

Quick Reference Guide to Benefits and Services*

Benefits/Services	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.		
Care Management and Special Needs services	Covered	Covered
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. 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. 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	Covered	These services do not apply to members 21 years of age and over.
Family planning	Covered	Covered
Members can go to any doctor or clinic for family planning services. This includes doctors and clinics not part of the AmeriHealth Caritas Northeast network. You do not need to see your primary care practitioner (PCP) first.		
Hearing aids	Covered when medically necessary and with prior authorization.	Not a covered benefit under the Pennsylvania Medical Assistance program.
Orthodontia (teeth and jaw)	Covered when medically necessary and with prior authorization.	Not covered.
Orthopedist (bones)	Covered	Covered
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
PCP average office wait time for routine care should be no more than 30 minutes, or no more than up to 1 hour if the PCP is unexpectedly treating a patient with an urgent or difficult medical need.		

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



Benefits/Services	Members under 21 years of age	Members 21 years of age and older
Podiatrist	Covered when referred by your PCP to a network provider and sometimes requires prior authorization. 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. A copay may apply.
Post-stabilization services	Covered	Covered
Members do not need prior authorization and can receive post-stabilization services from a provider not in the AmeriHealth Caritas Northeast network, in certain situations.		
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. A copay may apply to members 18 to 20 years of age.	Covered — 1 per 180 days, per provider. A copay may apply.
Routine obstetrician or gynecologist (OB/GYN) visits	Covered	Covered
Members can self-refer for routine OB/GYN care in the AmeriHealth Caritas Northeast network. You do not need to see your PCP first.		
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.	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.
Vision	Routine eye exams are covered. Eyeglasses or contact lenses are covered, with some dollar limits. 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. 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. Please see your Member Handbook for more information.

The Pennsylvania Medical Assistance program determines the minimum covered benefits and services for people on Medical Assistance.

AmeriHealth Caritas Northeast complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-809-9200 (TTY 1-855-859-4109).

Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-809-9200 (TTY 1-855-859-4109).

Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-809-9200 (телетайп 1-855-859-4109).

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