

IV. Benefits and Services

A. HealthChoice Benefits

This table lists the basic benefits that all MCOs must offer to HealthChoice members. Review the table carefully as some benefits have limits, you may have to be a certain age, or have a certain kind of problem. Except for pharmacy co-payments (fee member pays for a healthcare service), you should never be charged for any of these healthcare services. Your PCP will assist you in coordinating these benefits to best suit your healthcare needs. You will receive most of these benefits from providers that participate in the MCO's network (participating provider) or you may need a referral to access them. There are some services and benefits you may receive from providers that do not participate with your MCO (non-participating provider) and do not require a referral. These services are known as self-referral services.



MCOs may waive pharmacy co-pays and offer additional benefits such as adult dental and more frequent eye exams (see Attachment C). Those are called optional benefits and can change from year to year. If you have questions call MCO Member Services.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Primary Care Services	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 (PCP). A PCP can be a doctor, advanced practice nurse, or physician assistant.	All members	
EPSDT Services for Children	Regular well-child check-ups, immunizations (shots), developmental screens and wellness advice. These services provide whatever is needed to take care of sick children and to keep healthy children well.	Under age 21	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Pregnancy-Related Services	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.	
Family Planning	Family planning office visits, lab tests, birth control pills and devices (includes latex condoms and emergency contraceptives from the pharmacy, without a doctor's order), and permanent sterilizations	All members	
Primary Mental Health Services	Primary mental health services are basic mental health services provided by your PCP or another provider within the MCO. If more than just basic mental health services are needed, your PCP will refer you to or you can call the Public Behavioral Health System at 800-888-1965 for specialty mental health services.	All members	You do not get specialty mental health services from a MCO. For treatment of serious emotional problems your PCP or specialist will refer you or you can call the Public Behavioral Health System at: 800-888-1965 .
Prescription Drug Coverage (Pharmacy Services)	Prescription drug coverage includes prescription drugs (drug dispensed only with a prescription from an authorized prescriber) 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 and emergency contraceptives from the pharmacy without a doctor's order.	All members There are no copays for children under age 21, pregnant women, and for birth control.	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Specialist Services	Healthcare services provided by specially trained doctors, advanced practice nurses or physicians assistants. You may need a referral from your PCP before you can see a specialist.	All members	
Laboratory and Diagnostic Services	Lab tests and X-rays to help find out the cause of an illness	All members	
Home Health Care	Healthcare services received in-home that includes nursing and home health aide care	Those who need skilled nursing care (care provided by or under the supervision of a registered nurse) in their home, usually after being in a hospital	No personal care services (help with daily living)
Case Management	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. You must communicate with case manager to receive effective case management.	<ul style="list-style-type: none"> (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) Children in State-supervised care (7) Case management provided by MCO for other members as needed 	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Diabetes Care	Special services, medical equipment and supplies for enrollees with diabetes	Members who have been diagnosed with diabetes	
Podiatry	Foot care when medically needed.	All members	Routine foot care; unless you are under 21 years of age or have diabetes or vascular disease affecting the lower extremities
Vision Care	<p>Eye Exams</p> <ul style="list-style-type: none"> • <u>Under 21</u>: One exam every year • <u>21 and Older</u>: One exam every two years <p>Glasses</p> <ul style="list-style-type: none"> • Under 21 only • Contact lenses if there is a medical reason why glasses will not work 	<p>Exams - all members</p> <p>Glasses and Contact Lenses - Members under age 21</p>	More than one pair of glasses per year unless lost, stolen, broken, or new prescription needed
Oxygen and Respiratory Equipment	Treatment to help breathing problems.	All members	
Hospital Inpatient Services	Services and care received for scheduled and unscheduled admittance for inpatient hospital stays (hospitalization)	All members with authorization or as an emergency	
Hospital Outpatient Care	Services and care received from an outpatient hospital setting that does not require inpatient admittance to the hospital. Services would include diagnostic and laboratory services, physician visit, and authorized outpatient procedures.	All members	MCOs are not obligated to cover hospital observation services beyond 24 hours.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Emergency Care	Services and care received from a hospital emergency facility to treat and stabilize an emergent medical condition	All members	
Urgent Care	Services and care received from an urgent care facility to treat and stabilize an urgent medical need	All members	
Hospice Services	Home or inpatient services designed to meet the physical, psychological, spiritual, and social needs for people who are terminally ill	All members	
Nursing Facility/ Chronic Hospital	Skilled nursing care or rehab care up to 90 days	All members	
Rehabilitation Services/ Devices	Outpatient services/devices that help a member function for daily living. Services include: Physical, Occupational, and Speech Therapy.	Members age 21 and older Members under 21 are eligible under EPSDT (see section 6 E)	
Habilitation Services/ Devices	Services/devices that help a member function for daily living. Services include Physical Therapy, Occupational Therapy, and Speech Therapy.	Eligible members; benefits may be limited.	
Blood and Blood Products	Blood used during an operation, etc.	All members	
Dialysis	Treatment for kidney disease	All members	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Durable Medical Equipment (DME) & Disposable Medical Supplies (DMS)	DME (can use repeatedly) are things like crutches, walkers, and wheelchairs) DMS (cannot use repeatedly) are equipment and supplies that have no practical use in the absence of illness, injury, disability or health condition. DMS are things like finger stick supplies, dressings for wounds, and incontinence supplies.	All members	
Transplants	Medically necessary transplants	All members	No experimental transplants
Clinical Trials	Members costs for studies to test the effectiveness of new treatments or drugs	Members with little threatening conditions, when authorized	
Plastic and Restorative Surgery	Surgery to correct a deformity from disease, trauma, congenital or development abnormalities, or to restore body functions	All members	Cosmetic surgery to make you look better

Benefits Not Offered by MCOs but Offered by the State

Benefits in the table below are not covered by the MCO. If you need these services you can get them through the State using your red and white Medicaid or dental card. If you have questions on how to access these benefits, call the HealthChoice Help Line (**800-284-4510**).

BENEFIT	DESCRIPTION
Dental Services for Children Under 21, former foster care youth up to age 26, and Pregnant Women	General dentistry including regular and emergency treatment is offered. Dental services are provided by the Maryland Healthy Smiles Dental Program administered by Scion. If you are eligible for the Dental Services Program, you will receive information and a dental card from Scion. If you have not received your dental ID card or have questions about your dental benefits, call the Maryland Healthy Smiles Dental Program at 855-934-9812 .
Occupational, Physical, Speech Therapies & Audiology for Children Under the Age of 21	The State pays for these services if medically needed. For help in finding a provider, you can call the State's Hotline at 800-492-5231 .
Speech Augmenting Devices	Equipment that helps people with speech impairments to communicate
Behavioral Health	Substance use disorder and specialty mental health services are provided through the Public Behavioral Health System. You can reach them by calling 800-888-1965 .

ATTACHMENT C - Additional Services Offered By MedStar Family Choice

The healthcare services and benefits you have read about in Attachment A are given to you by all MCOs. MedStar Family Choice will give you some other services. The table below shows the extra healthcare services and benefits that MedStar Family Choice members can get when they need them. If you have a question or are confused about these extra benefits, you can call MedStar Family Choice Member Services toll-free at **888-404-3549**. Currently, there are no copays for services provided by MedStar Family Choice.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	LIMITATIONS
Vision Care	Eye exam once a year. For adults, one pair of glasses if needed, every year.	21 years and older	Contact lenses that are not medically necessary.
Over the counter medications	Some medications that are available over-the-counter will be paid for by MedStar Family Choice. Your doctor has a list of these medicines.	All enrollees	Not all over-the-counter medications are covered. Your doctor has a complete list.
Transportation	Transportation to receive care is provided as appropriate when medically necessary.	All enrollees	Transportation that is not medically necessary.
Adult Dental	Cleanings and examinations two times a year as well as fillings and x-rays. Simple extractions are covered.	Enrollees 21 and over who are not pregnant women	Contact Avesis for specific exclusions.