

Interim Benefit Plan*

Services	Healthy Benefit as of Jan. 1, 2015
Category 1: Ambulatory Services	
Primary Care Provider	No limits
Physician Office	No limits
Certified Registered Nurse Practitioner	No limits
Federally Qualified Health Center/Rural Health Clinic	No limits except for Dental Care Services as described below
Independent Clinic	No limits
Outpatient Hospital Clinic	No limits
Podiatrist Services	No limits
Chiropractor Services	No limits
Optometrist Services	2 visits (exams) per calendar year
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.
Radiology (For example: X-Rays, MRIs, CTs)	No limits
Dental Care Services	Diagnostic, preventive, restorative, and surgical dental procedures, prosthodontics and sedation. Key Limitations: Dentures 1 per lifetime, Exams/prophylaxis 1 per 180 days, Crowns, Periodontics and Endodontics only via approved benefit limit exception
Outpatient Hospital Short Procedure Unit (SPU)	No limits
Outpatient Ambulatory Surgical Center (ASC)	No limits
Non-Emergency Medical Transport	Only to and from MA covered services.
Family Planning Clinic	No limits
Renal Dialysis	<ul style="list-style-type: none"> Initial training for home dialysis is limited to 24 sessions per patient per calendar year. Backup visits to the facility limited to no more than 26 per calendar year

Category 2: Emergency Services	
Emergency Room	No limits
Ambulance	No limits
Category 3: Hospitalization	
Inpatient Acute Hospital	No limits
Inpatient Rehab Hospital	1 admit per calendar year
Inpatient Psychiatric Hospital	30 days per calendar year
Inpatient Drug & Alcohol	No limits
Category 4: Maternity and Newborn	
Maternity – Physician, Certified Nurse Midwives, Birth Centers	No limits
Category 5: Mental Health and Substance Abuse (Behavioral Health)	
Outpatient Psychiatric Clinic	Five hours or 10 one-half hour sessions of psychotherapy per recipient per 30 consecutive days
Mobile Mental Health Treatment	Same as OP Psychiatric Clinic
Outpatient Drug and Alcohol Treatment	<ul style="list-style-type: none"> • Opiate Detox: 42 visits per 365 days • Chemotherapy/Drug-free visits: 3 visits per 30 days
Methadone Maintenance	One visit per day / 7 visits per week
Clozapine	Limited to persons with Schizophrenia 1 per week
Psychiatric Partial Hospital	540 hours per calendar year
Peer Support	4 hours per day / 900 hours per year
Crisis	No limits
Targeted Case Management – other than Behavioral Health	Limited to individuals identified in the target group (No limits)
Targeted Case Management – Behavioral Health Only	Limited to individuals with SMI only (No limits)
Category 6: Prescription Drugs	
Prescription Drugs	6 per month
Nutritional Supplements	No limits

Category 7: Rehabilitation and Habilitation Services and Devices	
Skilled Nursing Facility	365 days per calendar year
Home Health Care	Unlimited for first 28 days; limited to 15 days every month thereafter
ICF/IID and ICF/ORC	Requires an institutional level of care (No limits)
Durable Medical Equipment	No limits
Eyeglass Lenses	Limited to individuals with aphakia 4 lenses per calendar year
Eyeglass Frames	Limited to individuals with aphakia 2 frames per calendar year
Contact Lenses	Limited to individuals with aphakia 4 lenses per calendar year
Medical Supplies	No limits
Therapy (Physical, Occupational, Speech)- Rehabilitative	Only when provided by a hospital, outpatient clinic, or home health provider
Therapy (Physical, Occupational, Speech)- Habilitative	Only when provided by a hospital, outpatient clinic, or home health provider
Category 8: Laboratory Services	
Laboratory	No limits
Category 9: Preventative / Wellness Services and Chronic Care	
Tobacco Cessation**	70 visits per calendar year

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

** Tobacco cessation is one of the preventative services as recommended by the US Preventative Services Task Force. For a full listing of preventative services beyond tobacco cessation, please contact your MCO.