



MedStar Medicare  
Choice

# 2016 Summary of Benefits

MedStar Medicare Choice Care 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 Care Advantage (HMO SNP)**).

## Tips for comparing your Medicare choices

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

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## Sections in this booklet

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

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 855-222-1041. TTY users should call 855-250-5604.

## Things to Know About MedStar Medicare Choice Care 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 Care 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 Care Advantage (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be diagnosed with Chronic Heart Failure and/or Diabetes, and live in our service area.

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 Care 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](http://www.medstarmedicarechoice.com)).

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

## What do we cover?

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

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

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.medstarmedicarechoice.com>.
- Or, call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

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

## SUMMARY OF BENEFITS

January 1, 2016 – December 31, 2016

	MedStar Medicare Choice Care Advantage (HMO SNP) (Washington D.C.)	MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)
<b>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</b>		
<b>How much is the monthly premium?</b>	\$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.
<b>How much is the deductible?</b>	\$150 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2, and Tier 6 which are excluded from the deductible.	\$150 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2, and Tier 6 which are excluded from the deductible.
<b>Is there any limit on how much I will pay for my covered services?</b>	<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>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$6,700 for services you receive from in-network providers.</li> </ul> <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>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</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>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$6,700 for services you receive from in-network providers.</li> </ul> <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>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Is there a limit on how much the plan will pay?</b>	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 with Medicare who has been diagnosed with Chronic Heart Failure and/or Diabetes. MedStar Medicare Choice Care Advantage (HMO SNP) has a contract with Medicare. Enrollment in MedStar Medicare Choice Care Advantage depends on contract renewal.



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

**MedStar Medicare Choice  
Care Advantage (HMO SNP)  
(Maryland)**

**COVERED MEDICAL AND HOSPITAL BENEFITS**

**Note:**

- Services with a <sup>1</sup> may require prior authorization.

**OUTPATIENT CARE AND SERVICES**

<b>Acupuncture</b>	Not covered	Not covered
<b>Ambulance<sup>1</sup></b>	\$250 copay per one-way trip	\$250 copay per one-way trip
<b>Chiropractic Care<sup>1</sup></b>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
<b>Dental Services</b>	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$45 copay  Dental services: \$45 copay for a single office visit that includes: <ul style="list-style-type: none"> <li>• Cleaning (for up to 1 every six months)</li> <li>• Dental x-ray(s) (for up to 1 every year)</li> <li>• Fluoride treatment (for up to 1 every year)</li> <li>• Oral exam (for up to 1 every six months)</li> </ul>	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$45 copay  Dental services: \$45 copay for a single office visit that includes: <ul style="list-style-type: none"> <li>• Cleaning (for up to 1 every six months)</li> <li>• Dental x-ray(s) (for up to 1 every year)</li> <li>• Fluoride treatment (for up to 1 every year)</li> <li>• Oral exam (for up to 1 every six months)</li> </ul>
<b>Diabetes Supplies and Services</b>	Diabetes monitoring supplies: You pay nothing  Diabetes self-management training: You pay nothing	Diabetes monitoring supplies: You pay nothing  Diabetes self-management training: You pay nothing

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Washington D.C.)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)</b>
<b>Diabetes Supplies and Services</b> <i>(continued)</i>	Therapeutic shoes or inserts: You pay nothing  Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies.	Therapeutic shoes or inserts: You pay nothing  Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies.
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> <i>(Costs for these services may be different if received in an outpatient surgery setting)<sup>1</sup></i>	Diagnostic radiology services (such as MRIs, CT scans): \$200 copay  Diagnostic tests and procedures: \$10 copay  Lab services: \$10 copay  Outpatient x-rays: \$20 copay  Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost	Diagnostic radiology services (such as MRIs, CT scans): \$250 copay  Diagnostic tests and procedures: \$10 copay  Lab services: \$10 copay  Outpatient x-rays: \$20 copay  Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost
<b>Doctor's Office Visits</b>	Primary care physician visit: \$5 copay  Specialist visit: \$45 copay	Primary care physician visit: \$5 copay  Specialist visit: \$45 copay
<b>Durable Medical Equipment</b> <i>(wheelchairs, oxygen, etc.)<sup>1</sup></i>	20% of the cost	20% of the cost
<b>Emergency Care</b>	\$75 copay  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.	\$75 copay  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.

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Washington D.C.)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)</b>
<b>Emergency Care</b>	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.	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.
<b>Foot Care</b> <i>(podiatry services)</i>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$45 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$45 copay
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues: \$45 copay	Exam to diagnose and treat hearing and balance issues: \$45 copay
<b>Home Health Care<sup>1</sup></b>	You pay nothing	You pay nothing
<b>Mental Health Care<sup>1</sup></b>	<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>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>

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Washington D.C.)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)</b>
<b>Mental Health Care<sup>1</sup></b> <i>(continued)</i>	<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> <ul style="list-style-type: none"> <li>• \$300 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> </ul> <p>Outpatient group therapy visit: \$40 copay</p> <p>Outpatient individual therapy visit: \$40 copay</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> <ul style="list-style-type: none"> <li>• \$300 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> </ul> <p>Outpatient group therapy visit: \$40 copay</p> <p>Outpatient individual therapy visit: \$40 copay</p>
<b>Outpatient Rehabilitation<sup>1</sup></b>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</p> <p>Occupational therapy visit: \$40 copay</p> <p>Physical therapy and speech and language therapy visit: \$40 copay</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): You pay nothing</p> <p>Occupational therapy visit: \$40 copay</p> <p>Physical therapy and speech and language therapy visit: \$40 copay</p>
<b>Outpatient Substance Abuse<sup>1</sup></b>	<p>Group therapy visit: \$40 copay</p> <p>Individual therapy visit: \$40 copay</p>	<p>Group therapy visit: \$40 copay</p> <p>Individual therapy visit: \$40 copay</p>
<b>Outpatient Surgery<sup>1</sup></b>	<p>Ambulatory surgical center: \$250 copay</p> <p>Outpatient hospital: \$0-250 copay, depending on the service</p>	<p>Ambulatory surgical center: \$250 copay</p> <p>Outpatient hospital: \$0-250 copay, depending on the service</p>

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Washington D.C.)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)</b>
<b>Over-the-Counter Items</b>	Not covered	Not covered
<b>Prosthetic Devices</b> <i>(braces, artificial limbs, etc.)</i> <sup>1</sup>	Prosthetic devices: 20% of the cost  Related medical supplies: 20% of the cost	Prosthetic devices: 20% of the cost  Related medical supplies: 20% of the cost
<b>Renal Dialysis</b>	20% of the cost	20% of the cost
<b>Transportation</b> <sup>1</sup>	You pay nothing  for up to 10 one-way trip(s) every year	You pay nothing  for up to 10 one-way trip(s) every year
<b>Urgently Needed Services</b>	\$45 copay	\$45 copay
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-45 copay, depending on the service  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: You pay nothing  Our plan pays up to \$135 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): \$0-45 copay, depending on the service  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: You pay nothing  Our plan pays up to \$135 every year for contact lenses and eyeglasses (frames and lenses).

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

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Washington D.C.)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)</b>
<b>Hospice</b>	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.
<b>INPATIENT CARE</b>		
<b>Inpatient Hospital Care<sup>1</sup></b>	<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 an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$350 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> <li>• You pay nothing per day for days 91 and beyond</li> </ul>	<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 an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$350 copay per day for days 1 through 5</li> <li>• You pay nothing per day for days 6 through 90</li> <li>• You pay nothing per day for days 91 and beyond</li> </ul>
<b>Inpatient Mental Health Care</b>	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.
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> <li>• You pay nothing per day for days 1 through 20</li> <li>• \$160 copay per day for days 21 through 100</li> </ul>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> <li>• You pay nothing per day for days 1 through 20</li> <li>• \$160 copay per day for days 21 through 100</li> </ul>

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

**MedStar Medicare Choice  
Care Advantage (HMO SNP)  
(Maryland)**

**PRESCRIPTION DRUG BENEFITS**

**How much do I pay?**

For Part B drugs such as chemotherapy drugs<sup>1</sup>:  
20% of the cost

Other Part B drugs<sup>1</sup>:  
20% of the cost

For Part B drugs such as chemotherapy drugs<sup>1</sup>:  
20% of the cost

Other Part B drugs<sup>1</sup>:  
20% of the cost

**Initial Coverage**

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

**Standard Retail Cost-Sharing**

**Standard Retail Cost-Sharing**

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic)	\$15 copay	\$30 copay	\$45 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	29% of the cost	Not Offered	Not Offered
Tier 6 (Select Diabetic Drugs)	\$10 copay	\$20 copay	\$30 copay

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic)	\$15 copay	\$30 copay	\$45 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	29% of the cost	Not Offered	Not Offered
Tier 6 (Select Diabetic Drugs)	\$10 copay	\$20 copay	\$30 copay



**MedStar Medicare Choice  
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(Maryland)**

**Initial  
Coverage**

*(continued)*

**Standard Mail Order Cost-Sharing**

<b>Tier</b>	<b>One-month supply</b>	<b>Two-month supply</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic)	\$15 copay	\$30 copay	\$45 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	29% of the cost	Not Offered	Not Offered
Tier 6 (Select Diabetic Drugs)	\$10 copay	\$20 copay	\$30 copay

**Standard Mail Order Cost-Sharing**

<b>Tier</b>	<b>One-month supply</b>	<b>Two-month supply</b>	<b>Three-month supply</b>
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic)	\$15 copay	\$30 copay	\$45 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)	29% of the cost	Not Offered	Not Offered
Tier 6 (Select Diabetic Drugs)	\$10 copay	\$20 copay	\$30 copay

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

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, but may pay more than you pay at an in-network pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Washington D.C.)</b>	<b>MedStar Medicare Choice Care Advantage (HMO SNP) (Maryland)</b>
<b>Coverage Gap</b>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<b>Catastrophic Coverage</b>	<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 the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.</li> </ul>	<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 the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.</li> </ul>

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

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

- Annual Physical Exam – MedStar Medicare Choice Care Advantage members are eligible for an annual routine physical exam that provides additional evaluations not performed in the Annual Wellness Visit.
- Fitness Benefit – MedStar Medicare Choice Care Advantage offers a fitness center basic membership through its Silver&Fit<sup>®</sup> fitness facility network.
- Nurse Advice Line – MedStar Medicare Choice Care Advantage offers a 24/7 nurse advice line available at 855-242-4873. TTY users call 855-250-5604. MedStar Medicare Choice Care Advantage members can call to obtain advice from a nurse regarding symptoms or medical conditions they may be experiencing.
- Readmission Prevention – MedStar Medicare Choice Care Advantage 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.

