



Maryland Health Insurance Plan



Administered by CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc.

10455 Mill Run Circle - RR-291 Owings Mills, MD 21117-9685



Dear MHIP Member:

The purpose of this letter is to provide you with information regarding your coverage under the Maryland Health Insurance Plan (MHIP).

Coverage of H1N1 Vaccine

MHIP will now cover administration of the H1N1 vaccine in accordance with the terms of the Certificate of Coverage for immunizations as a preventive service. The H1N1 vaccine will be covered in addition to MHIP's existing coverage of the seasonal influenza vaccine. For members of MHIP's HMO option, administration of the H1N1 vaccine will be treated as an in-network claim, even if the vaccine is administered by an out-of-network provider. This exception applies only to the administration of the H1N1 vaccine.

The United States Center for Disease Control recommends the following target groups receive the H1N1 vaccine:

- Pregnant women
- Persons who live with, or provide care for, infants under 6 months of age
- Children and young adults 6 months to 24 years of age
- Persons 25-64 years old who have medical conditions that put them at higher risk for influenza-related complications

Please consult your health care provider for more information on whether you should receive the vaccine.

Preventive Services - \$10 Copay

For the plan year that started on July 1, 2009, MHIP is covering certain preventive services provided by in-network providers for a \$10 copay, regardless of whether you have satisfied any applicable annual deductible. To clarify the circumstances under which preventive services are covered for a \$10 copay, MHIP has amended the language that appears on page 58 of the Certificate of Coverage under the heading "Preventive Services." A copy of the amended language is enclosed, along with the preventive services benefit grid. The amended language replaces the language that appears on page 58 of the Certificate of Coverage under the heading "Preventive Services" in its entirety. Please place the amended language with your Certificate of Coverage and retain it for future reference.

If you have any questions, the MHIP Sales Center is available Monday through Friday from 8:00 am – 5:00 pm and can be reached at (443) 738-0667 or (888) 444-9016.

Sincerely,

Lori Stavisky

Lori Stavisky
Director, Consumer Direct ASU

MHP2225

MARYLAND HEALTH INSURANCE PLAN

PREVENTIVE SERVICES ENDORSEMENT

Endorsement to the Certificate of Coverage (BOK5291-1S (6/09))

This Endorsement is part of the Certificate of Coverage for the Plan Year commencing July 1, 2009. This endorsement clarifies an existing benefit.

1. Section Three, Part B – Schedule of Benefits (Preventive Services) of the Certificate of Coverage, is hereby replaced in its entirety, and superseded by, the following:

The Plan will cover the preventive services listed below for a \$10 Copayment, unless a different Copayment or Coinsurance is specified, when the preventive services are provided in-network in connection with an annual physical exam, well child visit, or a preventive screening.

Members in the PPO or HDP Benefit Options do not have to satisfy their deductible before the in-network \$10 Copayment applies. However, if Members in the PPO or HDP Benefit Options receive services for which the \$10 Copayment does not apply or receive services out-of-network, the Deductible must be satisfied before receiving services at the Coinsurance rate shown below.

The Copayments listed below apply only to routine preventive screenings. Members, who have been previously diagnosed with a condition for which there is a preventive screening and need additional related services, are subject to the designated Copayment and Coinsurance as identified in the schedule of benefits within the Certificate of Coverage.

The Copayment or Coinsurance rates listed below do not apply to:

- Screenings that are not provided in accordance with the time period limitations listed below or as part of an annual physical exam or well child visit as required below, but rather are provided in connection with the diagnosis of Members presenting symptoms of any disease, disorder, or condition; or
- Treatment of any disease, disorder, or condition diagnosed during a physical exam, well child visit, or preventive screening.

If during your annual physical exam, well child visit, or preventive screenings it is determined that subsequent treatment is necessary, those services would be subject to Copayments and Coinsurances as identified in the schedule of benefits within the Certificate of Coverage.

Preventive Services	HMO	PPO In-Network	PPO Out-of-Network	HDP In-Network	HDP Out-of- Network
Adult Annual Physical Examinations and Preventive Screenings					
Annual Physical Examination (including immunizations) <i>(1 per Plan Year)*</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit

Preventive Services	HMO	PPO In-Network	PPO Out-of-Network	HDP In-Network	HDP Out-of- Network
Adult Immunization(s) (given outside of an annual physical examination) <i>As recommended by Advisory Committee on Immunization Practices or US Preventative Services Task Force</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Abdominal Aortic Aneurysm Screening (One-time screening by ultrasonography of men aged 65 to 75 who have smoked)	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Alcohol Misuse Screening (Coverage limited to an initial screening provided by a primary care provider in connection with an annual physical examination).	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Behavioral Education in Primary Care to Promote a Healthy Diet (For adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease) NOTE: Coverage limited to behavioral education provided by a primary care provider in connection with an annual physical examination.	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Breast Cancer Chemoprevention Screening (To identify women at high risk of breast cancer and low risk for adverse effects of chemoprevention).	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Cervical Cancer Screening (e.g. pap smear)(1 per Plan Year)	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Chlamydia Screening Test	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit

Preventive Services	HMO	PPO In-Network	PPO Out-of-Network	HDP In-Network	HDP Out-of- Network
Colorectal Screening <i>(Men and Women age 40 years and older)</i> <ul style="list-style-type: none"> ▪ <i>Digital rectal exam (1 per Plan Year)</i> <i>(Men and Women age 50 years and over)</i> <ul style="list-style-type: none"> ▪ <i>Fecal occult blood test (1 per Plan Year)</i> ▪ <i>Flexible Sigmoidoscopy every 5 years</i> ▪ <i>Colonoscopy every 10 years</i> <i>Double contrast barium enema every 5 years</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Depression Screening <i>(Provided in connection with an annual physical examination by a primary care provider only)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Diabetes Mellitus (Type 2) Screening for Adults <i>(For adults with hypertension or hyperlipidemia)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Genetic Risk Assessment and BCRA Mutation testing for Breast and Ovarian Cancer Susceptibility <i>(For women whose family history is associated with an increased risk for deleterious mutations in the BRCA1 or BRCA2 genes)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Gonorrhea Screening <i>(For sexually active women, including pregnant women 25 and younger, or those adults or adolescents at increased risk of infection)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
High Blood Pressure Screening	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit

Preventive Services	HMO	PPO In-Network	PPO Out-of-Network	HDP In-Network	HDP Out-of- Network
HIV Screening <i>(For all adolescents and adults at increased risk for HIV infection and all pregnant women)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Lipid Disorder (Cholesterol) Screening <i>(For men 35 and older, women 45 and older, and younger adults with other risk factors for coronary disease)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Mammogram Screening ▪ 1 every other Plan Year for Women ages 40 – 49 years <i>Women age 50 years and over (1 per Plan Year)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Obesity Screening in Adults NOTE: Coverage limited to screening provided by a primary care provider in a primary care setting.	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Osteoporosis Screening ▪ Bone Mass Measurement 2 per Plan Year without prior authorization for Men and Women age 40 and above	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Prostate Cancer Screening ▪ Digital rectal exam for men (1 per Plan Year for Men 40 and above) <i>PSA Screening for men (1 per Plan Year)</i>	\$25 Copay (Primary Care Provider) \$35 Copay (Specialist)	20% of the Allowed Benefit	40% of the Allowed Benefit	20% of the Allowed Benefit	40% of the Allowed Benefit
Syphilis Infection Screening <i>(For persons at increased risk and all pregnant women)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit

Preventive Services	HMO	PPO In-Network	PPO Out-of-Network	HDP In-Network	HDP Out-of- Network
Well Child Examinations and Preventive Services					
Well Child Evaluation with Immunization(s) ▪ <i>Children over 24 months - 13 years</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Well Child Evaluation with Immunization(s) ▪ <i>Children older than 13 years of age</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Well Child Evaluation Only <i>Children 0 -24 months</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Well Child Evaluation Only <i>Children over 24 months</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Iron Deficiency Anemia (Screening and Prevention) <i>(For asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Prophylactic Medication for Gonorrhea <i>(for all newborns)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
Sickle Cell Disease Screening <i>(for newborns at risk for sickle cell disease)</i>	\$10 Copay	\$10 Copay*	40% of the Allowed Benefit	\$10 Copay*	40% of the Allowed Benefit
*NOTE: For Members of the PPO and HDP Benefit Options, you are not required to satisfy your Deductible in order to receive the in-network preventive services listed above with an asterisk. By contrast, you will be required to satisfy your Deductible to receive in-network and out-of-network preventive services listed above that do not have an asterisk.					

2. This Endorsement does not change any other provision, term, condition, benefit, limitation, or exclusion contained in the Certificate of Coverage except as specifically stated herein.

Effective: July 1, 2009

By: MHIP Board of Directors