংযুক্ত করা হয়।

Urdu (عُردو) اردemann: بہ توُنت، یوں افسنگ بکی اور یہ انتظام قدام جس میں معلومات پر مشتمل ہے۔ میں بہ کہ کیا سے معلومات حاصل کرنا یا یہ دیکھنا یا یہ متعارف کرنا یا یہ معلوم کرنا یا اس کا تعلق کے بارے میں معلومات دیکھنا یا معلوم کرنا۔

Parsi (فارسی) فارسی: این اعلانیاتی اطلاعاتی دیجیٹل پیشہ کے میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں میں مі
Notice of Nondiscrimination and Availability of Language Assistance Services

Igbo (Igbo) N’rugbama: Okwu a nwere ozi gbasara mkpuchi nhiekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupa ufodu ubochi ijedebe. I nwere ikike inweta ozi na onye maka a n’asusu gi na akwughu ugwu o bua. Ndị otu kwsiri ikpọ akara ekwenti di n’azụ nke kaadị njirimara ha. Ndị ozọ niile nwere ike ikpọ 855-258-6518 wee chere ụbọchị ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiƙọ gi na onye okọwa okwu.


Français (French) Attention: cet avis contient des informations sur votre couverture d’assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d’obtenir gratuitement ces informations et de l’aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l’arrière de leur carte d’identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu’ils seront invités à le faire. Lorsqu’un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 가입자에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge’i: Dii bee il hane’iigií bií dahóló bee éédañiizin béesó ách’aáh naanil nik’ist’iiigí bá. Bií dahólóqó doo iyisii yoolkáalíigi dóó t’áadoó le’ é ádadoolyíiligíi da yókeedgo t’áá doo bee e’e’aañi bíjiíiijíijíh. Bee na ahóot’í’ dií bee íl hane’ dóó niká’ádoowó t’aá níniizaad bee t’áá jiik’é. Atah daniñiiíigíi bééesh bee hane’é bee wólta’iigií niit’izgo bee nee hólóziníigí bikéédégé’ bikáá’ bich’i’ hodoonihjí’j. Aadóó naañála’ éi kojí’ dahódoolnih 855-258-6518 dóó yíi diilt’s’íí yalt’iigií t’áá nílejíjí ááddóó éi bikééd dóó naasbaqás bií addiišchí. Áká’anidaalwo’iigií neidiitjáago, saad bee yánilt’iigií yi diikíl dóó ata’ halné’é lá niká’ádoolwol.