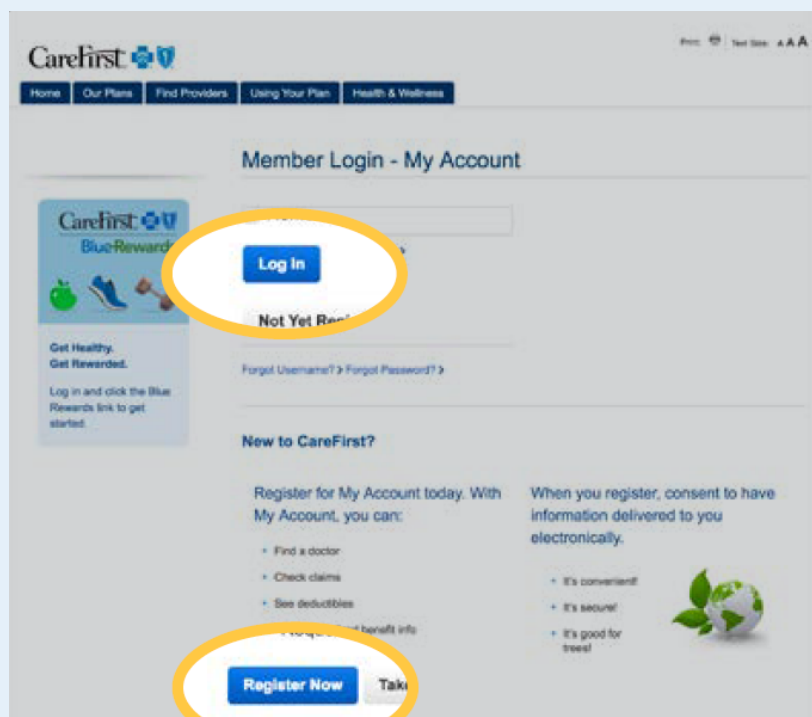


Blue Rewards Means Money Back

Taking steps to get and stay healthy has its rewards! As a Montgomery County Public Schools employee, you can earn a two percent health insurance premium reduction by completing two steps before October 5, 2018.

Get started

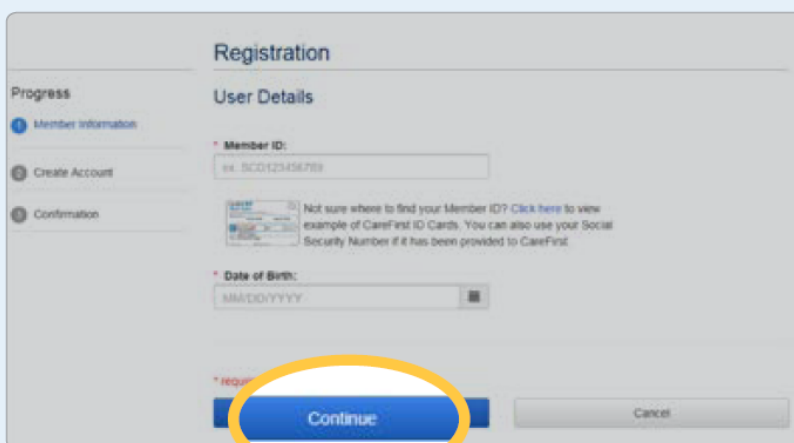
- Register or log in to *My Account*, our secure member website, at carefirst.com/mcps.
- If you already have a username and password, enter your username and click *Log in*.
- If you are new to *My Account*, scroll down and click on *Register Now*. You can also *Take a Tour* to learn more about *My Account*.



The screenshot shows the 'Member Login - My Account' page. At the top, there are navigation links: Home, Our Plans, Find Providers, Using Your Plan, and Health & Wellness. The main heading is 'Member Login - My Account'. Below this, there is a search bar and a 'Log In' button, which is circled in yellow. Underneath the search bar, there is a 'Not Yet Registered?' section with links for 'Forgot Username?' and 'Forgot Password?'. Further down, there is a 'New to CareFirst?' section with a 'Register Now' button, also circled in yellow, and a 'Take a Tour' button. The 'Register Now' section includes a list of benefits: 'Find a doctor', 'Check claims', 'See deductibles', 'It's convenient!', 'It's secure!', and 'It's good for trees!'.

Register for My Account

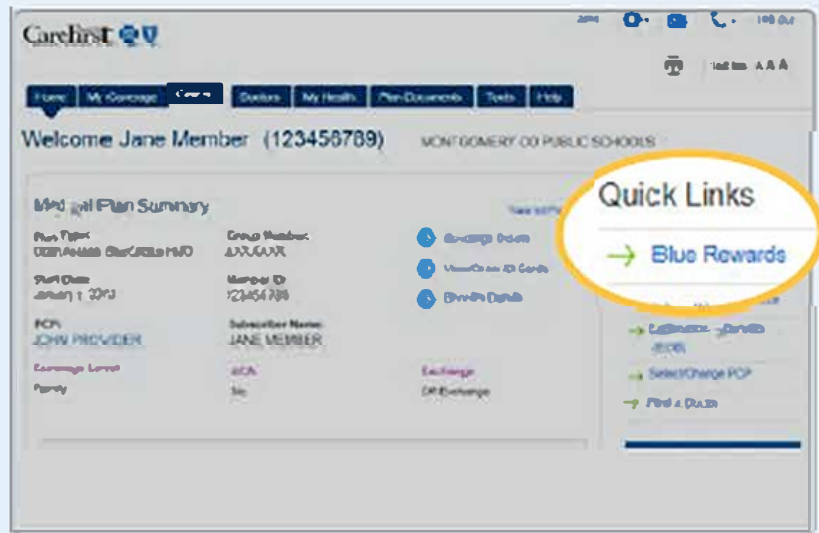
- Next, enter your member ID along with your date of birth.
- Click *Continue* to finish the registration process.
- Once complete, you can log in and complete your Blue Rewards steps in *My Account*.



The screenshot shows the 'Registration' page. On the left, there is a 'Progress' section with three steps: 1. Member Information, 2. Create Account, and 3. Confirmation. The 'Member Information' step is currently active. The main content area is titled 'User Details' and contains the following fields: 'Member ID:' with a text input field containing 'MC123456789', 'Date of Birth:' with a date picker set to 'MM/DD/YYYY', and a 'Continue' button circled in yellow. There is also a 'Cancel' button. A note below the Member ID field says: 'Not sure where to find your Member ID? Click here to view example of CareFirst ID Cards. You can also use your Social Security Number if it has been provided to CareFirst.'

It's easy to begin earning and tracking your Blue Rewards.

- Click on *Blue Rewards*.



Terms & Conditions

Review and agree to the *Terms & Conditions* to start the Blue Rewards process.

These terms and conditions explain the voluntary nature of Blue Rewards and the disclosure of health information. You must check the consent boxes prior to completing the Blue Rewards steps. After checking the boxes, click *I Agree*.



Two steps to earn your Blue Rewards

Click **Start** to begin each step

Step 1: Answer the online health assessment. Follow the screen prompts to answer a variety of health and lifestyle questions that will help you get an accurate picture of your health.

Step 2: Complete your health screening by visiting your PCP, a CVS MinuteClinic or a Well Aware event.

The screenshot shows the CareFirst Blue Rewards website. At the top, there's a navigation bar with links like Home, My Coverage, Claims, Doctors, My Health, Plan Documents, Tools, and Help. Below that, the main heading is "Blue Rewards". A central message says: "Get rewarded for taking an active role in your health. Complete the steps below to earn a 2% premium reduction for 2018." Below this, there are two numbered steps: 1. Health Assessment and 2. Health Screening. Each step has a "Start" button. A progress bar below the steps shows "Member" and "Complete Status" with a date "10/05/08". A "NOTE" section at the bottom provides additional information: "Any updates may take up to 48 hours to be reflected in My Account.", "Dependents under age 18 are not required to complete the Health Assessment.", "If you have questions about the Blue Rewards program call 1-800-545-6199.", and "Individual results are protected by HIPAA and will not be shared with MCPSS."

Complete your health screening

- Select your preferred option and follow the screen prompts for more instruction.
- If you select the CVS MinuteClinic or PCP option, print the Health Screening Form and bring it to your screening.
- If you complete your screening at your workplace, your results will be available in *My Account* within two weeks.
- If you complete your screening at a CVS MinuteClinic in MD, DC or Northern VA, your results will be available in *My Account* within 48 hours.
- If you complete your screening with your PCP or at a CVS MinuteClinic located outside of MD, DC or Northern VA, you must log in to *My Account* and enter your screening results.

Workplace	CVS MinuteClinic	Primary Care Provider (PCP)
Why Choose Workplace? A convenient option with various appointment times Learn More	Why Choose MinuteClinic? Extended hours and no appointment necessary Find a CVS MinuteClinic	Why Choose PCP? Understands your medical history and can develop an action plan to improve your health Learn More

Congratulations! By completing these steps, you have earned two percent off the total cost of your 2018 health insurance premium.

CareFirst BlueCross BlueShield is the business name of CareFirst of Maryland, Inc. which is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

CVS MinuteClinic is an independent company that provides medical services to CareFirst members.



Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. 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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ባደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ከፍተኛ ወጪ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውሎ 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètílékò: Àkiyèsí yìí ní iwífún nípá isẹ̀ adójútòfò rẹ̀. Ó lẹ̀ ní àwọn décètì pátò o sì lẹ̀ ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti iránlówó ní èdè rẹ̀ lófèfè. Àwọn omọ-egbè gbódò pe nòmbà fòdùn tò wà lèyìn káàdì idánimò wọn. Àwọn mírán lẹ̀ pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò títi a ó fí sọ fún o láti tẹ̀ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì sọ o pò mò ògbufò kan.

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 mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

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 настоящие сведения и сопутствующую помощь на удобном вам 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.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò D̀ùù Cáo! B̂́ n̂à ke bá nyɔ̀ b̂́ ké m̂ gbo kpá b́ó n̂i f̂̀à-f̂̀á-t̂̀in nyɛɛ jè dyí. B̂́ n̂à ke bédé wé jéé b̂́ b̂́ m̂ ké d̂́ wa m̂ m̂ ké nyuɛɛ nyu hwé b̂́ wé b̂́a ké zi. ɔ̀ m̂ n̂i kpé b̂́ m̂ ké b̂́ n̂à ke kè gbo-kpá-kpá m̂ m̂ɛɛ dyé d̂́ n̂i b̂́d̂́-wùdù mú b̂́ m̂ ké se ŵ́d̂́ d̂́ p̂́é. Kpoò nyɔ̀ b̂́ m̂ d̂́ f̂̀un-n̂òb̂́a n̂à d̂́ waà I.D. káàò d̂́in nyɛ. Nyɔ̀ t̂̀ò ŝ́in m̂ d̂́ n̂òb̂́a n̂à ke: 855-258-6518, ké m̂ m̂ f̂̀o tee b̂́ wa k̂́e m̂ gbo ĉ́ b̂́ m̂ ké n̂òb̂́a m̂à 0 kee dyí p̂̀d̂̀in hwé. ɔ̀ ĵ́ ké nyɔ̀ d̂́ dyí m̂ ĝ́ ĵ̀in, po wuɔ̀ m̂ m̂ p̂́e dyiɛ, ké nyɔ̀ d̂́ mu b́ó n̂in b̂́ ɔ̀ ké n̂i wuɔ̀ mú ẑ́.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خونتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分證背面電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrụbama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri jkpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike jkpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i chorọ, a ga-ejikọ gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

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 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 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': Díí bee íł hane'ígíí bii' dahólqó bee éédahózin béeso ách'ááh naanil ník'íst'i'ígíí bá. Bii' dahólqó doo íiyisíí yoolkáálgíí dóó t'áádoó le'é ádadoolyíílgíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitl'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáta' éi kóji' dahódoonih 855-258-6518 dóó yii diilts'ííł yaltí'ígíí t'áá niléijí áádóó éi bikéé'dóó naasbaąs bił adidiilchíł. Áká'ánidaalwó'ígíí neidiitáągo, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowoł.