

2017
Summary of Benefits

HMO SNP
H9915

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, or sex. 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 Catherine Kajubi, JD.

If you believe that MedStar Medicare Choice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Catherine Kajubi, JD, Director of Medicare Compliance, 5233 King Ave., Suite 400, Baltimore, MD 21237-4001, Telephone Number: 202-243-5419, Fax Number: 410-350-7440, Catherine.M.Kajubi@medstar.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Catherine Kajubi, JD, Director of Medicare Compliance 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>.

Nondiscrimination Statement

English: 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.

Spanish: MedStar Medicare Choice cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

French: MedStar Medicare Choice respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

French Creole: MedStar Medicare Choice konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Italian: MedStar Medicare Choice è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso.

Portuguese: MedStar Medicare Choice cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo.

German: MedStar Medicare Choice erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Norwegian: MedStar Medicare Choice overholder gjeldende føderale lover om borgerrettigheter og diskriminerer ikke på grunnlag av etnisitet, farge, nasjonal opprinnelse, alder, funksjonshemming eller kjønn.

Russian: MedStar Medicare Choice соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

Persian:

MedStar Medicare Choice از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قایل نمی شود.

Greek: MedStar Medicare Choice συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο.

Serbo-Croatian: MedStar Medicare Choice pridržava se važećih saveznih zakona o građanskim pravima i ne pravi diskriminaciju po osnovu rase, boje kože, nacionalnog porijekla, godina starosti, invaliditeta ili pola.

Urdu:

MedStar Medicare Choice قابلِ اطلاق وفاقى شہرى حقوق كے قوانین كى تعمیل كرتا ہے اور یہ كہ نسل، رنگ، قومیت، عمر، معذوری یا جنس كى بنیاد پر امتیاز نہیں كرتا۔

Hindi: MedStar Medicare Choice लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Chinese: MedStar Medicare Choice 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Japanese: MedStar Medicare Choice は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。

Korean: MedStar Medicare Choice 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Vietnamese: MedStar Medicare Choice tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Tagalog: Sumusunod ang MedStar Medicare Choice sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

Multi-Language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-222-1041 (TTY: 1-855-250-5604).

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

French: 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).

French Creole: 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).

Italian: 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).

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

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

Norwegian: MERK: Hvis du snakker norsk, er gratis språkassistentjenester tilgjengelige for deg. Ring 1-855-222-1041 (TTY: 1-855-250-5604).

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

Persian:

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

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-222-1041 (TTY: 1-855-250-5604).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-222-1041 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-855-250-5604).

Urdu:

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)۔

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-222-1041 (TTY: 1-855-250-5604) पर कॉल करें।

Chinese: 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)。

Japanese: 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。

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

Vietnamese: 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).

Tagalog: 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).

Grievance Procedure

It is the policy of MedStar Medicare Choice not to discriminate on the basis of race, color, national origin, sex, age or disability. MedStar Medicare Choice has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Catherine Kajubi, JD, Director of Medicare Compliance, 5233 King Ave., Suite 400, Baltimore, MD 21237-4001, Telephone Number: 202-243-5419, Fax Number: 410-350-7440, Catherine.M.Kajubi@medstar.net., who has been designated to coordinate the efforts of MedStar Medicare Choice to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for MedStar Medicare Choice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of MedStar Medicare Choice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the (Administrator/Chief Executive Officer/Board of Directors/etc.) within 15 days of receiving the Section 1557 Coordinator's decision. The (Administrator/Chief Executive Officer/Board of Directors/etc.) shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of

Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

MedStar Medicare Choice will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

SUMMARY OF BENEFITS

January 1, 2017 – December 31, 2017

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 us and ask for the "Evidence of Coverage".

Who can join?

To join **MedStar Medicare Choice Dual Advantage (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and D.C. Department of Health Care Finance or Maryland Department of Health and Mental Hygiene, 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: Anne Arundel, Baltimore, Baltimore City, Calvert, Charles, Harford, Howard, Prince George's, and St. Mary's.

What do we cover?

Like all Medicare 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, 7 days a week. TTY users should call 1-877-486-2048.

We cover Part D drugs for **MedStar Medicare Choice Dual Advantage (HMO SNP)**. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

Which doctors, hospitals, and pharmacies can I use?

MedStar Medicare Choice Dual Advantage (HMO SNP) 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.

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: **MedStarMedicareChoice.com**
 - You can see our plan's provider and pharmacy directory at **MedStarMedicareChoice.com**.
 - You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions at **MedStarMedicareChoice.com**.

Hours of Operation

- From October 1 to February 14, you can call us 7 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.

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/coinsurance may change on January 1 of each year.

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

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (Maryland)
Monthly Premium, Deductible and Out-of-Pocket Limit		
Monthly Plan Premium	\$0 per month. In addition, you must continue to pay your Medicare Part B premium.	\$0 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 \$166 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2017.</p>	<p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$166 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2017.</p>
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"> \$6,700 for services 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 premiums.</p>	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$6,700 for services 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 and Mental Hygiene eligibility.</p> <p>Please note that you will still need to pay your monthly premiums.</p>

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (Maryland)
Covered Medical and Hospital Benefits		
Note: Services with a * may require prior authorization.		
Inpatient Hospital Coverage*	<p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,288 deductible for days 1 through 60 • \$322 copay per day for days 61 through 90 • \$644 copay per day for 60 lifetime reserve days <p>These amounts may change for 2017.</p>	<p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,288 deductible for days 1 through 60 • \$322 copay per day for days 61 through 90 • \$644 copay per day for 60 lifetime reserve days <p>These amounts may change for 2017.</p>
Doctor Visits <i>(Primary and Specialists)</i>	<p>Primary care physician visit: 0% or 20% coinsurance</p> <p>Specialist visit: 0% or 20% coinsurance</p>	<p>Primary care physician visit: 0% or 20% coinsurance</p> <p>Specialist visit: 0% or 20% coinsurance</p>
Preventive Care	<p>\$0 copayment</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>\$0 copayment</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>0% or 20% coinsurance (up to \$75)</p> <p>If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency 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>If you are moved to observation care, you do not have to pay your share of the cost for emergency care.</p>	<p>0% or 20% coinsurance (up to \$75)</p> <p>If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency 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>If you are moved to observation care, you do not have to pay your share of the cost for emergency care.</p>
Urgently Needed Services	0% or 20% coinsurance (up to \$65)	0% or 20% coinsurance (up to \$65)

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (Maryland)
Diagnostic Services/ Labs/ Imaging*	<p>Advanced imaging services (such as MRIs, CT scans): 0% or 20% coinsurance</p> <p>Basic imaging services, including outpatient x-rays: 0% or 20% coinsurance</p> <p>Tests and procedures: 0% or 20% coinsurance</p> <p>Lab services: 0% or 20% coinsurance</p>	<p>Advanced imaging services (such as MRIs, CT scans): 0% or 20% coinsurance</p> <p>Basic imaging services, including outpatient x-rays: 0% or 20% coinsurance</p> <p>Tests and procedures: 0% or 20% coinsurance</p> <p>Lab services: 0% or 20% coinsurance</p>
Hearing Services	Routine hearing services are not covered.	Routine hearing services are not covered.
Dental Services	<p>Cleaning (for up to 1 every six months): \$0 copayment</p> <p>Oral exam (for up to 1 every six months): \$0 copayment</p> <p>Dental x-ray(s) (for up to 1 every year): \$0 copayment</p> <p>Fluoride treatment (for up to 1 every year): \$0 copayment</p> <p>Our plan pays up to \$1,000 every year for use toward comprehensive dental services.</p>	<p>Cleaning (for up to 1 every six months): \$0 copayment</p> <p>Oral exam (for up to 1 every six months): \$0 copayment</p> <p>Dental x-ray(s) (for up to 1 every year): \$0 copayment</p> <p>Fluoride treatment (for up to 1 every year): \$0 copayment</p> <p>Our plan pays up to \$1,000 every year for use toward comprehensive dental services.</p>
Vision Services	Routine vision exam (for up to 1 every year): \$0 copayment	Routine vision exam (for up to 1 every year): \$0 copayment

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (Maryland)
Vision Services <i>(continue)</i>	<p>Contact lenses: \$0 copayment</p> <p>Eyeglasses (frames and lenses): \$0 copayment</p> <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses). (Excludes eyeglasses or contact lenses after cataract surgery.)</p>	<p>Contact lenses: \$0 copayment</p> <p>Eyeglasses (frames and lenses): \$0 copayment</p> <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses). (Excludes eyeglasses or contact lenses after cataract surgery.)</p>
Mental Health Services*	<p>Inpatient visit:</p> <p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,288 deductible for days 1 through 60 • \$322 copay per day for days 61 through 90 • \$644 copay per day for 60 lifetime reserve days <p>These amounts may change for 2017.</p> <p>Outpatient individual and group therapy visits:</p> <p>0% or 20% coinsurance</p>	<p>Inpatient visit:</p> <p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,288 deductible for days 1 through 60 • \$322 copay per day for days 61 through 90 • \$644 copay per day for 60 lifetime reserve days <p>These amounts may change for 2017.</p> <p>Outpatient individual and group therapy visits:</p> <p>0% or 20% coinsurance</p>
Skilled Nursing Facility (SNF) *	<p>Our plan covers up to 100 days in a SNF.</p> <p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$161 copay per day for days 21 through 100 <p>These amounts may change for 2017.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$161 copay per day for days 21 through 100 <p>These amounts may change for 2017.</p>
Rehabilitation Services*	<p>Occupational therapy visit: 0% or 20% coinsurance</p>	<p>Occupational therapy visit: 0% or 20% coinsurance</p>

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (Maryland)
Rehabilitation Services <i>(continue)</i>	Physical therapy and speech and language therapy visit: 0% or 20% coinsurance	Physical therapy and speech and language therapy visit: 0% or 20% coinsurance
Ambulance*	0% or 20% coinsurance per one-way trip	0% or 20% coinsurance per one-way trip
Transportation*	\$0 copayment for up to 24 one-way trip(s) every year.	\$0 copayment for up to 24 one-way trip(s) every year.
Foot Care <i>(podiatry services)</i>	Routine foot care (for up to 12 visit(s) every year): \$0 copayment	Routine foot care (for up to 12 visit(s) every year): \$0 copayment
Medical Equipment/Supplies*	Durable medical equipment (wheelchairs, oxygen, etc.): 0% or 20% coinsurance Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies: 0% or 20% coinsurance Diabetes monitoring supplies: 0% or 20% coinsurance Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.	Durable medical equipment (wheelchairs, oxygen, etc.): 0% or 20% coinsurance Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies: 0% or 20% coinsurance Diabetes monitoring supplies: 0% or 20% coinsurance Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.
Wellness Programs <i>(e.g., fitness)</i>	Nurse advice line: \$0 copayment	Nurse advice line: \$0 copayment
Medicare Part B Drugs*	0% or 20% coinsurance	0% or 20% coinsurance

Premiums and Benefits	MedStar Medicare Choice Dual Advantage (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (Maryland)
Prescription Drug Benefits		
Deductible Stage	<p>\$0 to \$82 per year for Part D prescription drugs.</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 to \$82 per year for Part D prescription drugs.</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 • \$1.20; or • \$3.30 <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.70; or • \$8.25 <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 • \$1.20; or • \$3.30 <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.70; or • \$8.25 <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 Dual Advantage (Washington, D.C.)	MedStar Medicare Choice Dual Advantage (Maryland)
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, 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 \$4,950, you pay nothing for all drugs.

Other Covered Benefits

Note: Services with a * may require prior authorization.

Outpatient Surgery*	Ambulatory surgical center: 0% or 20% coinsurance Outpatient hospital: 0% or 20% coinsurance	Ambulatory surgical center: 0% or 20% coinsurance Outpatient hospital: 0% or 20% coinsurance
Chiropractic Care*	Routine chiropractic services are not covered.	Routine chiropractic services are not covered.

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 7-1-1), 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
Inpatient Hospital Coverage	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Hospitalization 	<i>Authorization rules may apply.</i> In 2016 the amounts for each benefit period were \$0 or: <ul style="list-style-type: none"> \$1,288 deductible for days 1 through 60 \$322 copay per day for days 61 through 90 \$644 copay per day for 60 lifetime reserve days These amounts may change for 2017.
Doctor Visits <i>(Primary and Specialists)</i>	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Doctor visits, physician services, and nurse practitioner services 	Primary care physician visit: 0% or 20% coinsurance Specialist visit: 0% or 20% coinsurance
Preventive Care	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services 	You pay nothing for Medicare-covered preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.
Diagnostic Services/ Labs/Imaging	\$0 copay for Medicaid-covered services.	<i>Authorization rules may apply.</i>

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage
Diagnostic Services/ Labs/Imaging <i>(continue)</i>	<ul style="list-style-type: none"> Laboratory services and radiology 	<p>Advanced imaging services (such as MRIs, CT scans): 0% or 20% coinsurance</p> <p>Basic imaging services, including outpatient x-rays: 0% or 20% coinsurance</p> <p>Tests and procedures: 0% or 20% coinsurance</p> <p>Lab services: 0% or 20% coinsurance</p>
Dental Services	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Dental services and related treatment 	<ul style="list-style-type: none"> Cleaning (for up to 1 every six months): \$0 copayment Oral exam (for up to 1 every six months): \$0 copayment Dental x-ray(s) (for up to 1 every year): \$0 copayment Fluoride treatment (for up to 1 every year): \$0 copayment <p>Our plan pays up to \$1,000 every year for use toward comprehensive dental services.</p>
Vision Services	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Eye care 	<p>Routine eye exam (for up to 1 every year): \$0 copayment</p> <p>Contact lenses: \$0 copayment</p> <p>Eyeglasses (frames and lenses): \$0 copayment</p> <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p>

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage
Mental Health Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Hospitalization and mental health services 	<i>Authorization rules may apply.</i> In 2016 the amounts for each benefit period were \$0 or: <ul style="list-style-type: none"> \$1,288 deductible for days 1 through 60 \$322 copay per day for days 61 through 90 \$644 copay per day for 60 lifetime reserve days These amounts may change for 2017. Outpatient individual and group therapy visits: 0% or 20% coinsurance
Ambulance	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Emergency ambulance services 	<i>Authorization rules may apply.</i> 0% or 20% coinsurance per one-way trip
Transportation	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Medically necessary transportation 	<i>Authorization rules may apply.</i> \$0 copayment for up to 24 one-way trip(s) every year.
Medical Equipment/Supplies	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Durable medical equipment and medical supplies. 	<i>Authorization rules may apply.</i> Durable medical equipment (wheelchairs, oxygen, etc.): 0% or 20% coinsurance Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies: 0% or 20% coinsurance Diabetes monitoring supplies: 0% or 20% coinsurance

Benefit	Medicaid State Plan Washington, D.C.	MedStar Medicare Choice Dual Advantage
Outpatient Surgery	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> • Ambulatory surgical care 	<i>Authorization rules may apply.</i> Ambulatory surgical center: 0% or 20% coinsurance Outpatient hospital: 0% or 20% coinsurance
Renal Dialysis	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> • Dialysis services 	0% or 20% coinsurance
Transplants	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> • Transplants (Liver, Heart, Kidney, and Allogeneic Bone Marrow transplantation) 	<i>Authorization rules may apply.</i> Services must be received through a network provider or an agreed-upon provider/facility. Please refer to your Evidence of Coverage for more information.
Hospice	\$0 copay for Medicaid-covered services.	You pay nothing 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

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 and Mental Hygiene 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 and Mental Hygiene**, please contact them at 877-463-3464 or 410-767-6500 (TTY users call 711), or visit their website at mmcp.dhmh.maryland.gov/pages/Medicaid-Eligibility-and-Benefits.aspx.

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage
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 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> \$1,288 deductible for days 1 through 60 \$322 copay per day for days 61 through 90 \$644 copay per day for 60 lifetime reserve days <p>These amounts may change for 2017.</p>
Doctor Visits <i>(Primary and Specialists)</i>	<p>\$0 copay for Medicaid-covered services.</p> <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: 0% or 20% coinsurance</p> <p>Specialist visit: 0% or 20% coinsurance</p>
Preventive Care	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (for beneficiaries under 21) 	<p>You pay nothing for Medicare-covered preventive services.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage
Diagnostic Services/ Labs/Imaging	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Laboratory and x-ray services 	<i>Authorization rules may apply.</i> Advanced imaging services (such as MRIs, CT scans): 0% or 20% coinsurance Basic imaging services, including outpatient x-rays: 0% or 20% coinsurance Tests and procedures: 0% or 20% coinsurance Lab services: 0% or 20% coinsurance
Hearing Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Hearing aids (beneficiaries under 21) 	Routine hearing services are not covered.
Dental Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Dental services and dentures (beneficiaries under 21) 	<ul style="list-style-type: none"> Cleaning (for up to 1 every six months): \$0 copayment Oral exam (for up to 1 every six months): \$0 copayment Dental x-ray(s) (for up to 1 every year): \$0 copayment Fluoride treatment (for up to 1 every year): \$0 copayment Our plan pays up to \$1,000 every year for use toward comprehensive dental services.
Vision Services	\$0 copay for Medicaid-covered services.	<i>Authorization rules may apply.</i>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage
Vision Services <i>(continue)</i>	<ul style="list-style-type: none"> • Eyeglasses (for beneficiaries under 21) • Vision care services (eye exam every two years) 	Routine eye exam (for up to 1 every year) \$0 copayment Contact lenses: \$0 copayment Eyeglasses (frames and lenses): \$0 copayment Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).
Mental Health Services	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> • Hospital Inpatient and Outpatient Services (Acute, Chronic, Psychiatric, Rehabilitation, Specialty) • Mental Health Treatment, Case Management, and Rehabilitation Services 	<i>Authorization rules may apply.</i> In 2016 the amounts for each benefit period were \$0 or: <ul style="list-style-type: none"> • \$1,288 deductible for days 1 through 60 • \$322 copay per day for days 61 through 90 • \$644 copay per day for 60 lifetime reserve days These amounts may change for 2017. Outpatient individual and group therapy visits: 0% or 20% coinsurance
Skilled Nursing Facility (SNF)	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> • Nursing facility services (nursing homes) 	<i>Authorization rules may apply.</i> Our plan covers up to 100 days in a SNF. In 2016 the amounts for each benefit period were \$0 or: <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$161 copay per day for days 21 through 100 These amounts may change for 2017.

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage
Rehabilitation Services	\$0 copay for Medicaid-covered services.	<i>Authorization rules may apply.</i> Occupational therapy visit: 0% or 20% coinsurance Physical therapy and speech and language therapy visit: 0% or 20% coinsurance
Ambulance	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Ambulance and wheelchair van services and emergency medical transportation 	<i>Authorization rules may apply.</i> 0% or 20% coinsurance per one-way trip
Transportation	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Transportation services to Medicaid-covered services (through local health departments) 	<i>Authorization rules may apply.</i> \$0 copayment for up to 24 one-way trip(s) every year.
Foot Care <i>(podiatry services)</i>	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Podiatry services 	Routine foot care (for up to 12 visit(s) every year): \$0 copayment
Medical Equipment/Supplies	\$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> Medical equipment and supplies, oxygen services and related respiratory equipment, and diabetes care services 	<i>Authorization rules may apply.</i> Durable medical equipment (wheelchairs, oxygen, etc.): 0% or 20% coinsurance Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies: 0% or 20% coinsurance Diabetes monitoring supplies: 0% or 20% coinsurance

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage
<p>Prescription Drugs</p>	<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:</p> <p><i>Authorization rules may apply.</i></p> <p>For Part B drugs such as chemotherapy drugs:</p> <p>0% or 20% coinsurance</p> <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 \$1.20; or \$3.30 <p>For all other drugs, either:</p> <ul style="list-style-type: none"> \$0 copay; or \$3.70; or \$8.25 <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay nothing for all drugs.</p>
<p>Outpatient Surgery</p>	<p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> Ambulatory surgical center services and outpatient hospital services (acute, chronic, psychiatric, rehabilitation, specialty) 	<p><i>Authorization rules may apply.</i></p> <p>Ambulatory surgical center:</p> <p>0% or 20% coinsurance</p> <p>Outpatient hospital:</p> <p>0% or 20% coinsurance</p>

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage
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 nothing for Medicare-covered home health visits.
Medical Day Care Services	\$0 copay for Medicaid-covered services.	You pay nothing 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
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): 0% or 20% coinsurance
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 	0% or 20% coinsurance

Benefit	Medicaid State Plan Maryland	MedStar Medicare Choice Dual Advantage
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 nothing 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

