

IV. BENEFITS AND SERVICES

A. HealthChoice Benefits

This table shows the health care services and benefits that all HealthChoice enrollees can get when they need them. We may offer other services not listed here (see page 6). For a few special benefits, you have to be a certain age or have a certain kind of problem. We will never charge you for any of the health care services we provide, except for pharmacy copays when applicable (generic \$1 and brand \$3; waived for pregnant members and members under the age of 21). If you receive a bill for medical services that you believe should be covered by Priority Partners, call Customer Service at 1-800-654-9728. This table lists the basic benefits that you can get through Priority Partners when you need them.

If you have a question or are confused about whether Priority Partners offers a certain benefit, you can call the HealthChoice Enrollee Help 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
Primary Care Services	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	
EPSDT Services for Children	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.	
Pregnancy-related Services	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.	
Family Planning	Family planning office visits, lab tests, birth control pills and devices (includes latex condoms and emergency contraceptives from the pharmacy without a doctor's order) and permanent sterilizations (See Self-Referral Services).	All enrollees	
Primary Mental Health Services	Primary mental health services are basic mental health services provided by your PCP or another provider in Priority Partners. If more than just basic mental health services are needed, your PCP will refer you to or you can call the Public Behavioral Health System at 1-800-888-1965 for specialty mental health services.	All enrollees	You do not get specialty mental health services from Priority Partners. 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.
Pharmacy Services	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 and emergency contraceptives from the pharmacy without a doctor's order. For a list of medications covered under the plan, go to www.ppmco.org or call Customer Service at 1-800-654-9728. Some medications require pre-authorization. The prescribing physician must submit the pre-authorization form which can be found at www.ppmco.org .	All enrollees	Non-prescription drugs except for coated aspirin, iron pills, and chewable vitamins for children under age 12.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Specialist Services	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	
Laboratory & Diagnostic Services	Lab tests and X-rays to help find out the cause of an illness.	All enrollees	
Case Management	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: (1) Children with special health care needs; (2) Pregnant and postpartum women; (3) Individuals with HIV/AIDS; (4) Individuals who are homeless; (5) Individuals with physical or developmental disabilities; (6) Children in State-supervised care (7) Individuals with asthma, chronic obstructive pulmonary disease (COPD), and end stage renal disease (ESRD)	
Diabetes Care	Special services, medical equipment, and supplies for enrollees with diabetes. One pair of glasses per year.	Enrollees who have been diagnosed with diabetes.	
Podiatry	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.	
Vision Care	Eye Exams: Children under 21 - one exam every year Adults 21 and over - one exam every year Glasses: Children under 21 - one pair of glasses per year or contact lenses (if there is a medical reason why glasses will not work) Children under 21 Replacement Glasses - one replacement pair of glasses per year if lost, stolen, broken, or prescription changes	Exams – all enrollees Contact lenses – all enrollees Children under 21 – when medically necessary Glasses – all enrollees Children under 21 – one pair each year	Children under 21 – More than one pair of glasses per year unless lost, stolen, broken or new prescription needed.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DON'T GET WITH THIS BENEFIT
Home Health Services	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).
Oxygen & Respiratory Equipment	Treatment to help breathing problems.	All enrollees.	
Hospital Services	Inpatient and outpatient services are covered. Arrangements for non-emergency hospital services should be coordinated through your PCP or a specialist.	All enrollees with authorization or as an emergency.	
Hospice Care	Support services for people who are terminally ill.	All enrollees.	
Rehabilitation Outpatient	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).	
Nursing Home	Full-time nursing care in a nursing home.	Available to all enrollees. After 30 days, State pays instead of Priority Partners.	
Chronic Hospital	Full-time hospital care for long-term illness.	Available to all enrollees. After 30 days, State pays instead of Priority Partners.	
Blood & Blood Products	Blood used during an operation, etc.	All enrollees.	
Dialysis	Treatment for kidney disease.	All enrollees.	
DME & DMS	Durable medical equipment (DME) and disposable medical supplies (DMS). DMS are things like crutches, walkers, wheelchairs, and finger sticks (for people who do blood testing at home).	All enrollees.	
Transplants	Medically necessary transplants.	All enrollees.	No experimental transplants.
Clinical Trials	Enrollees costs for studies to test the effectiveness of new treatments or drugs.	Enrollees with life threatening conditions, when authorized.	

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
Adult Dental Benefits	Oral exam and cleaning twice per year Xrays* Extractions* <i>* Limitations apply. Please contact DentaQuest at 1-800-698-9611 for details.</i>	Adults 21 and over.	Other types of extractions or other specialty dental care such as root canals, crowns, or dentures, bridges, orthodontics.
Adult Vision Services			
Eye Exams	One vision exam per year at a network provider.	Adults 21 and over.	Contact lenses, orthoptic or vision training and any associated supplemental testing; any eye examination or corrective eye wear required by an employer as a condition of employment. More than one pair of glasses every two years.
Glasses	One pair of glasses or one pair of contact lenses every two years.		