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SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Active	MCA Medicaid covers MCA cost sharing amounts
<b>Adult Preventive Services</b>						
Adult Preventive Visit/Routine Physicals - PCP	C - \$1 Acute	C	C	C-\$25 Copay (Eval & Mgmt not subject to deductible)	C-\$25 Copay (Eval & Mgmt not subject to deductible)	C-80% for 1 physical exam each year. \$0 deductible Also covers 1 welcome visit physical exam within 1st 6 mo of eligibility
Immunizations	C	C	C	C-\$25 Copay (not subject to deductible)	C-\$25 Copay (not subject to deductible)	See coverage below (flu, pneumonia, Hepatitis B)
Immunizations (Flu and Pneumonia)	C	C	C	C-\$25 Copay (not subject to deductible)	C-\$25 Copay (not subject to deductible)	C-100%
Immunizations - Hepatitis B	C	C	C	C-\$25 Copay (not subject to deductible)	C-\$25 Copay (not subject to deductible)	C-100%
Prostate/Colorectal Screening	C	C	C	C-\$25 Copay (not subject to deductible)	C-\$25 Copay (not subject to deductible)	C-80% Coverage for men 50> once every 12 months: - Digital rectal exam - Prostate Specific Antigen (PSA) test
Mammogram	C	C	C	C-100% (not subject to deductible)	C-100% (not subject to deductible)	C-80% for annual mammogram for women age 40 and older. No referral necessary for screenings.
Cervical Screening	C	C	C	C-\$25 Copay (not subject to deductible)	C-\$25 Copay (not subject to deductible)	C-100% for pelvic exam and Pap smear 1 x every 24 months, every 12 months if at risk with no age restriction or DX
Chlamydia Screening	C	C	C	C-\$25 Copay (not subject to deductible)	C-\$25 Copay (not subject to deductible)	NC
Bone Density Screening	C	C	C	C-\$25 Copay (not subject to deductible)	C-\$25 Copay (not subject to deductible)	C-80% Covered if at risk every 2 years or more frequently if medically necessary: procedures to identify bone mass, detect bone loss or determine bone quality



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Health and Wellness: Covered services include smoking cessation, exercise classes, nutritional counseling	Smoking cessation covered	Smoking cessation covered	Smoking cessation covered	NC	NC	<b>Medicaid covers MCA cost sharing amounts</b> C-Health Education Classes: Exercise, Smoking cessation, nutrition and diabetes education Smoking cessation counseling covered: 8 face to face visits in a 12 month period
<b>Blood and Blood Products</b>						
	C	C	C	C-In facility, NC- synthetic blood, factors, and derivatives not covered	C-In facility, NC- synthetic blood, factors, and derivatives not covered	C-100%



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<b>Diabetes Mellitus</b>						
Diabetic Supplies	C-Pharmacy	C-Pharmacy	C-Pharmacy	C-Pharmacy	C-Pharmacy	C-80% (Part B) Insulin coverage is included if it is administered via pump \$0 deductible
Preventive Foot Care <b>Only covered if diabetic</b>	C	C	C	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only	C 100% - No PA required for 1 visit per quarter; all other podiatry services require PA. \$0 deductible
Education: diabetes, weight loss	C- Visit to dietician requires PA	C	C	C NC-weight loss	C NC-weight loss	C- 100% for diabetes self-monitoring training
<b>Prescription Drugs</b>						
Drugs covered under Medicare Part B (Original Medicare)	NC	NC	NC	NC	NC	C -100%
Drugs covered under Medicare Part D (Prescription Drug Benefit)	NC	NC	NC	NC	NC	C- copay \$1.10 - \$2.40 for generics and brands treated like generics, depending on your income  copay \$3.20 to \$6.00 for brand name drugs, depending on your income  copay \$1.10 to \$2.40 for Part D diabetic needles and syringes, depending on your income  AHCCCS/ALTCS started paying for Medicare Part D copayments on October 1, 2006 for full benefit dual eligible members. AHCCCS will continue paying these copayments in 2009 as long as eligible for both Medicare and Medicaid (full dual).



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Catastrophic Coverage -MCA Part D only	NC	NC	NC	NC	NC	<b>Medicaid covers MCA cost sharing amounts</b> C- After your yearly out-of-pocket drug costs reach \$4,350 (both paid by you or others on your behalf, and any extra help you got from Medicare), you pay the following for your drugs: -\$0 for any drugs
In-Network Retail Pharmacy	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary	C- Some prescription drugs have maximum quantity limits and some prescription drugs need to have prior authorization from Mercy Care Advantage by the provider. Covered Part D drugs are available at out-of-network pharmacies in special circumstances or while traveling outside of the plan's service area where there is no network pharmacy.
Over the counter contraceptives	C	C	C	C-limited to Formulary	C-limited to Formulary	NC
Contraceptives	C	C	C	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary, unless Formulary exception is approved
Retail generic	C	C	C	C-\$10 Copay	C- \$10 Copay	C- limited to Formulary, unless Formulary exception is approved
Retail brand	NC- except with PA	NC- except with PA	NC- except with PA	NC- except with PA; \$35 Copay	NC- except with PA; \$35 Copay	C-limited to Formulary, unless Formulary exception is approved
Retail brand with generic equivalent	NC- except with PA	NC- except with PA	NC- except with PA	NC- except with PA;\$55 copay	NC- except with PA;\$55 copay	NC-except with PA if formulary exception is approved
Retail - non-formulary	NC except with PA	NC- except with PA	NC- except with PA	NC	NC	NC-except with PA if formulary exception is approved
Mail order generic	C	C	C	NC	NC	C-limited to Formulary, unless Formulary exception is approved three-month (90-day) supply
Mail order brand	NC- except with PA	NC- except with PA	NC- except with PA	NC	NC	C-limited to Formulary, unless Formulary exception is approved three-month (90-day) supply



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Mail order brand with generic equivalent	NC except with PA	NC- except with PA	NC- except with PA	NC	NC	NC-except with PA if formulary exception is approved
Mail order - non-formulary	NC except with PA	NC except with PA	NC except with PA	NC	NC	NC-except with PA if formulary exception is approved
Asthma supplies	C-Pharmacy	C-Pharmacy	C-Pharmacy	C- Pharmacy	C- Pharmacy	C-limited to Formulary, unless Formulary exception is approved
Smoking cessation products	C	C	C	NC	NC	C
<b>Mental Health</b>						
Outpatient individual/group therapy visits	C-RBHA When a medical condition causes the need for outpatient tx, MCP may cover a max of 12 visits (48 units) per year. PA required	C-PA	C-RBHA	NC	NC	C- 10 visits yearly then PA required \$0 deductible; pay 0% for each individual/group therapy visit; 0% of the cost for each individual/group therapy visit with psychiatrist.  You pay \$0 coinsurance. MCA/ALTCS coinsurance amounts for Mercy Care Advantage outpatient mental health and substance abuse services are paid by Mercy Care Plan for Mercy Care Plan ALTCS members. Coinsurance amounts for other ALTCS members will be paid by their ALTCS plan.  MCA/Acute/DD coinsurance amounts will be paid by the RHBA for all other eligible members.
Inpatient treatment	C-PA;3 days emergency not to exceed 12 calendar days per yr unless enrolled in a RBHA	C-PA	C-PA;3 days emergency not to exceed 12 calendar days per yr unless enrolled in a RBHA	NC	NC	C-PA (except emergency) \$0 deductible at network hospital;\$0 copay for days 1-90 of each benefit period(3); \$0 copay for 60 lifetime reserve days(4). Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.



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Physician inpatient visit	C-RBHA	C-PA ; authorized thru hospital. The hospital auth covers all inpatient services.	C-RBHA	NC	NC	<b>Medicaid covers MCA cost sharing amounts</b> Inpatient Psychiatric Hospital/Facility-Inpatient substance abuse treatment services only covered in Medicare Certified facilities; includes detox and rehabilitation: C-\$952 deductible per admission for days 1-60; copay of \$238 per days 61-90; copay of \$476 per days 91-150
Residential treatment (inpatient and outpatient)	C-RBHA	C-PA	C-RBHA	NC	NC	C-PA
Day treatment AKA Intensive Outpatient Services(IOP) and Partial Hospitalization Services (PHP)	C-RBHA	C-PA	C-RBHA	NC	NC	C-PA
Outpatient crisis intervention	C-RBHA	C-PA	C-RBHA	NC	NC	C-Crisis line available 24 hours a day seven days a week
Evaluation, screening and diagnosis	C-RBHA	C-PA	C-RBHA	NC	NC	C- Only when seen by a Medicare qualified provider
Emergency crisis services	C-RBHA	C-PA	C-RBHA	NC	NC	C-Crisis line available 24 hours a day seven days a week
Medication	C-RBHA	C-PA on Formulary	C-RBHA	NC	NC	C-limited to Formulary, unless Formulary exception is approved
Behavior management	C-RBHA	C-PA	C-RBHA	NC	NC	C- Only when seen by a Medicare qualified provider
Case management	C-RBHA	C-PA External Case Management	C-RBHA	NC	NC	NC
Psychosocial rehab services	C-RBHA	C-PA	C-RBHA	NC	NC	C (see Day Treatment)
Home based services	C-RBHA	C-PA	C-RBHA	NC	NC	C- Only when seen by a Medicare qualified provider
Rehabilitative case management	C-RBHA	NC; outside CM services are covered	C-RBHA	NC	NC	NC
Psychiatrist	C-PA Outpatient	C-PA Outpatient	C-PA Outpatient	NC	NC	C-Eight visits covered yearly is required after 8 visits PA



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Therapeutic foster care (residential behavioral management)	C-RBHA	C-PA	C-RBHA	NC	NC	NC



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<b>Substance Abuse</b>						
Medical detoxification	C-PA; medical necessity only to stabilize; refer to RBHA	C-PA	C-PA; medical necessity only to stabilize; refer to RBHA	NC	NC	C-PA required (except emergency)
<b>Chiropractic</b>						
Chiropractic	C-PA; for QMB and acute < 21 only	C-PA; for QMB and acute < 21 only	C-PA < 21	NC	NC	C-PA \$0 copay for each manual manipulation of the spine to correct subluxation visit (unlimited) Additional routine visits: up to 12 visits per year. 1st 12 visits don't require PA.



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<b>Acupuncture</b>						
Acupuncture	NC	NC	NC	NC	NC	NC
Naturopathy	NC	NC	NC	NC	NC	NC
Other discount programs	NC	NC	NC	NC	NC	NC
<b>Vision Care</b>						
Routine vision exam	C < 21	C < 21	C < 21	NC	NC	C 100% for each Medicare-covered routine eye exam limited to 1 exam per year.
Optical	C <21 contracted vendor > 21 post cataract eyeglasses	C <21 contracted vendor > 21 post cataract eyeglasses	C <21 contracted vendor > 21 post cataract eyeglasses	NC (vision plan offered by HGA)	NC (vision plan offered by HGA)	\$0 copay for the following : -One pair eyeglasses or contacts following cataract surgery Additional supplemental benefit includes: eyeglasses (limited to 1 pair) contact lenses (limited to 1 pair) Eye wear coverage up to \$175 per year.
Diagnosis and Treatment of Diseases of the Eye including Glaucoma test (in office- no PA, outpatient procedures require PA)	C	C	C	C	C	C 100% for each Medicare-covered eye exam for diagnosis and treatment for diseases and conditions of the eye.
<b>Dental</b>						
TMJ Surgery	C-PA Coverage related to trauma only	C-PA Coverage related to trauma only	C-PA Coverage related to trauma only	NC	NC	NC
TMJ Care	NC	NC	NC	NC	NC	NC
Dental Trauma	C-PA	C-PA	C-PA	C-PA - \$20 Copay OV, \$100 admission	20% Coinsurance	C-PA limited



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General Dental	C-<21 years C-PA->21 years with emergency pain or pre-transplant	C-<21 years C-PA->21 years with emergency pain or pre-transplant	C-<21 years C-PA->21 years with emergency pain or pre-transplant	NC (Dental plan offered by HGA)	NC (Dental plan offered by HGA)	C-\$0 co-pay for each routine dental service up to 1 visit every 6 months
Dental Fluoride	C-<21 years	C-<21 years	C-<21 years	NC	NC	C-100% 2 annually
Dental Cleaning	C-<21 years	C-<21 years	C-<21 years	NC	NC	C-100% 2 annually
Dental X-Ray	C-<21 years	C-<21 years	C-<21 years	NC	NC	C-100% 1annually
Dental Visit	C-<21 years	C-<21 years	C-<21 years	NC	NC	C-100% 2 annually
Routine Orthodontics	NC	NC	NC	NC	NC	NC



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<b>Hearing Aid Services</b>						
Audiologist	C-PA > 21	C-PA > 21	C-PA > 21	C-PA \$35 Copay	C-PA \$35 Copay	C 0% for each Medicare-covered diagnostic hearing exam.
Hearing aids	C-PA < 21	C-PA < 21	C-PA < 21	NC	NC	C \$0 copay Coverage up to \$2000 for hearing aids per year.
EPSDT/Well child hearing screening	C < 21	C < 21	C < 21	EPSDT NC, (\$25 Copay for well child)	EPSDT NC, (\$25 Copay for well child)	NC
Cochlear implants	C-PA < 21 one side only	C-PA < 21 one side only	C-PA < 21 one side only	NC	NC	NC
<b>Health Education</b>						
Education: prenatal, asthma, diabetes, weight loss	C- visit to dietician requires PA	C	C	NC	NC	C 100% Supplemental benefit offered though FSL includes: Nutritional training; Nutritional benefit; Smoking cessation
<b>Organ Transplants</b>						
Organ evaluation and transplantation including immunosuppressive drugs	C-PA; AHCCCS approved transplants only	C-PA; AHCCCS approved transplants only	C-PA; AHCCCS approved transplants only	C-PA; limited to cornea and kidney;	C-PA; limited to cornea and kidney;	C-PA 100%
Transplant facility	C-PA	C-PA	C-PA	C-PA \$800 copay each admission	C-PA limited to cornea and kidney; 20% coinsurance	\$952 deductible per admission for days 1-60; copay of \$238 per days 61-90; copay of \$476 per days 91-150
Organ donor costs	C-PA	C-PA	C-PA	NC	NC	C-PA 100%
Transportation costs for family	C-PA; for 1 adult caregiver	C-PA	C-PA	NC	NC	NC



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<b>Hospital Services</b>						
Inpatient	C-PA	C-PA	C-PA	C-PA \$800 Copay	20% Coinsurance	C-PA (except emergency) \$1,068 deductible per admission for days 1-60; copay of \$267 per days 61-90; copay of \$534 per days 91-150
Outpatient hospital/surgery	C-PA	C-PA	C-PA	C-PA 10% Coinsurance	C-PA 20% Coinsurance	C-PA 100% at ambulatory surgical center/outpatient hospital facility. Additional facility charge may be included in the cost for services. \$0 deductible.
Inpatient - maternity	C-PA	C-PA	C-PA	C-PA \$500 benefit max Member 1st-12 mo enrolled, 13 mo and beyond per inpatient co-pay: \$800	NC	C-PA \$1,068 deductible per admission for days 1-60; copay of \$267 per days 61-90; copay of \$534 per days 91-150
Outpatient - maternity	C-PA	C-PA	C-PA	C- \$25 Copay for 1st visit only	NC	C-100%



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<b>Professional Services</b>						
In office visit - PCP	C-\$1 Copay	C	C	C \$25 Copay	C \$25 Copay	C-80%
In office visit - PCO	C	C	C	C- \$25 Copay 1st visit only	NC	C-PA 80% \$0 deductible
In-Office Procedures (treatment and diagnostics) – PCP	C	C	C – Some PA	C-possible PA \$25 Copay	C-possible PA \$25 Copay	C-80%
In-Office Procedures (treatment and diagnostics) – PCO	Dx-C Tx – Some PA	Dx-C Tx – Some PA	Dx-C Tx – Some PA	C-possible PA \$25 Copay	NC	C-80% \$0 deductible
In-Office Procedures (treatment and diagnostics) – Specialist	Dx-C Tx – Some PA	Dx-C Tx – Some PA	Dx-C Tx – Some PA	C \$35 copay PCP referral required Tx – Some PA required	C \$35 copay PCP referral required Tx – Some PA required	C-PA 80% \$0 deductible
Referrals from PCP to Specialist or from Specialist to Specialist	C	C	C	C - \$35 Copay	C - \$35 Copay	C-80% PA required for dermatologists, allergists/immunologists; podiatrists, geneticists, anesthesiologists; (except in an emergency) plastic surgeons; and chiropractors.
In office visit - Specialist	C-Some PA	C-Some PA	C-Some PA	C - \$35 Copay	C - \$35 Copay	C-80% PA required for dermatologists, allergists/immunologists; podiatrists, geneticists, anesthesiologists; (except in an emergency) plastic surgeons; and chiropractors.



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<b>Professional Services</b>						
• Emergency Room – Consults Only (Non-ER Specialty)	C	C	C	C	C	C-100%
• Inpatient setting	C-PA	C-PA	C-PA	C-PA	C-PA	C- (21 POS)
• Outpatient Setting	C-PA	C-PA	C-PA	C - PA	C -PA	C- (22 POS)
• Allergist	C-PA > 21	C-PA > 21	C-PA > 21	NC	NC	C-PA 80%
• Plastic Surgeon	C-PA	C-PA	C-PA	C - PA Med Nec Only, \$35 Copay OV	C - PA Med Nec Only, \$35 Copay OV	C-PA 80%
• Anesthesia – Pain Management Services Note: Some specialists don't require PA for pain management. Anesthesiologists are the only ones that require PA for office consult and treat. All specialists that do procedures out-pt require PA.	C-PA	C-PA	C-PA	C -PA \$35 copay	C -PA \$35 copay	C-PA 100%
• ERAP Physician (radiology, anesthesia, ER, pathologist)	C	C	C	C	C	C-100%
• Dermatologist	C-PA	C-PA	C-PA	C- PA \$35 Copay	C- PA \$35 Copay	C-PA 80%



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• Podiatrist	C-PA	C-PA	C-PA	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only, \$35 copay Podiatrist visit is covered if medically necessary.	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only, \$35 copay Podiatrist is covered if medically necessary	C 80% PA required; no PA needed for diabetics
• Preventive Foot Care	C-PA if not related to DM No PA if the member has these conditions	C-PA if not related to DM No PA if the member has these conditions	C-PA if not related to DM No PA if the member has these conditions	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only	\$0 deductible Routine Care: 1 visit every 3 months, up to four (4) visits per year
• Audiologist	C-PA > 21	C-PA > 21	C-PA > 21	C- PA \$35 Copay	C- PA \$35 Copay	C-80%
• Genetics Lab Services & Geneticist	C-PA	C-PA	C-PA	NC	NC	C-PA
Observation (OB and Non-OB)	C-PA	C-PA	C-PA	C-PA	NC	C-80%
Chemo/Radiation Therapy	C	C	C	C	C	C-PA 80%



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Nerve Blocks/Epidurals	C-PA	C-PA	C-PA	C-PA	C-PA	<b>Medicaid covers MCA cost sharing amounts</b> C-80% PA required if done in an Outpatient Facility. PA may or may not be required if procedure done in Physician's office
Sleep Studies	C-PA	C-PA	C-PA	NC	NC	C- PA 80%
Newborn Circumcision	NC – PA Med Nec	NC – PA Med Nec	NC – PA Med Nec	C -PA Limited to newborns 1st 30 days	C -PA Limited to newborns 1st 30 days	NC
EMG/NCVs	C	C	C	C	C	C-80%
Cardiac Catheterization/Angioplasty/Stents	C-PA	C-PA	C-PA	C-PA	C-PA	C-80%
Dialysis	C	C	C	C No Copay	C 50% coinsurance	C-\$0 deductible
Cosmetic Surgery	NC	NC	NC	NC	NC	NC-Exclusions
Plastic and Reconstructive Surgery	C-PA	C-PA	C-PA	C-PA Limited Subject to inpatient hospital and outpatient surgery benefits	C-PA Limited Subject to inpatient hospital and outpatient surgery benefits	NC-Exclusions
Reconstructive Surgery – Breast	C-PA	C-PA	C-PA	C-PA	C-PA	C-80% if related to breast cancer or any disease of the breast, requiring removal of breast tissue
<b>Pediatric Preventive Screening Services</b>						
EPSDT/Well Child	C	C	C	<b>EPSDT - NC Well Child - C \$25 Copay</b>	<b>EPSDT - NC Well Child - C \$25 Copay</b>	NC
VFC Program	C	C	C	NC	NC	NC
Immunizations	C	C	C	C - \$25 Copay	C - \$25 Copay	NC



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<b>Diagnostic Studies</b>						
Laboratory Services in physician's office	C Some exceptions based on codes	C Some exceptions based on codes	C Some exceptions based on codes	C- Some exceptions based on codes	C- Some exceptions based on codes	C-100%
Laboratory Services Other	C-LAB CORP Outside cap agreement requires PA	C-LAB CORP Outside cap agreement requires PA	C-LAB CORP Outside cap agreement requires PA	C- LAB CORP \$10 copay	C- LAB CORP 20% coinsurance	C-100%
<b>Radiology Services</b>						
PET Scan	C-PA	C-PA	C-PA	C-PA 10% Co-insurance	C-PA 20% Coinsurance	C-80% PA
MRI/MRA	C-PA	C-PA	C-PA	C-PA 10% Co-insurance	C-PA 20% Coinsurance	C-80% PA
Bone Densitometry	C	C	C	C-PA 10% Co-insurance	C-20% Coinsurance	C-80%
Electromyography	C	C	C	C-PA 10% Co-insurance	C-20% Coinsurance	C-80%
CT Scan	C	C	C	C 10% Co-insurance	C 20% Coinsurance	C-100%
Discogram/Myelogram	C-PA	C-PA	C-PA	C-PA 10% Co-insurance	C-PA 20% Coinsurance	C-80% PA
Angiograms/Angioplasty/Embolization	C	C	C	C 10% Co-insurance	C 20% Coinsurance	C-80%
All Other Diagnostic Services	C-PA Routine X-Rays no PA	C-PA Routine X-Rays no PA	C-PA Routine X-Rays no PA	C-PA Routine X-Rays no PA x-ray \$25 copay	C-PA x-ray 20% Coinsurance Routine X-Rays no PA	C-80% PA may be required



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<b>Durable Medical Equipment</b>						
DME - Medically Necessary Durable Medical Equipment and related supplies	C- PA may be required >\$270	C- PA may be required >\$270	C- PA may be required >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C - PA may be required, 40% coinsurance. Limit \$1000 per benefit year	C-80% PA may be required
Orthotic & Prosthetic - Medically Necessary O&P devices and related supplies	C- PA may be required >\$270	C- PA may be required >\$270	C- PA may be required >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C - PA may be required, 40% coinsurance. Limit \$1000 per benefit year	C-80% PA may be required
DME - Seating Equipment Assessment, lift chair, commode chair, assistive technology, etc. (coverage will determined via PA process)	C - PA >\$270	C - PA >\$270	C - PA >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C - PA may be required, 40% coinsurance. Limit \$1000 per benefit year	C-80% PA may be required
Orthopedic Shoes - Diabetes Diagnosis Only	C-PA	C-PA	C-PA	C- included in DME benefit	C - included in DME benefit	C-80% PA may be required
Orthopedic Shoes - Non Diabetes Diagnosis: Not covered unless they are part of a leg brace and are included in the cost of the leg brace (coverage will determined via PA process)	C-PA	C-PA	C-PA	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C-PA medically necessary with limitations, included in DME benefit	C-80% PA may be required



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DME – Beds and accessories	C - PA >\$270	C - PA >\$270	C - PA >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C- PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
DME - Electric Nerve Stimulators	C - PA >\$270	C - PA >\$270	C - PA >\$270	NC	NC	C-80% PA
DME - Lymphedema Pump and Supplies	C - PA >\$270	C - PA >\$270	C - PA >\$270	NC	NC	C-80% PA
DME - Monitoring Equipment	C - PA >\$270	C - PA >\$270	C - PA >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
DME - Respiratory Equipment and Supplies	C - PA >\$270	C - PA >\$270	C - PA >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
DME - Skin Care Equipment (Pressure Reducing Mattress Equipment)	C - PA >\$270	C - PA >\$270	C - PA >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA



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DME - Wheelchairs	C - PA >\$270	C - PA >\$270	C - PA >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
DME - Bathroom and Safety Equipment	C - PA >\$270	C - PA >\$270	C - PA >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
DME - Supplies	C - PA >\$270	C - PA >\$270	C - PA >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80%
DME-Diapers	C- ages 3-20, max 240 per mo PA required >240 per month	C- ages 3-20, max 240 per mo PA required >240 per month	C- ages 3-20, max 240 per mo PA required >240 per month	NC	MC	NC
DME - Seating Equipment Assessment	C PA	C-PA	C PA	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA



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Assistive Technology	NC	C - PA >\$270	NC (Covered through DES/DDD)	NC	NC	NC
Urinary Catheter Supplies	C - PA >\$270	C - PA >\$270	C - PA >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80%
Orthotic Supplies	C - PA >\$270	C - PA >\$270	C - PA >\$270	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80%
Artificial Limbs	C - PA >\$270	C - PA >\$270	C - PA >\$270	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
Orthotics	C - PA >\$270	C - PA >\$270	C - PA >\$270	C-medically necessary with limitations, included in DME benefit \$0 Copay \$2500/yr maximum benefit	C-medically necessary with limitations, included in DME benefit 40% Coinsurance \$1,000/yr max benefit	C-80% PA may be required, limitations



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Foot Orthotics	C-PA	C-PA	C-PA	C - PA may be required, 10% coinsurance, Limit \$2500 per benefit year	C-medically necessary with limitations, included in DME benefit 40% Coinsurance \$1,000/yr max benefit	C-80% PA may be required, limitations
Prosthetics	C - PA >\$270	C - PA >\$270	C - PA >\$270	C--medically necessary with limitations, included in DME benefit \$0 Copay \$2500/yr maximum benefit	C-medically necessary with limitations, included in DME benefit- 40% Coinsurance \$1,000/yr max benefit	C-80% PA may be required
<b>Termination of Pregnancy</b>						
Abortion	C-PA For result of rape, incest or pose serious mental or physical health problems for member	C-PA For result of rape, incest or pose serious mental or physical health problems for member	C-PA For result of rape, incest or pose serious mental or physical health problems for member	C-PA For health endangerment of mother or nonviability of fetus only	C-PA For health endangerment of mother or nonviability of fetus only	C-PA Only if result of rape, incest or pose serious mental or physical health problems for member
<b>Maternity</b>						



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SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Active	MCA
Maternity Care/Obstetrics – global authorization includes OB care	C-PA	C-PA	C-PA	C-PA \$25 copay for first prenatal visit/\$800 admission, member 1st-12 mo \$500 benefits max	NC	<b>Medicaid covers MCA cost sharing amounts</b> C-80%-Notification required



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<b>Family Planning Services</b>						
Infertility Testing and Diagnosis	NC	NC	NC	NC	NC	NC
Infertility Treatment	NC	NC	NC	NC	NC	NC
In Office Visit – PCP/PCO for family planning	C	C	C	C - \$25 Copay	C-\$25 Copay	C-80%
Contraceptive Procedures	C-Formulary	C-Formulary	C-Formulary	Contraceptive medications and devices on Formulary are covered	Contraceptive medications and devices on Formulary are covered	C-Formulary
Family planning education and counseling	C	C	C	C - \$25 Copay	C - \$25 Copay	NC
Tubal ligation/other sterilizations – male & female	C-PA >21 years	C-PA >21 years	C-PA >21 years	Vasectomy and tubal ligation only - Member responsibility determined by site of care.	Vasectomy and tubal ligation only - Member responsibility determined by site of care.	NC
SOBRA Family Planning	C for family planning services and contraceptives only	NC	NC	NC	NC	NC
<b>Medical Transportation</b>						
Emergency Transport	C	C	C	C \$100 Copay	C 20% coinsurance	C 80%
Emergency Air Transport	C	C	C	C - possible PA - \$100 Copay	C - possible PA - 20% coinsurance	C 80%
Non-Emergent Transport	C (Interfacility requires PA)	C (Interfacility requires PA)	Acute –C Vent – NC – Covered by DES-DDD	NC (Interfacility ambulance covered)	NC (Interfacility ambulance covered)	NC (Interfacility ambulance covered)



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<b>Emergency Health Care Services</b>						
Emergency Room	C (\$1 Copay for non-emergency use of ER for Acute)	C	C	C-Par: \$300 Copay Non-par: 30% coinsurance	C- Par:20% Coinsurance Non par: 30% coinsurance	C-80% ( 100% if admitted with same dx within 3 days)
Urgent Care	C- only available in certain counties	C- only available in certain counties	C- only available in certain counties	C - \$40 Copay- only available in certain counties	C - \$40 Copay- only available in certain counties	C-80%
<b>Home Health Services</b>						
Home Health Care	C-PA	C-PA	C-PA	C-PA - No copay 30 visits/calendar year	C-PA 40% Coinsurance 10 visits/calendar year	C-PA 100% \$0 copay for Medicare-covered home health visits
Home Health Care (Nursing)	C-PA	C-PA	C-PA	C-PA 30 visits/calendar year	C-PA 20% Coinsurance 15 visits/calendar year	C-PA 100% \$0 copay for Medicare-covered home health visits
Private Duty Nurses	C-PA	C-PA	C-PA	NC	NC	C-PA 100% \$0 copay for Medicare-covered home health visits
Infusion Services	C-PA	C-PA	C-PA	C-PA - No copay 45 visits/calendar year	NC	C-PA 100% \$0 copay for Medicare-covered home health visits



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<b>Rehabilitation</b>						
Rehabilitative Therapy - Medically necessary Physical, Occupational, Speech, Cardiac, Pulmonary, Neurocognitive Rehab Therapy. PA requirements are determined by POS	C-PA	C-PA	C-PA	C-PA - 10% coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Outpatient Hospital - Diagnostic Testing, Therapeutic Services	C-PA	C-PA	C-PA	C-PA Limited	C-PA Limited	C-80% PA
Outpatient – Physical Therapy	C-PA	C-PA	C-PA	C-PA - 10% coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Outpatient – Occupational Therapy	C-PA Acute - <21 years QMB – No age limit	C-PA	C-PA <21 years >21 years	C-PA - 10% coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Outpatient – Speech Therapy	C-PA <21 years, >21 for dysphasia	C-PA	C-PA	C-PA - 10% coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Outpatient – Respiratory Therapy	C-PA	C-PA	C-PA	C-PA - 10% coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA



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Neurocognitive Rehabilitation Therapy	C-PA	C-PA	C-PA	C-PA - 10% coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Pulmonary Rehabilitation	C-PA	C-PA	C-PA	C-PA - 10% coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Cardiac Rehabilitation	C-PA	C-PA	C-PA	C-PA - 10% coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Osteopathic Manipulation	C-PA	C-PA	C-PA	NC	NC	C-80% PA may be required
<b>Skilled Nursing Care - Facility</b>						
Skilled Nursing Facility Admissions	C-PA  90 days/plan year	C – PA LTC unlimited; share of cost Acute – 90 days/plan year Vent - Unlimited	C-PA  90 days/plan year	C-PA - No copay  30 visits/calendar year	C-PA 20% Coinsurance  15 visits/calendar year	C-PA \$0 copay for days 1-20 Days 21-100: \$133.50 per day 100 day limit for each benefit period No limit on covered days if on ALTCS. If not enrolled in ALTCS, there is a 90 day limit after the exhaustion of the Medicare 100 day limit
<b>Hospice</b>						
Hospice	C-PA In lieu of hospitalization	C-PA In lieu of hospitalization	C-PA In lieu of hospitalization	C-PA No copay limit 60 days/yr	NC	NC Hospice is carved out and covered by original Medicare



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Hospice - Outpatient Services:	C-PA In lieu of hospitalization	C-PA In lieu of hospitalization	C-PA In lieu of hospitalization	PA No copay	NC	<b>Medicaid covers MCA cost sharing amounts</b> NC Hospice is carved out and covered by original Medicare



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SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Active	MCA Medicaid covers MCA cost sharing amounts
Long Term Care Services				limit 60 days/yr		
Attendant Care	NC	C-PA Acute care excluded	NC	NC	NC	NC
Adult Foster Care	NC	C-PA Acute care excluded	NC	NC	NC	NC
Adult Day Care	NC	C-PA Acute care excluded	NC	NC	NC	NC
Assisted Living Center	NC	C-PA Acute care excluded	NC	NC	NC	NC
Assisted Living Home	NC	C-PA Acute care excluded	NC	NC	NC	NC
Custodial Care	NC	C-PA Acute care excluded	NC	NC	NC	NC
Emergency Alert	NC	C-PA Acute care excluded	NC	NC	NC	NC
Environmental Modifications	NC	C-PA Acute care excluded	NC	NC	NC	NC
Home Delivered Meals	NC	C-PA Acute care excluded	NC	NC	NC	NC
Medical Social Services	NC	C-PA Acute care excluded	NC	NC	NC	NC



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Respite Care	Acute – NC QMB – C-PA	C-PA Acute care excluded	Acute – NC QMB – C-PA	NC	NC	NC



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<b>Prior Period Coverage</b>						
Prior Period Coverage Services	All services covered; no PA requirements	All services covered; no PA for services	All services covered; no PA requirements	NC	NC	NC