



MedStar Medicare
Choice

2016 Summary of Benefits

MedStar Medicare Choice Dual Advantage (HMO SNP)
H9915



Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-222-1041. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-222-1041. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-222-1041。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-222-1041。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-222-1041. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-222-1041. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-222-1041 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-222-1041. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-222-1041 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-222-1041. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-222-1041. سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-222-1041 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-222-1041. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-222-1041. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-222-1041. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-222-1041. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-222-1041にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

SUMMARY OF BENEFITS

January 1, 2016 – December 31, 2016

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 Dual Advantage (HMO SNP)**).

Tips for comparing your Medicare choices

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

Things to Know About MedStar Medicare Choice Dual Advantage (HMO SNP)

Hours of Operation

- 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.
- 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.

MedStar Medicare Choice Dual Advantage (HMO SNP) Phone Numbers and Website

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

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 county in Washington D.C.: District of Columbia.

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

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.

You can see our plan's provider and pharmacy directory at our website (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.**
- **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?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

SUMMARY OF BENEFITS

January 1, 2016 – December 31, 2016

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	<p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$147 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2016.</p> <p>\$0 to \$74 per year for Part D prescription drugs.</p>	<p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$147 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2016.</p> <p>\$0 to \$74 per year for Part D prescription drugs.</p>
Is there any limit on how much I will pay for my covered services?	<p>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.</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>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>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>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.</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>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>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>

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Is there any limit on how much I will pay for my covered services? <i>(continued)</i>	Refer to the " Medicare & You " handbook for Medicare-covered services. For D.C. Department of Health Care Finance-covered services, refer to the Medicaid Coverage section in this document. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	Refer to the " Medicare & You " handbook for Medicare-covered services. For Maryland Department of Health and Mental Hygiene-covered services, refer to the Medicaid Coverage section in this document. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

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.

COVERED MEDICAL AND HOSPITAL BENEFITS

Note:

- Services with a ¹ may require prior authorization.

OUTPATIENT CARE AND SERVICES

Acupuncture	Not covered	Not covered
Ambulance¹	0% or 20% of the cost per one-way trip	0% or 20% of the cost per one-way trip
Chiropractic Care¹	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): 0% or 20% of the cost	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): 0% or 20% of the cost

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 0% or 20% of the cost</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months): You pay nothing • Dental x-ray(s) (for up to 1 every year): You pay nothing • Fluoride treatment (for up to 1 every year): You pay nothing • Oral exam (for up to 1 every six months): You pay nothing <p>Our plan pays up to \$800 every year for use toward comprehensive dental services.</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 0% or 20% of the cost</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months): You pay nothing • Dental x-ray(s) (for up to 1 every year): You pay nothing • Fluoride treatment (for up to 1 every year): You pay nothing • Oral exam (for up to 1 every six months): You pay nothing <p>Our plan pays up to \$800 every year for use toward comprehensive dental services.</p>
Diabetes Supplies and Services¹	<p>Diabetes monitoring supplies: 0% or 20% of the cost</p> <p>Diabetes self-management training: 0% or 20% of the cost</p> <p>Therapeutic shoes or inserts: 0% or 20% of the cost</p> <p>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies.</p>	<p>Diabetes monitoring supplies: 0% or 20% of the cost</p> <p>Diabetes self-management training: 0% or 20% of the cost</p> <p>Therapeutic shoes or inserts: 0% or 20% of the cost</p> <p>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies.</p>

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may be different if received in an outpatient surgery setting)</i> ¹	<p>Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost</p> <p>Diagnostic tests and procedures: 0% or 20% of the cost</p> <p>Lab services: 0% or 20% of the cost</p> <p>Outpatient x-rays: 0% or 20% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost</p> <p>Diagnostic tests and procedures: 0% or 20% of the cost</p> <p>Lab services: 0% or 20% of the cost</p> <p>Outpatient x-rays: 0% or 20% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost</p>
Doctor's Office Visits	<p>Primary care physician visit: 0% or 20% of the cost</p> <p>Specialist visit: 0% or 20% of the cost</p>	<p>Primary care physician visit: 0% or 20% of the cost</p> <p>Specialist visit: 0% or 20% of the cost</p>
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i> ¹	0% or 20% of the cost	0% or 20% of the cost
Emergency Care	<p>0% or 20% of the cost (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. See the "Inpatient Hospital Care" section of this booklet for other costs.</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>0% or 20% of the cost (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. See the "Inpatient Hospital Care" section of this booklet for other costs.</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>
Foot Care <i>(podiatry services)</i>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost</p>

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Foot Care <i>(continued)</i>	Routine foot care (for up to 12 visit(s) every year): You pay nothing	Routine foot care (for up to 12 visit(s) every year): You pay nothing
Hearing Services	Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost	Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost
Home Health Care¹	You pay nothing	You pay nothing
Mental Health Care¹	<p>Inpatient visit:</p> <p>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.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p>	<p>Inpatient visit:</p> <p>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.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p>

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Mental Health Care¹ <i>(continued)</i>	<p>In 2015 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,260 deductible for days 1 through 60 • \$315 copay per day for days 61 through 90 • \$630 copay per day for 60 lifetime reserve days <p>These amounts may change for 2016.</p> <p>Outpatient group therapy visit: 0% or 20% of the cost</p> <p>Outpatient individual therapy visit: 0% or 20% of the cost</p>	<p>In 2015 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,260 deductible for days 1 through 60 • \$315 copay per day for days 61 through 90 • \$630 copay per day for 60 lifetime reserve days <p>These amounts may change for 2016.</p> <p>Outpatient group therapy visit: 0% or 20% of the cost</p> <p>Outpatient individual therapy visit: 0% or 20% of the cost</p>
Outpatient Rehabilitation¹	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 0% or 20% of the cost</p> <p>Occupational therapy visit: 0% or 20% of the cost</p> <p>Physical therapy and speech and language therapy visit: 0% or 20% of the cost</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 0% or 20% of the cost</p> <p>Occupational therapy visit: 0% or 20% of the cost</p> <p>Physical therapy and speech and language therapy visit: 0% or 20% of the cost</p>
Outpatient Substance Abuse¹	<p>Group therapy visit: 0% or 20% of the cost</p> <p>Individual therapy visit: 0% or 20% of the cost</p>	<p>Group therapy visit: 0% or 20% of the cost</p> <p>Individual therapy visit: 0% or 20% of the cost</p>
Outpatient Surgery¹	<p>Ambulatory surgical center: 0% or 20% of the cost</p> <p>Outpatient hospital: 0% or 20% of the cost</p>	<p>Ambulatory surgical center: 0% or 20% of the cost</p> <p>Outpatient hospital: 0% or 20% of the cost</p>

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Over-the-Counter Items	Please visit our website to see our list of covered over-the-counter items. Our plan pays up to \$23 every month for select over-the-counter items.	Please visit our website to see our list of covered over-the-counter items. Our plan pays up to \$12 every month for select over-the-counter items.
Prosthetic Devices <i>(braces, artificial limbs, etc.)¹</i>	Prosthetic devices: 0% or 20% of the cost Related medical supplies: 0% or 20% of the cost	Prosthetic devices: 0% or 20% of the cost Related medical supplies: 0% or 20% of the cost
Renal Dialysis	0% or 20% of the cost	0% or 20% of the cost
Transportation¹	You pay nothing for up to 24 one-way trip(s) every year	You pay nothing for up to 24 one-way trip(s) every year
Urgently Needed Services	0% or 20% of the cost (up to \$65)	0% or 20% of the cost (up to \$65)
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost Routine eye exam (for up to 1 every year): You pay nothing Contact lenses: \$0 copay Eyeglasses (frames and lenses): \$0 copay Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost Routine eye exam (for up to 1 every year): You pay nothing Contact lenses: \$0 copay Eyeglasses (frames and lenses): \$0 copay Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Preventive Care	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam: You pay nothing</p>	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam: You pay nothing</p>

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Hospice	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 details.	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 details.
INPATIENT CARE		
Inpatient Hospital Care¹	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p> <p>In 2015 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,260 deductible for days 1 through 60 • \$315 copay per day for days 61 through 90 • \$630 copay per day for 60 lifetime reserve days <p>These amounts may change for 2016.</p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p> <p>In 2015 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,260 deductible for days 1 through 60 • \$315 copay per day for days 61 through 90 • \$630 copay per day for 60 lifetime reserve days <p>These amounts may change for 2016.</p>

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <p>In 2015 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> You pay nothing for days 1 through 20 \$157.50 copay per day for days 21 through 100 <p>These amounts may change for 2016.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In 2015 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> You pay nothing for days 1 through 20 \$157.50 copay per day for days 21 through 100 <p>These amounts may change for 2016.</p>

PRESCRIPTION DRUG BENEFITS

How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹: 0% or 20% of the cost</p> <p>Other Part B drugs¹: 0% or 20% of the cost</p>	<p>For Part B drugs such as chemotherapy drugs¹: 0% or 20% of the cost</p> <p>Other Part B drugs¹: 0% or 20% of the cost</p>
Initial Coverage	<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 copay; or \$2.95 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> \$0 copay; or \$3.60 copay; or \$7.40 copay <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</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 copay; or \$2.95 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> \$0 copay; or \$3.60 copay; or \$7.40 copay <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Initial Coverage <i>(continued)</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 at the same cost as 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 at the same cost as an in-network pharmacy.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay nothing for all drugs.</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay nothing for all drugs.</p>

Additional Information About MedStar Medicare Choice Dual Advantage (HMO SNP)

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

- **Nurse Advice Line** – MedStar Medicare Choice Dual Advantage (HMO SNP) offers a 24/7 nurse advice line available at 855-242-4873. TTY users call 855-250-5604. MedStar Medicare Choice Dual Advantage members can call to obtain advice from a nurse regarding symptoms or medical conditions they may be experiencing.
- **Readmission Prevention** – MedStar Medicare Choice Dual 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.

SUMMARY OF MEDICAID-COVERED BENEFITS for Contract H9915, Plan 006

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

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

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

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)
Ambulance	Emergency ambulance services: \$0 copay for Medicaid-covered services.	<i>Authorization rules may apply.</i> 0% or 20% of the cost per one-way trip
Dental Services	Dental services and related treatment: \$0 copay for Medicaid-covered services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 0% or 20% of the cost Preventive dental services: <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months): You pay nothing • Dental x-ray(s) (for up to 1 every year): You pay nothing • Fluoride treatment (for up to 1 every year): You pay nothing • Oral exam (for up to 1 every six months): You pay nothing Our plan pays up to \$800 every year for use toward comprehensive dental services.

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Laboratory services: \$0 copay for Medicaid-covered services Radiology: \$0 copay for Medicaid-covered services	<i>Authorization rules may apply.</i> Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost Diagnostic tests and procedures: 0% or 20% of the cost Lab services: 0% or 20% of the cost Outpatient x-rays: 0% or 20% of the cost Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost
Doctor's Office Visits	Doctor visits: \$0 copay for Medicaid-covered services Physician services: \$0 copay for Medicaid-covered services Nurse practitioner services: \$0 copay for Medicaid-covered services	Primary care physician visit: 0% or 20% of the cost Specialist visit: 0% or 20% of the cost
Inpatient Hospital Care	Hospitalization: \$0 copay for Medicaid-covered services	Please refer to the Medicare-covered “Inpatient Hospital Care” section for more detail. <i>Authorization rules may apply.</i> In 2015 the amounts for each benefit period were \$0 or: <ul style="list-style-type: none"> • \$1,260 deductible for days 1 through 60 • \$315 copay per day for days 61 through 90 • \$630 copay per day for 60 lifetime reserve days These amounts may change for 2016.

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)
Medical Equipment	<p>Durable medical equipment: \$0 copay for Medicaid-covered services</p> <p>Medical supplies: \$0 copay for Medicaid-covered services</p>	<p><i>Authorization rules may apply.</i></p> <p>Durable medical equipment (wheelchairs, oxygen, etc.): 0% or 20% of the cost</p> <p>Prosthetic devices: 0% or 20% of the cost</p> <p>Related medical supplies: 0% or 20% of the cost</p>
Mental Health Care	<p>Hospitalization: \$0 copay for Medicaid-covered services</p> <p>Mental health services: \$0 copay for Medicaid-covered services</p>	<p>Please refer to the Medicare-covered “Mental Health Care” section for more detail.</p> <p><i>Authorization rules may apply.</i></p> <p>In 2015 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,260 deductible for days 1 through 60 • \$315 copay per day for days 61 through 90 • \$630 copay per day for 60 lifetime reserve days <p>These amounts may change for 2016.</p> <p>Outpatient group therapy visit: 0% or 20% of the cost</p> <p>Outpatient individual therapy visit: 0% or 20% of the cost</p>
Outpatient Hospital Services	<p>Ambulatory surgical care: \$0 copay for Medicaid-covered services</p>	<p><i>Authorization rules may apply.</i></p> <p>Ambulatory surgical center: 0% or 20% of the cost</p> <p>Outpatient hospital: 0% or 20% of the cost</p>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)
Renal Dialysis	Dialysis services: \$0 copay for Medicaid-covered services	0% or 20% of the cost
Transplants	Transplants (Liver, Heart, Kidney, and Allogeneic Bone Marrow transplantation): \$0 copay for Medicaid-covered services	<i>Authorization rules may apply.</i> Services must be received through a network provider or an agreed-upon provider/facility. Please refer to your <i>Evidence of Coverage</i> for more information.
Transportation	Medically necessary transportation: \$0 copay for Medicaid-covered services	<i>Authorization rules may apply.</i> You pay nothing for up to 24 one-way trip(s) every year
Vision Care Services	Eye care: \$0 copay for Medicaid-covered services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost Routine eye exam (for up to 1 every year): You pay nothing Contact lenses: \$0 copay Eyeglasses (frames and lenses): \$0 copay Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Washington D.C.)
Preventive Care	<p>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services:</p> <p>\$0 copay for Medicaid-covered services</p>	<p>Please refer to the Medicare-covered “Preventive Care” section for more detail.</p> <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> <p>Annual physical exam: You pay nothing</p>
Hospice Care	<p>\$0 copay for Medicaid-covered services</p>	<p>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 details.</p>

SUMMARY OF MEDICAID-COVERED BENEFITS

for Contract H9915, Plan 009

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

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** (TTY users call 711), or visit their website at <https://mmcp.dhmh.maryland.gov/SitePages/MedicaidEligibilityandBenefits.aspx>.

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Ambulance	Ambulance and wheelchair van services and emergency medical transportation: \$0 copay for Medicaid-covered services.	<i>Authorization rules may apply.</i> 0% or 20% of the cost per one-way trip
Dental Services	Dental services and dentures (beneficiaries under 21): \$0 copay for Medicaid-covered services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 0% or 20% of the cost Preventive dental services: <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months): You pay nothing • Dental x-ray(s) (for up to 1 every year): You pay nothing • Fluoride treatment (for up to 1 every year): You pay nothing • Oral exam (for up to 1 every six months): You pay nothing Our plan pays up to \$800 every year for use toward comprehensive dental services.

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Diabetes Supplies and Services	<p>Diabetes care services: \$0 copay for Medicaid-covered services</p>	<p><i>Authorization rules may apply.</i></p> <p>Diabetes monitoring supplies: 0% or 20% of the cost</p> <p>Diabetes self-management training: 0% or 20% of the cost</p> <p>Therapeutic shoes or inserts: 0% or 20% of the cost</p> <p>Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies.</p>
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>Laboratory and x-ray services: \$0 copay for Medicaid-covered services</p>	<p><i>Authorization rules may apply.</i></p> <p>Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost</p> <p>Diagnostic tests and procedures: 0% or 20% of the cost</p> <p>Lab services: 0% or 20% of the cost</p> <p>Outpatient x-rays: 0% or 20% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost</p>
Doctor's Office Visits	<p>Physician services (some dental surgery may be included): \$0 copay for Medicaid-covered services</p> <p>Nurse anesthetist, nurse midwife, and nurse practitioner services: \$0 copay for Medicaid-covered services</p>	<p>Primary care physician visit: 0% or 20% of the cost</p> <p>Specialist visit: 0% or 20% of the cost</p>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Family Planning Services and Supplies	\$0 copay for Medicaid-covered services	Not covered
Foot Care <i>(podiatry services)</i>	Podiatry services: \$0 copay for Medicaid-covered services	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost Routine foot care (for up to 12 visit(s) every year): You pay nothing
Hearing Services	Hearing aids (beneficiaries under 21): \$0 copay for Medicaid-covered services	Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost Hearing aids: Not covered
Home Health Care	Home health agency services: \$0 copay for Medicaid-covered services	<i>Authorization rules may apply.</i> You pay nothing for Medicare-covered home health visits.
Inpatient Hospital Care	Hospital Inpatient Services (Acute, Chronic, Psychiatric, Rehabilitation, Specialty): \$0 copay for Medicaid-covered services	Please refer to the Medicare-covered “Inpatient Hospital Care” section for more detail. <i>Authorization rules may apply.</i> In 2015 the amounts for each benefit period were \$0 or: <ul style="list-style-type: none"> • \$1,260 deductible for days 1 through 60 • \$315 copay per day for days 61 through 90 • \$630 copay per day for 60 lifetime reserve days These amounts may change for 2016. For inpatient mental health care, see the "Mental Health Care" section of this booklet.

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Medical Day Care Services	\$0 copay for Medicaid-covered services	Not covered
Medical Equipment	<p>Medical equipment and supplies: \$0 copay for Medicaid-covered services</p> <p>Oxygen services and related respiratory equipment: \$0 copay for Medicaid-covered services</p>	<p><i>Authorization rules may apply.</i></p> <p>Durable medical equipment (wheelchairs, oxygen, etc.): 0% or 20% of the cost</p> <p>Prosthetic devices: 0% or 20% of the cost</p> <p>Related medical supplies: 0% or 20% of the cost</p>
Mental Health Care	<p>Hospital Inpatient and Outpatient Services (Acute, Chronic, Psychiatric, Rehabilitation, Specialty): \$0 copay for Medicaid-covered services</p> <p>Mental Health Treatment, Case Management, and Rehabilitation Services: \$0 copay for Medicaid-covered services</p>	<p>Please refer to the Medicare-covered “Mental Health Care” section for more detail.</p> <p><i>Authorization rules may apply.</i></p> <p>In 2015 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,260 deductible for days 1 through 60 • \$315 copay per day for days 61 through 90 • \$630 copay per day for 60 lifetime reserve days <p>These amounts may change for 2016.</p> <p>Outpatient group therapy visit: 0% or 20% of the cost</p> <p>Outpatient individual therapy visit: 0% or 20% of the cost</p>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Outpatient Hospital Services	<p>Ambulatory Surgical Center Services: \$0 copay for Medicaid-covered services</p> <p>Hospital Outpatient Services (Acute, Chronic, Psychiatric, Rehabilitation, Specialty): \$0 copay for Medicaid-covered services</p>	<p><i>Authorization rules may apply.</i></p> <p>Ambulatory surgical center: 0% or 20% of the cost</p> <p>Outpatient hospital: 0% or 20% of the cost</p>
Outpatient Rehabilitation	<p>\$0 copay for Medicaid-covered services</p>	<p><i>Authorization rules may apply.</i></p> <p>Occupational therapy visit: 0% or 20% of the cost</p> <p>Physical therapy and speech and language therapy visit: 0% or 20% of the cost</p>
Outpatient Substance Abuse	<p>Substance abuse treatment services: \$0 copay for Medicaid-covered services</p>	<p><i>Authorization rules may apply.</i></p> <p>Group therapy visit: 0% or 20% of the cost</p> <p>Individual therapy visit: 0% or 20% of the cost</p>
Personal Care Services	<p>Personal care services: \$0 copay for Medicaid-covered services</p>	<p>Not covered</p>
Private Duty Nursing Services	<p>Private duty nursing services (beneficiaries under 21): \$0 copay for Medicaid-covered services</p>	<p>Not covered</p>
Renal Dialysis	<p>Kidney Dialysis Services: \$0 copay for Medicaid-covered services</p>	<p>0% or 20% of the cost</p>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
School-Based Health-Related Services	School-based health-related services (beneficiaries under 21): \$0 copay for Medicaid-covered services	Not covered
Statewide Evaluation and Planning Services	Statewide evaluation and planning services through local health departments: \$0 copay for Medicaid-covered services	Not covered
Skilled Nursing Facility	Nursing Facility Services (Nursing Homes): \$0 copay for Medicaid-covered services	<p><i>Authorization rules may apply.</i></p> <p>Our plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>In 2015 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$157.50 copay per day for days 21 through 100 <p>These amounts may change for 2016.</p>
Targeted Case Management	Targeted case management for HIV-Infected individuals and other targeted populations: \$0 copay for Medicaid-covered services	Case Management is available. Call Member Services for details.
Transportation	Transportation services to Medicaid-covered services (through local health departments): \$0 copay for Medicaid-covered services	<p><i>Authorization rules may apply.</i></p> <p>You pay nothing for up to 24 one-way trip(s) every year</p>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Vision Care Services	<p>Eyeglasses (for beneficiaries under 21): \$0 copay for Medicaid-covered services</p> <p>Vision care services (eye exam every two years): \$0 copay for Medicaid-covered services</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost</p> <p>Routine eye exam (for up to 1 every year): You pay nothing</p> <p>Contact lenses: \$0 copay</p> <p>Eyeglasses (frames and lenses): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost</p> <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p>
Preventive Care	<p>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (for beneficiaries under 21): \$0 copay for Medicaid-covered services</p>	<p>Please refer to the Medicare-covered “Preventive Care” section for more detail.</p> <p>You pay nothing for Medicare-covered preventive services.</p> <p>Annual physical exam: You pay nothing</p>
Hospice Care	<p>\$0 copay for Medicaid-covered services</p>	<p>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 details.</p>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) (Maryland)
Prescription Drugs	<p>Pharmacy Services (for beneficiaries not eligible for Medicare Part D):</p> <p>\$0 copay for Medicaid-covered services</p>	<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% of the cost</p> <p>Other Part B drugs:</p> <p>0% or 20% of the cost</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 copay; or • \$2.95 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$7.40 copay <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay nothing for all drugs.</p>

