

MdCARE – PROPOSED BENEFITS PACKAGE

The following is a *summary* description of the services covered for individuals aged 19-64. For families earning 100% to 200% FPL there is low cost sharing for MdCare -- no deductible; \$10 copays; 10% coinsurance on pharmaceuticals and services. For families earning greater than 200% FPL there is higher cost sharing for MdCare -- \$200 deductible per person; \$10 copays; 20% coinsurance on pharmaceuticals and services.

<u>Service</u>	<u>Coverage</u>
Primary care services	Covered. Includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings.
Ambulance Service	Covered. Includes transportation to and from the nearest hospital where needed medical services can appropriately be provided
Blood and Blood Products	All cost recovery expenses for blood, blood derivatives, components, biologics, and serums, to include autologous services and albumin
Case Management Program	Available for medically complex and costly services
Chiropractic Services	Up to 20 visits per condition, per year; 30% co-payment
Dental Services*	Preventive services covered without cost sharing. See Table 3-2 for coverage of other services and cost sharing arrangements.
Durable Medical Equipment	Covered, including nebulizers, peak flow meters, and diabetes glucose monitoring equipment
Emergency Room	Covered - \$35 co-payment (waived if admitted)
Family Planning Services	Covered
Hearing Aids*	Covered
Home Health Care	Covered as an alternative to otherwise covered services in a hospital or other related institution

Hospice	Covered (same definitions as Medicare)
Hospitalization	Covered (includes detoxification and mental health services when coordinated by the case management program)
Infertility Services	Covered. For services obtained after diagnosis of infertility, 50% coinsurance rate of allowable charges (Does <u>not</u> include <i>in vitro</i> fertilization*)
Medical Food	Covered for persons with metabolic disorders when ordered by a health care practitioner qualified to provide diagnosis or treatment in the field of metabolic disorders
Mental Health and Substance Abuse	Covered when coordinated through the case management program for unlimited inpatient days* and up to 120 days per year in a residential treatment facility. Outpatient visits include a \$10 co-payment per visit.
Nutritional Services	6 visits per condition per year for cardiovascular disease, diabetes, malnutrition, cancer, cerebral vascular disease, or kidney disease
Outpatient Hospital	Covered
Outpatient Laboratory & Diagnostic Services	Covered
Outpatient Short-Term Rehabilitative Services	Provided through a case managed system for a maximum of 30 physical therapy visits per condition per year; 30 speech therapy visits per condition per year; 30 occupational therapy visits per condition per year; Co-payment for each visit
Pregnancy and Maternity	Covered; no co-payments
Prescription Drugs	Covered with the following co-payment arrangements:

Co-payment for Rx
90- day supply
Maint. Drug

Generic	\$15	\$30
Preferred Brand Name	\$20	\$40
Non- Preferred Brand	\$30	\$60

When a generic drug is available and the brand name is prescribed and selected, the covered person pays the co-payment plus the

difference between the price of the brand name and the generic drug.

Preventive Services	Covered - preventive services recommended by the U. S. Preventive Services Task Force and other services required to be offered by a federally qualified HMO
Skilled Nursing Facility	100 days as an alternative to otherwise covered care in a hospital or other related institution; \$20 per day co-payment
Smoking Cessation*	Coverage using Smoke Free Maryland definition of programs
Transplants	Coverage for bone marrow, cornea, kidney, liver, lung, heart, heart/ lung, pancreas, and pancreas/ kidney transplants

*Benefit not currently covered in the Maryland Comprehensive Standard Health Benefit Plan that is utilized in the small group market.

Table 3-2 MD Care – Proposed Dental Benefits

COVERED SERVICES	DEDUCTIBLES	PLAN PAYS ⁽¹⁾
Level I - Preventive Services		
<ul style="list-style-type: none"> <input type="checkbox"/> Oral exams <i>(two per calendar year per person)</i> <input type="checkbox"/> Prophylaxis <i>(two cleanings per calendar year, including scaling and polishing)</i> <input type="checkbox"/> Space maintainers <input type="checkbox"/> Palliative emergency treatment <input type="checkbox"/> X-rays and lab tests <input type="checkbox"/> Consultations 	No deductible	100% of Plan Allowance
Level II - Diagnostic, Minor Therapeutic and Restorative Services		
<ul style="list-style-type: none"> <input type="checkbox"/> Minor restorations <i>(fillings)</i> <input type="checkbox"/> Simple extraction <input type="checkbox"/> Repair of removable dentures <i>(limited to one repair of the same denture per calendar year)</i> <input type="checkbox"/> Oral surgery <i>(limited to combined simple extractions, alveoplasties, frenulecromies, stomacoplasties, the excision and drainage of</i> 	\$50 deductible per person per calendar year for Levels II and III combined	80% of Plan Allowance after deductible

<p><i>abscesses, and the removal of exotosis and hyperplastic tissues and autogerious bone graft when performed in conjunction with a covered dental implant)</i></p> <ul style="list-style-type: none"> ☐ Endodontics (<i>treatment involving the root and pulp of the tooth, such as root canal therapy</i>) ☐ General anesthesia rendered for a covered dental service ☐ Therapeutic drug injections ☐ Re-cementing of crowns, bridges, facings and inlays 		
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Level III - Complex Surgical, Endodontic and Periodontic and Major Restorative Services

<ul style="list-style-type: none"> ☐ Periodontics (<i>treatment of the gums and bones supporting the teeth</i>) ☐ Inlays, onlays, crowns and bridges ☐ Dentures (<i>including immediate dentures and relining of dentures</i>) ☐ Prosthodontic services (<i>removable or fixed prostheses, temporary prostheses when used for replacement of bicuspid and anterior teeth</i>) ☐ Implants 	<p>\$50 deductible per person per calendar year for Level II and III combined</p>	<p>50% of Plan Allowance after deductible</p>
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⁽¹⁾ Plan pays up to a maximum of \$1,500 per member per year.