

# Benefit Plan Comparison\*

Services	Healthy (Low Risk)***	Healthy Plus (High risk)***	PCO
	Submitted to CMS	Submitted to CMS	Submitted to CMS
<b>Category 1: Ambulatory Services</b>			
Primary Care Provider	No Limits	No Limits	No Limits
Physician Office	4 visits per calendar year	No limits	No limits
Certified Registered Nurse Practitioner	3 visits per calendar year	No limits	No limits
Federally Qualified Health Center/Rural Health Clinic	No limits except for Dental Care Services as described below	No limits except for Dental Care Services as described below	No limits except for Dental Care Services as described below
Independent Clinic	5 visits per calendar year	No limits	No limits
Outpatient Hospital Clinic	9 visits per calendar year	No limits	No limits
Podiatrist Services	4 visits per calendar year	No limits	No limits
Chiropractor Services	9 visits per calendar year	10 visits per calendar year	20 visits per year
Optometrist Services	1 visit per calendar year	1 visit per calendar year	1 visit per two years
Hospice Care	The only key limitation is related to respite care, which may not exceed a total of 5 days in a 60-day certification period.	The only key limitation is related to respite care, which may not exceed a total of 5 days in a 60-day certification period.	No limits. Respite care is not provided.
Radiology (For example: X-Rays, MRIs, CTs)	6 tests per calendar year	No limits	No limits

Services	Healthy (Low Risk)***	Healthy Plus (High risk)***	PCO
	Submitted to CMS	Submitted to CMS	Submitted to CMS
Dental Care Services	<p>Diagnostic, preventive, restorative, and surgical dental procedures, prosthodontics and sedation.</p> <p>Key Limitations: Dentures 1 per lifetime, Exams/prophylaxis 1 per 180 days, Crowns, Periodontics and Endodontics only via approved benefit limit exception</p>	<p>Diagnostic, preventive, restorative, and surgical dental procedures, prosthodontics and sedation.</p> <p>Key Limitations: Dentures 1 per lifetime, Exams/prophylaxis 1 per 180 days, Crowns, Periodontics and Endodontics only via approved benefit limit exception</p>	NOT COVERED **
Outpatient Hospital Short Procedure Unit (SPU)	5 visits per calendar year	No limits	No limits
Outpatient Ambulatory Surgical Center (ASC)	2 visits per calendar year	No limits	No limits
Non-Emergency Medical Transport	Only to and from MA covered services.	Only to and from MA covered services.	NOT COVERED **
Family Planning Clinic	No limits	No limits	No limits
Renal Dialysis	<ul style="list-style-type: none"> <li>Initial training for home dialysis is limited to 24 sessions per patient per calendar year.</li> <li>Backup visits to the facility limited to no more than 26 per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Initial training for home dialysis is limited to 24 sessions per patient per calendar year.</li> <li>Backup visits to the facility limited to no more than 75 per calendar year</li> </ul>	NOT COVERED **
<b>Category 2: Emergency Services</b>			
Emergency Room	No limits	No limits	<ul style="list-style-type: none"> <li>No limits on emergency services.</li> <li>Non-emergency services are not covered.</li> </ul>

Services	Healthy (Low Risk)***	Healthy Plus (High risk)***	PCO
	Submitted to CMS	Submitted to CMS	Submitted to CMS
Ambulance	No limits	No limits	<ul style="list-style-type: none"> <li>No limits on emergency ambulance services.</li> <li>Non-emergency ambulance services are not covered.</li> </ul>
<b>Category 3: Hospitalization</b>			
Inpatient Acute Hospital	2 non-emergency admits per calendar year	No limits	No limits
Inpatient Rehab Hospital	1 admit per calendar year	No limits	No limits
Inpatient Psychiatric Hospital	30 days per calendar year	No limits	No limits
Inpatient Drug & Alcohol	30 days per calendar year	No limits	No limits
<b>Category 4: Maternity and Newborn</b>			
Maternity – Physician, Certified Nurse Midwives, Birth Centers	No limits	No limits	No limits
<b>Category 5: Mental Health and Substance Abuse (Behavioral Health)</b>			
Outpatient Psychiatric Clinic	30 visits per calendar year	No limits	No limits
Mobile Mental Health Treatment	31 visits per calendar year	No limits	NOT COVERED **
Outpatient Drug and Alcohol Treatment	<ul style="list-style-type: none"> <li>Opiate Detox: 42 visits per 365 days</li> <li>Chemotherapy/Drug-free visits: 3 visits per 30 days</li> </ul>	No limits	No limits
Residential Treatment Facility (Non-Hospital Residential Drug & Alcohol)	NOT COVERED	No limits	No limits
Methadone Maintenance	One visit per day / 7 visits per week	No limits	No limits

Services	Healthy (Low Risk)***	Healthy Plus (High risk)***	PCO
	Submitted to CMS	Submitted to CMS	Submitted to CMS
Clozapine	Limited to persons with Schizophrenia	No limits	No limits
Psychiatric Partial Hospital	540 hours per calendar year	No limits	No limits
Peer Support	4 hours per day / 900 hours per year	No limits	NOT COVERED **
Crisis	No limits	No limits	No Limits
Targeted Case Management – other than Behavioral Health	Limited to individuals identified in the target group (No limits)	Limited to individuals identified in the target group (No limits)	NOT COVERED **
Targeted Case Management – Behavioral Health Only	NOT COVERED	Limited to individuals with SMI only (No limits)	NOT COVERED **
<b>Category 6: Prescription Drugs</b>			
Prescription Drugs	6 per month	No limits	No limits
Nutritional Supplements	No limits	No limits	NOT COVERED **
<b>Category 7: Rehabilitation and Habilitation Services and Devices</b>			
Skilled Nursing Facility	365 days per calendar year	365 days per calendar year	120 days per calendar year
Home Health Care	60 visits per calendar year	Unlimited for first 28 days; limited to 15 days every month thereafter	60 visits per year
ICF/IID and ICF/ORC	NOT COVERED	Requires an institutional level of care (No limits)	NOT COVERED **
Durable Medical Equipment	\$1,000 per calendar year	No limits	No limits
Eyeglass Lenses	Limited to individuals with aphakia 4 lenses per calendar year	Limited to individuals with aphakia 4 lenses per calendar year	NOT COVERED **

Services	Healthy (Low Risk)***	Healthy Plus (High risk)***	PCO
	Submitted to CMS	Submitted to CMS	Submitted to CMS
Eyeglass Frames	Limited to individuals with aphakia 2 frames per calendar year	Limited to individuals with aphakia 2 frames per calendar year	NOT COVERED **
Contact Lenses	Limited to individuals with aphakia 4 lenses per calendar year	Limited to individuals with aphakia 4 lenses per calendar year	NOT COVERED **
Medical Supplies	\$1,000 per calendar year	\$2500 per calendar year Diabetic supplies provided by pharmacies are not limited	NOT COVERED ** (Except diabetic supplies provided by pharmacies, which are not limited)
Therapy (Physical, Occupational, Speech)- Rehabilitative and Habilitative	Only when provided by a hospital, outpatient clinic, or home health provider	<ul style="list-style-type: none"> <li>30 visits per calendar year combined for Physical and Occupational Therapy</li> <li>30 visits per calendar year for Speech Therapy</li> </ul>	<ul style="list-style-type: none"> <li>30 visits per calendar year combined for Physical and Occupational Therapy</li> <li>30 visits per calendar year for Speech Therapy</li> </ul>
<b>Category 8: Laboratory Services</b>			
Laboratory	\$350 per calendar year	No limits	No limits
<b>Category 9: Preventative / Wellness Services and Chronic Care</b>			
Tobacco Cessation	70 visits per calendar year	70 visits per calendar year	NOT COVERED **

\* NOTE: Children's benefit plan will include all medically necessary services without limitation.

\*\*NOTE: PCO plans may opt to cover these services; please refer to your specific plan's benefit documents for coverage details.

\*\*\* NOTE: If a recipient needs additional services beyond the service limit, the recipient or provider may request an exception to the benefit limit.