

PRENATAL PLUS 2 Benefits Summary 2005

Section 4: BENEFITS/COVERED SERVICES

Summary of Benefits

THIS CHART IS TO HELP YOU COMPARE COVERED SERVICES. REFER TO THE BENEFIT DESCRIPTIONS IN THIS BOOK FOR FURTHER INFORMATION.

CATEGORY	DESCRIPTION
PROFESSIONAL SERVICES	Well baby care, well child care, and well teen care
	Immunizations
	Office visits for illness or injury with a Primary Care Provider or referred physician
	Office visits for illness or injury with a Primary Care Provider or referred physician for children under 24 months of age
	Office visit for treatment and diagnosis, including: Allergy tests and treatments Cancer diagnosis and treatment Chemotherapy Diabetes care / education and nutrition Dialysis treatment Osteoporosis treatment Radiation therapy Second medical opinions
	Family planning services
	Maternity care including pre-natal care, post-natal care, and complications of pregnancy
	Hearing tests and eye examinations by a physician
	Hearing services by an audiologist
	Inpatient hospital and skilled nursing facility visits
	Surgery, assistant surgery and anesthesia
	Home visits when medically necessary if provided by a physician
OUTPATIENT SERVICES	
	Diagnostic, therapeutic and surgical services
	Physical, occupational, and speech therapy as appropriate
	Hospital outpatient services
	Diagnostic testing laboratory and x-ray services
	Cancer screening tests

**SECTION 4
BENEFITS**

CATEGORY	DESCRIPTION
HOSPITAL SERVICES	
EMERGENCY ROOM TREATMENT	
MEDICAL TRANSPORTATION	Emergency or non-emergency
PRESCRIPTION DRUG COVERAGE	Medically necessary drugs that are FDA approved and when prescribed by a licensed practitioner
	Smoking Cessation Drugs
	Contraceptive Drugs and Devices
MEDICAL EQUIPMENT AND SUPPLIES	
	Equipment
	Orthotics and prosthetics
	Cataract spectacles, cataract contact lenses, or intraocular lenses
	Hearing tests and eye examinations by a physician (SEE SECTION 4, "Medical Equipment and Supplies")
MENTAL HEALTH SERVICES (including Severe Mental Illness and Serious Emotional Disturbances of A Child)	
	Inpatient
	Outpatient
CHEMICAL DEPENDENCY SERVICES	
	Alcohol and drug abuse services in the hospital
	Outpatient
HOME HEALTH SERVICES	Services provided at the home by a licensed health care professional employed by a licensed home care agency
OTHER BENEFITS	
	Skilled nursing care (in a skilled nursing facility)
	Acupuncture
	Chiropractic
	Elective Abortion
	Blood and blood products
	Health education
	Hospice