

About MD-Individual Practice Association, Inc. (M.D. IPA) POS Plan



- Chances are your doctor is in M.D. IPA'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.

Benefits	In-Plan (HMO) Benefits¹	Out-of-Plan (POS) Benefit²
Deductible	None	\$250 Individual/\$500 Family
Out-of-Pocket Maximum	None	\$3,000 Individual/\$6,000 Family
Physician Office Visits (illness)		
Primary Care Physician	100% after \$15.00 Copayment	80% after deductible
Specialist	100% after \$25.00 Copayment	80% after deductible
Inpatient Care	100%	80% after deductible
Outpatient Care	100%	80% after deductible
Hospitalization		
Inpatient (Pre-authorization required)	100%	80% after deductible
Outpatient (Preadmission Authorization required)	100%	80% after deductible
Maternity		
Pre/Postnatal Care, Delivery	100%	80% after deductible
Newborn Care (must be enrolled within 60 days of birth)	100%	80% after deductible
Diagnostic Laboratory and X-ray	100%	80% after deductible
Whole Blood and Blood Products	100%	80% after deductible
Durable Medical Equipment/Diabetic Equipment and Supplies	100%	80% after deductible
Acupuncture for Chronic Pain Management (requires pre-authorization)	100%	80% after deductible
Physical Therapy/Occupational Therapy/Speech Therapy* (up to 50 combined visits per incident or injury per year)	100% after \$25.00 per visit Copayment	80% after deductible
Chiropractic Services	100%	80% after deductible
Chemotherapy/Radiation Therapy	100%	80% after deductible
Ambulance	100% for Medical Emergencies	Paid in-network 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	Paid in-plan
Emergency Physician Services	100% after \$50.00 Copayment (waived if admitted)	Paid in-plan
Urgent Care	100% after \$20.00 Copayment	80% after deductible plus \$20.00 Copayment
Mental Health and Substance Abuse	Refer to Benefits Booklet provided by your Employee Benefits Department for information on specific mental health providers	
Outpatient (Pre-authorization required)		
Inpatient (Preadmission Authorization required)		
Skilled Nursing Facility (up to 180 days per calendar year - Pre-authorization required)	100%	80% after deductible
Mammography	100%	80% after deductible
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	80% after deductible
Well Baby Care (8 visits to age 2; 1 visit ages 2-12)	100% after \$15.00 Copayment	Not covered by medical plan
Medical Health of the Eye	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)	80% after deductible
Physical Exams (One every three years for ages 13 and older)	100% after \$15.00 Copayment (PCP)	Not covered by medical plan
Hearing Exam and Hearing Aids	100% after \$15.00 Copayment for exam 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	80% after deductible for children under 19 for hearing aid; one exam and hearing aid every 36 months up to \$1,400 per ear. (Adults not covered by medical plan.)
Allergy Testing	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)	80% after deductible
Diabetic Nutritional Counseling	100% after \$15.00 Copayment (PCP)	80% after deductible
Home Health Care	100% up to 120 days per year	80% after deductible up to 120 days per year
Prescription Drugs and Dental Services	Not covered by medical plan	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.: 0101269-0105MD) and POS Group Certificate (Form No.: 0726298-0105MD), or for more information, call 1-800-447-6267.

¹ All medical care must be provided or coordinated by your PCP, except for emergencies.

² Out-of-plan (POS) benefits provided through MLH. See your MLH Group Certificate for more details.

*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.