



**MedStar Family Choice Benefits Summary  
District of Columbia- Healthy Families**

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
<b>Primary Care Services</b>	<ul style="list-style-type: none"> <li>Preventive, acute, and chronic health care Services generally provided by your <u>PCP</u></li> </ul>	All Members
<b>Specialist Services</b>	<ul style="list-style-type: none"> <li>Health care Services provided by specially trained doctors or advanced practice nurses.</li> <li><u>Referrals</u> are usually required</li> <li>Does not include cosmetic Services and surgeries except for surgery required to correct a condition resulting from surgery or disease, created by an accidental injury or a congenital deformity, or is a condition that impairs the normal function of your body</li> </ul>	All Members
<b>Laboratory &amp; X-ray Services</b>	<ul style="list-style-type: none"> <li>Lab tests and X-rays</li> </ul>	All Members
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>Outpatient Services (preventive, diagnostic, therapeutic, rehabilitative, or palliative Services)</li> <li>Inpatient Services (hospital stay)</li> </ul>	Any Member with a <u>Referral</u> from their <u>PCP</u> or who has an emergency
<b>Pharmacy Services (prescription drugs)</b>	<ul style="list-style-type: none"> <li><u>Prescription</u> drugs included on the MedStar Family Choice drug formulary. You can find the drug formulary at <a href="http://medstarfamilychoice.com">medstarfamilychoice.com</a> or by calling Member Services.</li> <li>Only includes medications from network pharmacies</li> <li>Includes the following non-<u>prescription</u> (over-the-counter) medicines for colds, fever and rashes. A complete list is available on the website or by calling Member Services.</li> </ul>	All Members other than dually eligible(Medicaid/Medicare) Members whose <u>prescriptions</u> are covered under Medicare Part D
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>A <u>Screening</u> exam of your health condition and stabilization if you have an Emergency Medical Condition, regardless if the Provider is in or out of the MedStar Family Choice network.</li> <li>Treatment for emergency conditions</li> </ul>	All Members

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<b>Family Planning</b>	<ul style="list-style-type: none"> <li>• Pregnancy Testing: Counseling for the woman</li> <li>• Routine and Emergency <u>Contraception</u></li> <li>• Voluntary sterilizations for Members over 21 years of age (requires signature of an approved sterilization form by the Member 30 days prior to the procedure)</li> <li>• <u>Screening, Counseling and Immunizations</u> (including for HPV)</li> <li>• <u>Screening</u> and preventive treatment for all sexually transmitted diseases</li> <li>• Does not include sterilization procedures for Members under age 21</li> </ul>	All Members as appropriate
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>• Special care for foot problems</li> <li>• Regular foot care when medically needed.</li> </ul>	All Members
<b>Rehabilitation Services</b>	Rehabilitation Services, including physical, speech and occupational therapy	All Members
<b>Prosthetic devices</b>	<ul style="list-style-type: none"> <li>• Replacement, corrective, or supportive devices prescribed by a licensed provider</li> </ul>	All Members
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>• Eye exams at least once every year and as needed; and eye glasses (corrective lenses) as needed</li> </ul>	Members under age 21
	<ul style="list-style-type: none"> <li>• One pair of eyeglasses every two years except when the Member has lost his or her eyeglasses or when the <u>prescription</u> has changed by more than 0.5 diopter</li> </ul>	Members age 21 and older



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<b>Home Health Services</b>	In-home health care Services, including: <ul style="list-style-type: none"> <li>• Nursing and home health aide care</li> <li>• Home health aide Services provided by a home health agency</li> <li>• Physical therapy, occupational therapy, speech pathology and audiology Services</li> </ul>	All Members
<b>Personal care Services</b>	<ul style="list-style-type: none"> <li>• Services provided to a Member by an individual qualified to provide such Services who is not a member of the individual’s family, usually in the home, and authorized by a physician as a part of the Member’s treatment plan.</li> </ul>	All Members Is not available to Members in a hospital or nursing home
<b>Nursing Home Care</b>	<ul style="list-style-type: none"> <li>• Full-time skilled nursing care in a nursing home up to 30 consecutive days</li> </ul>	All Members
<b>Hospice Care</b>	<ul style="list-style-type: none"> <li>• Support Services for people who are dying</li> </ul>	All Members
<b>Transportation Services</b>	<ul style="list-style-type: none"> <li>• Transportation to and from medical <u>Appointments</u></li> </ul>	All Members



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<p><b>Adult Wellness Services</b></p>	<ul style="list-style-type: none"> <li>• <u>Immunizations</u></li> <li>• Routine <u>Screening</u> for Sexually Transmitted Diseases</li> <li>• HIV/AIDS <u>Screening</u>, testing and counseling</li> <li>• Breast cancer <u>Screening</u> (women only)</li> <li>• Cervical cancer <u>Screening</u> (women only)</li> <li>• Osteoporosis <u>Screening</u> (post-menopausal women)</li> <li>• HPV <u>Screening</u> (women only)</li> <li>• Prostate cancer <u>Screening</u> (men only)</li> <li>• Abdominal aortic aneurysm <u>Screening</u> (men only)</li> <li>• <u>Screening</u> for obesity</li> <li>• Diabetes <u>Screening</u></li> <li>• <u>Screening</u> for high blood pressure and cholesterol (lipid disorders)</li> <li>• <u>Screening</u> for depression</li> <li>• Colorectal cancer <u>Screening</u> (Members 50 years and older)</li> <li>• Smoking cessation counseling</li> <li>• Diet and exercise counseling</li> <li>• Mental Health counseling</li> <li>• Alcohol and drug <u>Screening</u></li> </ul>	<p>Members over age 21 as appropriate</p>

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<p><b>Child Wellness Services</b></p>	<p>Whatever is needed to take care of sick children and to keep healthy children well, including <u>Screening</u> and assessments such as:</p> <ul style="list-style-type: none"> <li>• Health and development history and <u>Screenings</u></li> <li>• Physical and mental health development and <u>Screenings</u></li> <li>• Comprehensive health exam</li> <li>• <u>Immunizations</u></li> <li>• Lab tests including of blood lead levels</li> <li>• Health education</li> <li>• Dental <u>Screening Services</u></li> <li>• Vision <u>Screening Services</u></li> <li>• Hearing <u>Screening Services</u></li> <li>• Alcohol and drug <u>Screening</u> and counseling</li> <li>• Mental health Services</li> </ul> <p>Does not include any health Services furnished to a child in a school setting</p>	<p>Members under age 21</p>
<p><b>Dental Benefits</b></p>	<p><b>Under age 21</b></p> <ul style="list-style-type: none"> <li>• General dentistry (including regular and emergency treatment) and orthodontic care for special problems</li> <li>• <u>Check-Ups</u> twice a year with a dentist are covered for children ages 3 through 20.</li> <li>• A child's <u>PCP</u> can perform dental <u>Screenings</u> for a child up to age 3</li> </ul> <p>Does not include routine orthodontic care</p>	<p>Members under age 21</p>



BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
<p><b>Dental Benefits</b></p>	<p><b>Over age 20</b></p> <ul style="list-style-type: none"> <li>• General dental exams and routine cleanings every six (6) months</li> <li>• Surgical services and extractions;</li> <li>• Emergency Dental care;</li> <li>• Fillings;</li> <li>• X-rays (full series limited to once (1) every three (3) years</li> <li>• Full mouth debridement;</li> <li>• Prophylaxis limited to two times (2) per year;</li> <li>• Bitewing series;</li> <li>• Palliative treatment;</li> <li>• Sealant application;</li> <li>• Removable partial and full dentures;</li> <li>• Root canal treatment limited to two molars per year;</li> <li>• Periodontal scaling and root planning</li> <li>• Removal of impacted teeth;</li> <li>• Initial placement or replacement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every five (5) years – some limitations apply</li> <li>• Removable partial prosthesis</li> <li>• Any dental service that requires inpatient hospitalization must be prior authorized</li> <li>• Elective surgical procedures requiring general anesthesia</li> </ul>	<p>Members over age 20</p>



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<b>Hearing Benefits</b>	Diagnosis and Treatment of conditions related to hearing, including hearing aids and hearing aid batteries	All Members
<b>Alcohol &amp; Drug Abuse Treatment</b>	<ul style="list-style-type: none"> <li>• Inpatient detoxification</li> <li>• Other alcohol/drug abuse services are provided by the Addiction, Prevention and Recovery Administration (APRA)</li> <li>• Help with getting care from APRA</li> </ul>	All Members
<b>Alcohol &amp; Drug Abuse Treatment</b>	<ul style="list-style-type: none"> <li>• Inpatient and outpatient substance abuse treatment</li> <li>• Other alcohol/drug abuse Services are provided by the Addiction, Prevention and Recovery Administration (APRA)</li> <li>• Help with getting care from APRA</li> </ul>	Members under age 21
<b><u>Durable Medical Equipment (DME) &amp; Disposable Medical Supplies (DMS)</u></b>	<ul style="list-style-type: none"> <li>• <u>Durable Medical Equipment (DME)</u></li> <li>• Disposable medical supplies (DMS)</li> </ul>	All Members



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<p><b>Mental Health Services</b></p>	<ul style="list-style-type: none"> <li>• Services provided by mental health providers, including:               <ul style="list-style-type: none"> <li>• Diagnostic and assessment services</li> <li>• Physician and mid-level visits, including:                   <ul style="list-style-type: none"> <li>○ Individual counseling</li> <li>○ Group counseling</li> <li>○ Family counseling</li> <li>○ FQHC <u>Services</u></li> </ul> </li> </ul> </li> <li>• Medication/Somatic treatment</li> <li>• Crisis Services</li> <li>• Inpatient Hospitalization and Emergency Department Services</li> <li>• Day Services</li> <li>• Intensive Day Treatment</li> <li>• Case management Services</li> <li>• Services for individuals 65 years and older in an institution for mental disease</li> <li>• Treatment for any mental condition that could complicate pregnancy</li> <li>• Patient Psychiatric Residential Treatment Facility Services (PTRF) for Members under 22 years of age for thirty (30) consecutive days</li> <li>• Mental health Services for children that are included in an IEP or IFSP during holidays, school vacations, or sick days when the child is not in school</li> <li>• Care coordination for Members receiving the following Services from DMH:               <ul style="list-style-type: none"> <li>• Community-based interventions</li> <li>• Multi-systemic therapy (MST)</li> <li>• Assertive Community Treatment (ACT)</li> <li>• Community Support</li> </ul> </li> </ul>	<p>All Members</p>