



MedStar Medicare
Choice

2015 Summary of Benefits

MedStar Medicare Choice Dual 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 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.

<p>Things to Know About MedStar Medicare Choice Dual Advantage (HMO SNP)</p>
<p>Hours of Operation</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>MedStar Medicare Choice Dual Advantage (HMO SNP) Phone Numbers and Website</p>
<ul style="list-style-type: none"> • 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
<p>Who can join?</p>
<p>To join MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Maryland Department of Health and Mental Hygiene, and live in our service area.</p> <p>MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs 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>To join MedStar Medicare Choice Dual Advantage (HMO SNP) DC Metro, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and D.C. Department of Health Care Finance, and live in our service area.</p> <p>MedStar Medicare Choice Dual Advantage (HMO SNP) DC Metro service area includes the following county in Washington D.C.: District of Columbia.</p>

<p>Which doctors, hospitals, and pharmacies can I use?</p>
<p>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.</p>
<p>You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.</p>
<p>You can see our plan’s provider and pharmacy directory at our website (http://www.medstarmedicarechoice.com).</p> <p>Or call us and we will send you a copy of the provider and pharmacy directories.</p>
<p>What do we cover?</p>
<p>Like all Medicare health plans, we cover everything that Original Medicare covers – and <i>more</i>.</p> <ul style="list-style-type: none"> • Our plan members get <i>all</i> 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 <i>more than what is</i> covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
<p>We cover Part D drugs. In addition, we cover Part B drugs, such as chemotherapy, and some drugs administered by your provider.</p> <p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, http://www.medstarmedicarechoice.com.</p> <p>Or call us and we will send you a copy of the formulary.</p>
<p>How will I determine my drug costs?</p>
<p>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.</p>

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

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)	MedStar Medicare Choice Dual Advantage (HMO SNP) (DC Metro)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
How much is the monthly premium?	<ul style="list-style-type: none"> \$0 per month. In addition, you must keep paying your Medicare Part B premium. 	<ul style="list-style-type: none"> \$0 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	<ul style="list-style-type: none"> This plan has deductibles for some hospital and medical services. <\$0 or \$147 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2015.> <OR> <\$0 or \$___ per year for in-network services, depending on your level of Medicaid eligibility.> This plan does not have a deductible for Part D prescription drugs. 	<ul style="list-style-type: none"> This plan has deductibles for some hospital and medical services. <\$0 or \$147 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2015.> <OR> <\$0 or \$___ per year for in-network services, depending on your level of Medicaid eligibility.> This plan does not have a deductible for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	<ul style="list-style-type: none"> 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. In this plan, you may pay nothing for Medicare-covered services, depending on your level of Maryland Department of Health and Mental Hygiene eligibility. 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. 	<ul style="list-style-type: none"> 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. In this plan, you may pay nothing for Medicare-covered services, depending on your level of D.C. Department of Health Care Finance eligibility. 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.

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)	MedStar Medicare Choice Dual Advantage (HMO SNP) (DC Metro)
Is there any limit on how much I will pay for my covered services? <i>(continued)</i>	<ul style="list-style-type: none"> • Your yearly limit(s) in this plan: <ul style="list-style-type: none"> ○ \$6,700 for services you receive from in-network providers. • 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. • Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. 	<ul style="list-style-type: none"> • Your yearly limit(s) in this plan: <ul style="list-style-type: none"> ○ \$6,700 for services you receive from in-network providers. • 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. • 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?	<ul style="list-style-type: none"> • Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply. 	<ul style="list-style-type: none"> • 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.

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)	MedStar Medicare Choice Dual Advantage (HMO SNP) (DC Metro)
OUTPATIENT CARE AND SERVICES		
Acupuncture and Other Alternative Therapies	<ul style="list-style-type: none"> • Not covered 	<ul style="list-style-type: none"> • Not covered
Ambulance	<ul style="list-style-type: none"> • 0% or 20% of the cost per one-way trip 	<ul style="list-style-type: none"> • 0% or 20% of the cost per one-way trip
Chiropractic Care	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
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> <ul style="list-style-type: none"> • 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 <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> <ul style="list-style-type: none"> • 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 <p>Our plan pays up to \$800 every year for use toward comprehensive dental services.</p>
Diabetes Supplies and Services	<ul style="list-style-type: none"> • Diabetes monitoring supplies: 0% or 20% of the cost • Diabetes self-management training: 0% or 20% of the cost 	<ul style="list-style-type: none"> • Diabetes monitoring supplies: 0% or 20% of the cost • Diabetes self-management training: 0% or 20% of the cost

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)	MedStar Medicare Choice Dual Advantage (HMO SNP) (DC Metro)
Diabetes Supplies and Services <i>(continued)</i>	<ul style="list-style-type: none"> • Therapeutic shoes or inserts: 0% or 20% of the cost • Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies. • If the doctor provides you services in addition to diabetes self-management training, separate cost-sharing of 0% or 20% of the cost may apply. 	<ul style="list-style-type: none"> • Therapeutic shoes or inserts: 0% or 20% of the cost • Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies. • If the doctor provides you services in addition to diabetes self-management training, separate cost-sharing of 0% or 20% of the cost may apply.
Diagnostic Tests, Lab and Radiology Services, and X-Rays¹	<ul style="list-style-type: none"> • 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 • 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 0% or 20% of the cost may apply. 	<ul style="list-style-type: none"> • 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 • 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 0% or 20% of the cost may apply.
Doctor's Office Visits	<ul style="list-style-type: none"> • Primary care physician visit: 0% or 20% of the cost • Specialist visit: 0% or 20% of the cost 	<ul style="list-style-type: none"> • Primary care physician visit: 0% or 20% of the cost • Specialist visit: 0% or 20% of the cost
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)¹</i>	<ul style="list-style-type: none"> • 0% or 20% of the cost 	<ul style="list-style-type: none"> • 0% or 20% of the cost

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)	MedStar Medicare Choice Dual Advantage (HMO SNP) (DC Metro)
Emergency Care	<ul style="list-style-type: none"> • 0% or 20% of the cost • 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. • Worldwide coverage 	<ul style="list-style-type: none"> • 0% or 20% of the cost • 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. • Worldwide coverage
Foot Care (podiatry services)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost 	<ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost
Home Health Care¹	<ul style="list-style-type: none"> • You pay nothing 	<ul style="list-style-type: none"> • You pay nothing
Mental Health Care¹	<ul style="list-style-type: none"> • Inpatient visit: • 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. • 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. 	<ul style="list-style-type: none"> • Inpatient visit: • 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. • 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.

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)	MedStar Medicare Choice Dual Advantage (HMO SNP) (DC Metro)
Mental Health Care¹ <i>(continued)</i>	<ul style="list-style-type: none"> • Our plan covers 90 days for an inpatient hospital stay. • 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 style="color: red;"><In 2014 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,216 deductible for days 1 through 60 • \$304 copay per day for days 61 through 90 • \$608 copay per day for 60 lifetime reserve days <p style="color: red;">These amounts may change for 2015.></p> <p style="color: red;"><OR></p> <p style="color: red;"><In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$__ deductible for days 1 through 60 • \$__ copay per day for days 61 through 90 • \$__ copay per day for 60 lifetime reserve days> <p>Outpatient group therapy visit: 0% or 20% of the cost</p> <p>Outpatient individual therapy visit: 0% or 20% of the cost</p>	<ul style="list-style-type: none"> • Our plan covers 90 days for an inpatient hospital stay. • 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 style="color: red;"><In 2014 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,216 deductible for days 1 through 60 • \$304 copay per day for days 61 through 90 • \$608 copay per day for 60 lifetime reserve days <p style="color: red;">These amounts may change for 2015.></p> <p style="color: red;"><OR></p> <p style="color: red;"><In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$__ deductible for days 1 through 60 • \$__ copay per day for days 61 through 90 • \$__ copay per day for 60 lifetime reserve days> <p>Outpatient group therapy visit: 0% or 20% of the cost</p> <p>Outpatient individual therapy visit: 0% or 20% of the cost</p>

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)	MedStar Medicare Choice Dual Advantage (HMO SNP) (DC Metro)
Outpatient Rehabilitation	<ul style="list-style-type: none"> • 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 • Occupational therapy visit: 0% or 20% of the cost • Physical therapy and speech and language therapy visit: 0% or 20% of the cost 	<ul style="list-style-type: none"> • 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 • Occupational therapy visit: 0% or 20% of the cost • Physical therapy and speech and language therapy visit: 0% or 20% of the cost
Outpatient Substance Abuse¹	<ul style="list-style-type: none"> • Group therapy visit: 0% or 20% of the cost • Individual therapy visit: 0% or 20% of the cost 	<ul style="list-style-type: none"> • Group therapy visit: 0% or 20% of the cost • Individual therapy visit: 0% or 20% of the cost
Outpatient Surgery¹	<ul style="list-style-type: none"> • Ambulatory surgical center: 0% or 20% of the cost • Outpatient hospital: 0% or 20% of the cost 	<ul style="list-style-type: none"> • Ambulatory surgical center: 0% or 20% of the cost • Outpatient hospital: 0% or 20% of the cost
Over-the- Counter Items	<ul style="list-style-type: none"> • Please visit our website to see our list of covered over-the-counter items. • Our plan pays up to \$11 every month for select over-the-counter items. 	<ul style="list-style-type: none"> • Please visit our website to see our list of covered over-the-counter items. • Our plan pays up to \$22 every month for select over-the-counter items.
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>)¹	<ul style="list-style-type: none"> • Prosthetic devices: 0% or 20% of the cost • Related medical supplies: 0% or 20% of the cost 	<ul style="list-style-type: none"> • Prosthetic devices: 0% or 20% of the cost • Related medical supplies: 0% or 20% of the cost
Renal Dialysis	<ul style="list-style-type: none"> • 0% or 20% of the cost 	<ul style="list-style-type: none"> • 0% or 20% of the cost
Transportation¹	<ul style="list-style-type: none"> • You pay nothing • We cover up to 24 one-way trip(s) to a plan-approved location every year 	<ul style="list-style-type: none"> • You pay nothing • We cover up to 24 one-way trip(s) to a plan-approved location every year
Urgent Care	<ul style="list-style-type: none"> • 0% or 20% of the cost 	<ul style="list-style-type: none"> • 0% or 20% of the cost
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)	MedStar Medicare Choice Dual Advantage (HMO SNP) (DC Metro)
Vision Services <i>(continued)</i>	<ul style="list-style-type: none"> • Routine eye exam (for up to 1 every year): You pay nothing • Contact lenses: You pay nothing • Eyeglasses (frames and lenses): You pay nothing • Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p>	<ul style="list-style-type: none"> • Routine eye exam (for up to 1 every year): You pay nothing • Contact lenses: You pay nothing • Eyeglasses (frames and lenses): You pay nothing • Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p>
Preventive Care	<ul style="list-style-type: none"> • You pay nothing <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 • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • 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) 	<ul style="list-style-type: none"> • You pay nothing <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 • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • 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)

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Preventive Care (continued)	<ul style="list-style-type: none"> • 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> <ul style="list-style-type: none"> • Annual physical exam: You pay nothing 	<ul style="list-style-type: none"> • 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> <ul style="list-style-type: none"> • Annual physical exam: You pay nothing
Hospice	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
INPATIENT CARE		
Inpatient Hospital Care¹	<ul style="list-style-type: none"> • 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. • Our plan covers 90 days for an inpatient hospital stay. • 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><In 2014 the amounts for each benefit period were \$0 or:</p>	<ul style="list-style-type: none"> • 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. • Our plan covers 90 days for an inpatient hospital stay. • 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><In 2014 the amounts for each benefit period were \$0 or:</p>

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Inpatient Hospital Care¹ (continued)	<ul style="list-style-type: none"> • \$1,216 deductible for days 1 through 60 • \$304 copay per day for days 61 through 90 • \$608 copay per day for 60 lifetime reserve days <p>These amounts may change for 2015.> <OR> <In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$___ deductible for days 1 through 60 • \$___ copay per day for days 61 through 90 • \$___ copay per day for 60 lifetime reserve days> 	<ul style="list-style-type: none"> • \$1,216 deductible for days 1 through 60 • \$304 copay per day for days 61 through 90 • \$608 copay per day for 60 lifetime reserve days <p>These amounts may change for 2015.> <OR> <In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$___ deductible for days 1 through 60 • \$___ copay per day for days 61 through 90 • \$___ copay per day for 60 lifetime reserve days>
Inpatient Mental Health Care	<ul style="list-style-type: none"> • For inpatient mental health care, see the "Mental Health Care" section of this booklet. 	<ul style="list-style-type: none"> • 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 2014 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$152 copay per day for days 21 through 100 <p>These amounts may change for 2015.> <OR> <In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$___ copay per day for days 21 through 100> 	<p>Our plan covers up to 100 days in a SNF.</p> <p><In 2014 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$152 copay per day for days 21 through 100 <p>These amounts may change for 2015.> <OR> <In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$___ copay per day for days 21 through 100>

	MedStar Medicare Choice Dual Advantage (HMO SNP) (Baltimore Metro, Baltimore and DC Suburbs)	MedStar Medicare Choice Dual Advantage (HMO SNP) (DC Metro)
PRESCRIPTION DRUG BENEFITS		
How much do I pay?	<ul style="list-style-type: none"> • For Part B drugs such as chemotherapy drugs¹: 0% or 20% of the cost • Other Part B drugs¹: 0% or 20% of the cost 	<ul style="list-style-type: none"> • For Part B drugs such as chemotherapy drugs¹: 0% or 20% of the cost • Other Part B drugs¹: 0% or 20% of the cost
Initial Coverage	<ul style="list-style-type: none"> • Our plan does not have a deductible for Part D prescription drugs. • Depending on your income and institutional status, you pay the following: • For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.65 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$6.60 copay <ul style="list-style-type: none"> • You may get your drugs at network retail pharmacies. • If you reside in a long-term care facility, you pay the same as at a retail pharmacy. • You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. 	<ul style="list-style-type: none"> • Our plan does not have a deductible for Part D prescription drugs. • Depending on your income and institutional status, you pay the following: • For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.65 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$6.60 copay <ul style="list-style-type: none"> • You may get your drugs at network retail pharmacies. • If you reside in a long-term care facility, you pay the same as at a retail pharmacy. • You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.
Catastrophic Coverage	<ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$4,700, you pay nothing for all drugs. 	<ul style="list-style-type: none"> • After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$4,700, you pay nothing for all drugs.

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 (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 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

MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs

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.

The following is a listing of services that may be available in your benefit package through your Medicaid provider:

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs
Ambulance and Wheelchair Van Services and Emergency Medical Transportation	\$0 copay for Medicaid	Ambulance: 0% or 20% of the cost per one-way trip Medical Transportation: Authorization rules may apply. You pay nothing for up to 24 one-way trip(s) to a plan-approved location every year.
Dental Services and Dentures (for beneficiaries under 21)	\$0 copay for Medicaid	This benefit is not covered.
Diabetes Care Services	\$0 copay for Medicaid	Diabetes monitoring supplies: 0% or 20% of the cost Diabetes self-management training: 0% or 20% of the cost Therapeutic shoes or inserts: 0% or 20% of the cost Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies.

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs
Diabetes Care Services <i>(continued)</i>	\$0 copay for Medicaid	If the doctor provides you services in addition to diabetes self-management training, separate cost-sharing of 0% or 20% of the cost may apply.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (for beneficiaries under 21)	\$0 copay for Medicaid	This benefit is not covered.
Eye Glasses (for beneficiaries under 21)	\$0 copay for Medicaid	This benefit is not covered.
Family Planning Services and Supplies	\$0 copay for Medicaid	This benefit is not covered.
Hearing Aids (for beneficiaries under 21)	\$0 copay for Medicaid	This benefit is not covered.
Home and Community Based Services Waiver Services	For targeted populations of developmentally disabled or mentally retarded individuals, older adults, physically disabled adults, medically fragile children, children with autism spectrum disorder, and adults with traumatic brain injury.	<p>Skilled Nursing Facility: Authorization rules may apply. Our plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <p><In 2014 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$152 copay per day for days 21 through 100 <p>These amounts may change for 2015.></p> <p><OR></p> <p><In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$___ copay per day for days 21 through 100>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs
Home and Community Based Services Waiver Services <i>(continued)</i>		Home Health: Authorization rules may apply. You pay nothing for Medicare-covered home health visits.
Home Health Agency Services	\$0 copay for Medicaid	Authorization rules may apply. You pay nothing for Medicare-covered home health visits.
Hospice Care	\$0 copay for Medicaid	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.
Inpatient Hospital	\$0 copay for Medicaid	Authorization rules may apply. Our plan covers 90 days for an inpatient hospital stay. 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. <In 2014 the amounts for each benefit period were \$0 or: <ul style="list-style-type: none"> • \$1,216 deductible for days 1 through 60 • \$304 copay per day for days 61 through 90 • \$608 copay per day for 60 lifetime reserve days These amounts may change for 2015.> <OR>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs
Inpatient Hospital <i>(continued)</i>		<p><In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$__ deductible for days 1 through 60 • \$__ copay per day for days 61 through 90 • \$__ copay per day for 60 lifetime reserve days>
Inpatient Mental Health	\$0 copay for Medicaid	<p>Authorization rules may apply.</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 2014 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,216 deductible for days 1 through 60 • \$304 copay per day for days 61 through 90 • \$608 copay per day for 60 lifetime reserve days <p>These amounts may change for 2015.></p> <p><OR></p> <p><In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$__ deductible for days 1 through 60

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs
Inpatient Mental Health <i>(continued)</i>		<ul style="list-style-type: none"> • \$__ copay per day for days 61 through 90 • \$__ copay per day for 60 lifetime reserve days>
Outpatient Hospital	\$0 copay for Medicaid	<p>Authorization rules may apply.</p> <p>Ambulatory surgical center: 0% or 20% of the cost</p> <p>Outpatient hospital: 0% or 20% of the cost</p>
Outpatient Mental Health	\$0 copay for Medicaid	<p>Authorization rules may apply.</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>
Skilled Nursing Facility	\$0 copay for Medicaid	<p>Authorization rules may apply.</p> <p>Our plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p><In 2014 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$152 copay per day for days 21 through 100 <p>These amounts may change for 2015.></p> <p><OR></p> <p><In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$__ copay per day for days 21 through 100>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs
Kidney Dialysis Services	\$0 copay for Medicaid	0% or 20% of the cost
Laboratory and X-Ray Services	\$0 copay for Medicaid	<p>Authorization rules may apply.</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> <p>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 0% or 20% of the cost may apply.</p>
Medical Day Care Services	\$0 copay for Medicaid	This benefit is not covered.
Medical Equipment and Supplies	\$0 copay for Medicaid	<p>Authorization rules may apply.</p> <p>0% or 20% of the cost</p>
Medicare Premiums, Copayments, and Deductibles	\$0 copay for Medicaid	<p>\$0 per month. In addition, you must keep paying your Medicare Part B premium.</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.</p>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs
Medicare Premiums, Copayments, and Deductibles <i>(continued)</i>		<p>This amount may change for 2015.></p> <p><OR></p> <p><\$0 or \$___ per year for in-network services, depending on your level of Medicaid eligibility.></p> <p>This plan does not have a deductible for Part D prescription drugs.</p>
Nurse Anesthetist, Nurse Midwife, and Nurse Practitioner Services	\$0 copay for Medicaid	<p>Primary care physician visit: 0% or 20% of the cost</p> <p>Specialist visit: 0% or 20% of the cost</p>
Oxygen Services and Related Respiratory Equipment	\$0 copay for Medicaid	<p>Authorization rules may apply.</p> <p>0% or 20% of the cost</p>
Personal Care Services	\$0 copay for Medicaid	<p>Authorization rules may apply.</p> <p>You pay nothing for Medicare-covered home health visits</p>
Pharmacy Services (for beneficiaries not eligible for Medicare Part D)	\$0 copay for Medicaid	<p>Authorization rules may apply.</p> <p>For Part B drugs such as chemotherapy drugs: 0% or 20% of the cost</p> <p>Other Part B drug: 0% or 20% of the cost</p> <p>Our plan does not have a deductible for Part D prescription 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 • \$2.65 copay

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs
Pharmacy Services (for beneficiaries not eligible for Medicare Part D) <i>(continued)</i>		For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$6.60 copay
Physical Therapy	\$0 copay for Medicaid	Occupational therapy visit: 0% or 20% of the cost Physical therapy and speech and language therapy visit: 0% or 20% of the cost
Physician Services	\$0 copay for Medicaid	Primary care physician visit: 0% or 20% of the cost Specialist visit: 0% or 20% of the cost
Podiatry Services	\$0 copay for Medicaid	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
Private Duty Nursing (for beneficiaries under 21)	\$0 copay for Medicaid	This benefit is not covered.
School-Based Health-Related Services (for beneficiaries under 21)	\$0 copay for Medicaid	This benefit is not covered.
Statewide Evaluation and Planning Services (STEPS) through local health departments	\$0 copay for Medicaid	This benefit is not covered.
Substance Abuse Treatment Services	\$0 copay for Medicaid	Authorization rules may apply. Outpatient group therapy visit: 0% or 20% of the cost Outpatient individual therapy visit: 0% or 20% of the cost
Targeted Case Management for HIV-infected Individuals and other Targeted Populations	\$0 copay for Medicaid	Case Management is available. Call Customer Service for details.

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) Baltimore Metro, Baltimore and DC Suburbs
Transportation Services to Medicaid Covered Services	\$0 copay for Medicaid	<p>Authorization rules may apply.</p> <p>You pay nothing</p> <p>We cover up to 24 one-way trip(s) to a plan-approved location every year.</p>
Vision Care Services	<p>Eye examination every two years.</p> <p>\$0 copay for Medicaid</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost</p> <ul style="list-style-type: none"> • Routine eye exam (for up to 1 every year): You pay nothing • Contact lenses: You pay nothing • Eyeglasses (frames and lenses): You pay nothing • Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p>

Summary of Medicaid-Covered Benefits

MedStar Medicare Choice Dual Advantage (HMO SNP) DC Metro

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.

The following is a listing of services that may be available in your benefit package through your Medicaid provider:

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) DC Metro
Doctor Visits	\$0 copay for Medicaid-covered benefits.	Primary care physician visit: 0% or 20% of the cost Specialist visit: 0% or 20% of the cost
Hospitalization	\$0 copay for Medicaid-covered benefits.	Authorization rules may apply. 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. Our plan covers 90 days for an inpatient hospital stay.

Benefit Category	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) DC Metro
<p>Hospitalization (continued)</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 2014 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,216 deductible for days 1 through 60 • \$304 copay per day for days 61 through 90 • \$608 copay per day for 60 lifetime reserve days <p>These amounts may change for 2015.></p> <p><OR></p> <p><In 2015 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$__ deductible for days 1 through 60 • \$__ copay per day for days 61 through 90 • \$__ copay per day for 60 lifetime reserve days>
<p>Eye Care</p>	<p>\$0 copay for Medicaid-covered benefits.</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost</p> <ul style="list-style-type: none"> • Routine eye exam (for up to 1 every year): You pay nothing

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) DC Metro
Eye Care <i>(continued)</i>		<ul style="list-style-type: none"> • Contact lenses: You pay nothing • Eyeglasses (frames and lenses): You pay nothing • Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost <p>Our plan pays up to \$100 every year for contact lenses and eyeglasses (frames and lenses).</p>
Ambulatory Surgical Center	\$0 copay for Medicaid-covered benefits.	Authorization rules may apply. Ambulatory surgical center: 0% or 20% of the cost
Medically Necessary Transportation	\$0 copay for Medicaid-covered benefits.	Authorization rules may apply. You pay nothing We cover up to 24 one-way trip(s) to a plan-approved location every year.
Dental Services and Related Treatment	\$0 copay for Medicaid-covered benefits.	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 <ul style="list-style-type: none"> • 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

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) DC Metro
Dental Services and Related Treatment <i>(continued)</i>		Our plan pays up to \$800 every year for comprehensive dental services.
Dialysis Services	\$0 copay for Medicaid-covered benefits.	0% or 20% of the cost
Durable Medical Equipment	\$0 copay for Medicaid-covered benefits.	Authorization rules may apply. 0% or 20% of the cost
Emergency Ambulance Services	\$0 copay for Medicaid-covered benefits.	0% or 20% of the cost per one-way trip
Hospice Services	\$0 copay for Medicaid-covered benefits.	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.
Laboratory Services	\$0 copay for Medicaid-covered benefits.	Authorization rules may apply. Diagnostic tests and procedures: 0% or 20% of the cost Lab services: 0% or 20% of the cost If the doctor provides you services in addition to outpatient diagnostic procedures, tests, and lab services, separate cost-sharing of 0% or 20% of the cost may apply.
Radiology	\$0 copay for Medicaid-covered benefits.	Authorization rules may apply. Diagnostic radiology services (such as MRIs, CT scans): 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 If the doctor provides you services in addition to outpatient diagnostic, and therapeutic radiology services, separate cost-sharing of 0% or 20% of the cost may apply.

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) DC Metro
Medical Supplies	\$0 copay for Medicaid-covered benefits.	Authorization rules may apply. 0% or 20% of the cost
Mental Health Services	\$0 copay for Medicaid-covered benefits.	Authorization rules may apply. Outpatient group therapy visit: 0% or 20% of the cost Outpatient individual therapy visit: 0% or 20% of the cost
Physician Services	\$0 copay for Medicaid-covered benefits.	Primary care physician visit: 0% or 20% of the cost Specialist visit: 0% or 20% of the cost
Nurse Practitioner Services	\$0 copay for Medicaid-covered benefits.	Primary care physician visit: 0% or 20% of the cost Specialist visit: 0% or 20% of the cost
Home and Community Based Services (HCBS)	\$0 copay for Medicaid-covered benefits.	Skilled Nursing Facility Authorization rules may apply. Our plan covers up to 100 days in a SNF. <In 2014 the amounts for each benefit period were \$0 or: <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$152 copay per day for days 21 through 100 These amounts may change for 2015.> <OR> <In 2015 the amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$___ copay per day for days 21 through 100>

Benefit	Medicaid State Plan	MedStar Medicare Choice Dual Advantage (HMO SNP) DC Metro
Home and Community Based Services (HCBS) <i>(continued)</i>		Home Health: Authorization rules may apply. You pay nothing for Medicare- covered home health visits.
Transplants	\$0 copay for Medicaid-covered benefits.	Authorization rules may apply. 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.

