

Your Health Benefits

Health services covered by MedStar Family Choice

The list below shows the healthcare services and benefits for all MedStar Family Choice members. For some benefits, you have to be a certain age or have a certain need for the service. MedStar Family Choice will not charge you for any of the healthcare services in this list if you go to a network provider or hospital. MedStar Family Choice does not charge co-pays for services covered by MedStar Family Choice.

If you have a question about whether MedStar Family Choice covers certain health care, call MedStar Family Choice Member Services at 888-404-3549.

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
Primary care services	<ul style="list-style-type: none">• Preventive, acute and chronic health care services generally provided by your PCP	All members
Specialist services	<ul style="list-style-type: none">• Healthcare services provided by specially trained doctors or advanced practice nurses• Referrals are usually required• 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 a condition that impairs the normal function of your body	All members
Laboratory and X-ray services	<ul style="list-style-type: none">• Lab tests and X-rays	All members
Hospital services	<ul style="list-style-type: none">• Outpatient services (preventive, diagnostic, therapeutic, rehabilitative or palliative services)• Inpatient services (hospital stay)	Any member with a referral from their PCP or who has an emergency

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
<p>Pharmacy services (prescription drugs)</p>	<ul style="list-style-type: none"> • Prescription drugs included on the MedStar Family Choice drug formulary. You can find the drug formulary at medstarfamilychoice.com or by calling Member Services. • Only includes medications from network pharmacies • Includes the following nonprescription (over-the-counter) medicines for colds, fever and rashes. A complete list is available on the website or by calling Member Services. 	<p>All members other than dually eligible (Medicaid/Medicare) members whose prescriptions are covered under Medicare Part D</p>
<p>Emergency services</p>	<ul style="list-style-type: none"> • A screening 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 • Treatment for emergency conditions 	<p>All members</p>

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
Family planning	<ul style="list-style-type: none"> • Pregnancy testing: counseling for the woman • Routine and emergency contraception • Voluntary sterilizations for members older than 21 years of age (requires signature of an approved sterilization form by the member 30 days prior to the procedure) • Screening, counseling and immunizations (including for HPV) • Screening and preventive treatment for all sexually transmitted diseases • Does not include sterilization procedures for members under age 21 	All members as appropriate
Podiatry	<ul style="list-style-type: none"> • Special care for foot problems • Regular foot care when medically needed 	All members
Rehabilitation services	<ul style="list-style-type: none"> • Rehabilitation services, including physical, speech and occupational therapy 	All members
Prosthetic devices	<ul style="list-style-type: none"> • Replacement, corrective or supportive devices prescribed by a licensed provider 	All members
Vision care	<ul style="list-style-type: none"> • Eye exams at least once every year and as needed; and eye glasses (corrective lenses) as needed • One pair of eyeglasses every two years except when the member has lost his or her eyeglasses or when the prescription has changed by more than 0.5 diopter 	<p>Members under the age of 21</p> <p>All members age 21 and older</p>

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
Home health services	In-home healthcare services, including: <ul style="list-style-type: none"> • Nursing and home health aide care • Home health aide services provided by a home health agency • Physical therapy, occupational therapy, speech pathology and audiology services 	All members
Personal care services	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.	All members Is not available to members in a hospital or nursing home
Nursing home care	Full-time skilled nursing care in a nursing home up to 30 consecutive days	All members
Hospice care	Support services for people who are dying	All members
Transportation services	Transportation to and from medical appointments	All members

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
<p>Adult wellness services</p>	<ul style="list-style-type: none"> • Immunizations • Routine screening for sexually transmitted diseases • HIV/AIDS screening, testing and counseling • Breast cancer screening (women only) • Cervical cancer screening (women only) • Osteoporosis screening (post-menopausal women) • HPV screening (women only) • Prostate cancer screening (men only) • Abdominal aortic aneurysm screening (men only) • Screening for obesity • Diabetes screening • Screening for high blood pressure and cholesterol (lipid disorders) • Screening for depression • Colorectal cancer screening (Members 50 years and older) • Smoking cessation counseling • Diet and exercise counseling • Mental health counseling • Alcohol and drug screening 	<p>Members over age 21 as appropriate</p>

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
<p>Child wellness services</p>	<p>Whatever is needed to take care of sick children and to keep healthy children well, including screening and assessments such as:</p> <ul style="list-style-type: none"> • Health and development history and screenings • Physical and mental health development and screenings • Comprehensive health exam • Immunizations • Lab tests including blood lead levels • Health education • Dental screening services • Vision screening services • Hearing screening services • Alcohol and drug screening and counseling • Mental health services <p>Does not include any health services furnished to a child in a school setting</p>	<p>Members under age 21</p>

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
<p>Dental benefits</p>	<p>Under age 21</p> <ul style="list-style-type: none"> • General dentistry (including regular and emergency treatment) and orthodontic care for special problems • Check ups twice a year with a dentist are covered for children ages 3 through 20 • A child's PCP can perform dental Screenings for a child up to age 3 • Does not include routine orthodontic care <p>Over age 20</p> <ul style="list-style-type: none"> • General dental exams and routine cleanings every six months • Surgical services and extractions • Emergency dental care • Fillings • X-rays (full series limited to once every three years) • Full mouth debridement • Prophylaxis limited to two times per year • Bitewing series • Palliative treatment • Sealant application • Removable partial and full dentures • Root canal treatment limited to two molars per year 	<p>See specific age-related benefits</p>

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
	<ul style="list-style-type: none"> • Periodontal scaling and root planning • Removal of impacted teeth • 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 years—some limitations apply • Removable partial prosthesis • Any dental service that requires inpatient hospitalization must be prior authorized • Elective surgical procedures requiring general anesthesia 	
Hearing benefits	Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries	All members

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
<p>Mental health services</p>	<p>Services provided by mental health providers, including:</p> <ul style="list-style-type: none"> • Diagnostic and assessment services • Physician and mid-level visits, including: <ul style="list-style-type: none"> – Individual counseling – Group counseling – Family counseling – FQHC services • Medication/somatic treatment • Crisis services • Inpatient hospitalization and emergency department services • Day services • Intensive day treatment • Case management services • Services for individuals 65 years and older in an institution for mental disease • Treatment for any mental condition that could complicate pregnancy • Patient Psychiatric Residential Treatment Facility Services (PTRF) for members under 22 years of age for 30 consecutive days 	<p>All members</p>

BENEFIT	WHAT YOU GET	WHO CAN GET THIS BENEFIT
	<ul style="list-style-type: none"> • 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 • Care coordination for members receiving the following services from DMH: <ul style="list-style-type: none"> – Community-based interventions – Multi-systemic therapy (MST) – Assertive Community Treatment (ACT) – Community support 	
Alcohol and drug abuse treatment	<ul style="list-style-type: none"> • Inpatient detoxification • Other alcohol/drug abuse services are provided by the Addiction, Prevention and Recovery Administration (APRA) • Help with getting care from APRA 	All members
	<ul style="list-style-type: none"> • Inpatient and outpatient substance abuse treatment • Other alcohol/drug abuse services are provided by the Addiction, Prevention and Recovery Administration (APRA) • Help with getting care from APRA 	Members under age 21
Durable medical equipment (DME) and disposable medical supplies (DMS)	Durable medical equipment (DME) Disposable medical supplies (DMS)	All members

Services we do not pay for

Below is a listing of benefits or services that are not paid for by MedStar Family Choice:

- Cosmetic surgery
- Experimental or investigational services, surgeries, treatments and medications
- Services that are part of a clinical trial protocol
- Abortion, or the voluntary termination of a pregnancy, not required under federal law
- Infertility treatment
- Sterilizations for persons under the age of 21
- Services that are not medically necessary



Notice of changing benefits or service locations

MedStar Family Choice offers many benefits and services to keep you well. At times, there may be changes in those services. If there are changes, you will get a letter from MedStar Family Choice. The letter will tell you what has changed. If you have questions about the change, call Member Services toll free at 888-404-3549 or visit our website (medstarfamilychoice.com).

There are many providers in the MedStar Family Choice network for you to go to for services. Sometimes those locations change. When there is a change to your PCP's address, we will send you a letter to let you know. Unfortunately, there may be times when MedStar Family Choice has to change your PCP without letting you know ahead of time and a new card is sent to you.

Remember, you can change your PCP at any time by calling Member Services.

If you have any questions or you are confused about services or where to go to get them, call Member Services at 888-404-3549 for help.