



CENCAL HEALTH COVERED BENEFITS

This benefit summary is to help you understand your health benefits.
For more information, see Benefits Section for a complete explanation.

Benefit	Description of Services & Limitations	Co-Payment
		See Co-Payment Section for exceptions
Professional Services	Services and consultations by a physician (doctor) or other licensed health care provider or professional. Early Periodic Screen, Diagnosis and Treatment Services (EPSTD).	\$1.00 co-payment per office visit
Preventive Services	Periodic and annual health examinations, well baby care, routine diagnostic testing and laboratory services, immunizations, (shots), and services for the detection of diseases, hearing tests and eye examinations. Tooth varnishing by a physician/doctor for children 0 to 5 years of age and up to 3 times a benefit year.	\$1.00 co-payment per office visit
Emergency and Urgent Care	Emergency and urgent care services both in and out of Santa Barbara and San Luis Obispo County.	\$5.00 co-payment for non-emergency services provided in an emergency room
Medical Transportation	Emergency ambulance transportation and non-emergency transportation to transfer a member from a hospital to another hospital, skilled nursing or to home. Non-emergency transportation to medical visits.	No co-payment
Prescriptions and Drug Formulary	Drugs prescribed by a licensed physician (doctor).	\$1.00 for each prescription or refill
Hospital Services (Inpatient)	Room and board, nursing care and all medically necessary other services.	No co-payment



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Hospital Services (Outpatient)	Diagnostic, therapeutic and surgical services performed at a hospital in their outpatient facility.	No co-payment
Lab, Diagnostic, and X-ray Services	Laboratory, diagnostic and therapeutic radiological services necessary to evaluate, diagnose and treat.	No co-payment
Home Health Services	Services provided in the home by health care professionals.	No co-payment
Nursing Home Services	Services provided in a licensed skilled nursing facility.	No co-payment
Durable Medical Equipment	Medical equipment appropriate for use in the home which serves a medical purpose, is intended for repeated use, and generally not useful to a person who does not have an illness or injury.	No co-payment
Family Planning Services	Voluntary family planning services.	\$1.00 per visit
Pregnancy – Maternity Care	Professional (doctor) and hospital services relating to maternity care.	No-co-payment
Newborn Screening Test Phenylketonuria (PKU)	Screening test to diagnose PKU.	No co-payment
Lactation Services (Breastfeeding)	Pregnant women or women with new babies can meet with a special teacher call a “Certified Lactation Educator” who will help them with breastfeeding.	No co-payment
Nutrition Services	Services provided by a Registered Dietician.	No co-payment
Diabetes Care and Supplies	Equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically needed.	No co-payment



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Asthma Care and Supplies	Equipment and supplies for the management and treatment of Asthma as medically needed.	No co-payment
Acupuncture, Chiropractic, Audiology and Spiritual Healing	2 visits without a referral from PCP per month.	\$1.00 per office visit
Physical, Speech, and Occupational Therapy	Therapy may be provided in a medical office or other appropriate outpatient setting.	\$1.00 per office visit
Health Education	Includes education regarding personal health behavior, health care, and recommendations regarding the optimal use of health care services including smoking cessation classes and obesity prevention.	No co-payment