MedStar Family Choice
DISTRICT OF COLUMBIA

HEALTHY DC PLAN

Summary of Coverage: What this Plan Covers & What You Pay for Covered Services
MedStar Family Choice District of Columbia
2233 Wisconsin Ave., NW, 5th Fl.
Washington, DC 20007

Coverage Period: Beginning on or after 01/01/2027
Coverage for: Healthy DC Plan

The Summary of Coverage (SC) document shows you a summary of health care services covered by this plan.

IMPORTANT INFORMATION ON NON-COVERED BENEFITS: This benefits package must comply with the Affordable Care Act's essential health benefits and benefits required under D.C. law. These benefits are different from Medicaid. Examples of services covered under Medicaid that are not covered by this plan: behavioral health community and case management services and non-emergency transportation to medical services (including bus, subway, and taxi vouchers, wheelchair vans, and ambulance).

IMPORTANT INFORMATION ON PREGNANCY: If you are a MedStar Family Choice Healthy DC Plan enrollee and you become pregnant, you are eligible to enroll in D.C. Medicaid. Please immediately notify Healthy DC Plan so that they may help you enroll in D.C. Medicaid. You may log into your account at https://www.dchealthlink.com, call Healthy DC Plan at 833-432-7526 or MedStar Family Choice Healthy DC Plan 888-404-3549. Until your coverage transitions to D.C. Medicaid, your Healthy DC Plan will continue to cover your prenatal, maternity, and delivery services.

For more information about your coverage, or to get a copy of the complete terms of coverage see **MedStarFamilyChoiceHealthyDC.com** or call **888-404-3549 (TTY: 711)**. For general definitions of common terms, such as copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary.

Important Questions	Answers	Why This Matters:
What is the deductible?	$0	The deductible is the amount you owe for covered health care services before your plan begins to pay. Since this plan has a $0 deductible, you do not owe anything before your plan begins to pay.
Does this plan cover services from out of network providers?	No. See **MedStarFamilyChoiceHealthyDC.com** or call **888-404-3549 [TTY 711]** for a list of network providers.	This plan uses a provider network. If you use a provider outside this plan's network, you will pay full cost of services. Check with your provider before you get services.

Common Medical Event	Services You May Need	What You Will Pay Network Provider (You will pay the least)	What You Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$0 / visit	Not Covered	None
	Specialist visit	$0 / visit	Not Covered	None
	Preventive care/screening/ immunization	$0	Not Covered	None
If you have a test	Diagnostic test (x-ray, blood work)	X-ray: $0 / visit; Lab: $0 / visit	Not Covered	None
	Imaging (CT/PET scans, MRIs)	$0 / test	Not Covered	No Prior Authorization required if performed at a participating free-standing facility or at a contracted hospital.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at **MedStarFamilyChoiceHealthyDC.com**	Most Generic drugs (Tier 1)	Retail: $0; Mail Order: $0	Not Covered	Up to 30-day or 90-day supply (retail); up to 90-day supply (mail order). Subject to formulary guidelines.
	Most Preferred brand drugs (Tier 2)	Retail: $0; Mail Order: $0	Not Covered	Up to 30-day or 90-day supply (retail); up to 90-day supply (mail order). Subject to formulary guidelines.
	Non-preferred drugs (Tier 3)	Retail: $0; Mail Order: $0	Not Covered	Up to 30-day or 90-day supply (retail); up to 90-day supply (mail order). Subject to formulary guidelines.
	Specialty drugs (Tier 4 and Tier 5)	Retail: $0; Mail Order: $0	Not Covered	Up to 30-day supply. Subject to formulary guidelines.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$0	Not Covered	None
	Physician/surgeon fees	$0	Not Covered	None
If you need immediate medical attention	Emergency room care	$0	$0	Limited to Emergency Services.
	Emergency medical transportation	$0	$0	Non-emergency transportation is not covered by this plan. You will be responsible for paying for non-emergency transportation.
	Urgent care	$0	Not Covered	Limited to unexpected, urgently required services. If traveling outside of the DC service area, urgent care is not covered.

Common Medical Event	Services You May Need	What You Will Pay Network Provider (You will pay the least)	What You Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a hospital stay	Facility fee (e.g., hospital room)	$0	Not Covered	Prior Authorization is required.
	Physician/surgeon fees	$0	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$0 / individual visit; $0 / group visit	Not Covered	Covered services for behavioral health are different than Medicaid. For example, Behavioral Health Community and Case Management Services covered under Medicaid are not covered by this plan. Check your plan information.
	Inpatient services	$0 / day	Not Covered	
If you are pregnant	Office visits	$0	Not Covered	If you are a MedStar Family Choice Healthy DC Plan member and you become pregnant, you are eligible to enroll in D.C. Medicaid. Please immediately notify Healthy DC Plan so that they may help you enroll in D.C. Medicaid. You may log into your account at https://www.dchealthlink.com/, call Healthy DC Plan at 833-432-7526 or 888-404-3549. Until your coverage transitions to D.C. Medicaid, your Healthy DC Plan will continue to cover your prenatal, maternity, and delivery services.
	Childbirth/delivery professional services	$0	Not Covered	
	Childbirth/delivery facility services	$0	Not Covered	
If you need help recovering or have other special health needs	Home health care	$0 / visit	Not Covered	Prior Authorization is required; limited to 90 visits/episode of care
	Rehabilitation services	Inpatient: $0 / day; Outpatient: $0 / visit	Not Covered	Prior Authorization is required; limited to 30 visits per episode of care
	Habilitation services	$0 / visit	Not Covered	Prior Authorization is required; limited to 30 visits per episode of care
	Skilled nursing care	$0 / day	Not Covered	Prior Authorization is required; limited to 60 days per benefit period
	Durable medical equipment	$0	Not Covered	Prior Authorization is required

Common Medical Event	Services You May Need	What You Will Pay Network Provider (You will pay the least)	What You Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Hospice services	$0	Not Covered	Prior Authorization is required; limited to 180 days per eligibility period which includes a maximum of 60 days Inpatient Hospice services per eligibility period.
If you need dental or eye care[1]	Eye exam	$0	Not Covered	Limited to one (1) per Benefit Period
	Glasses	$0	Not Covered	Limited to one (1) complete pair in a twenty-four (24) month period for adults, unless an exception applies
	Dental check-up	$0	Not Covered	Limited to once (1) every six (6) months

Excluded Services:

Services Your Plan Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Non-Emergency Transportation	• Urgent Care Outside of Service Area	• Abortion for which Federal funding is not available
• Acupuncture	• Hearing Aids	• Private-Duty Nursing
• Cosmetic Surgery	• Long-Term Care	• Routine Foot Care
• Spinal manipulation except for musculoskeletal conditions of the spine	• Non-Emergency Care when Traveling Outside the U.S.	• Weight Loss Programs

Your Rights: Other coverage options may be available to you, too, including buying individual insurance coverage on DC Health Link. For more information, visit **DCHealthLink.com** or call **855-532-5465**.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of care. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the agency in the chart below. Additionally, a consumer assistance program can help you file your appeal. Contact the District of Columbia Healthcare Finance Office of the Ombudsman at 441 4th St, NW, 250 North, Washington, DC 20001, **877-685-6391**, email **healthcareombudsman@dc.gov** or http://ombudsman.dc.gov**.**

[1] Adult dental and adult vision services are provided as a supplement to enrollees in Healthy DC Plan through a separate program fully funded and operated by the District of Columbia.

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

MedStar Family Choice District of Columbia	**800-905-1722**
For Medical Necessity cases: District of Columbia Department of Health Care Finance Office of the Health Care Ombudsman and Bill of Rights	One Judiciary Square 441 4th St. N.W., 250 North Washington, D.C. 20001 (877) 685-6391, (202) 724-7491 Fax: (202) 442-6724
For Non-Medical Necessity cases: Attn: Commissioner Department of Insurance, Securities and Banking	1050 First St. N.E. Suite 801 Washington, D.C. 20002 (202) 727-8000 Fax: (202) 354-1085 www.disb.dc.gov

Does this plan provide Minimum Essential Coverage? Yes.

NONDISCRIMINATION NOTICE

MedStar Family Choice District of Columbia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MedStar Family Choice District of Columbia does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call MedStar Family Choice Healthy DC Plan Member Services **888-404-3549 (TTY: 711)**
If you believe that MedStar Family Choice Healthy DC Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at:

By phone: 888-404-3549 (TTY: 711)
By e-mail: mfcdc1557coordinator@medstar.net
By mail: MedStar Family Choice Healthy DC Plan, Section 1557 Coordinator, 2233 Wisconsin Ave., NW, 5th Fl., Washington, DC 20007

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **OCRPortal.HHS.gov/OCR/Portal/Lobby.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **HHS.gov/OCR/Office/File/Index.html.**

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call MedStar Family Choice Healthy DC Plan Member Services **888-404-3549 (TTY: 711)**.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de MedStar Family Choice Healthy DC Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888-404-3549 (TTY: 711).

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如果您，或您正在幫助的人，有關於 MedStar Family Choice Healthy DC Plan 方面的問題，您有權利免費以您的母語得到幫助和訊息。想要跟一位翻譯員通話，請致電 888-404-3549 (TTY: 711).

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de MedStar Family Choice Healthy DC Plan, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 888-404-3549 (TTY: 711).

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa MedStar Family Choice Healthy DC Plan, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 888-404-3549 (TTY: 711).

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу MedStar Family Choice Healthy DC Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 888-404-3549 (TTY: 711).

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o MedStar Family Choice Healthy DC Plan, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 888-404-3549 (TTY: 711).

Se tu o qualcuno che stai aiutando avete domande su MedStar Family Choice Healthy DC Plan, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 888-404-3549 (TTY: 711).

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về MedStar Family Choice District of Columbia, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình hoàn toàn miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 888-404-3549 (TTY: 711).

I bale we, tole mut u ye hola, a gwee mbarga inyu MedStar Family Choice Healthy DC Plan, U gwee Kunde I kosna mahola ni biniiguene i hop wong nni nsaa wogui wo. I Nyu ipot ni mut a nla koblene we hop, sebel 888-404-3549 (TTY: 711).

Ọ bụrụ gị, ma o bụ onye I na eyere-aka, nwere ajụjụ gbasara MedStar Family Choice Healthy DC Plan, I nwere ohere iwenta nye maka na ọmụma na asụsụ gị na akwu gị ụgwọ. I chọrọ I kwụrụ onye-ntapịa okwu, kpọ 888-404-3549 (TTY: 711).

Bí ìwọ, tàbí ẹnikẹni tí o n ranlọwọ, bá ní ibeere nípa MedStar Family Choice Healthy DC Plan, o ní ẹtọ lati rí iranwọ àti ìfitónilétí gbà ní èdè rẹ láìsanwó. Láti bá ongbufọ kan sọrọ, pè sórí 888-404-3549 (TTY: 711).

যদি আপদি, অথবা আপদি অিয কাউকক সহায়তা করকেি, সম্পককে প্রশ্ন আকে MedStar Family Choice Healthy DC Plan, আপিার অদিকার আকে দবিা খরকে আপিার দিজস্ব ভাষাকত সাহাযয পাবার এবং তথয জাি বার। অিুবাি ককর সাকথ কথা বলার জিয, কল করুি 888-404-3549 (TTY: 711).

ご本人様、またはお客様の身の回りの方でも、MedStar Family Choice Healthy DC Plan についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、888-404-3549 (TTY: 711)までお電話ください。

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 MedStar Family Choice Healthy DC Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 888-404-3549 (TTY: 711) 로 전화하십시오.

หากคุณ หรือคนที่คุณกาลังช่วยเหลือมีคาถามเกี่ยวกับ MedStar Family Choice Healthy DC Plan คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 888-404-3549 (TTY: 711).

Falls Sie oder jemand, dem Sie helfen, Fragen zum MedStar Family Choice Healthy DC Plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 888-404-3549 (TTY: 711) an.

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص MedStar Family Choice Healthy DC Plan فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب (TTY: 711) 888-404-3549 .