



MedStar Medicare Choice

2018 Diabetic Supplies for MedStar

MedStar Medicare Choice (HMO), MedStar Medicare Choice Dual Advantage (HMO SNP), and MedStar Medicare Choice Care Advantage (HMO SNP)

Our MedStar Medicare Choice plans will only cover LifeScan, Inc. brand diabetic blood glucometers and blood glucose test strips for our members in 2018. To be covered, members must have an active prescription from their provider and obtain these supplies from an in-network retail pharmacy, mail-order pharmacy or Durable Medical Equipment (DME) provider.

Covered diabetic blood glucometers and blood glucose test strips in 2018:

- ✓ LifeScan, Inc.: OneTouch® Ultra® and OneTouch® Verio® Glucometers and Test Strips

Meters	Test Strips
One Touch® Ultra Mini®	One Touch® Ultra Blue®
One Touch® Ultra 2®	One Touch® Verio®
One Touch® Verio®	
One Touch® Verio IQ®	
One Touch® Verio Flex®	

A limit of one glucometer per 365 days will be covered by your plan.

Blood glucometers or blood glucose test strips other than these specified products are not covered. If you or your doctor or provider feel a non-covered product is medically necessary for your condition, you can request an exception to our covered diabetic supplies by contacting us via any of the below methods.

Call: 1-855-222-1041. Our office hours are October 1 through February 14, seven days a week from 8 a.m. to 8 p.m. and February 15 through September 30, Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call 855-250-5604.

Write: MedStar Medicare Choice – Pharmacy Services
950 N Meridian Street, Suite 600
Indianapolis, IN 46204

Fax: 1-855-862-6517

Thank you,
MedStar Medicare Choice

MedStar Medicare Choice (HMO), MedStar Medicare Choice Dual Advantage (HMO SNP) and MedStar Medicare Choice Care Advantage (HMO SNP) have contracts with Medicare. MedStar Medicare Choice Dual Advantage also has contracts with the D.C. Department of Health Care Finance and the Maryland Department of Health (Medicaid) programs. Enrollment in MedStar Medicare Choice depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Nondiscrimination Notice

MedStar Medicare Choice complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MedStar Medicare Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

MedStar Medicare Choice:

- Provides free aids 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, contact Member Services at **855-222-1041** (TTY users should call **855-250-5604**). Our hours of operation change twice a year. You can call us October 1 through February 14, seven days a week from 8 a.m. to 8 p.m. From February 15 through September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m., and Saturday from 8 a.m. to 3 p.m.

If you believe that MedStar Medicare Choice has failed to provide the services referenced above or has discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation you can file a grievance with: Civil Rights Coordinator, 5233 King Ave.,

Suite 400, Baltimore, MD 21237-4001; Phone Number: **855-222-1041**, Fax: **855-434-8762**;
Email: **CivilRightsMedicare@medstar.net**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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, DC 20201, **1-800-368-1019**, **800-537-7697** (TDD).

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

Translation Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-222-1041 (TTY: 1-855-250-5604).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-222-1041 (መስማት ለተሳናቸው: 1-855-250-5604)።

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-222-1041 (TTY：1-855-250-5604)。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-222-1041 (ATS: 1-855-250-5604).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-222-1041 (TTY: 1-855-250-5604).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-222-1041 (телетайп: 1-855-250-5604).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-222-1041 (TTY: 1-855-250-5604).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-222-1041 (TTY: 1-855-250-5604).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-222-1041 (TTY: 1-855-250-5604).

Dè dɛ nìà kɛ dyédɛ gbo: ɔ jù ké m̀ [Bàsòò-wùdù-po-nyò] jù ní, nìí, à wuɖu kà kò dò po-poò bɛ̀in m̀ gbo kpáa. Ɖá 1-855-222-1041 (TTY: 1-855-250-5604)

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-855-222-1041 (TTY: 1-855-250-5604).

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-855-222-1041 (TTY: 1-855-250-5604).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-855-222-1041 (TTY: 1-855-250-5604)।

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-222-1041 (TTY: 1-855-250-5604) まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-222-1041 (TTY: 1-855-250-5604) 번으로 전화해 주십시오.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-222-1041 (TTY: 1-855-250-5604).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-222-1041 (TTY: 1-855-250-5604).

1041-222-855 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-222-1041 (TTY: 1-855-250-5604) رقم هاتف الصم والبكم: 1-855-222-1041 (TTY: 1-855-250-5604).

1-855-222-1041 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-222-1041 (TTY: 1-855-250-5604).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرید. 1-855-222-1041 (TTY: 1-855-250-5604) فرام می باشد. با

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-222-1041 (TTY: 1-855-250-5604).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-222-1041 (TTY: 1-855-250-5604).