

# Benefits at a Glance

Our goal is to provide you with the best care possible. Molina Healthcare covers medically necessary Medicaid-covered services. The services covered by Molina Healthcare are covered at no cost to you. This chart is a complete list of services Molina Healthcare covers. It also helps you know services that require approval. If you have any questions, call Member Services.



[MolinaHealthcare.com](http://MolinaHealthcare.com)



**Member Services: (855) 687-7861 or TTY 711**

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Service	Coverage & Benefit Limitations	Prior Authorization
<b>Advanced Practice Nurse services</b>	Covered benefit	PA is not required
<b>Assistive and augmentative communication devices</b>	Covered benefit	Requires PA
<b>Ambulatory surgery</b>	Covered benefit Some limitations apply	Some ambulatory surgeries require PA
<b>Blood and blood components and administration</b>	Covered benefit	PA is not required
<b>Chiropractic services</b>	Limited to members 20 years of age and younger for the treatment of the spine by manual manipulation	Requires PA
<b>Dental services (20 years of age and younger)</b>	Dental services, including oral surgery, X-rays, sealants, fillings, crowns (caps), root canals, dentures and extractions (pulling) Cleanings (one every 6 months) Dental exams (one every 6 months)	Dental general anesthesia requires PA. Other services do not require PA.
<b>Dental services (21 years of age and older)</b>	Dental services, including oral surgery, X-rays, fillings, crowns (caps), root canals, extractions (pulling), dentures and denture repairs. Pregnant women can get extra services. The services include exams, cleanings and deep cleanings. As an additional benefit, members 21 years of age and older get: Cleanings (one every 6 months) Dental exams (one every 6 months)	Dental general anesthesia requires PA. Other services do not require PA.
<b>Emergency dental services</b>	Covered benefit	PA is not required
<b>Diagnostic services (x-ray, lab)</b>	Covered benefit	Select diagnostic services (including CT scans, MRIs, MRAs, PET Scans, and SPECT) require PA
<b>Durable Medical Equipment (DME)</b>	Covered benefit Some limitations apply	Some durable medical equipment items require PA
<b>Emergency services</b>	Covered benefit	PA is not required
<b>EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) services</b>	Covered for members 20 years of age and younger Excludes shift nursing serving for members in the Medically Fragile and Technology Dependent (MFTD) waiver or Long Term Services and Supports waivers	PA is not required
<b>Family planning services and supplies</b>	Covered benefit Includes yearly exam for females 12 to 55 years of age, which includes a breast exam, pelvic exam and pap smear Includes pregnancy testing Also includes contraceptive-related services, such as the insertion of intrauterine devices (IUDs), and contraceptive supplies, such as birth control pills, rings, patches and emergency contraception	Some family planning services and supplies require PA
<b>Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services</b>	Covered benefit	PA is not required

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<b>Hearing (audiology) services, including hearing aids</b>	Covered benefit Some limitations apply	Requires PA
<b>Home health services</b>	Covered benefit Also includes nursing care for members 20 years of age and younger who are not in the Medically Fragile and Technology Dependent (MFTD) waiver	Requires PA
<b>Hospice care (care for terminally ill)</b>	Covered benefit	PA is not required
<b>Immunizations (shots)</b>	Covered benefit	PA is not required
<b>Inpatient hospital services</b>	Covered benefit	Inpatient hospital services (except for emergency admissions) and elective admissions require PA. Notification to Molina Healthcare is required within 24 hours of admission or by the next business day for emergency admissions.
<b>Long Term Services and Supports</b>	Determination of need must be completed specifically for individuals eligible for specific long term services and supports Call Member Services to learn more	Requires PA
<b>Medical supplies</b>	Covered benefit Some limitations apply	Some medical supplies require PA
<b>Mental health and substance abuse services</b>	Covered benefit	PA is not required for outpatient services Inpatient, partial hospitalization, day treatment, intensive outpatient programs, residential and electroconvulsive therapy (ECT) require PA.
<b>Nursing facility services</b>	Covered benefit Some limitations apply	Short-term inpatient rehabilitative nursing facility stays require PA
<b>Obstetric (maternity care) and gynecological services</b>	Covered benefit Includes office visits for prenatal, postpartum and newborn care, which includes breast pumps, hospital and delivery services Includes at-risk pregnancy services Women may self-refer to an Obstetrician (OB) or Obstetrician/Gynecologist (OB/GYN) provider	PA is not required
<b>Occupational therapy</b>	Covered benefit	Outpatient services require PA after the initial evaluation. Services provided in the home require PA after the initial evaluation.
<b>Outpatient hospital services</b>	Covered benefit Some limitations apply	Some outpatient services require PA
<b>Physical therapy</b>	Covered benefit	Outpatient services require PA after the initial evaluation. Services provided in the home require PA after the initial evaluation.
<b>Podiatry (foot) services</b>	All podiatry services are covered for members 20 years of age and younger Services for members 21 years of age and older are limited Effective October 1, 2014, podiatry services will be a covered benefit for all members.	PA not required
<b>Post-stabilization services</b>	Covered benefit	Notification from the provider to Molina Healthcare is required
<b>Prescription drugs, including certain prescribed over-the-counter drugs</b>	Covered benefit 30-day supply of prescription drugs	Select drugs, including injectable drugs and some over-the-counter drugs, require PA

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Your Extended Family.

Service	Coverage & Benefit Limitations	Prior Authorization
<b>Preventive mammogram (breast) and cervical cancer (pap smear) exams</b>	Covered benefit Women may self-refer	PA is not required
<b>Preventive male cancer screenings</b>	Covered benefit	PA is not required
<b>Primary care provider (PCP) services</b>	Covered benefit	PA is not required
<b>Renal dialysis (kidney disease)</b>	Covered benefit	Notification from the provider to Molina Healthcare is required
<b>Respiratory equipment and supplies</b>	Covered benefit Some limitations apply	Some services require PA
<b>Specialist services</b>	Covered benefit PCP referral required to see all specialists, except women's health care providers	Office visits to see a network specialist do not require PA. Some specialist services require PA.
<b>Speech therapy services</b>	Covered benefit	Outpatient services require PA after the initial evaluation. Services provided in the home require PA after the initial evaluation.
<b>Transplants</b>	Covered benefit Limited to transplant providers certified by state of Illinois	Requires PA
<b>Transportation to covered services, pharmacy trips and WIC office appointments</b>	Covered benefit	Non-emergent ambulance (ground or air) requires PA
<b>Urgent Care visits</b>	Covered benefit	PA is not required for in-network providers. Out-of-network services require PA.
<b>Vision (optical and optometrist) services, including eyeglasses</b>	One exam per year for all members One pair of eyeglasses (lenses and frames) in a two-year period for all members No restrictions on replacement eyeglasses for members 0-20 years of age Members 21 years of age and older are limited to replacement lenses when medically necessary As an additional benefit, Molina Healthcare provides a \$40 credit to use toward your eyeglasses benefit (lenses and frames) per year	PA is not required
<b>Well Child Exams (EPSDT Services)</b>	Covered benefit	PA is not required
<b>Yearly well-adult exams</b>	Covered benefit	PA is not required

Service Package II Benefits	Coverage & Benefit Limitations	Prior Authorization
<b>Adult Day Service</b>	Covered benefit	PA is required
<b>Adult Day Service Transportation</b>	Covered benefit	PA is required
<b>Environmental Accessibility Home Adaptations</b>	Covered benefit	PA is required
<b>Supported Employment</b>	Covered benefit	PA is required
<b>Home Health Aide</b>	Covered benefit	PA is required
<b>Nursing, Intermittent</b>	Covered benefit	PA is required
<b>Nursing, Skilled</b>	Covered benefit	PA is required
<b>Occupational Therapy</b>	Covered benefit	PA is required
<b>Physical Therapy</b>	Covered benefit	PA is required
<b>Speech Therapy</b>	Covered benefit	PA is required
<b>Prevocational Services</b>	Covered benefit	PA is required
<b>Habitation-Day</b>	Covered benefit	PA is required
<b>Placement Maintenance Counseling</b>	Covered benefit	PA is required
<b>Medically Supervised Day Care</b>	Covered benefit	PA is required
<b>Homemaker</b>	Covered benefit	PA is required
<b>Home Delivered Meals</b>	Covered benefit	PA is required
<b>Personal Assistant</b>	Covered benefit	PA is required
<b>Personal Emergency Response System</b>	Covered benefit	PA is required
<b>Respite</b>	Covered benefit	PA is required
<b>Nurse Training</b>	Covered benefit	PA is required
<b>Family Training</b>	Covered benefit	PA is required
<b>Specialized Medical Equipment and Supplies</b>	Covered benefit	PA is required
<b>Behavioral Services</b>	Covered benefit	PA is required
<b>Assisted Living</b>	Covered benefit	PA is required
<b>Nursing Facility Services (Days 91+)</b>	Covered benefit	PA is required