



MedStar Medicare
Choice

2018
Summary of Benefits

MedStar Medicare Choice Care Advantage
(HMO SNP)
H9915, Plan 007 and 010

SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

This Summary of Benefits booklet gives you a summary of what **MedStar Medicare Choice Care Advantage (HMO SNP)** covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call Member Services at **(855) 222-1041 (TTY users (855) 250-5604)** and ask for the *Evidence of Coverage*. We are available for phone calls 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.

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan, such as MedStar Medicare Choice Care Advantage.

Tips for comparing your Medicare choices

This *Summary of Benefits* booklet gives you a summary of what **MedStar Medicare Choice Care Advantage** covers and what you pay.

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits* booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

THINGS TO KNOW ABOUT MEDSTAR MEDICARE CHOICE CARE ADVANTAGE (HMO SNP)

Who can join?

To join **MedStar Medicare Choice Care Advantage**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Washington, D.C.: District of Columbia.

Our service area includes the following counties in Maryland: Baltimore City, Harford, Howard, and Prince George's.

What do we cover?

Like all Medicare Advantage health plans, we cover everything that Original Medicare covers – and more.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan drug formulary (list of Part D prescription drugs) and any restrictions on our website at <https://MedStarMedicareChoice.com>. Or call us and we will send you a copy of the plan formulary.

Which doctors, hospitals and pharmacies can I use?

MedStar Medicare Choice Care Advantage has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. The amount you pay for prescription drugs depends on the drug(s) you are taking and what stage of the benefit you have reached.

You can see our plan's provider and pharmacy directory at our website at <https://MedStarMedicareChoice.com>.

If you would like a hard copy of the provider directory sent to you, please call Member Services at **855-222-1041 (TTY users 855-250-5604)**. You can also download the provider directory from our website. For the most up-to-date provider listing please use the searchable directory tool on our website.

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

Phone Numbers and Websites

- If you are a member of this plan, call toll-free **855-222-1041**.
- If you are not a member of this plan, call toll-free **855-242-4870**.
- TTY users should call **855-250-5604**.
- Our website: **<https://MedStarMedicareChoice.com>**

Hours of Operation

- From October 1 to February 14, you can call us seven days a week from 8 a.m. to 8 p.m.
- From February 15 to 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.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **855-222-1041**. TTY users should call **855-250-5604**.

Sections in this Booklet

- Things to Know About **MedStar Medicare Choice Care Advantage**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Outpatient Prescription Drug Benefits
- Other Covered Benefits

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. You must continue to pay your Medicare Part B premium.

This plan is available to anyone with Medicare who has been diagnosed with Chronic Heart Failure and/or Diabetes. MedStar Family Choice offers the MedStar Medicare Choice Care Advantage (HMO SNP) health insurance product. MedStar Medicare Choice Care Advantage has a contract with Medicare. Enrollment in MedStar Medicare Choice Care Advantage (HMO SNP) depends on contract renewal.

Premiums and Benefits	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
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Monthly Premium, Deductible and Limits - How Much You Pay for Coverage

Monthly Plan Premium	You pay \$27 per month. In addition, you must continue to pay your Medicare Part B premium.	You pay \$27 per month. In addition, you must continue to pay your Medicare Part B premium.
Deductible	This plan does not have a deductible for hospital and medical services.	This plan does not have a deductible for hospital and medical services.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> You pay no more than \$6,700 for services annually that you receive from in-network providers. <p>Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly plan premium and monthly Medicare Part B premium.</p>	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> You pay no more than \$6,700 for services annually that you receive from in-network providers. <p>Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly plan premium and monthly Medicare Part B premium.</p>

Covered Medical and Hospital Benefits
*Note: Services with a * may require prior authorization. Limitations, copayments and restrictions may apply.*

Inpatient Hospital Coverage*	<p>You pay \$350 copay per day for days 1-5, per admission.</p> <p>You pay a \$0 copay per day for days 6-90 and beyond.</p>	<p>You pay \$350 copay per day for days 1-5, per admission.</p> <p>You pay a \$0 copay per day for days 6-90 and beyond.</p>
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Premiums and Benefits	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
Outpatient Hospital Coverage*	<p>You pay a \$0-\$400 copay depending on the service.</p> <p><i>Prior authorization is required for select outpatient hospital services, such as advanced imaging services, outpatient surgery and Part B drugs.</i></p>	<p>You pay a \$0-\$400 copay depending on the service.</p> <p><i>Prior authorization is required for select outpatient hospital services, such as advanced imaging services, outpatient surgery and Part B drugs.</i></p>
Doctor Visits <i>(Primary care providers and specialists)</i>	<p>Primary care physician visit: You pay a \$5 copay per visit.</p> <p>Specialist visit: You pay a \$50 copay per visit.</p>	<p>Primary care physician visit: You pay a \$5 copay per visit.</p> <p>Specialist visit: You pay a \$50 copay per visit.</p>
Preventive Care <i>(e.g., flu vaccines, diabetic screenings)</i>	<p>You pay nothing for preventive care services.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings at 100% when you use a network provider.</p>	<p>You pay nothing for preventive care services.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings at 100% when you use a network provider.</p>
Emergency Care	<p>You pay a \$80 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. If you are moved to observation care, you do not have to pay your share of the cost for emergency care, but you may incur outpatient cost shares based on services provided while under observation care.</p> <p>Worldwide coverage – Your share of the cost for emergency care is not waived if you are admitted to the hospital under the worldwide coverage benefit.</p>	<p>You pay a \$80 copay per visit.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. If you are moved to observation care, you do not have to pay your share of the cost for emergency care, but you may incur outpatient cost shares based on services provided while under observation care.</p> <p>Worldwide coverage – Your share of the cost for emergency care is not waived if you are admitted to the hospital under the worldwide coverage benefit.</p>

Premiums and Benefits	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
Urgently Needed Services	You pay a \$50 copay per visit at an urgent care center/clinic.	You pay a \$50 copay per visit at an urgent care center/clinic.
Diagnostic Services/Labs/Imaging*	<p>Diagnostic radiological and advanced imaging services (such as MRIs, CT scans): You pay a \$200 copay per procedure.</p> <p>Basic imaging services, including outpatient X-rays: You pay a \$20 copay per procedure.</p> <p>Diagnostic tests and procedures: You pay 20% of the total cost per procedure.</p> <p>Diagnostic lab services: You pay a \$0 copay per lab service.</p>	<p>Diagnostic radiological and advanced imaging services (such as MRIs, CT scans): You pay a \$200 copay per procedure.</p> <p>Basic imaging services, including outpatient X-rays: You pay a \$20 copay per procedure.</p> <p>Diagnostic tests and procedures: You pay 20% of the total cost per procedure.</p> <p>Diagnostic lab services: You pay a \$0 copay per lab service.</p>
Hearing Services	<p>Hearing exams (Medicare-covered): You pay a \$50 copay per exam.</p> <p>Routine hearing services and hearing aids are not covered.</p>	<p>Hearing exams (Medicare-covered): You pay a \$50 copay per exam.</p> <p>Routine hearing services and hearing aids are not covered.</p>
Dental Services	<p>You pay a \$45 copay for a single office visit when using a network dental provider. The visit includes:</p> <ul style="list-style-type: none"> • Cleaning (one every six months) • Oral exam (one every six months) • Dental X-ray(s) (one per year) • Fluoride treatment (one per year) <p>Medicare-covered comprehensive dental: You pay a \$50 copay.</p>	<p>You pay a \$45 copay for a single office visit when using a network dental provider. The visit includes:</p> <ul style="list-style-type: none"> • Cleaning (one every six months) • Oral exam (one every six months) • Dental X-ray(s) (one per year) • Fluoride treatment (one per year) <p>Medicare-covered comprehensive dental: You pay a \$50 copay.</p>

Premiums and Benefits	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
Vision Services	<p>Routine vision exam (one per year): You pay a \$0 copay for the exam.</p> <p>Our plan pays up to a \$100 benefit maximum amount every year towards the purchase of contact lenses or eyeglasses (frames and lenses) when using a network vision provider. (Excludes eyeglasses or contact lenses after cataract surgery.)</p>	<p>Routine vision exam (one per year): You pay a \$0 copay for the exam.</p> <p>Our plan pays up to a \$100 benefit maximum amount every year towards the purchase of contact lenses or eyeglasses (frames and lenses) when using a network vision provider. (Excludes eyeglasses or contact lenses after cataract surgery.)</p>
Mental Health Services* <i>Prior authorization is required for inpatient mental health services.</i>	<p>Inpatient visit:</p> <ul style="list-style-type: none"> You pay a \$300 copay per day for days 1-5, per admission. You pay a \$0 copay per day for days 6-90 and beyond. <p>Outpatient individual and group therapy visits: You pay a \$40 copay per visit.</p>	<p>Inpatient visit:</p> <ul style="list-style-type: none"> You pay a \$300 copay per day for days 1-5, per admission. You pay a \$0 copay per day for days 6-90 and beyond. <p>Outpatient individual and group therapy visits: You pay a \$40 copay per visit.</p>
Skilled Nursing Facility (SNF) *	<p>Our plan covers up to 100 days in a SNF:</p> <ul style="list-style-type: none"> You pay a \$0 copay per day for days 1-20. You pay a \$167.50 copay per day for days 21-100. 	<p>Our plan covers up to 100 days in a SNF:</p> <ul style="list-style-type: none"> You pay a \$0 copay per day for days 1-20. You pay a \$167.50 copay per day for days 21-100.
Physical Therapy*	You pay a \$40 copay per visit.	You pay a \$40 copay per visit.
Ambulance* <i>Prior authorization is required for non-emergency Medicare ambulance trips.</i>	<p>You pay a \$250 copay per one-way trip for emergency ambulance services and non-emergency ambulance services.</p> <p>The ambulance copay is not waived if you are admitted to the hospital.</p>	<p>You pay a \$250 copay per one-way trip for emergency ambulance services and non-emergency ambulance services.</p> <p>The ambulance copay is not waived if you are admitted to the hospital.</p>

Premiums and Benefits	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
Transportation	You pay nothing for up to 10 one-way trip(s) every year.	You pay nothing for up to 10 one-way trip(s) every year.
Medicare Part B Drugs*	<p>You pay 20% of the total cost for chemotherapy drugs.</p> <p>You pay 20% of the total cost for other Medicare Part B drugs.</p>	<p>You pay 20% of the total cost for chemotherapy drugs.</p> <p>You pay 20% of the total cost for other Medicare Part B drugs.</p>

Outpatient Prescription Drug Benefits

Deductible Stage	<p>You pay \$405 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2 and Tier 6, which are excluded from the deductible.</p> <p>Once you have paid your plan's prescription drug deductible amount, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.</p>	<p>You pay \$405 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2 and Tier 6, which are excluded from the deductible.</p> <p>Once you have paid your plan's prescription drug deductible amount, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.</p>
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Premiums and Benefits

MedStar Medicare Choice Care Advanatage (HMO SNP) (Washington, D.C.)

MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)

Initial Coverage Stage

You pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One month supply	Two month supply	Three-month supply
Tier 1 (Preferred Generic Drugs)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic Drugs)	\$15 copay	\$30 copay	\$45 copay
Tier 3 (Preferred Brand Drugs)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand Drugs)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Drugs)	25% coinsurance	Not offered	Not offered
Tier 6 (Select Diabetic Drugs)	\$10 copay	\$20 copay	\$30 copay

You pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One month supply	Two month supply	Three-month supply
Tier 1 (Preferred Generic Drugs)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic Drugs)	\$15 copay	\$30 copay	\$45 copay
Tier 3 (Preferred Brand Drugs)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand Drugs)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Drugs)	25% coinsurance	Not offered	Not offered
Tier 6 (Select Diabetic Drugs)	\$10 copay	\$20 copay	\$30 copay

Premiums and Benefits

MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)

MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)

Initial Coverage Stage

(continued)

Standard Mail Order Cost-Sharing

Tier	One month supply	Two month supply	Three-month supply
Tier 1 (Preferred Generic Drugs)	\$4 copay	\$8 copay	\$10 copay
Tier 2 (Generic Drugs)	\$15 copay	\$30 copay	\$37.50 copay
Tier 3 (Preferred Brand Drugs)	\$47 copay	\$94 copay	\$117.50 copay
Tier 4 (Non-Preferred Brand Drugs)	\$100 copay	\$200 copay	\$250 copay
Tier 5 (Specialty Drugs)	25% coinsurance	Not offered	Not offered
Tier 6 (Select Diabetic Drugs)	\$10 copay	\$20 copay	\$25 copay

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Standard Mail Order Cost-Sharing

Tier	One month supply	Two month supply	Three month supply
Tier 1 (Preferred Generic Drugs)	\$4 copay	\$8 copay	\$10 copay
Tier 2 (Generic Drugs)	\$15 copay	\$30 copay	\$37.50 copay
Tier 3 (Preferred Brand Drugs)	\$47 copay	\$94 copay	\$117.50 copay
Tier 4 (Non-Preferred Brand Drugs)	\$100 copay	\$200 copay	\$250 copay
Tier 5 (Specialty Drugs)	25% coinsurance	Not offered	Not offered
Tier 6 (Select Diabetic Drugs)	\$10 copay	\$20 copay	\$25 copay

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Premiums and Benefits	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
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Coverage Gap Stage	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.</p> <p>After you enter the coverage gap, you pay 35% of the plan's cost plus a dispensing fee for covered brand name drugs and 44% of the plan's cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.</p> <p>After you enter the coverage gap, you pay 35% of the plan's cost plus a dispensing fee for covered brand name drugs and 44% of the plan's cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
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Standard Retail Cost-Sharing

Tier	Drugs Covered	One month supply	Two month supply	Three month supply
Tier 1 (Preferred Generic Drugs)	All	\$4 copay	\$8 copay	\$12 copay
Tier 6 (Select Diabetic Drugs)	All	\$10 copay	\$20 copay	\$30 copay

Premiums and Benefits	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)																	
Coverage Gap Stage <i>(continued)</i>	Standard Mail Order Cost-Sharing <table border="1" data-bbox="443 363 1489 835"> <thead> <tr> <th data-bbox="443 363 634 499">Tier</th> <th data-bbox="634 363 792 499">Drugs Covered</th> <th data-bbox="792 363 980 499">One month supply</th> <th data-bbox="980 363 1170 499">Two month supply</th> <th data-bbox="1170 363 1489 499">Three month supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 499 634 646">Tier 1 (Preferred Generic Drugs)</td> <td data-bbox="634 499 792 646">All</td> <td data-bbox="792 499 980 646">\$4 copay</td> <td data-bbox="980 499 1170 646">\$8 copay</td> <td data-bbox="1170 499 1489 646">\$10 copay</td> </tr> <tr> <td data-bbox="443 646 634 835">Tier 6 (Select Diabetic Drugs)</td> <td data-bbox="634 646 792 835">All</td> <td data-bbox="792 646 980 835">\$10 copay</td> <td data-bbox="980 646 1170 835">\$20 copay</td> <td data-bbox="1170 646 1489 835">\$25 copay</td> </tr> </tbody> </table>				Tier	Drugs Covered	One month supply	Two month supply	Three month supply	Tier 1 (Preferred Generic Drugs)	All	\$4 copay	\$8 copay	\$10 copay	Tier 6 (Select Diabetic Drugs)	All	\$10 copay	\$20 copay	\$25 copay
Tier	Drugs Covered	One month supply	Two month supply	Three month supply															
Tier 1 (Preferred Generic Drugs)	All	\$4 copay	\$8 copay	\$10 copay															
Tier 6 (Select Diabetic Drugs)	All	\$10 copay	\$20 copay	\$25 copay															
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.35 copay for generic (including brand drugs treated as generic) and an \$8.35 copay for all other drugs. 	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.35 copay for generic (including brand drugs treated as generic) and an \$8.35 copay for all other drugs. 																	
Other Covered Benefits <i>Note: Services with a * may require prior authorization.</i>																			
Chiropractic Care*	<p>Medicare-covered chiropractic services: You pay a \$20 copay per visit.</p> <p>Routine chiropractic services are not covered.</p>	<p>Medicare-covered chiropractic services: You pay a \$20 copay per visit.</p> <p>Routine chiropractic services are not covered.</p>																	
Foot Care <i>(podiatry services)</i>	<p>Medicare-covered podiatry services: You pay a \$50 copay per visit.</p> <p>Routine foot care services are not covered.</p>	<p>Medicare-covered podiatry services: You pay a \$50 copay per visit.</p> <p>Routine foot care services are not covered.</p>																	

Premiums and Benefits	MedStar Medicare Choice Care Advanatage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
Medical Equipment/Supplies*	<p>Durable medical equipment (wheelchairs, oxygen, etc.): You pay 20% of the total cost.</p> <p>Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies: You pay 20% of the total cost.</p> <p>Diabetes monitoring supplies: You pay a \$0 copay.</p> <p>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.</p>	<p>Durable medical equipment (wheelchairs, oxygen, etc.): You pay 20% of the total cost.</p> <p>Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies: You pay 20% of the total cost.</p> <p>Diabetes monitoring supplies: You pay a \$0 copay.</p> <p>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.</p>
Outpatient Surgery*	<p>Ambulatory surgical center: You pay a \$350 copay for each outpatient surgery and/or services per visit.</p> <p>Outpatient hospital facility: You pay a \$400 copay for each outpatient surgery and/or services per visit.</p>	<p>Ambulatory surgical center: You pay a \$350 copay for each outpatient surgery and/or services per visit.</p> <p>Outpatient hospital facility: You pay a \$400 copay for each outpatient surgery and/or services per visit.</p>
Health and Wellness Programs (e.g., fitness)	<p>Fitness benefit: \$0 copay for fitness benefit when using a Silver&Fit network fitness center or gym.</p> <p>Nurse advice line: Free access to healthcare advice and information from registered nurses, 24 hours a day, 7 days a week.</p>	<p>Fitness benefit: \$0 copay for fitness benefit when using a Silver&Fit network fitness center or gym.</p> <p>Nurse advice line: Free access to healthcare advice and information from registered nurses, 24 hours a day, 7 days a week.</p>



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