

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.	Covered when medically necessary and with prior authorization.
For emergency ambulance service, call 911.		
Chiropractor	Covered: no referral or prior authorization is needed for the initial evaluation. Prior authorization is required after the initial evaluation. A copay 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. A copay 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. A copay 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. A copay may apply.
Emergency room service	Covered	Covered
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services and services for members under 21 years of age (like well-child visits, immunizations and more)	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.
Orthodontia (teeth and jaw)	Covered when medically necessary.	Not covered.
Orthopedist (bones)	Covered with a referral from your primary care practitioner (PCP) to a network provider.	Covered with a referral from your PCP to a network provider.
Outpatient radiology services (like CT scan, MRI, PET scan, etc.)	Covered when medically necessary and with prior authorization.	Covered when medically necessary and with prior authorization.
PCP visits	Covered	Covered

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Call Member Services for more information 1-855-809-9200
(TTY 1-855-859-4109) or go to www.amerihealthcaritasnortheast.com.



Benefits	Members under 21 years of age	Members 21 years of age and older
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. A copay 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. A copay may apply.
Prescriptions	Covered A copay may apply to members 18 to 20 years of age.	Covered A copay may apply.
Routine dental exams	Covered Recommended 1 time every 6 months.	Covered — 1 per 180 days, per provider. A copay may apply.
Routine obstetrician or gynecologist (OB/GYN) visits	Covered	Covered
Tobacco cessation counseling	Covered when provided by an AmeriHealth Caritas Northeast 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 Northeast 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 or contact lenses are covered, with some dollar limits. Please see the Eye Care section of the Member Handbook for more information. A copay may apply to members 18 to 20 years of age.	Routine eye exams are covered. Eyeglasses or contact lenses are covered, with some dollar limits. Please see the Eye Care section of the Member Handbook for more information. A copay may apply.
24/7 Nurse Call Line	Covered	Covered

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are 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 **1-855-809-9200** or **1-855-859-4109** (TTY).

Esta información también se ofrece en otros idiomas y formatos. Llame a Servicios para Miembros al **1-855-809-9200** o al **1-855-859-4109** (TTY).

Muốn đọc thông tin trong thông báo này dưới hình thức và ngôn ngữ khác, xin gọi Ban Dịch Vụ Hội Viên số **1-855-809-9200** hay số dành cho người khiếm thính giác **1-855-859-4109** (TTY).

ព័ត៌មាននៅក្នុងសំបុត្រនេះមានជាភាសាខ្មែរ និងភាសាអង់គ្លេសផងដែរ ដោយទូរស័ព្ទទៅក្រសួងព័ត៌មានសមាជិកលេខ **1-855-809-9200** ឬ **1-855-859-4109** (TTY) សំរាប់អ្នកឆ្លង់។

Для получения сведений, содержащихся в данном уведомлении, на других языках звоните в Отдел обслуживания по телефону **1-855-809-9200** или **1-855-859-4109** (TTY).

此通知的资料包括其他语言及格式，如需要提供，请致电 **1-855-809-9200** 或 **1-855-859-4109** (TTY) 联系会员服务处。

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www.amerhealthcaritasnortheast.com