

# PRIORITY PARTNERS BENEFITS AND SERVICES

## A. Health Choice Benefits

This table shows the health care services and benefits that all HealthChoice enrollees can receive. Some Managed Care Organizations (MCOs) offer additional services not listed here. For a few special benefits, you have to be a certain age or have a certain kind of problem. Your MCO will never charge you for any of the health care services it provides.

If you have a question or are confused about whether your MCO offers a certain benefit, you can call the HealthChoice Enrollee Action Line at 1-800-284-4510 or Priority Partners at 1-800-654-9728 for help.

| BENEFIT  | WHAT IT IS  | WHO CAN GET THIS BENEFIT                                      | WHAT YOU DON'T GET WITH THIS BENEFIT   |
|--|---|---|--|
| <b>Primary Care Services</b>                           | These are all of the basic health services you need to take care of your general health needs, and are usually provided by your “primary care provider”, or “PCP”, a doctor or advanced practice nurse.   | All enrollees   |  |
| <b>EPSDT Services for Children</b>                     | Regular well-child check-ups, immunizations (shots), and check-ups to look for illness. Whatever is needed to take care of sick children and to keep healthy children well.   | Under age 21.   |  |
| <b>Pregnancy-related Services</b>                      | Medical care during and after pregnancy, including hospital stays and, when needed, home visits after delivery.   | Women who are pregnant, and for two months after the birth.   |  |
| <b>Family Planning</b>                                 | Family planning office visits, lab tests, birth control pills and devices (includes latex condoms from the pharmacy without a doctor’s order) and permanent sterilizations (See Self-Referral Services).  | All enrollees   |  |
| <b>Dental Services for children and pregnant women</b> | Children: General dentistry (including regular and emergency treatment). Check-ups twice a year are covered for children under age 21. Orthodontic care for special problems.<br><br>Pregnant women: General dentistry. One check-up.   | Under age 21 or pregnant (orthodontic for under age 21 only). | Orthodontic care for cosmetic purposes.  |
| <b>Primary Mental Health Services</b>                  | Primary mental health services are basic mental health services provided by your PCP or another provider in your MCO. If more than just basic mental health services are needed, your PCP will refer you to or you can call the Public Mental Health System at 1-800-888-1965 for specialty mental health services. | All enrollees   | You do not get specialty mental health services from your MCO. For example, for treatment of serious emotional problems like schizophrenia, your PCP or specialist will refer you or you can call the Public Mental Health System at 1-800-888-1965. |

| BENEFIT                                     | WHAT IT IS  | WHO CAN GET THIS BENEFIT   | WHAT YOU DON'T GET WITH THIS BENEFIT   |
|---|---|--|--|
| <b>Pharmacy Services</b>                    | Prescription drugs, insulin, needles and syringes, birth control pills and devices, coated aspirin for arthritis, iron pills (ferrous sulfate), and chewable vitamins for children younger than age 12. You can get latex condoms from the drug store without a doctor's order.   | All enrollees  | Non-prescription drugs except for coated aspirin, iron pills, and chewable vitamins for children under age 12. |
| <b>Specialist Services</b>                  | Health care services provided by specially trained doctors or advanced practice nurses. You might have to get a referral from your PCP before you can see a specialist.   | All enrollees  |  |
| <b>Laboratory &amp; Diagnostic Services</b> | Lab tests and X-rays to help find out the cause of an illness. All Enrollees  |  |  |
| <b>Case Management</b>                      | A case manager may be assigned to help you plan for and receive health care services. The case manager also keeps track of what services are needed and what has been provided.   | Special Populations:<br>(1) Children with special health care needs;<br>(2) Pregnant and postpartum women;<br>(3) Individuals with HIV/AIDS;<br>(4) Individuals who are homeless;<br>(5) Individuals with physical or developmental disabilities;<br>(6) Individuals in need of substance abuse care; and<br>(7) Children in State-supervised care |  |
| <b>Diabetes Care</b>                        | Special services, medical equipment, and supplies for enrollees with diabetes.  | All enrollees diagnosed with Diabetes.   |  |
| <b>Alcohol &amp; Drug Abuse Treatment</b>   | Services for alcohol/drug abuse include a comprehensive substance abuse assessment, individual and group counseling services, methadone maintenance treatment, detox treatment (inpatient or outpatient as needed), partial hospitalization, and referral to alcohol/drug abuse services that the MCO does not offer. Intensive outpatient services are covered for those who are under 21 or pregnant and postpartum. Intermediate Care Facilities for Addictions (ICF-A) services are covered for those who are under 21. | Pregnant and post partum women and persons with HIV/AIDS should be referred for treatment within 24 hours of request. Intermediate Care Facilities for Addictions (ICF-A) services are limited to those under 21 years of age.   |  |

| <b>BENEFIT</b>                            | <b>WHAT IT IS</b>   | <b>WHO CAN GET THIS BENEFIT</b>  | <b>WHAT YOU DON'T GET WITH THIS BENEFIT</b>   |
|---|---|--|---|
| <b>Podiatry</b>                           | Foot care when medically needed. Includes special shoes, supports, and routine foot care.   | Available to enrollees under age 21 or individuals with diabetes and circulatory problems. |   |
| <b>Vision Care</b>                        | Eye Exams: Ages 21 and older: at least one exam every two years.<br>Under 21: at least one exam every year (not counting basic eye test by PCP).<br>Glasses:<br>Under 21: glasses (or contact lenses if there is a medical reason why glasses will not work). | Exams – all enrollees.<br>Glasses and contact lenses—enrollees under age 21.               | More than one pair of glasses per year unless lost, stolen, or new prescription needed. |
| <b>Home Health Services</b>               | In-home health care services, including nursing and home health aide care.  | Those who need skilled nursing care in their home, usually after being in a hospital.      | No personal care services (help with daily living).                                     |
| <b>Oxygen &amp; Respiratory Equipment</b> | Treatment to help breathing problems.   | All enrollees.   |   |
| <b>Hospice Care</b>                       | Support services for people who are terminally ill.   | All enrollees.   |   |
| <b>Rehabilitation Outpatient</b>          | Rehabilitation services, including physical therapy, occupational therapy and speech therapy (without a hospital stay).   | All enrollees (See Section II C for enrollees under age 21).                               |   |
| <b>Nursing Home</b>                       | Full-time nursing care in a nursing home.   | Available to all enrollees. After 30 days, State pays instead of MCO.                      |   |
| <b>Chronic Hospital</b>                   | Full-time hospital care for long-term illness.  | Available to all enrollees. After 30 days, State pays instead of MCO.                      |   |
| <b>Blood &amp; Blood Products</b>         | Blood used during an operation, etc.  | All enrollees.   |   |
| <b>Dialysis</b>                           | Treatment for kidney disease.   | All enrollees.   |   |
| <b>DME &amp; DMS</b>                      | Durable medical equipment (DME) and disposable medical supplies. DMS are things like crutches, walkers, wheelchairs, and finger sticks (for people who do blood testing at home).   | All enrollees.   |   |
| <b>Transplants</b>                        | Medically necessary transplants.  | All enrollees.   | No experimental transplants.  |
| <b>Clinical Trials</b>                    | Enrollees costs for studies to test the effectiveness of new treatments or drugs.   | Enrollees with life threatening conditions   | Must be authorized by your MCO  |

## B. Optional Services and Applicable Terms and Conditions

### Additional Priority Partners Benefits

| BENEFIT  | WHAT IT IS   | WHO CAN GET THIS BENEFIT                       | WHAT YOU DON'T GET WITH THIS BENEFIT   |
|--|--|--|--|
| <b>Non-Prescription Medicines</b>  | Certain over-the-counter drugs, such as cough syrup, available at a Priority Partners network pharmacy, when ordered by your doctor. | All enrollees.                                 | Not every brand of all medicine will be available. Your doctor will have the list of medicines.  |
| <b>Adult Dental Benefits</b>   | Exam and cleaning every six months, x-rays, fillings, simple extractions.  | Adults 21 and over.                            | Other types of extractions or other specialty dental care such as root canals, crowns, or dentures, bridges, orthodontics.   |
| <b>Adult Vision Services</b><br><br><b>Eye Exams</b><br><br><b>Glasses</b> | One vision exam per year at a network provider.<br><br>One pair of glasses per year when chosen from selected frames and lenses.     | Adults 21 and over.<br><br>Adults 21 and over. | Contact lenses, orthoptic or vision training and any associated supplemental testing; lost and broken glasses will not be replaced except at normal intervals when services are otherwise available; any eye examination or corrective eye wear required by an employer as a condition of employment |