



MedStar Medicare
Choice

2018
Summary of Benefits

MedStar Medicare Choice Dual Advantage
(HMO SNP)
H9915, Plan 006 and 009

SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

This Summary of Benefits booklet gives you a summary of what **MedStar Medicare Choice Dual 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 Dual Advantage.

Tips for comparing your Medicare choices

This *Summary of Benefits* booklet gives you a summary of what **MedStar Medicare Choice Dual 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 DUAL ADVANTAGE (HMO SNP)

Who can join?

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

Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for this plan, you must be eligible for Medicare and Medicaid benefits.

Please note: If you lost your eligibility but can reasonably be expected to regain eligibility within three months, then you are still eligible for membership in our plan.

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 Dual 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 Dual 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.

Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

This plan is available to anyone who has both Medical Assistance from the State and Medicare. MedStar Family Choice offers the MedStar Medicare Choice Dual Advantage health insurance product. MedStar Medicare Choice Dual Advantage has a contract with Medicare and a contract with the D.C. Department of Health Care Finance and the Maryland Department of Health (Medicaid) programs. Enrollment in MedStar Medicare Choice Dual Advantage depends on contract renewal.

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Monthly Premium, Deductible and Limits - How Much You Pay for Coverage		
Monthly Plan Premium	You pay \$30.70 per month. In addition, you must continue to pay your Medicare Part B premium.	You pay \$30.70 per month. In addition, you must continue to pay your Medicare Part B premium.
Deductible	<p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$83 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2018.</p>	<p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$83 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2018.</p>
<p>Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i></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>In this plan, you may pay nothing for Medicare-covered services, depending on your level of D.C. Department of Health Care Finance eligibility.</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>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Maryland Department of Health eligibility.</p> <p>Please note that you will still need to pay your monthly plan premium and monthly Medicare Part B premium.</p>

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
<p>Covered Medical and Hospital Benefits <i>Note: Services with a * may require prior authorization. Limitations, copayments and restrictions may apply.</i></p>		
<p>Inpatient Hospital Coverage*</p>	<p>In 2017, the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,316 deductible for each benefit period • You pay a \$0 copay for days 1 through 60 • You pay a \$329 copay per day for days 61 through 90 • You pay a \$658 copay per day for 60 lifetime reserve days <p>These amounts may change for 2018.</p>	<p>In 2017, the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,316 deductible for each benefit period • You pay a \$0 copay for days 1 through 60 • You pay a \$329 copay per day for days 61 through 90 • You pay a \$658 copay per day for 60 lifetime reserve days <p>These amounts may change for 2018.</p>
<p>Outpatient Hospital Coverage*</p>	<p>You pay 0% or 20% of the total cost for Medicare-covered outpatient hospital services.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></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 0% or 20% of the total cost for Medicare-covered outpatient hospital services.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></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>

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
<p>Doctor Visits <i>(Primary care providers and specialists)</i></p>	<p>Primary care physician visit:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <p>Specialist visit:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>	<p>Primary care physician visit:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <p>Specialist visit:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
<p>Preventive Care <i>(e.g., flu vaccines, diabetic screenings)</i></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>	<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>

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
<p>Emergency Care</p>	<p>You pay 0% or 20% of the total cost (up to \$80 maximum) 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><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>	<p>You pay 0% or 20% of the total cost (up to \$80 maximum) 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><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
<p>Urgently Needed Services</p>	<p>You pay 0% or 20% of the total cost (up to \$65 maximum) per visit at an urgent care center/clinic.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>	<p>You pay 0% or 20% of the total cost (up to \$65 maximum) per visit at an urgent care center/clinic.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
<p>Diagnostic Services/ Labs/ Imaging*</p>	<p>Diagnostic radiological and advanced imaging services (such as MRIs, CT scans):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Basic imaging services, including outpatient X-rays:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Diagnostic tests and procedures:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Diagnostic lab services:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per lab service.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>	<p>Diagnostic radiological and advanced imaging services (such as MRIs, CT scans):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Basic imaging services, including outpatient X-rays:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Diagnostic tests and procedures:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Diagnostic lab services:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per lab service.** <p><i>**If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
<p>Hearing Services</p>	<p>Hearing exams (Medicare-covered):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per exam.** <p>Routine hearing services and hearing aids are not covered.</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>	<p>Hearing exams (Medicare-covered):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per exam.** <p>Routine hearing services and hearing aids are not covered.</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Dental Services	<p>You pay a \$0 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>Our plan pays up to a \$1,000 benefit maximum amount every year for use toward comprehensive dental services when using a network dental provider.</p>	<p>You pay a \$0 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>Our plan pays up to a \$1,000 benefit maximum amount every year for use toward comprehensive dental services when using a network dental provider.</p>
Vision Services	<p>Routine vision exam (one per year):</p> <ul style="list-style-type: none"> • You pay a \$0 copay for the routine vision exam. <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):</p> <ul style="list-style-type: none"> • You pay a \$0 copay for the routine vision exam. <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>

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
<p>Mental Health Services*</p> <p><i>Prior authorization is required for inpatient mental health services.</i></p>	<p>In 2017, the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,316 deductible for each benefit period • You pay a \$0 copay for days 1 through 60 • You pay a \$329 copay per day for days 61 through 90 • You pay a \$658 copay per day for 60 lifetime reserve days <p>These amounts may change for 2018.</p> <p>Outpatient individual and group therapy visits:</p> <ul style="list-style-type: none"> • You pay 0% or 20% of the total cost per visit.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>	<p>In 2017, the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,316 deductible for each benefit period • You pay a \$0 copay for days 1 through 60 • You pay a \$329 copay per day for days 61 through 90 • You pay a \$658 copay per day for 60 lifetime reserve days <p>These amounts may change for 2018.</p> <p>Outpatient individual and group therapy visits:</p> <ul style="list-style-type: none"> • You pay 0% or 20% of the total cost per visit.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
<p>Skilled Nursing Facility (SNF) *</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In 2017 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay a \$0 copay for days 1 through 20 • You pay a \$164.50 copay per day for days 21 through 100 <p>These amounts may change for 2018.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In 2017 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay a \$0 copay for days 1 through 20 • You pay a \$164.50 copay per day for days 21 through 100 <p>These amounts may change for 2018.</p>

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Physical Therapy*	<p>You pay 0% or 20% of the total cost per therapy visit.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>	<p>** You pay 0% or 20% of the total cost per visit.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
Ambulance* <i>Prior authorization is required for non-emergency Medicare ambulance trips.</i>	<p>You pay 0% or 20% of the total cost per one-way trip for emergency ambulance services and non-emergency ambulance services.**</p> <p><i>**If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p> <p>The ambulance cost share is not waived if you are admitted to the hospital.</p>	<p>You pay 0% or 20% of the total cost per one-way trip for emergency ambulance services and non-emergency ambulance services.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p> <p>The ambulance cost share is not waived if you are admitted to the hospital.</p>
Transportation	<p>You pay \$0 copay for up to 22 one-way trip(s) every year to plan-approved locations.</p>	<p>You pay \$0 copay for up to 22 one-way trip(s) every year to plan-approved locations.</p>
Medicare Part B Drugs*	<p>You pay 0% or 20% of the total cost for chemotherapy drugs.**</p> <p>You pay 0% or 20% of the total cost for other Medicare Part B drugs.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>	<p>You pay 0% or 20% of the total cost for chemotherapy drugs.**</p> <p>You pay 0% or 20% of the total cost for other Medicare Part B drugs.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>

Premiums and Benefits	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
Outpatient Prescription Drug Benefits		
Deductible Stage	<p>\$0 or \$83 per year for Part D prescription depending on your Medicaid eligibility.</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>\$0 or \$83 per year for Part D prescription depending on your Medicaid eligibility.</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>
Initial Coverage Stage	<p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.25; or • \$3.35; or • 15% coinsurance <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.70; or • \$8.35; or • 15% coinsurance <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>	<p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.25; or • \$3.35; or • 15% coinsurance <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.70; or • \$8.35; or • 15% coinsurance <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>

Premiums and Benefits	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay nothing for all drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay nothing for all drugs.
Other Covered Benefits <i>Note: Services with a * may require prior authorization.</i>		
Chiropractic Care*	Medicare-covered chiropractic services: <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** Routine chiropractic services are not covered. <i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>	Medicare-covered chiropractic services: <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** Routine chiropractic services are not covered. <i>**If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>
Foot Care (podiatry services)	Medicare-covered podiatry services: <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** Routine foot care services are not covered. <i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>	Medicare-covered podiatry services: <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** Routine foot care services are not covered. <i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>

Premiums and Benefits	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington, D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
Medical Equipment/Supplies*	<p>Durable medical equipment (wheelchairs, oxygen, etc.):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Diabetes monitoring supplies:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>	<p>Durable medical equipment (wheelchairs, oxygen, etc.):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Diabetes monitoring supplies:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
Outpatient Surgery*	<p>Ambulatory surgical center:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost for each outpatient surgery and/or services per visit.** <p>Outpatient hospital facility:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost for each outpatient surgery and/or services per visit.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>	<p>Ambulatory surgical center:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost for each outpatient surgery and/or services per visit.** <p>Outpatient hospital facility:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost for each outpatient surgery and/or services per visit.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
Health and Wellness Programs	<p>Nurse advice line: Health advice from a registered nurse, available 24 hours a day, seven days a week. This service is included at no copay to you.</p>	<p>Nurse advice line: Health advice from a registered nurse, available 24 hours a day, seven days a week. This service is included at no copay to you.</p>

SUMMARY OF MEDICAID-COVERED BENEFITS

for Contract H9915, Plan 006

MedStar Medicare Choice Dual Advantage (HMO SNP)

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what D.C. Department of Health Care Finance covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

This information is a summary of covered benefits, for additional information on the benefits covered by the **D.C. Department of Health Care Finance**, please contact them at **202-442-5988** (TTY users call 711), or visit their website at **dhcf.dc.gov/service/what-are-some-services-covered-medicaid**.

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage (HMO SNP)
Inpatient Hospital Coverage	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Hospital Inpatient Services (Acute, Chronic, Psychiatric, Rehabilitation, Specialty) 	<p><i>Authorization rules may apply.</i></p> <p>In 2017, the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> \$1,316 deductible for each benefit period You pay a \$0 copay for days 1 through 60 You pay a \$329 copay per day for days 61 through 90 You pay a \$658 copay per day for 60 lifetime reserve days <p>These amounts may change for 2018.</p>

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage (HMO SNP)
Outpatient Hospital Coverage	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Outpatient services 	<i>Authorization rules may apply.</i> You pay 0% or 20% of the total cost for Medicare-covered outpatient hospital services.** <i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>
Doctor Visits <i>(Primary care providers and specialists)</i>	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Physician services (some dental surgery may be included) and nurse anesthetist, nurse midwife, and nurse practitioner services 	Primary care physician visit: <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** Specialist visit: <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>
Preventive Care	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (for beneficiaries under 21) 	You pay nothing for preventive care services. 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.

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage (HMO SNP)
<p>Diagnostic Services/ Labs/ Imaging</p>	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Laboratory and x-ray services 	<p><i>Authorization rules may apply.</i></p> <p>Diagnostic radiological and advanced imaging services (such as MRIs, CT scans):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Basic imaging services, including outpatient X-rays:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Diagnostic tests and procedures:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Diagnostic lab services:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per lab service.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
<p>Hearing Services</p>	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Hearing aids (beneficiaries under 21) 	<p>Hearing exams (Medicare-covered):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per exam.** <p>Routine hearing services and hearing aids are not covered.</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage (HMO SNP)
Dental Services	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Dental services and dentures (beneficiaries under 21) 	<p>You pay a \$0 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>Our plan pays up to a \$1,000 benefit maximum amount every year for use toward comprehensive dental services when using a network provider.</p>
Vision Services	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Eyeglasses (beneficiaries under 21) Vision care services (eye exam every two years) 	<p>Routine vision exam (one per year):</p> <ul style="list-style-type: none"> You pay a \$0 copay for the routine vision exam. <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>

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage (HMO SNP)
Mental Health Services	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Hospital Inpatient and Outpatient Services (Acute, Chronic, Psychiatric, Rehabilitation, Specialty) Mental Health Treatment, Case Management, and Rehabilitation Services 	<p><i>Authorization rules may apply.</i></p> <p>In 2017, the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> \$1,316 deductible for each benefit period You pay a \$0 copay for days 1 through 60 You pay a \$329 copay per day for days 61 through 90 You pay a \$658 copay per day for 60 lifetime reserve days <p>These amounts may change for 2018.</p> <p>Outpatient individual and group therapy visits:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
Skilled Nursing Facility (SNF)	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Nursing facility services (nursing homes) 	<p><i>Authorization rules may apply.</i></p> <p>Our plan covers up to 100 days in a SNF.</p> <p>In 2017 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> You pay a \$0 copay for days 1 through 20 You pay a \$164.50 copay per day for days 21 through 100 <p>These amounts may change for 2018.</p>

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage (HMO SNP)
Physical Therapy	\$0 copay for Medicaid-covered services.	<p><i>Authorization rules may apply.</i></p> <p>You pay 0% or 20% of the total cost per therapy visit.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
Ambulance	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> • Ambulance and wheelchair van services and emergency medical transportation 	<p><i>Authorization rules may apply.</i></p> <p>You pay 0% or 20% of the total cost per one-way trip for emergency ambulance services and non-emergency ambulance services.**</p> <p><i>**If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p> <p>The ambulance cost share is not waived if you are admitted to the hospital.</p>
Transportation	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> • Transportation services to Medicaid-covered services (through local health departments) 	<p><i>Authorization rules may apply.</i></p> <p>You pay \$0 copay for up to 22 one-way trip(s) every year to plan-approved locations.</p>

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage (HMO SNP)
<p>Foot Care <i>(podiatry services)</i></p>	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Podiatry services 	<p>Medicare-covered podiatry services:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <p>Routine foot care services are not covered.</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
<p>Medical Equipment/Supplies</p>	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Medical equipment and supplies, oxygen services and related respiratory equipment, and diabetes care services 	<p><i>Authorization rules may apply.</i></p> <p>Durable medical equipment (wheelchairs, oxygen, etc.):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Diabetes monitoring supplies:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage (HMO SNP)
Prescription Drugs	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Pharmacy services (for beneficiaries not eligible for Medicare Part D) 	<p>Please refer to the Medicare-covered “Prescription Drug Benefits” section for more detail.</p> <p>Part B Drugs: <i>Authorization rules may apply.</i></p> <p>For Part B drugs such as chemotherapy drugs:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Part D Drugs:</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> \$0 copay; or \$1.25; or \$3.35; or 15% coinsurance <p>For all other drugs, either:</p> <ul style="list-style-type: none"> \$0 copay; or \$3.70; or \$8.35; or 15% coinsurance <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage (HMO SNP)
Outpatient Surgery	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Ambulatory surgical center services and outpatient hospital services (acute, chronic, psychiatric, rehabilitation, specialty) 	<i>Authorization rules may apply.</i> Ambulatory surgical center: <ul style="list-style-type: none"> You pay 0% or 20% of the total cost for each outpatient surgery and/or services per visit.** Outpatient hospital facility: <ul style="list-style-type: none"> You pay 0% or 20% of the total cost for each outpatient surgery and/or services per visit.** <i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>
Family Planning Services and Supplies	\$0 copay for Medicaid-covered services.	Not covered
Home Health Care	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Home health agency services 	<i>Authorization rules may apply.</i> You pay a \$0 copay for Medicare-covered home health visits.
Medical Day Care Services	\$0 copay for Medicaid-covered services.	You pay a \$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more information.
Outpatient Substance Abuse	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Substance abuse treatment services 	<i>Authorization rules may apply.</i> Outpatient substance abuse (group/individual visits): <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage (HMO SNP)
Personal Care Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Personal care services 	Not covered
Private Duty Nursing Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Private duty nursing services (beneficiaries under 21) 	Not covered
Renal Dialysis	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Kidney dialysis services 	You pay 0% or 20% of the total cost.** ** <i>If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>
School-Based Health-Related Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> School-based health-related services (beneficiaries under 21) 	Not covered
Statewide Evaluation and Planning Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Statewide evaluation and planning services through local health departments 	Not covered
Targeted Case Management	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Targeted case management for HIV-Infected individuals and other targeted populations 	Case Management is available. Call Member Services for details.
Hospice Care	\$0 copay for Medicaid-covered services.	You pay a \$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more information.

SUMMARY OF MEDICAID-COVERED BENEFITS

for Contract H9915, Plan 009

MedStar Medicare Choice Dual Advantage (HMO SNP)

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Maryland Department of Health covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

This information is a summary of covered benefits, for additional information on the benefits covered by the **Maryland Department of Health**, please contact them at **877-463-3464** or **410-767-6500** (TTY users call 711), or visit their website at <https://www.marylandhealthconnection.gov/shop-and-compare/medicaid-basics-and-benefits/what-does-medicaid-cover/>.

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage (HMO SNP)
Inpatient Hospital Coverage	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Hospital Inpatient Services (Acute, Chronic, Psychiatric, Rehabilitation, Specialty) 	<p><i>Authorization rules may apply.</i></p> <p>In 2017, the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> \$1,316 deductible for each benefit period You pay a \$0 copay for days 1 through 60 You pay a \$329 copay per day for days 61 through 90 You pay a \$658 copay per day for 60 lifetime reserve days <p>These amounts may change for 2018.</p>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage (HMO SNP)
Outpatient Hospital Coverage	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Outpatient services 	<p><i>Authorization rules may apply.</i></p> <p>You pay 0% or 20% of the total cost for Medicare-covered outpatient hospital services.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
Doctor Visits <i>(Primary care providers and specialists)</i>	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Physician services (some dental surgery may be included) and nurse anesthetist, nurse midwife, and nurse practitioner services 	<p>Primary care physician visit:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <p>Specialist visit:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
Preventive Care	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (for beneficiaries under 21) 	<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>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage (HMO SNP)
<p>Diagnostic Services/ Labs/ Imaging</p>	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Laboratory and x-ray services 	<p><i>Authorization rules may apply.</i></p> <p>Diagnostic radiological and advanced imaging services (such as MRIs, CT scans):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Basic imaging services, including outpatient X-rays:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Diagnostic tests and procedures:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per procedure.** <p>Diagnostic lab services:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per lab service.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
<p>Hearing Services</p>	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Hearing aids (beneficiaries under 21) 	<p>Hearing exams (Medicare-covered):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per exam.** <p>Routine hearing services and hearing aids are not covered.</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage (HMO SNP)
Dental Services	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> • Dental services and dentures (beneficiaries under 21) 	<p>You pay a \$0 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>Our plan pays up to a \$1,000 benefit maximum amount every year for use toward comprehensive dental services when using a network dental provider.</p>
Vision Services	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> • Eyeglasses (beneficiaries under 21) • Vision care services (eye exam every two years) 	<p>Routine vision exam (one per year): You pay a \$0 copay for the routine vision 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>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage (HMO SNP)
Mental Health Services	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Hospital Inpatient and Outpatient Services (Acute, Chronic, Psychiatric, Rehabilitation, Specialty) Mental Health Treatment, Case Management, and Rehabilitation Services 	<p><i>Authorization rules may apply.</i></p> <p>In 2017, the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> \$1,316 deductible for each benefit period You pay a \$0 copay for days 1 through 60 You pay a \$329 copay per day for days 61 through 90 You pay a \$658 copay per day for 60 lifetime reserve days <p>These amounts may change for 2018.</p> <p>Outpatient individual and group therapy visits:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
Skilled Nursing Facility (SNF)	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Nursing facility services (nursing homes) 	<p><i>Authorization rules may apply.</i></p> <p>Our plan covers up to 100 days in a SNF.</p> <p>In 2017 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> You pay a \$0 copay for days 1 through 20 You pay a \$164.50 copay per day for days 21 through 100 <p>These amounts may change for 2018.</p>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage (HMO SNP)
Physical Therapy	\$0 copay for Medicaid-covered services.	<p><i>Authorization rules may apply.</i></p> <p>You pay 0% or 20% of the total cost per therapy visit.**</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
Ambulance	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> • Ambulance and wheelchair van services and emergency medical transportation 	<p><i>Authorization rules may apply.</i></p> <p>You pay 0% or 20% of the total cost per one-way trip for emergency ambulance services and non-emergency ambulance services.**</p> <p><i>**If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p> <p>The ambulance cost share is not waived if you are admitted to the hospital.</p>
Transportation	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> • Transportation services to Medicaid-covered services (through local health departments) 	<p><i>Authorization rules may apply.</i></p> <p>You pay \$0 copay for up to 22 one-way trip(s) every year to plan-approved locations.</p>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage (HMO SNP)
<p>Foot Care <i>(podiatry services)</i></p>	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Podiatry services 	<p>Medicare-covered podiatry services:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit. <p>Routine foot care services are not covered.</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>
<p>Medical Equipment/Supplies</p>	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Medical equipment and supplies, oxygen services and related respiratory equipment, and diabetes care services 	<p><i>Authorization rules may apply.</i></p> <p>Durable medical equipment (wheelchairs, oxygen, etc.):</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Diabetes monitoring supplies:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.</p> <p><i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i></p>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage (HMO SNP)
Prescription Drugs	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Pharmacy services (for beneficiaries not eligible for Medicare Part D) 	<p>Please refer to the Medicare-covered “Prescription Drug Benefits” section for more detail.</p> <p>Part B Drugs: <i>Authorization rules may apply.</i></p> <p>For Part B drugs such as chemotherapy drugs:</p> <ul style="list-style-type: none"> You pay 0% or 20% of the total cost.** <p>Part D Drugs:</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> \$0 copay; or \$1.25; or \$3.35; or 15% coinsurance <p>For all other drugs, either:</p> <ul style="list-style-type: none"> \$0 copay; or \$3.70; or \$8.35; or 15% coinsurance <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage (HMO SNP)
Outpatient Surgery	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Ambulatory surgical center services and outpatient hospital services (acute, chronic, psychiatric, rehabilitation, specialty) 	<i>Authorization rules may apply.</i> Ambulatory surgical center: <ul style="list-style-type: none"> You pay 0% or 20% of the total cost for each outpatient surgery and/or services per visit.** Outpatient hospital facility: <ul style="list-style-type: none"> You pay 0% or 20% of the total cost for each outpatient surgery and/or services per visit.** <i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>
Family Planning Services and Supplies	\$0 copay for Medicaid-covered services.	Not covered
Home Health Care	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Home health agency services 	<i>Authorization rules may apply.</i> You pay a \$0 copay for Medicare-covered home health visits.
Medical Day Care Services	\$0 copay for Medicaid-covered services.	You pay a \$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more information.
Outpatient Substance Abuse	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Substance abuse treatment services 	<i>Authorization rules may apply.</i> Outpatient substance abuse (group/individual visits): <ul style="list-style-type: none"> You pay 0% or 20% of the total cost per visit.** <i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage (HMO SNP)
Personal Care Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Personal care services 	Not covered
Private Duty Nursing Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Private duty nursing services (beneficiaries under 21) 	Not covered
Renal Dialysis	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Kidney dialysis services 	You pay 0% or 20% of the total cost.** <i>** If you are eligible for Medicare cost-sharing assistance under Medicaid, your cost-sharing varies based on the level of Extra Help you receive.</i>
School-Based Health-Related Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> School-based health-related services (beneficiaries under 21) 	Not covered
Statewide Evaluation and Planning Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Statewide evaluation and planning services through local health departments 	Not covered
Targeted Case Management	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Targeted case management for HIV-Infected individuals and other targeted populations 	Case Management is available. Call Member Services for details.
Hospice Care	\$0 copay for Medicaid-covered services.	You pay a \$0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more information.



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