

## 4. BENEFITS AND SERVICES

### A. HealthChoice Benefits

The table below lists the basic benefits that all MCOs must offer to HealthChoice members. Review the table carefully as some benefits have limits, you may have to be a certain age, or have a certain kind of problem. Except for pharmacy co-pays (fee member pays for a health care service), you should never be charged for any of these health care services. Your PCP will assist you in coordinating these benefits to best suit your health care needs. You will receive most of these benefits from providers that participate in the MCO's network (participating provider) or you may need a referral to access them. There are some services and benefits you may receive from providers that do not participate with your MCO (non-participating provider) and do not require a referral. These services are known as self-referral services.

MCOs may waive pharmacy co-pays and offer additional benefits such as more frequent eye exams (see Attachment C). Those are called optional benefits and can change from year to year. If you have questions call MCO Customer Service.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DO NOT 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 PCP. A PCP can be a doctor, advanced practice nurse, or physician assistant.	All members	
<b>Early Periodic Screening Diagnosis Treatment (EPSDT) Services for Children</b> <a href="https://mmcp.health.maryland.gov/EPSDT/Pages/Home.aspx">https://mmcp.health.maryland.gov/EPSDT/Pages/Home.aspx</a>	Regular well-child check-ups, immunizations (shots), developmental screens and wellness advice. These services provide 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 stay, doula support and, when needed, home visits after delivery.	Members who are pregnant, and for one year after the birth	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DO NOT GET WITH THIS BENEFIT
<b>Family Planning</b>	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.	All members	
<b>Primary Mental Health Services</b>	Primary mental health services are basic mental health services provided by your PCP or another provider within the MCO. If you need more than just basic mental health services, 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 members	You do not get specialty mental health services from the MCO. For treatment of serious emotional problems, your PCP or specialist will refer you or you can call the Public Behavioral Health System at: 1-800-888-1965
<b>Dental Services</b>	The Maryland Healthy Smiles Dental Program covers a wide range of dental services including regular checkups, teeth cleaning, fluoride treatments, x-rays, fillings, root canals, crowns, extractions, and anesthesia. To find a dentist, replace a member ID or handbook, or to learn more about covered services, call Maryland Healthy Smiles Member Services at 1-855-934-9812.	All members	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DO NOT GET WITH THIS BENEFIT
<b>Prescription Drug Coverage (Pharmacy Services)</b>	Prescription drug coverage includes prescription drugs (drug dispensed only with a prescription from an authorized prescriber) 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.	All members There are no co-pays for children under age 21, pregnant members, individuals in a nursing facility or hospice, or for birth control.	
<b>Specialist Services</b>	Health care services provided by specially trained doctors, advanced practice nurses, or physicians assistants. You may need a referral from your PCP before you can see a specialist.	All members	
<b>Laboratory and Diagnostic Services</b>	Lab tests and X-rays to help find out the cause of an illness.	All members	
<b>Home Health Care</b>	Health care services received in-home that includes nursing and home health aide care.	Those who need skilled nursing care (care provided by or under the supervision of a registered nurse) in their home, usually after being in a hospital	No personal care services (help with daily living)

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DO NOT GET WITH THIS BENEFIT
<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. You must communicate with case manager to receive effective case management.	<ul style="list-style-type: none"> <li>(1) Children with special health care needs;</li> <li>(2) Pregnant and postpartum members;</li> <li>(3) Individuals with HIV/AIDS;</li> <li>(4) Individuals who are homeless;</li> <li>(5) Individuals with physical or developmental disabilities;</li> <li>(6) Children in State-supervised care; and</li> <li>(7) Case management provided by MCO for other members as needed</li> </ul>	
<b>Diabetes Care</b>	Special services, medical equipment, and supplies for members with diabetes.	Members who have been diagnosed with diabetes	
<b>Diabetes Prevention Program</b>	A program to prevent diabetes in members who are at risk.	Members 18 to 64 years old who are overweight and have elevated blood glucose level or a history of diabetes during pregnancy.	Not eligible if previously diagnosed with diabetes or if pregnant.

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DO NOT GET WITH THIS BENEFIT
<b>Podiatry</b>	Foot care when medically needed.	All members	Routine foot care, unless you are under 21 years of age or have diabetes or vascular disease affecting the lower extremities.
<b>Vision Care</b>	<p>Eye Exams  <i>Under 21: one exam every year.</i>  21 and Older: one exam every two years.</p> <p>Glasses and Contact Lenses  <i>Under 21 only.</i>  Contact lenses if there is a medical reason why glasses will not work.</p>	<p>Eye Exams  All members</p> <p>Glasses and Contact Lenses  Members under age 21</p>	More than one pair of glasses per year unless lost, stolen, broken, or new prescription needed.
<b>Oxygen and Respiratory Equipment</b>	Treatment to help breathing problems.	All members	
<b>Hospital Inpatient Care</b>	Services and care received for scheduled and unscheduled admittance for inpatient hospital stays (hospitalization).	All members with authorization or as an emergency.	
<b>Hospital Outpatient Care</b>	Services and care received from an outpatient hospital setting that does not require inpatient admittance to the hospital. Services include diagnostic and laboratory services, physician visits, and authorized outpatient procedures.	All members	MCOs are not required to cover hospital observation services beyond 24 hours

<b>BENEFIT</b>	<b>WHAT IT IS</b>	<b>WHO CAN GET THIS BENEFIT</b>	<b>WHAT YOU DO NOT GET WITH THIS BENEFIT</b>
<b>Emergency Care</b>	Services and care received from a hospital emergency facility to treat and stabilize an emergency medical condition.	All members	
<b>Urgent Care</b>	Services and care received from an urgent care facility to treat and stabilize an urgent medical need.	All members	
<b>Hospice Services</b>	Home or inpatient services designed to meet the physical, psychological, spiritual, and social needs for people who are terminally ill.	All members	
<b>Nursing Facility/ Chronic Hospital</b>	Skilled nursing care or rehab care up to 90 days	All members	
<b>Rehabilitation Services/ Devices</b>	Outpatient services/devices that help a member function for daily living. Services include: Physical, Occupational, and Speech Therapy.	Members ages 21 and older. Members under 21 are eligible under EPSDT (see section 6E)	
<b>Habilitation Services/ Devices</b>	Services/devices that help a member function for daily living. Services include Physical Therapy, Occupational Therapy, and Speech Therapy.	Eligible members; benefits may be limited	
<b>Audiology</b>	Assessment and treatment of hearing loss	All members	Members over 21 must meet certain criteria for hearing devices.
<b>Blood and Blood Products</b>	Blood used during an operation, etc.	All members	
<b>Dialysis</b>	Treatment for kidney disease.	All members	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	WHAT YOU DO NOT GET WITH THIS BENEFIT
<b>Durable Medical Equipment (DME) and Disposable Medical Supplies (DMS)</b>	DME (can be used repeatedly) include crutches, walkers, and wheelchairs. DMS (can be used only once) are equipment and supplies that have no practical use in the absence of illness, injury, disability, or health condition. DMS include finger stick supplies, dressings for wounds, and incontinence supplies.	All members	
<b>Transplants</b>	Medically necessary transplants.	All members	No experimental transplant
<b>Clinical Trials</b>	Members' costs for studies to test the effectiveness of new treatments or drugs.	Members with few threatening conditions, when authorized	
<b>Plastic and Restorative Surgery</b>	Surgery to correct a deformity from disease, trauma, or congenital or development abnormalities, or to restore body functions.	All members	Cosmetic surgery to make you look better