

OPTIMUM CHOICE[®]

A New Health Plan Choice for Baltimore County Government



OPTIMUM
CHOICE[®]

A MAMSI[®] Health Plan

Plan Year 2003 – 2004



Health Benefits Summary

**Baltimore County
Government**

**OPTIMUM
CHOICE®**

A MAMSI® Health Plan

Ask Yourself...

	Optimum Choice, Inc.	Option 2	Option 3
All Maryland Hospitals Does this plan's network include every hospital in Maryland?*	✓		
24/7 Customer Support Does the plan offer live customer support 24 hours a day, seven days week?	✓		
Large Network of Physicians Does the plan's network offer access to over 45,000 participating physicians, health care practitioners and facilities?*	✓		
Choose a Pennsylvania Physician Does the plan allow Pennsylvania residents who work in Maryland to choose a Primary Care Physician in Pennsylvania?	✓		
Value Does the plan's payroll deduction fit in my budget?	✓		

* Over 45,000 physicians, health care practitioners and facilities participate in our network, including every hospital in Maryland. Source: MAMSI Provider Networks Department, 12/31/02. Includes all MAMSI subsidiaries.

Evidence of Coverage Form No. 0401154-0498MD. Prescription Drug Rider Form No. 044339-0700MD.

Notes:

¹ You must use a participating Primary Care Physician to provide or coordinate your medical care, including referrals for specialty, hospital or other medical care, with the exception of the eye refraction examination and the OB/GYN visit as detailed in this outline.

² Female members may have direct access to a participating OB/GYN or a participating certified nurse/midwife without the requirement that a referral be made by the member's Primary Care Physician. The care shall be Medically Necessary, including, but not limited to, routine care. If the member requires the services of another specialty provider, the member's Primary Care Physician must determine the necessity of a referral. No Copayment is required for participating certified nurse/midwife services.

³ Up to 40 combined outpatient visits per condition per Contract Year. Limits do not apply to inpatient rehabilitation or speech therapy services related to cleft lip, cleft palate or both, or for Habilitative Services for children under the age of 19.

⁴ Routine services consist of office visits, one office sonogram (as part of prenatal care) and laboratory work. Other non-routine services are subject to the applicable Copayment for each visit.

⁵ Artificial insemination is covered for a maximum of six cycles per member per lifetime. Covered in vitro fertilization services are limited to three attempts per live birth, not to exceed a maximum lifetime benefit of \$100,000.

⁶ For services related to conditions that meet the Health Plan definition of a Medical Emergency. Copayment waived if admitted to the hospital. Services related to conditions that do not meet the Health Plan definition of a Medical Emergency are not covered.

⁷ Member must pay the difference between the cost of generic and brand name drug when generic is available. Prescription drugs purchased from a non-participating pharmacy are not a covered benefit, unless the non-participating pharmacy has written to OCI in advance that it agrees to accept as payment in full the Copayment for covered generic and brand name drugs and reimbursement for their services at rates applicable to participating pharmacies. Note: Pharmacy benefits are offered as a supplemental rider.

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A MAMSI® Health Plan



From the Chairman

Dear Baltimore County Government Employee:

I'd like to introduce you to Optimum Choice, Inc. (OCI), a top-rated Maryland health plan.¹

As a physician, I know the importance of finding a doctor who best meets the needs of you and your family. OCI has an extensive network of physicians, health care practitioners and facilities including every hospital in Maryland. If you work in Maryland and reside in Pennsylvania, you may select a participating Primary Care Physician in Pennsylvania. Please visit our Web site, www.mamsi.com, to find a physician conveniently located near you, or for more information about our health plan.

We are committed to providing you with superior customer service and access to quality health care services. Our Member Services Department is available 24 hours a day, seven days a week to answer your questions. Our knowledgeable Member Service Representatives are trained to understand the specifics of your benefits and to answer your questions quickly, accurately and courteously.

If you have any questions, please contact our Member Services Department via e-mail at memberservices@mamsi.com or by telephone at 1-800-331-2102.

Sincerely,

Mark D. Groban, M.D.
Chairman of the Board



¹ See 2000, 2001 & 2002 *Consumer Guide to Maryland HMOs and POS Plans*, Maryland Health Care Commission.

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A MAMSI® Health Plan

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- **Chances are YOUR physician participates with us¹**
- **Network includes every hospital in Maryland**
- **Top-rated health plan²**
- **Live customer support available 24 hours a day,
seven days a week at 1-800-331-2102**
- **Convenient Web-based services and health
education information at www.mamsi.com**
- **A Maryland company**

¹Over 45,000 physicians, health care practitioners and facilities participate in our network, including every hospital in Maryland. Source: MAMSI Provider Networks Department, 12/31/02. Includes all MAMSI subsidiaries.

²See 2000, 2001 & 2002 *Consumer Guide to Maryland HMOs and POS Plans*, Maryland Health Care Commission.

Optimum Choice, Inc. (OCI) is a health maintenance organization (HMO) and subsidiary of Mid Atlantic Medical Services, Inc. (MAMSI), a regional holding company.

HMO Benefits At-A-Glance*

This outline is intended only as a summary of health plan benefits for Baltimore County Government. For complete details, including a list of all exclusions and limitations, you may request an applicable Evidence of Coverage by contacting our Member Services Department via e-mail at memberservices@mamsi.com or by telephone at 1-800-331-2102.

Benefit

The Plan Pays:¹

Outpatient Services

Primary Care Physician Office Visits	100% after \$10 Copayment
Well Child Care	100% after \$10 Copayment
Routine Physical Exams	100% after \$10 Copayment
Specialist Office Visits	100% after \$15 Copayment
Routine OB/GYN Office Visits ²	100% after \$15 Copayment
Urgent Care Facility Visits	100% after \$15 Copayment
Outpatient Hospital Visits, Including Lab Tests/X-rays	Covered in full
Outpatient Surgery Visits	Covered in full
Diagnostic Lab Tests and X-rays—Office Visit	Covered in full
Speech, Occupational, Physical Therapy ³	100% after \$15 Copayment, up to 40 visits per Condition per Contract Year
Chiropractic Visits	100% after \$15, up to 20 visits per Contract Year
Routine Maternity Care ⁴	100% after one-time \$15 Copayment per pregnancy
Artificial Insemination ⁵	100% after \$15 Copayment
In Vitro Fertilization ⁵	50% Copayment of Charges
Eye Refraction Examinations ¹	100% after \$15 Copayment

Inpatient Services

Inpatient Hospitalization	100%
Emergency Room Visits ⁶	100% after \$25 Copayment for services that meet the definition of Emergency Services – waived if admitted to Hospital
Skilled Nursing Facility	100% up to 100 days per Contract Year

Prescription Drugs⁷

Generic Prescriptions or Refills	100% after \$5 Copayment per 31-day supply for retail drugs; \$15 Copayment per 90-day supply for mail order drugs
Brand Name Formulary Prescriptions or Refill	100% after \$10 Copayment per 31-day supply for retail drugs; \$30 Copayment per 90-day supply of mail order drugs
Brand Name Non-Formulary Prescriptions or Refills	100% after \$25 Copayment per 31-day supply for retail drugs; \$75 Copayment per 90-day supply for mail order drugs. Ancillary charges may apply.

Mental Illness, Emotional Disorder, Drug Abuse, Alcohol Abuse

Inpatient Mental Illness, Alcohol and Drug Abuse	100%
Outpatient Mental Illness, Alcohol and Drug Abuse	100% after 20% Copayment of Charges for visits 1-5; 35% Copayment of Charges for visits 6-30; 50% Copayment of Charges for visits in excess of 30 visits.

Other Services

Home Health Care	100%
Durable Medical Equipment	100%
Ambulance Service	Covered in full if Medically Necessary

*This outline is intended as a summary only. For complete details, please consult your OCI Evidence of Coverage. See footnotes on next page.