



## About Optimum Choice, Inc. HMO plan

- Chances are, your doctor is in our network - visit our Web site at **[www.mamsiUnitedHealthcare.com](http://www.mamsiUnitedHealthcare.com)**, "Find a Doctor"
- Highly rated health plan<sup>1</sup>
- Member Services Department available 24 hours a day, seven days a week at **1-800-447-6267**
- Convenient Web-based services and health education information at **[www.mamsiUnitedHealthcare.com/md](http://www.mamsiUnitedHealthcare.com/md)**.
- NurseLine available 24/7 to help answer your health care questions at **1-888-315-7257, PIN 757**
- Specialized care programs and services when you have serious health concerns
- Comprehensive vision benefits

# Optimum Choice, Inc. HMO Plan<sup>1</sup> — Summary of Benefits

The following benefits are provided through your primary care physician (PCP) or with referral to the network of physicians, hospitals and other health care practitioners. Optimum Choice must approve services from a non-participating physician, health care practitioner or facility, except during emergencies.

Benefits	HMO Plan Benefits <sup>1</sup>
<b>Annual Deductible</b>	None
<b>Out-of-Pocket Maximum</b>	None
<b>Physician Office Visits (illness)</b>	
Primary Care Physician	100% after \$15.00 Copayment
Specialist	100% after \$25.00 Copayment
Inpatient Care	100%
Outpatient Care	100%
<b>Hospitalization</b>	
Inpatient (Pre-authorization required)	100%
Outpatient (Pre-authorization required)	100%
<b>Maternity</b>	
Pre/Postnatal Care, Delivery	100%
Newborn Care (must be enrolled within 60 days of birth)	100%
<b>Diagnostic Laboratory and X-ray</b>	100%
<b>Whole Blood and Blood Products</b>	100%
<b>Durable Medical Equipment/Diabetic Equipment and Supplies</b>	100%
<b>Acupuncture for Chronic Pain Management</b> (requires Pre-authorization)	100%
<b>Physical Therapy/Occupational Therapy/Speech Therapy*</b> (up to 50 combined visits per incident or injury per year)	100% after \$25.00 Copayment per visit
<b>Chiropractic Services</b> (Pre-authorization required)	100%
<b>Chemotherapy/Radiation Therapy</b>	100%
<b>Ambulance</b>	100% for Medical Emergencies
<b>Emergency Room Services</b> (inside and outside service area)	100% after \$50.00 Copayment (waived if admitted) for ER diagnosis; 50% of allowable amount plus \$50.00 Copayment for non-ER diagnosis
Emergency Physician Services	100% after \$50.00 Copayment (waived if admitted)
<b>Urgent Care</b>	100% after \$20 copay
<b>Mental Health and Substance Abuse</b>	
Outpatient (Pre-authorization required)	Plan pays 100% after: 20% Copayment of Charges for visits 1-5; 35% Copayment of Charges for visits 6-30; 50% Copayment of Charges for visits 31 and over
Inpatient (Pre-authorization required)	100%
<b>Skilled Nursing Facility</b> (up to 180 days per calendar year - Pre-authorization required)	100%
<b>Mammography</b>	100%
<b>Annual OB/GYN Checkup</b> (Member may self refer to any participating OB/GYN or participating Nurse Midwife)	100% after \$15.00 Copayment for services of participating OB/GYN
<b>Well Baby Care</b> (8 visits to age 2; 1 visit ages 2-12)	100% after \$15.00 Copayment
<b>Medical Health of the Eye</b>	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)
<b>Physical Exams (One every three years for ages 13 and older)</b>	100% after \$15.00 Copayment (PCP)
<b>Hearing Exam and Hearing Aids</b>	100% after \$15.00 Copayment (PCP) 100% for standard adult model hearing aid; one exam and hearing aid every 36 months 100% for hearing aids per hearing impaired ear every 36 months for children under 19 up to \$1,400 per ear
<b>Allergy Testing</b>	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)
<b>Diabetic Nutritional Counseling</b>	100% after \$15.00 Copayment (PCP)
<b>Home Health Care</b>	100% up to 120 days per year
<b>Prescription Drugs and Dental Services</b>	Not covered by medical plan

This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the Evidence of Coverage (Form No.: 0401268-0105MD) or for more information, call 1-800-447-6267.

<sup>1</sup> All medical care must be provided or coordinated by your primary care physician (PCP), except for emergencies.

\* Physical and occupational therapy requires pre-authorization after the sixth visit; speech therapy requires pre-authorization at first visit and number of visits is based on medical necessity.

**Benefits subject to change.**