



MEDICAID BENEFIT SUMMARY

SUMMARY OF BENEFITS AND COVERAGE

PHYSICIAN SERVICES / PREVENTIVE SERVICES

Primary care office visits	Free
Specialist office visits	Free
Allergy injections	Free
Hearing and vision screening	Free
Immunizations	Free
Well child care	Free
Annual physical exam	Free
Annual well woman visit	Free
Mammogram	Free
Nutritional counseling and health education	Free
Tobacco cessation program	Free

MATERNITY SERVICES

Prenatal and postnatal care	Free
Delivery in hospital	Free
Baby care in hospital	Free

INPATIENT HOSPITAL SERVICES

Room, surgery, all physicians and other ancillary services; related drug therapy; lab tests and x-rays	Free
--	------

OUTPATIENT PROCEDURES

Surgery and all invasive procedures conducted in any outpatient setting, including physicians and other ancillary services; related drug therapy; lab tests and x-rays	Free
--	------

EMERGENCY MEDICAL SERVICES

Physician and hospital emergency room services	Free
--	------

AFTER HOURS MEDICAL SERVICES

After hours care centers (Urgent Care)	Free
--	------

DIAGNOSTIC AND THERAPEUTIC SERVICES

Lab tests; diagnostic x-rays; and special diagnostics	Free
Radiation and Chemotherapy	Free
Physical, occupational, and speech therapy	Free

MENTAL HEALTH CARE

Outpatient treatment (up to 20 outpatient mental health visits a year)	Free
--	------

TRANSPORTATION

Ambulance	Free
Rides for medically necessary covered services	Free

OTHER SERVICES

Home Health Care	Free
Hospice Care	Free
Skilled Nursing Care Facility	Free
Durable Medical Equipment/Prosthetic Devices	Free

VISION SERVICES

Eye exam and eye glasses	Free
--------------------------	------

PHARMACY DRUG SERVICES

Formulary drugs filled at a participating pharmacy	Free
--	------

The benefits described above are a summary description. For complete benefits and details, please review the Certificate of Coverage Agreement and Member Handbook.