



MedStar Medicare  
Choice

# 2015 Summary of Benefits

MedStar Medicare Choice Care Advantage (HMO SNP)  
H9915





**SUMMARY OF BENEFITS**  
**January 1, 2015 – December 31, 2015**

This booklet gives you a summary of what we cover and what you pay. It doesn't 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."

**You have choices about how to get your Medicare benefits**

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **MedStar Medicare Choice Care Advantage (HMO SNP)**).

**Tips for comparing your Medicare choices**

This Summary of Benefits booklet gives you a summary of what **MedStar Medicare Choice Care Advantage (HMO SNP)** 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>.
- 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.

**Sections in this booklet**

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

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.

<p>Things to Know About <b>MedStar Medicare Choice Care Advantage (HMO SNP)</b></p>
<p><b>Hours of Operation</b></p>
<p>From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.</p> <p>From February 15 to September 30, you can call us Monday from 8:00 a.m. to 8:00 p.m. Eastern time, Tuesday from 8:00 a.m. to 8:00 p.m. Eastern time, Wednesday from 8:00 a.m. to 8:00 p.m. Eastern time, Thursday from 8:00 a.m. to 8:00 p.m. Eastern time, Friday from 8:00 a.m. to 8:00 p.m. Eastern time, Saturday from 8:00 a.m. to 3:00 p.m. Eastern time.</p>
<p><b>MedStar Medicare Choice Care Advantage (HMO SNP) Phone Numbers and Website</b></p>
<ul style="list-style-type: none"> <li>• If you are a member of this plan, call toll-free 855-222-1041. TTY users should call 855-250-5604.</li> <li>• If you are not a member of this plan, call toll-free 855-242-4870. TTY users should call 855-250-5604.</li> <li>• Our website: <a href="http://www.medstarmedicarechoice.com">http://www.medstarmedicarechoice.com</a></li> </ul>
<p><b>Who can join?</b></p>
<p>To join <b>MedStar Medicare Choice Care Advantage (HMO SNP)</b>, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be diagnosed with Chronic Heart Failure and/or Diabetes, and live in our service area.</p>
<p><b>MedStar Medicare Choice Care Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs</b> service area includes the following counties in Maryland: Anne Arundel [pending], Baltimore [pending], Baltimore City [pending], Charles [pending], Howard [pending], Prince George's [pending], and St. Mary's [pending].</p> <p><b>MedStar Medicare Choice Care Advantage (HMO SNP) DC Metro</b> service area includes the following county in Washington D.C.: District of Columbia.</p>
<p><b>Which doctors, hospitals, and pharmacies can I use?</b></p>
<p><b>MedStar Medicare Choice Care Advantage (HMO SNP)</b> 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.</p>

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (<http://www.medstarmedicarechoice.com>).

Or call us and we will send you a copy of the provider and pharmacy directories.

### **What do we cover?**

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

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

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 formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.medstarmedicarechoice.com>.

Or call us and we will send you a copy of the formulary.

### **How will I determine my drug costs?**

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

**SUMMARY OF BENEFITS**  
**January 1, 2015 – December 31, 2015**

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (DC Metro)</b>
<b>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</b>		
<b>How much is the monthly premium?</b>	<ul style="list-style-type: none"> <li>\$0 per month. In addition, you must keep paying your Medicare Part B premium.</li> </ul>	<ul style="list-style-type: none"> <li>\$0 per month. In addition, you must keep paying your Medicare Part B premium.</li> </ul>
<b>How much is the deductible?</b>	<ul style="list-style-type: none"> <li>This plan does not have a deductible.</li> </ul>	<ul style="list-style-type: none"> <li>This plan does not have a deductible.</li> </ul>
<b>Is there any limit on how much I will pay for my covered services?</b>	<ul style="list-style-type: none"> <li>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</li> <li>Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>\$6,700 for services you receive from in-network providers.</li> </ul> </li> <li>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.</li> <li>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</li> </ul>	<ul style="list-style-type: none"> <li>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</li> <li>Your yearly limit(s) in this plan: <ul style="list-style-type: none"> <li>\$6,700 for services you receive from in-network providers.</li> </ul> </li> <li>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.</li> <li>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</li> </ul>
<b>Is there a limit on how much the plan will pay?</b>	<ul style="list-style-type: none"> <li>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</li> </ul>	<ul style="list-style-type: none"> <li>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</li> </ul>

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

## COVERED MEDICAL AND HOSPITAL BENEFITS

**NOTE:**  
**SERVICES WITH A <sup>1</sup> MAY REQUIRE PRIOR AUTHORIZATION.**

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (DC Metro)</b>
<b>OUTPATIENT CARE AND SERVICES</b>		
<b>Acupuncture and Other Alternative Therapies</b>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>
<b>Ambulance</b>	<ul style="list-style-type: none"> <li>• \$200 copay per one-way trip</li> </ul>	<ul style="list-style-type: none"> <li>• \$200 copay per one-way trip</li> </ul>
<b>Chiropractic Care</b>	<ul style="list-style-type: none"> <li>• Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$15 copay</li> </ul>	<ul style="list-style-type: none"> <li>• Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$15 copay</li> </ul>
<b>Dental Services</b>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$40 copay</p> <ul style="list-style-type: none"> <li>• Preventive dental services:               <ul style="list-style-type: none"> <li>○ Cleaning (for up to 1 every six months): You pay nothing</li> <li>○ Dental x-ray(s) (for up to 1 every year): You pay nothing</li> <li>○ Fluoride treatment (for up to 1 every year): You pay nothing</li> <li>○ Oral exam (for up to 1 every six months): You pay nothing</li> </ul> </li> </ul>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$40 copay</p> <ul style="list-style-type: none"> <li>• Preventive dental services:               <ul style="list-style-type: none"> <li>○ Cleaning (for up to 1 every six months): You pay nothing</li> <li>○ Dental x-ray(s) (for up to 1 every year): You pay nothing</li> <li>○ Fluoride treatment (for up to 1 every year): You pay nothing</li> <li>○ Oral exam (for up to 1 every six months): You pay nothing</li> </ul> </li> </ul>
<b>Diabetes Supplies and Services</b>	<ul style="list-style-type: none"> <li>• Diabetes monitoring supplies: You pay nothing</li> <li>• Diabetes self-management training: You pay nothing</li> <li>• Therapeutic shoes or inserts: You pay nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes monitoring supplies: You pay nothing</li> <li>• Diabetes self-management training: You pay nothing</li> <li>• Therapeutic shoes or inserts: You pay nothing</li> </ul>

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (DC Metro)</b>
<b>Diabetes Supplies and Services</b> <i>(continued)</i>	<ul style="list-style-type: none"> <li>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies.</li> <li>If the doctor provides you services in addition to diabetes self-management training, separate cost-sharing of \$10-40 may apply.</li> </ul>	<ul style="list-style-type: none"> <li>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies.</li> <li>If the doctor provides you services in addition to diabetes self-management training, separate cost-sharing of \$10-40 may apply.</li> </ul>
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays<sup>1</sup></b>	<ul style="list-style-type: none"> <li>Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost</li> <li>Diagnostic tests and procedures: You pay nothing</li> <li>Lab services: You pay nothing</li> <li>Outpatient x-rays: \$20 copay</li> <li>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</li> <li>If the doctor provides you services in addition to outpatient diagnostic procedures, tests, lab services, outpatient diagnostic, and therapeutic radiology services, separate cost-sharing of \$10-40 may apply.</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost</li> <li>Diagnostic tests and procedures: You pay nothing</li> <li>Lab services: You pay nothing</li> <li>Outpatient x-rays: \$20 copay</li> <li>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</li> <li>If the doctor provides you services in addition to outpatient diagnostic procedures, tests, lab services, outpatient diagnostic, and therapeutic radiology services, separate cost-sharing of \$10-40 may apply.</li> </ul>
<b>Doctor's Office Visits</b>	<ul style="list-style-type: none"> <li>Primary care physician visit: \$10 copay</li> <li>Specialist visit: \$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>Primary care physician visit: \$10 copay</li> <li>Specialist visit: \$40 copay</li> </ul>
<b>Durable Medical Equipment</b> <i>(wheelchairs, oxygen, etc.)<sup>1</sup></i>	<ul style="list-style-type: none"> <li>20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>20% of the cost</li> </ul>



	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (DC Metro)</b>
<b>Emergency Care</b>	<ul style="list-style-type: none"> <li>• \$65 copay</li> <li>• If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</li> <li>• Worldwide coverage</li> </ul>	<ul style="list-style-type: none"> <li>• \$65 copay</li> <li>• If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</li> <li>• Worldwide coverage</li> </ul>
<b>Foot Care (podiatry services)</b>	<ul style="list-style-type: none"> <li>• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>• Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$40 copay</li> </ul>
<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>• Exam to diagnose and treat hearing and balance issues: \$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>• Exam to diagnose and treat hearing and balance issues: \$40 copay</li> </ul>
<b>Home Health Care<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• You pay nothing</li> </ul>	<ul style="list-style-type: none"> <li>• You pay nothing</li> </ul>
<b>Mental Health Care<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Inpatient visit:</li> <li>• Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</li> <li>• Our plan covers 90 days for an inpatient hospital stay.</li> <li>• Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</li> <li>• \$200 copay per day for days 1 through 7</li> <li>• You pay nothing per day for days 8 through 90</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient visit:</li> <li>• Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</li> <li>• Our plan covers 90 days for an inpatient hospital stay.</li> <li>• Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</li> <li>• \$210 copay per day for days 1 through 7</li> <li>• You pay nothing per day for days 8 through 90</li> </ul>

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (DC Metro)</b>
<b>Mental Health Care<sup>1</sup></b> <i>(continued)</i>	<ul style="list-style-type: none"> <li>• Outpatient group therapy visit: \$40 copay</li> <li>• Outpatient individual therapy visit: \$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient group therapy visit: \$40 copay</li> <li>• Outpatient individual therapy visit: \$40 copay</li> </ul>
<b>Outpatient Rehabilitation</b>	<ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</li> <li>• Occupational therapy visit: \$40 copay</li> <li>• Physical therapy and speech and language therapy visit: \$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</li> <li>• Occupational therapy visit: \$40 copay</li> <li>• Physical therapy and speech and language therapy visit: \$40 copay</li> </ul>
<b>Outpatient Substance Abuse<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Group therapy visit: \$40 copay</li> <li>• Individual therapy visit: \$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>• Group therapy visit: \$40 copay</li> <li>• Individual therapy visit: \$40 copay</li> </ul>
<b>Outpatient Surgery<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Ambulatory surgical center: \$200 copay</li> <li>• Outpatient hospital: \$0-250 copay or 0-20% of the cost, depending on the service</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulatory surgical center: \$175 copay</li> <li>• Outpatient hospital: \$0-200 copay or 0-20% of the cost, depending on the service</li> </ul>
<b>Over-the-Counter Items</b>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>
<b>Prosthetic Devices</b> <i>(braces, artificial limbs, etc.)<sup>1</sup></i>	<ul style="list-style-type: none"> <li>• Prosthetic devices: 20% of the cost</li> <li>• Related medical supplies: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>• Prosthetic devices: 20% of the cost</li> <li>• Related medical supplies: 20% of the cost</li> </ul>
<b>Renal Dialysis</b>	<ul style="list-style-type: none"> <li>• 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of the cost</li> </ul>
<b>Transportation<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• You pay nothing</li> <li>• \$0 copay for up to 10 one-way trip(s) to plan-approved location every year</li> </ul>	<ul style="list-style-type: none"> <li>• You pay nothing</li> <li>• \$0 copay for up to 10 one-way trip(s) to plan-approved location every year</li> </ul>
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>• \$40 copay</li> </ul>	<ul style="list-style-type: none"> <li>• \$40 copay</li> </ul>

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (DC Metro)</b>
<b>Vision Services</b>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-40 copay, depending on the service</p> <ul style="list-style-type: none"> <li>• Routine eye exam (for up to 1 every year): You pay nothing</li> <li>• Contact lenses: You pay nothing</li> <li>• Eyeglasses (frames and lenses): You pay nothing</li> <li>• Eyeglasses or contact lenses after cataract surgery: You pay nothing</li> </ul> <p>Our plan pays up to \$135 every year for contact lenses and eyeglasses (frames and lenses).</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-40 copay, depending on the service</p> <ul style="list-style-type: none"> <li>• Routine eye exam (for up to 1 every year): You pay nothing</li> <li>• Contact lenses: You pay nothing</li> <li>• Eyeglasses (frames and lenses): You pay nothing</li> <li>• Eyeglasses or contact lenses after cataract surgery: You pay nothing</li> </ul> <p>Our plan pays up to \$135 every year for contact lenses and eyeglasses (frames and lenses).</p>
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>• You pay nothing</li> </ul> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colonoscopy</li> <li>• Colorectal cancer screenings</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Fecal occult blood test</li> <li>• Flexible sigmoidoscopy</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> </ul>	<ul style="list-style-type: none"> <li>• You pay nothing</li> </ul> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colonoscopy</li> <li>• Colorectal cancer screenings</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Fecal occult blood test</li> <li>• Flexible sigmoidoscopy</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> </ul>

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (DC Metro)</b>
<b>Preventive Care</b> <i>(continued)</i>	<ul style="list-style-type: none"> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> <li>• Yearly "Wellness" visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> <li>• Yearly "Wellness" visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<b>Hospice</b>	<ul style="list-style-type: none"> <li>• You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</li> </ul>	<ul style="list-style-type: none"> <li>• You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</li> </ul>
<b>INPATIENT CARE</b>		
<b>Inpatient Hospital Care<sup>1</sup></b>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$250 copay per day for days 1 through 7</li> <li>• You pay nothing per day for days 8 through 90</li> <li>• You pay nothing per day for days 91 and beyond</li> </ul>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$210 copay per day for days 1 through 7</li> <li>• You pay nothing per day for days 8 through 90</li> <li>• You pay nothing per day for days 91 and beyond</li> </ul>
<b>Inpatient Mental Health Care</b>	<ul style="list-style-type: none"> <li>• For inpatient mental health care, see the "Mental Health Care" section of this booklet.</li> </ul>	<ul style="list-style-type: none"> <li>• For inpatient mental health care, see the "Mental Health Care" section of this booklet.</li> </ul>
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 through 20</li> <li>• \$150 copay per day for days 21 through 100</li> </ul>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1 through 20</li> <li>• \$150 copay per day for days 21 through 100</li> </ul>

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<b>PRESCRIPTION DRUG BENEFITS</b>																																																										
<b>How much do I pay?</b>	<ul style="list-style-type: none"> <li>For Part B drugs such as chemotherapy drugs<sup>1</sup>: 20% of the cost</li> <li>Other Part B drugs<sup>1</sup>: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>For Part B drugs such as chemotherapy drugs<sup>1</sup>: 20% of the cost</li> <li>Other Part B drugs<sup>1</sup>: 20% of the cost</li> </ul>																																																								
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	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)</b>				<b>MedStar Medicare Choice Care Advantage (HMO SNP) (DC Metro)</b>			
<b>Initial Coverage</b> <i>(continued)</i>	<b>Standard Mail-Order Cost-Sharing</b>				<b>Standard Mail-Order Cost-Sharing</b>			
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<b>Coverage Gap</b>	<ul style="list-style-type: none"> <li>• 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 \$2,960.</li> <li>• After you enter the coverage gap, you pay 45% of the plan's cost for covered brand-name drugs and 65% of the plan's cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</li> </ul>	<ul style="list-style-type: none"> <li>• 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 \$2,960.</li> <li>• After you enter the coverage gap, you pay 45% of the plan's cost for covered brand-name drugs and 65% of the plan's cost for covered generic drugs until your costs total \$4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.</li> </ul>
<b>Catastrophic Coverage</b>	<ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$4,700, you pay the greater of: <ul style="list-style-type: none"> <li>○ 5% of the cost, or</li> <li>○ \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$4,700, you pay the greater of: <ul style="list-style-type: none"> <li>○ 5% of the cost, or</li> <li>○ \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copayment for all other drugs.</li> </ul> </li> </ul>

## **Additional Information About MedStar Medicare Choice Care Advantage (HMO SNP)**

With **MedStar Medicare Choice Care Advantage (HMO SNP)** you also receive the following supplemental benefits at no additional cost:

- **MedStar Medicare Choice Care Advantage (HMO SNP)** offers a fitness center membership through its Silver&Fit<sup>®</sup> fitness facility network.
- Nurse advice line - **MedStar Medicare Choice Care Advantage (HMO SNP)** offers a 24/7 nurse advice line available at 855-242-4873. TTY users call 855-250-5604. **MedStar Medicare Choice Care Advantage (HMO SNP)** members can call to obtain advice from a nurse regarding symptoms or medical conditions they may be experiencing.
- Re-admission Prevention – **MedStar Medicare Choice Care Advantage (HMO SNP)** offers this benefit to prevent readmissions after a scheduled admission by providing services prior to the admission. The services include assessing the home environment and teaching skills which are critical to post discharge care such as wound care, physical therapy and/or nutrition.



