

2017
Summary of Benefits

HMO
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 HMO (HMO)** 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 HMO (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

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

Our service area includes the following counties in Maryland: 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 HMO (HMO)**. 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 HMO (HMO) 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.

MedStar Medicare Choice (HMO) has a contract with Medicare. Enrollment in MedStar Medicare Choice depends on contract renewal.

Premiums and Benefits	MedStar Medicare Choice HMO (Washington, D.C.)	MedStar Medicare Choice HMO (Maryland)
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Monthly Premium, Deductible and Out-of-Pocket Limit

Monthly Plan Premium	\$17 per month. In addition, you must continue to pay your Medicare Part B premium.	\$17 per month. In addition, you must continue to pay your Medicare Part B premium.
Deductible	This plan does not have a deductible for hospital and medical services.	This plan does not have a deductible for hospital and medical services.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$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>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>Please note that you will still need to pay your monthly premiums.</p>

Covered Medical and Hospital Benefits

Note: Services with a * may require prior authorization.

Inpatient Hospital Coverage*	<ul style="list-style-type: none"> • \$350 copayment per day for days 1-5, per admission • \$0 copayment per day for days 6-90 and beyond 	<ul style="list-style-type: none"> • \$350 copayment per day for days 1-5, per admission • \$0 copayment per day for days 6-90 and beyond
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Premiums and Benefits	MedStar Medicare Choice HMO (Washington, D.C.)	MedStar Medicare Choice HMO (Maryland)
Doctor Visits <i>(Primary and Specialists)</i>	Primary care physician visit: \$5 copayment Specialist visit: \$50 copayment	Primary care physician visit: \$5 copayment Specialist visit: \$50 copayment
Preventive Care	\$0 copayment Any additional preventive services approved by Medicare during the contract year will be covered.	\$0 copayment Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	\$75 copayment If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency care. 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. If you are moved to observation care, you do not have to pay your share of the cost for emergency care.	\$75 copayment If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency care. 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. If you are moved to observation care, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	\$40 copayment	\$40 copayment
Diagnostic Services/ Labs/ Imaging*	Advanced imaging services (such as MRIs, CT scans): \$200 copayment Basic imaging services, including outpatient x-rays: \$20 copayment Tests and procedures: \$0 copayment Lab services: \$0 copayment	Advanced imaging services (such as MRIs, CT scans): \$250 copayment Basic imaging services, including outpatient x-rays: \$20 copayment Tests and procedures: \$0 copayment Lab services: \$0 copayment
Hearing Services	Routine hearing services are not covered.	Routine hearing services are not covered.

Premiums and Benefits	MedStar Medicare Choice HMO (Washington, D.C.)	MedStar Medicare Choice HMO (Maryland)
Dental Services	<p>\$45 copayment for a single office visit that includes:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months) • Oral exam (for up to 1 every six months) • Dental x-ray(s) (for up to 1 every year) • Fluoride treatment (for up to 1 every year) 	<p>\$45 copayment for a single office visit that includes:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months) • Oral exam (for up to 1 every six months) • Dental x-ray(s) (for up to 1 every year) • Fluoride treatment (for up to 1 every year)
Vision Services	<p>Routine vision 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). (Excludes eyeglasses or contact lenses after cataract surgery.)</p>	<p>Routine vision 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). (Excludes eyeglasses or contact lenses after cataract surgery.)</p>
Mental Health Services*	<p>Inpatient visit:</p> <ul style="list-style-type: none"> • \$300 copayment per day for days 1-5, per admission • \$0 copayment per day for days 6-90 and beyond <p>Outpatient individual and group therapy visits: \$40 copayment</p>	<p>Inpatient visit:</p> <ul style="list-style-type: none"> • \$300 copayment per day for days 1-5, per admission • \$0 copayment per day for days 6-90 and beyond <p>Outpatient individual and group therapy visits: \$40 copayment</p>
Skilled Nursing Facility (SNF) *	<p>Our plan covers up to 100 days in a SNF.</p>	<p>Our plan covers up to 100 days in a SNF.</p>

Premiums and Benefits	MedStar Medicare Choice HMO (Washington, D.C.)	MedStar Medicare Choice HMO (Maryland)
Skilled Nursing Facility (SNF) <i>(continue)</i>	<ul style="list-style-type: none"> • \$0 copayment per day for days 1-20 • \$160 copayment per day for days 21-100 	<ul style="list-style-type: none"> • \$0 copayment per day for days 1-20 • \$160 copayment per day for days 21-100
Rehabilitation Services*	Occupational therapy visit: \$40 copayment Physical therapy and speech and language therapy visit: \$40 copayment	Occupational therapy visit: \$40 copayment Physical therapy and speech and language therapy visit: \$40 copayment
Ambulance*	\$250 copayment per one-way trip	\$250 copayment per one-way trip
Transportation	Not covered	Not covered
Foot Care <i>(podiatry services)</i>	Routine foot care services are not covered.	Routine foot care services are not covered.
Medical Equipment/Supplies*	Durable medical equipment (wheelchairs, oxygen, etc.): 20% coinsurance Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies: 20% coinsurance Diabetes monitoring supplies: 20% coinsurance Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.	Durable medical equipment (wheelchairs, oxygen, etc.): 20% coinsurance Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies: 20% coinsurance Diabetes monitoring supplies: 20% coinsurance Diabetic supplies and services are limited to specific manufacturers, products, and/or brands.
Wellness Programs <i>(e.g., fitness)</i>	Fitness benefit: \$0 copayment Nurse advice line: \$0 copayment	Fitness benefit: \$0 copayment Nurse advice line: \$0 copayment

Premiums and Benefits	MedStar Medicare Choice HMO (Washington, D.C.)	MedStar Medicare Choice HMO (Maryland)
Medicare Part B Drugs*	20% coinsurance	20% coinsurance

Prescription Drug Benefits

Deductible Stage	<p>\$200 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2 and Tier 6 which are excluded from the deductible.</p> <p>Once you have paid your plan’s prescription drug deductible amount, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.</p>	<p>\$200 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2 and Tier 6 which are excluded from the deductible.</p> <p>Once you have paid your plan’s prescription drug deductible amount, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.</p>
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Initial Coverage Stage	<p>You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>
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Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic Drugs)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic Drugs)	\$15 copay	\$30 copay	\$45 copay
Tier 3 (Preferred Brand Drugs)	\$47 copay	\$94 copay	\$141 copay

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic Drugs)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic Drugs)	\$15 copay	\$30 copay	\$45 copay
Tier 3 (Preferred Brand Drugs)	\$47 copay	\$94 copay	\$141 copay

Premiums and Benefits	MedStar Medicare Choice HMO (Washington, D.C.)				MedStar Medicare Choice HMO (Maryland)																																																										
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Premiums and Benefits	MedStar Medicare Choice HMO (Washington, D.C.)	MedStar Medicare Choice HMO (Maryland)
Initial Coverage Stage <i>(continue)</i>	<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>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>
Coverage Gap Stage	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,700.</p> <p>After you enter the coverage gap, you pay 40% of the plan's cost plus a dispensing fee for covered brand name drugs and 51% of the plan's cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,700.</p> <p>After you enter the coverage gap, you pay 40% of the plan's cost plus a dispensing fee for covered brand name drugs and 51% of the plan's cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
Catastrophic Coverage Stage	<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 the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.30 copay for generic (including brand drugs treated as generic) and an \$8.25 copayment for all other drugs. 	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.30 copay for generic (including brand drugs treated as generic) and an \$8.25 copayment for all other drugs.

Premiums and Benefits	MedStar Medicare Choice HMO (Washington, D.C.)	MedStar Medicare Choice HMO (Maryland)
Other Covered Benefits		
Note: Services with a * may require prior authorization.		
Outpatient Surgery*	Ambulatory surgical center: \$250 copayment Outpatient hospital: \$350 copayment	Ambulatory surgical center: \$250 copayment Outpatient hospital: \$350 copayment
Chiropractic Care*	Routine chiropractic services are not covered.	Routine chiropractic services are not covered.

