



Molina Healthcare of Utah

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www.molinahealthcare.com

2013 Benefits-At-A-Glance

Our goal is to provide you with the best care possible.

Molina Healthcare of Utah Benefits	Covered Under Utah Medicaid and CHIP
Preventive Care for Children and Adolescents	
Physical exam including growth assessment	X
Nutritional health assessment	X (requires a PA)
Hearing screening	X
Immunizations	X
Laboratory tests, including tests for anemia, diabetes, cholesterol and urinary tract infections	X
Tuberculosis (TB) screening	X
Sickle cell trait screening, when appropriate	X
Child Health Evaluation and Care (CHEC) Services	X
Lead blood level testing	X
Early Periodic Screening, Diagnostic and Treatment (EPSDT) Services	X
Dental screening	X
Topical fluoride varnish (for children under 5 years of age, up to three (3) times in a twelve (12) month period)	X
Preventive Care for Adults and Seniors	X
Medical history and physical exam	X

Blood pressure check	X
Cholesterol check	X
Breast exam (based on your age)	X
Mammogram (based on your age)	X
Pap smear (based on your age) and health status including Human Papilloma Virus (HPV) screening test	X
Tuberculosis (TB) screening	X
Colorectal cancer screening (based on your age)	X
Osteoporosis screening for women (based on your age)	X
Immunizations	X
Laboratory tests for diagnosis and treatment (including diabetes and STD's)	X
Maternity Care	X
Prenatal and postpartum care	X
Alpha-Fetoprotein (AFP) screening	X
Inpatient hospital care for forty-eight (48) hours after a normal vaginal delivery or ninety-six (96) hours following a delivery by Cesarean Section (C-Section). Longer stays need to be authorized by Molina Healthcare.	X
Follow-up visit by a nurse within forty-eight (48) hours of leaving the hospital	X
Care for pregnant women and new mothers (Comprehensive Perinatal Services Program)	
Family Planning	X
Laboratory tests if medically indicated as part of deciding what birth control methods you might want to use	X
Prescription birth control supplies, emergency birth control supplies, devices, birth control pills, Depo-Provera and Norplant insertion and removal.	X
Follow-up care for any problems you may have using birth control methods issued by the family planning providers	X
Emergency birth control supplies when filled by a contracting pharmacist, or by a non-contracted provider, in the event of a medical emergency.	X
Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males).	X (requires a PA)
Pregnancy testing and counseling	X
Diagnosis and treatments of sexually transmitted diseases (STDs) if medically indicated.	X
Screening, testing and counseling of at-risk individuals for HIV and referral for treatment.	X
Pregnancy termination (abortion)	X (requires a PA)
Therapeutic formulas for babies/children who have food allergies and/or poor health and who are not able to eat regular food.	X (requires a PA)

Hospital Care	X
Room charges (in a room of two (2) or more)	X
Meals, including special diets which are medically necessary	X
General nursing care, with special duty nursing as medically necessary	X
Anesthesia, and general anesthesia and associated facility charges and outpatient services in connection with dental procedures.	X
Surgical procedures	X (require a PA)
Operating room, intensive care, cardiac care and recovery room	X
Laboratory and X-ray services	X
Medications given during your hospital stay	X
Chemotherapy	X (PA)
Treatment by X-ray, radium or other radioactive substance	X
Administration of blood and blood products	X
Hemodialysis (artificial kidney)	X
Physical therapy, occupational therapy, and speech therapy*	X (requires a PA after
Mastectomies (removal of a breast), lymph node dissections (cut and/or removal), reconstructive surgery and/or prosthetic (artificial) devices to restore symmetry (balance).	X (surgeries require a PA)
Reconstructive surgery, which is surgery performed to correct or repair abnormal parts of the body caused by birth defects, developmental abnormalities, trauma, infection, tumors or disease.	X (surgeries requires a PA)
Prescription Drugs and Medications	X (some drugs require a PA)
Over-the-counter drugs* There are some limitations.	
Physician Services	X
Prevention, diagnosis, and treatment of illness or injury	X
Routine pediatric and adult health exams	X (some services require a PA)
Specialist consultations when referred by your PCP (for example, a heart doctor or cancer doctor)	X
Injections, allergy tests and treatments when provided or referred by your PCP	X (requires a PA)
Physician care in our out of the hospital	X
Chiropractic* There are some limitations	X (requires a PA)
Vision	
Laboratory, X-ray, and Prescribed Services	X

Laboratory tests	X
X-ray procedures	X
Other medically necessary tests, such as electrocardiograms (EKG) and electroencephalograms (EEG)	X
Durable medical equipment, such as crutches and wheelchairs	X (requires a PA)
Allergy testing and treatment	X (requires a PA)
Audiology and hearing aids*	X (requires a PA)
Blood and blood plasma	X
Prosthetic devices (e.g. artificial arms, legs, hands)	X (requires a PA)
Circumcisions*	X (requires a PA)
Physical therapy, occupational therapy, or speech therapy*	X (requires a PA)
Podiatry (foot/feet) services*	X (requires a PA)
Medically accepted cancer screenings	X
Screening, diagnosis, and treatment of breast cancer	X
Screening and treatment of Phenylketonuria (PKU)	X
Cancer Clinical Trials * There are limitations	X (requires a PA)
Durable Medical Equipment (such as crutches and wheelchairs)	X (requires a PA)
Diabetic Equipment and Supplies	X
Transportation Services	X (requires a PA)
Emergency medical transportation	X
Non-emergency medical transportation	X (requires a PA)
Care in a Skilled Nursing Facility	X (requires a PA)
Home Health Care Services	X (requires a PA)
Hospice Care	X

Note: For a full and detailed list of benefit information, please refer to your Member Handbook or call Member Services.