



**MedStar Family Choice Benefits Summary  
Maryland HealthChoice**

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
<b>Primary Care Services</b>	These are all of the basic health services you need to take care of your general health needs, and are usually provided by your "primary care provider", or "PCP", a doctor or advanced practice nurse.	All enrollees	
<b>EPSDT Services for Children</b>	Regular well-child check-ups, immunizations (shots), and check-ups to look for illness. Whatever is needed to take care of sick children and to keep healthy children well.	Under age 21.	
<b>Pregnancy-related Services</b>	Medical care during and after pregnancy, including hospital stays and, when needed, home visits after delivery.	Women who are pregnant, and for two months after the birth.	
<b>Family Planning</b>	Family planning office visits, lab tests, birth control pills and devices (includes latex condoms from the pharmacy, without a doctor's order) and permanent sterilizations.	All Enrollees	
<b>Primary Mental Health Services</b>	Primary mental health services are basic mental health services provided by your PCP or another provider in MedStar Family Choice. If more than just basic mental health services are needed, your PCP will refer you to or you can call the <i>Public Mental Health System at 1-800-888-1965</i> for specialty mental health services.	All enrollees	You do not get specialty mental health services from MedStar Family Choice. For example, for treatment of serious emotional problems like schizophrenia, your PCP or specialist will refer you or you can call the <i>Public Mental Health System at 1-800-888-1965</i> .



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<b>Pharmacy Services</b>	Prescription drugs, insulin, needles and syringes, birth control pills and devices, coated aspirin for arthritis, iron pills (ferrous sulfate), and chewable vitamins for children younger than age 12. You can get latex condoms from the drug store without a doctor's order.	All enrollees	Non-prescription drugs except for coated aspirin, iron pills, and chewable vitamins for children under age 12. MedStar Family Choice does pay for some over-the-counter medications.
<b>Specialist Services</b>	Health care services provided by specially trained doctors or advanced practice nurses. You might have to get a referral from your PCP before you can see a specialist.	All Enrollees	
<b>Laboratory &amp; Diagnostic Services</b>	Lab tests and X-rays to help find out the cause of an illness.	All Enrollees	

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<b>Case Management</b>	A case manager may be assigned to help you plan for and receive health care services. The case manager also keeps track of what services are needed and what has been provided.	Special Populations: (1) Children with special health care needs; (2) Pregnant and postpartum women; (3) Individuals with HIV/AIDS; (4) Individuals who are Homeless; (5) Individuals with physical or developmental disabilities; (6) Individuals in need of substance abuse care; and (7) Children in State-supervised care	
<b>Diabetes Care</b>	Special services, medical equipment, and supplies for enrollees with diabetes.	Enrollees who have been in the hospital because of diabetes.	
<b>Substance Abuse Treatment</b>	Services include a comprehensive substance abuse assessment, individual and group counseling services, methadone maintenance treatment, detox treatment (inpatient or outpatient as needed), partial hospitalization, and referral to substance abuse services that we do not offer. Intensive outpatient services are covered for those who are under 21 or pregnant and postpartum.	Pregnant and post partum women and persons with HIV/AIDS should be referred for treatment within 24 hours of request.	

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Maryland HealthChoice

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<b>Podiatry</b>	Foot care when medically needed. Includes special shoes, supports, and routine foot care.	Available to enrollees under age 21 or individuals with diabetes and circulatory problems.	
<b>Vision Care</b>	<p><b>Eye Exams</b></p> <ul style="list-style-type: none"> <li>Under 21: one exam every year.</li> <li>21 and Older: one exam every two years</li> </ul> <p><b>Glasses</b></p> <ul style="list-style-type: none"> <li>Under 21 only</li> <li>Contact lenses if there is a medical reason why glasses will not work</li> </ul>	Exams – all enrollees. Glasses and contact lenses – Enrollees under age 21.	More than one pair of glasses per year unless lost, stolen, broken or new prescription needed.
<b>Home Health Services</b>	In-home health care services, including nursing and home health aide care.	Those who need skilled nursing care in their home, usually after being in a hospital.	No personal care services (help with daily living)
<b>Oxygen &amp; Respiratory Equipment</b>	Treatment to help breathing problems.	All enrollees.	
<b>Hospital Services</b>	Inpatient and outpatient services are covered.	All enrollees with authorization or as an emergency.	
<b>Hospice Care</b>	Support services for people who are terminally ill.	All enrollees.	
<b>Rehabilitation Outpatient</b>	Rehabilitation services, including physical therapy, occupational therapy and speech therapy (without a hospital stay).	All enrollees (See Section II D for enrollees under age 21).	
<b>Nursing Home</b>	Full-time nursing care in a nursing home.	Available to all enrollees. After 30 days, State pays, instead of MedStar Family Choice.	



## MedStar Family Choice Benefits Summary Maryland HealthChoice

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<b>Chronic Hospital</b>	Full-time hospital care for long-term illness.	Available to all enrollees. After 30 days, State pays, instead of MedStar Family Choice.	
<b>Blood &amp; Blood Products</b>	Blood used during an operation, etc.	All enrollees.	
<b>Dialysis</b>	Treatment for kidney disease.	All enrollees.	
<b>DME &amp; DMS</b>	Durable medical equipment (DME) and disposable medical supplies (DMS) are things like crutches, walkers, wheelchairs, and finger stick supplies (for people who do blood testing at home).	All enrollees.	
<b>Transplants</b>	Medically necessary transplants.	All enrollees.	No experimental transplants.
<b>Clinical Trials</b>	Enrollees costs for studies to test the effectiveness of new treatments or drugs.	Enrollees with life threatening conditions, when authorized.	Must be authorized by MedStar Family Choice.

### Additional Benefits Offered by MedStar Family Choice

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT (IF NEEDED)	WHAT YOU DON'T GET WITH THIS BENEFIT
<b>Dental Services (for adults)</b>	Cleanings, and examinations two times a year as well as fillings and x-rays.	21 and over	Simple or surgical extractions,
<b>Vision Care (for adults)</b>	Eye exam once a year. One (1) pair of glasses, if needed, every year.	21 and over	Contact lenses that are not medically necessary.
<b>Over the counter Medications</b>	Some medications that are available over the counter will be paid for by MedStar	All enrollees	Not all over the counter medications are covered. Your doctor has a complete list.



# MedStar Family Choice

## MedStar Family Choice Benefits Summary Maryland HealthChoice

	Family Choice. Your doctor has a list of these medicines.		
<b>Transportation</b>	Transportation to receive care is provided as appropriate when medically necessary.	All enrollees	Transportation that is not medically necessary.

**You will not be charged any co-pays for services covered by MedStar Family Choice. You may be charged a co-pay for services covered by the Maryland Medical Assistance Program.**