

Quick Reference Guide to Benefits and Services*

Benefits	Members Under 21 Years of Age	Members 21 Years of Age and Older
Ambulance Services 'Non-emergency'	Covered when medically necessary and with prior authorization. Co-pay may apply to members 18 to 20 years of age.	Covered when medically necessary and with prior authorization. Co-pay may apply.
For Emergency Ambulance Service — Call 911		
CAT Scan (CT Scan)	Covered when medically necessary and with prior authorization.	Covered when medically necessary and with prior authorization.
Chiropractor	Covered - no referral or prior authorization is needed for the initial evaluation. Prior authorization is required after the initial evaluation. Co-pay may apply to members 18 to 20 years of age.	Covered - no referral or prior authorization is needed for the initial evaluation. Prior authorization is required after the initial evaluation. Co-pay may apply.
Durable Medical Equipment	Covered when medically necessary, when covered by the Pennsylvania Medical Assistance Program, with a prescription and sometimes requires prior authorization. Please see the "Prior Authorization" section of the Member Handbook for more information. Co-pay may apply to members 18 to 20 years of age.	Covered when medically necessary, when covered by the Pennsylvania Medical Assistance Program, with a prescription and sometimes requires prior authorization. Please see the "Prior Authorization" section of the Member Handbook for more information. Co-pay may apply.
Emergency Room service	Covered	Covered
EPSDT Services (including, among other things, well-child visits and immunizations)	Covered	These services do not apply to members 21 years of age and over.
Family Planning	Covered	Covered
Hearing Aids	Covered with prior authorization.	Not a covered benefit under the Pennsylvania Medical Assistance Program.
MRI/MRA	Covered when medically necessary and with prior authorization.	Covered when medically necessary and with prior authorization.
Orthodontia (Teeth/Jaws)	Covered when medically necessary.	Not covered.
Orthopedist (Bones)	Covered with a referral from your PCP to a network provider.	Covered with a referral from your PCP to a network provider.

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**Call Member Services for more information 1-888-991-7200
(TTY 1-888-987-5704) or go to www.amerihealthcaritaspa.com**



Benefits	Members Under 21 Years of Age	Members 21 Years of Age and Older
PCP visits	Covered	Covered
Podiatrist	Covered with a referral from your PCP to a network provider and sometimes requires prior authorization. Please see the “Getting Care from Specialists” and the “Out-of-Network Specialists” sections of the Member Handbook for more information, or call Member Services. Co-pay may apply to members 18 to 20 years of age.	Covered with a referral from your PCP to a network provider and sometimes requires prior authorization. Please see the “Getting Care from Specialists” and the “Out-of-Network Specialists” sections of the Member Handbook for more information, or call Member Services. Co-pay may apply.
Prescriptions	Covered Co-pay may apply to members 18 to 20 years of age.	May be covered, depending on member’s category of assistance. Please call Member Services for more information. Co-pay may apply.
Routine Dental Exams	Covered - once every 6 months.	Dental care may not be covered for all members 21 years of age and older. Please call Member Services for more information about your dental benefit. Co-pay may apply
Routine OB/GYN visits	Covered	Covered
Tobacco Cessation Counseling	Covered when provided by an AmeriHealth Caritas facility with an approved Department of Health Tobacco Cessation program. There are limits to the number of counseling visits. Please see the “Tobacco Cessation” section of the Member Handbook for more information.	Covered when provided by an AmeriHealth Caritas facility with an approved Department of Health Tobacco Cessation program. There are limits to the number of counseling visits. Please see the “Tobacco Cessation” section of the Member Handbook for more information.
Vision	Routine eye exams are covered. Eyeglasses and contact lenses are covered, with some dollar limits. Please see the “Eye Care” section of the Member Handbook for more information. Co-pay may apply to members 18 to 20 years of age.	Routine eye exams are covered. Eyeglasses or contacts are not covered, with some exceptions. Please see the “Eye Care” section of the Member Handbook for more information. Co-pay may apply.
24/7 Nurse Line	Covered	Covered

*This is not a complete listing of covered benefits and services.
This is only a quick reference to some of the most commonly used benefits and services.

The information in this notice is available in other languages and formats by calling Member Services at **1-888-991-7200** or **1-888-987-5704** (TTY).

Esta información también se ofrece en otros idiomas y formatos. Llame a Servicios para Miembros al **1-888-991-7200** o al **1-888-987-5704** (TTY).

Muốn đọc thông tin trong thông báo này dưới hình thức và ngôn ngữ khác, xin gọi Ban Dịch Vụ Hội Viên số **1-888-991-7200** hay số dành cho người khiếm thính giác **1-888-987-5704** (TTY).

ព័ត៌មាននៅក្នុងសំបុត្រនេះមានជាភាសាទាំងនេះផ្សេងៗទៀត ដោយទូរស័ព្ទទៅត្រួតស្តង់ដ័រយូសមាជិកលេខ **1-888-991-7200** ឬ **1-888-987-5704** (TTY) សំរាប់អ្នកក្លែង។

Для получения сведений, содержащихся в данном уведомлении, на других языках звоните в Отдел обслуживания по телефону **1-888-991-7200** или **1-888-987-5704** (TTY).

此通知的资料包括其他语言及格式，如需要提供，请致电 **1-888-991-7200** 或 **1-888-987-5704** (TTY) 联系会员服务处。

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