



About Optimum Choice, Inc. (OCI) HMO Plan

- Chances are your doctor is in OCI's network
 - Check on our Web site, www.mamsi.com,
“Find a Doctor”
- Highly-rated health plan¹
- 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.mamsi.com
- **New!** NurseLine available to help answer your health care questions – 1-888-315-7257, PIN 757

¹ See 2001, 2002 and 2003 *Consumer Guide to Maryland HMO and POS Plans*, Maryland Health Care Commission.

HMO Plan¹ — 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. OCI must approve services from a non-participating physician, health care practitioner or facility, except during emergencies.

Benefits	Your Cost¹
Annual Deductible	None
Out-of-Pocket Maximum	None
Physician Office Visits (illness)	
Primary Care Physician	100% after \$15.00 Copayment
Specialist	100% after \$25.00 Copayment
Inpatient Care	100%
Outpatient Care	100%
Hospitalization	
Inpatient (Pre-authorization required)	100%
Outpatient (Pre-authorization required)	100%
Maternity	
Pre/Postnatal Care, Delivery	100%
Newborn Care (must be enrolled within 60 days of birth)	100%
Diagnostic Laboratory and X-ray	100%
Whole Blood and Blood Products	100%
Durable Medical Equipment/Diabetic Equipment and Supplies	100%
Acupuncture for Chronic Pain Management (requires Pre-authorization)	100%
Physical Therapy/Occupational Therapy/Speech Therapy* (up to 50 combined visits per incident or injury per year)	100% after \$25.00 Copayment per visit
Chiropractic Services	100%
Chemotherapy/Radiation Therapy	100%
Ambulance	100% for Medical Emergencies
Emergency Room Services (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)
Urgent Care	100% after \$20.00 Copayment
Mental Health and Substance Abuse	
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%
Skilled Nursing Facility (up to 180 days per calendar year - Pre-authorization required)	100%
Mammography	100%
Annual OB/GYN Checkup (Member may self refer to any participating OB/GYN or participating Nurse Midwife)	100% after \$15.00 Copayment for services of participating OB/GYN
Well Baby Care (8 visits to age 2; 1 visit ages 2-12)	100% after \$15.00 Copayment
Medical Health of the Eye	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)
Physical Exams (One every three years for ages 13 and older)	100% after \$15.00 Copayment (PCP)
Hearing Exam and Hearing Aids	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
Allergy Testing	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)
Diabetic Nutritional Counseling	100% after \$15.00 Copayment (PCP)
Home Health Care	100% up to 120 days per year
Prescription Drugs and Dental Services	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.

¹ 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.