

BENEFIT PACKAGES, CO-PAYS & CO-INSURANCE							
BENEFIT PACKAGES & SERVICES FOR MENTAL HEALTH (MH), SUBSTANCE USE DISORDER (SUD), MEDICAL/SURGICAL (M/S)	MENTAL HEALTH (MH), SUBSTANCE USE DISORDER (SUD), MEDICAL/SURGICAL	Classification (IP, OP, EC, PD)	Preauthorization Required	BENEFIT PACKAGE 1	BENEFIT PACKAGE 2	BENEFIT PACKAGE 3	BENEFIT PACKAGE 4
	MS	IP		FA	Feder al Medic aid &	Medicar e Platino (Ages 21 and older in	Medica re Platino (Ages 0-20 in a
HOSPITALIZATION SERVICES							
Admissions				√	√	√	√
Nursery							
Behavioral health hospitalizations	MH	IP		√	√	√	√
Detoxification Services	SUD	IP	PA	√	√	√	√
Inpatient behavioral Health Services in an Institution for Mental Disease (IMD)	MH, SUD	IP		√	√	√	√
BEHAVIORAL HEALTH SERVICES			PA / referral	√	√	√	√
Evaluation, screening, and treatment of individual, couples, families and groups	MH, SUD	OP		√	√	√	√
Outpatient services with psychiatrist, psychologist and social workers	MH, SUD	OP		√	√	√	√
Hospital services for substances and alcohol abuse disorders	SUD	IP		√	√	√	√
Outpatient services for substance and alcohol abuse disorders	SUD	OP		√	√	√	√
Intensive outpatient services	MH, SUD	OP		√	√	√	√
Emergency or crisis intervention services	MH, SUD	EC		√	√	√	√
Long-lasting injected medicine clinics	MH, SUD	OP		√	√	√	√
Escort/professional assistance and ambulance services	MH, SUD	OP, EC		√	√	√	√
Prevention and secondary-education services	MH, SUD	OP		√	√	√	√
Treatment of attention deficit disorder	MH	OP		√	√	√	√
Substance abuse treatment	SUD	OP		√	√	√	√
Opiate addiction treatment	MH, SUD	OP, PD		√	√	√	√
Partial hospitalization	MH	OP	PA	√	√	√	√
Electroconvulsive Therapy (EC)	MH	IP, OP	PA	√	√	√	√
Psychological / Neurocological testing	MH	IP, OP	PA	√	√	√	√
PREVENTIVE HEALTH SERVICES							
Well baby care	MH, SUD, M/S	OP		√	√	√	√
Immunizations	M/S	OP		√	√	√	√
Hearing Exams	M/S	OP		√	√	√	√
Evaluation and nutritional screening	M/S	OP		√	√	√	√
Laboratory and Clinical Tests	MH, SUD, M/S	OP		√	√	√	√
Nutritional, oral and physical health education	M/S	OP		√	√	√	√
Reproductive health/family planning	M/S	OP		√	√	√	√
Annual physical exam for diabetics	M/S	OP		√	√	√	√
Health certificates	M/S	OP		√	√	√	√
DIAGNOSTIC TEST SERVICES	MH, SUD, M/S	OP	PA for radiation	√	√	√	√
OUTPATIENT REHABILITATION SERVICES							
Physical therapy	M/S	OP	Limited to 15 treatments unless PA for	√	√	√	√
Occupational therapy	M/S	OP		√	√	√	√
Speech therapy	M/S	OP		√	√	√	√
EMERGENCY ROOM (ER)							
Emergency Room (ER) Visit							
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)							

Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)							
Trauma							
MEDICAL AND SURGICAL SERVICES							
EPSDT/early and periodic screening,diag,treatment <21	MH, SUD, M/S	IP, OP		NA	√	NA	√
Primary care physicians visits including nursing services	MH, SUD, M/S	OP		√	√	√	√
Specialist treatment	M/S	OP	PCP referral required if outside	√	√	√	√
Sub-specialist treatment	M/S	OP	PCP referral required if outside	√	√	√	√
Physician home visits	M/S	OP		√	√	√	√
Respiratory therapy	M/S	OP		√	√	√	√
Anesthesia services (except of epidural)	M/S	OP		√	√	√	√
Radiology services	M/S	OP		√	√	√	√
Pathology services	M/S	OP		√	√	√	√
Surgery	M/S	IP, OP		√	√	√	√
Outpatient surgery facility services	M/S	OP		√	√	√	√
Nursing services	M/S	OP		√	√	√	√
Sterilization	M/S	OP		√	√	√	√
Prosthetics	M/S	OP		√	√	√	√
Ostomy equipment	M/S	OP		√	√	√	√
Blood transfusion and blood plasma services	M/S	OP		√	√	√	√
Services to patients with Level 1 or Level 2 chronic renal disease	M/S	OP		√	√	√	√
Skin, bone and corneal transplants	M/S	OP		√	√	√	√
Veklury (remdesivir) for COVID-18	M/S	OP		√	√	√	√
Breast reconstruction after mastectomy	M/S	OP		√	√	√	√
Surgical procedures to treat morbid obesity	M/S	OP		√	√	√	√
Mechanical respirators and ventilators	M/S	OP		NA	√	NA	√
Durable Medical Equipmente	M/S	OP		√	√	√	√
Emergency Transportation Services	MH, SD, M/S	EC		√	√	√	√
Maternity and Pre-natal services	MH, SD, M/S	IP, OP		√	√	√	√
OTHER SERVICES							
High-Tech Laboratories**							
Special Diagnostic Tests**							
DENTAL SERVICES							
Preventive (Child)	M/S	OP		√	√	√	√
Preventive (Adult)	M/S	OP		√	√	√	√
Restorative	M/S	OP		√	√	√	√
PHARMACY SERVICES							
Preferred (Children 0-21)	MH, SUD, MH	PD		√	√	√	√
Preferred (Adult)****	MH, SUD, MH	PD		√	√	√	√
Non-Preferred (Children 0-21)	MH, SUD, MH	PD		√	√	√	√
Non-Preferred (Adult)****	MH, SUD, MH	PD		√	√	√	√

KEYS:

√=Covered by MCO for the specified benefit package

NA=Not covered by MCO for the specified benefit package