

Medical services provided by:
Molina Healthcare of California
200 Oceangate, Suite 100
Long Beach, CA 90802

Welcome to the Sacramento Low Income Health Program

This handbook is designed to help with questions you may have about services covered through the Sacramento Low Income Health Program (LIHP). It offers information to you about accessing care and what your rights and responsibilities are under this program. The LIHP is a federally-funded program that provides medical care to those people who met certain requirements and are living within the Sacramento County boundaries. Under this program you are assigned to a Primary Care Provider (PCP), who not only takes care of you when you are sick, but also provides regular and preventive care to help you stay healthy. Services are administered through Molina Healthcare of California by local physicians, local community clinics and Federally Qualified Health Centers (FQHCs) within our network. If you prefer a different network provider than what was assigned to you, including FQHCs, you may request the change by contacting Molina Healthcare.

Your Rights

As a Molina Healthcare Member, you have the right to:

- Receive information about Molina Healthcare and about your rights and responsibilities as a Molina Healthcare Member.
- Be treated with respect and courtesy. Molina Healthcare recognizes your dignity and right to privacy.
- Receive interpreter services at no cost to you.
- Receive medically necessary covered services without regard to race, religion, age, gender, national origin, disability, sexual orientation, medical condition, or stage of illness.
- Receive emergency and/or post stabilization services in and out of your network hospital and not incur liability for payment of these services.
- Receive services at Federally Qualified Health Centers.
- Receive sensitive services, such as mental health care, confidentially.
- Receive services from a women's health specialist within the network for covered care necessary to provide women's routine and preventative health care services. This is in addition to your assigned primary care medical home if that source is not a woman's health specialist.
- Receive information from Molina Healthcare that you can understand.
- Make recommendations about Molina Healthcare's Members' rights and responsibilities policies.
- Participate with PCPs in decision making about your own health care.
- Talk with your PCP about your medical condition and appropriate or medically necessary treatment options regardless of the cost or what your benefits are.
- Decide about your care, including the decision to stop treatment or services, or stop participating in health management programs.
- Decide in advance how you want to be cared for if you have a life-threatening illness or injury. This includes developing an Advanced Directive that will be recognized by Molina Healthcare. You may receive information about developing an Advanced Directive from your PCP or network hospital. Additionally, if there are changes in state law regarding Advance Directives, you will be notified as soon as possible, but no later than 90 calendar days after the effective date of change.
- Keep your personal and medical information and records confidential.
- Complain about Molina Healthcare, its providers, or your care. Molina Healthcare will help you with the process. You may appeal decisions made by Molina Healthcare. You have the right to choose someone to represent you during the grievance process.

- Have Molina Healthcare act as your patient advocate.
- Request a second opinion about a medical condition.
- Request a copy of Molina Healthcare non-proprietary clinical and administrative policies and procedures. These may be obtained by contacting the Customer Support Center.
- Request and obtain notices of enrollee rights to request and obtain information pertaining to cultural and linguistic services, procedures for obtaining benefits, enrollee rights and protections, information on grievance and fair hearings procedures, and obtaining out of network services.
- Receive of any significant change to your rights at least 30 days before the intended effective date of the change.
- Disenroll from the Sacramento LIHP.

Your Responsibilities

As a Molina Healthcare Member, you have the following responsibilities to:

- Cooperate with your health care provider and follow your PCP's instructions.
- Keep your provider and Department of Human Assistance (DHA) advised of any change in your financial circumstances or of any change in your living arrangements, such as address. Please be aware, if it is learned that you received benefits to which you were not entitled, you may be required to repay the plan.
- Be familiar with and ask questions about your health plan coverage.
- Request interpreter services at least 5 business days before a scheduled appointment.
- Call your PCP or pharmacy at least 3 days before you run out of medicine.
- Call your PCP when you need routine or urgent health care.
- Avoid knowingly spreading disease to others.
- Use Molina Healthcare's grievance process to file a complaint.
- Understand there are risks in receiving health care and limits to what can be done for you medically.
- Notify Molina Healthcare and your PCP if you want to stop the medical plans and instructions you have agreed on.

Program Benefits and Limitations

Your health is our priority, and many services accompany this program that will help keep you healthy. Certain services, such as visits to a specialist, are covered ONLY on referral from your PCP along with prior authorization from Molina Healthcare, if required. Molina Healthcare will only cover prescription medications that are medically necessary and ordered by a participating provider. Prescriptions ordered by your PCP must be filled at a network pharmacy. Remember, medicine that can be bought without a prescription, such as over the counter (OTC), is not a covered benefit, except in certain limited situations.

Molina Healthcare provides comprehensive medical benefits and coverage to its Members. Your benefits as a Molina Healthcare Member include the following: Doctor's services, inpatient hospital services, home health services, preventive health services, emergency health care services, mental health services, diabetes coverage, and prosthetic services among others. Contact the Molina Healthcare Customer Support Center at (877) 814-2221 for details about available services and service limitations.

Molina Healthcare members are not subject to co-pays, deductibles, or cost-sharing for covered benefits received from network providers, or authorized out-of-network emergency services.

You can start getting care when you become a member of Molina Healthcare. Your membership card is enclosed with this package. Please keep this card with you at all times as it must be shown to your health care provider before you can get care. A replacement card is available upon request if you lose your card.

You may access medical advice by calling your assigned primary care PCP or the Molina Healthcare Nurse Advice Line at (888) 275-8750. The Molina Healthcare Nurse Advice Line is available for your use anytime, including after hours, on the weekends, and holidays. In the event of an emergency during non-business hours, please go to the nearest emergency room for service.

Additional Information about your LIHP Benefits and Services:

1. Medical Equipment, Prosthetics and Orthotics

If you need things like a wheelchair, walker, crutches or an artificial limb, your Primary Care Physician will write a prescription. Staff at your medical home will assist you in getting the prescription for equipment filled. Prior authorization is required for all durable medical equipment.

2. Radiology and Laboratory Services

Some imaging and lab services need prior authorization of coverage from Molina Healthcare. These services must be performed by a participating provider in a participating facility. Covered services when medically necessary include general x-rays, ultrasounds, MRIs, CT scans, mammograms, Pap smears, PSA blood levels, and urine analyses including urine dip-stick for pregnancy. Laboratory services are provided through Quest Diagnostics. All laboratory specimens should be sent to Quest Diagnostics for processing.

3. Hospital Care or Outpatient Services

The Sacramento Low Income Health Program provides inpatient hospital care and other outpatient services at the hospitals listed in the Provider Network Information document. Except in an emergency, you'll need a doctor's referral and program authorization for hospital care or other outpatient services.

The following outpatient services and items are covered when they are medically necessary and are prior authorized:

- Diagnostic, therapeutic and surgical services
- Physical therapy
- Services and supplies in connection with outpatient services including operating room, treatment room, ancillary services and medications.

Always check with your medical home if you are unsure about where to go for service. Sacramento Low Income Health Program enrollees can obtain emergency and post-stabilization hospital care at other hospitals in an emergency only.

4. Physical Therapy

Physical therapy requires a referral from your Primary Care Physician and prior authorization. These services must be performed by a participating provider and include physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical drugs. Therapy may be provided in a medical office or other appropriate outpatient setting or hospital. Molina Healthcare may require periodic evaluations during therapy.

5. Podiatry

If you have problems with your feet that are related to or caused by a chronic illness or problems with your feet that make it hard for you to walk, your medical home will refer you to see a podiatrist.

6. Non-Emergency Medical Transportation

Non-emergency medical transportation services are available when medically necessary and with prior authorization when requested by your medical home or a specialist. Services will be provided at the lowest cost mode available. For other questions related to transportation services, call the Customer Support Center at (877) 814-2221.

Your Member ID Card

Included in this packet is your member ID card. This lets your medical home know you are enrolled in the LIHP. This identification card will list your name, medical home, medical home contact information, membership number and effective dates. You should carry this card with you at all times.

Member:
ID #:
DOB:



Provider:
Provider Phone:
Provider Group:

24Hours Nurse Help Line: 1-888-275-8750
Para Enfermera En Español: 1 MI TELESALUD (1-866-648-3537)
RX Questions: Caremark/CVS 1-800-770-8014 RxBIN 610473
Hospital Admission Notification: 1-800-526-8196
Member Services: 1-877-814-2221 Eligibility Info: 1-800-357-0172
ER Notification: 1-800-357-0163

LIHP

Your Doctor

As a Molina Healthcare member you are assigned to a Primary Care Provider (PCP). If you have any questions about your PCP's qualifications, you can call the Customer Support Center at (877) 814-2221. Your PCP takes care of or helps to arrange for your health care needs. Your PCP also keeps important records about your health and any medical conditions that you may have. When you need ANY type of medical care, except emergency or out-of-area urgent services, call your PCP so that you can receive expert advice.

If you move or if you find that your PCP does not meet your needs, you may wish to change your PCP. You are able to change your PCP once every twelve (12) months following the initial enrollment. You can change your PCP by calling the Customer Support Center at (877) 814-2221. When you change your PCP, you may also be changing the other providers you can see. You should ask your PCP if a new referral is needed.

Molina Healthcare does not use a provider incentive plan.

Health Education

Health education programs are available at through your PCP. Ask for information on topics such as:

- Promoting healthy living
- Preventing disease
- Managing chronic diseases (such as asthma, diabetes, and heart disease)
- Quitting smoking

Mental Health

Mental health treats many things including depression, anxiety, serious family issues, and other mental health problems. Mental health care is just like any other type of care. Your PCP can provide you some services. For other services you may need to see a specialist. Mental health services are limited to individuals with a significant impairment in an important area of life functioning, or a probability of significant deterioration in an important area of life functioning.

Members are entitled to up to 10 days per year of acute inpatient hospitalization in an acute care hospital, psychiatric hospital, or psychiatric health facility, psychiatric pharmaceuticals, and up to 12 outpatient encounters per year.

To receive mental health services, you must be diagnosed by a participating provider, within their scope of practice, with a mental health diagnosis specified in the most recent version of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association.

1. At least one of the following impairments must be as a result of the diagnosed mental disorder:
 - A significant impairment in an important area of life functioning.
 - A probability of significant deterioration in an important area of life functioning.
2. The intervention recommended by the provider, within their scope of practice, must be reasonably calculated to:
 - Significantly diminish the impairment; or
 - Prevent significant deterioration in an important area of life functioning.
3. In addition to the criteria listed above, for an inpatient admission for treatment of a diagnosed mental disorder, one or more of the following criteria may also apply. The impairment, symptoms or behavior:
 - Represent a current danger to self, others or property
 - Prevent the enrollee from providing for, or utilizing food, shelter or clothing
 - Present a severe risk to the enrollee's health and safety
 - Require further psychiatric evaluation or medication treatment that cannot be provided on an outpatient basis.

For inpatient and outpatient mental health conditions that are beyond the scope of your PCP, you will be provided services through the Sacramento County Mental Health Plan. If you feel you have a mental health problem, you may contact the Sacramento County Mental Health Plan directly at (888) 881-4881. This is a toll-free telephone number that is available 24 hours a day, 7 days a week. You do not need to see your regular doctor first or get permission or a referral before you call.

Members with Developmental Disabilities

If your PCP tells you that you have a developmental disability (e.g., difficulty with learning and/or motor skills), you may be eligible for Alta Regional Center services. Please call your PCP or the Molina Healthcare Customer Support Center at (877) 814-2221 for more information or a referral.

How to Get Medical Care

For most of your health care needs, see your PCP first. If you have an emergency, call 911 or go to the nearest Emergency Room. Appointment times vary based upon your medical condition. If you go to an Emergency Room, make sure the staff at the Emergency Room calls to notify Molina Healthcare of your treatment within 24 hours of the service.

Your PCP may be found on your Molina Healthcare ID Card or by calling the Molina Healthcare Customer Support Center at (877) 814-2221. Call your PCP to make an appointment. Your PCP will care for you or refer you to a specialist if needed.

Certain services may need to be performed by another provider. In these cases, your PCP will request a referral for you. A referral lets you get special services your PCP cannot provide. Your PCP will discuss your health care needs with you, and, if medically necessary, refer you to another provider, such as a specialist. Your PCP will start the referral process. You **MUST** get a referral **BEFORE** you receive specialty services. Appointments for specialty care are made within 30 business days of referral.

You **DO NOT** Need a Referral:

- To see your PCP
- To get care for an emergency medical condition
- To test for HIV, or tests or services for sexually transmitted diseases (STDs)
- To see a women's health specialist within the network for covered care necessary to receive women's routine and preventative health care services

A special kind of referral called a standing referral is a request from your PCP to a specialist when you require specialty care over a long period. Examples of some conditions that could need a standing referral are long term wound care, significant heart disease, and multiple sclerosis. Extended access to specialty care is a request to a specialist or specialty care center when you have a life-threatening, degenerative, or disabling condition that requires coordination of your care by a specialist. Examples of some conditions that could need extended access to specialty care are HIV, AIDS, and cancer.

Referrals may be denied. If the referral, treatment, or hospital stay is **NOT** approved by Molina Healthcare's Utilization Management and/or Medical Director, you will receive an explanation. The Utilization Management and/or Medical Director will send you a denial letter explaining the decision and how you can file a grievance if you disagree with the decision.

A second opinion is another special kind of referral that lets you get another doctor's opinion of your medical condition. You can ask your PCP for a second opinion. If you feel uncomfortable asking your PCP or your PCP refuses to start the process, call the Customer Support Center at (877) 814-2221. If you have a chronic problem like asthma, cancer, diabetes, heart disease, lung disease, kidney disease, AIDS, Hepatitis C, spinal injuries, or other chronic problems, Care Management nurses can help you manage your disease by working with your PCP and specialists to manage your medications and assist you in getting medical equipment. If you are interested in learning more, contact the Molina Healthcare Customer Support Center.

For a complete provider directory including hospitals, PCPs, specialists, psychologists, pharmacies, and FQHCs, please visit www.MolinaHealthcare.com or call the Molina Healthcare Customer Support Center at (877) 814-2221.

Urgent Care

Urgent care is when you have a health problem, condition, illness or injury that needs medical care right away but is not life threatening. For urgent care, call your medical home, tell them what happened, and follow their instructions.

After hours, you may call the Nurse Advice Line at (888) 275-8750 to assist you in getting urgent care. For the hearing impaired, please call TTY (866) 735-2929.

Non-Emergency Medical Transportation

Non-emergency medical transportation services are available when medically necessary and with prior authorization when requested by your medical home or a specialist. For other questions related to transportation services, call the Customer Support Center at (877) 814-2221.

Emergency Care

An emergency is a medical or psychiatric condition, including severe pain, manifesting itself by acute symptoms of a sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Placing the individual's health in serious jeopardy, or
- Causing serious impairment to bodily functions, or
- Causing serious dysfunction of any bodily organs or parts.

Examples include:

- Broken bones
- Chest pain
- Severe burns
- Fainting
- Drug overdose
- Paralysis
- Severe cuts that won't stop bleeding

Emergency services are covered inside and outside of Sacramento County. If you have a medical emergency, go to the nearest emergency room or call 911, even if out of network. You are covered for emergency services both in and out of Sacramento County with no prior authorization needed. If you are seen in the emergency room, you should follow up with your PCP afterwards and let him or her know what happened and what treatment you received.

If you get emergency care from a provider (a hospital or an emergency physicians group) that is not contracted with Molina Healthcare and you get a bill from the provider, please call the Molina Healthcare Customer Support Center. They will contact the provider on your behalf.

Emergency Medical Transportation (Ambulance)

Payment for ambulance trips to the Emergency Room is covered if needed. If you aren't sure that you need an ambulance, call your doctor for help. Call 911 in a real emergency.

Post Stabilization and Follow-up Care After an Emergency

Once your emergency medical condition has been treated at a hospital and an emergency no longer exists because your condition is stabilized, the doctor who is treating you may want you to stay in the hospital for a while longer before you can safely leave the hospital. The services you receive after an emergency condition is stabilized are called "post-stabilization services."

If the hospital where you received emergency services is a Non-Contracted Hospital, it must contact Molina Healthcare to get approval for the post-stabilization stay. If Molina Healthcare approves your continued stay in the Non-Contracted Hospital, you will not have to pay for services.

If Molina Healthcare has notified the Non-Contracted Hospital that you can safely be moved to a Contracted Hospital Molina Healthcare will arrange and pay for you to be moved.

If Molina Healthcare determines that you can be safely transferred to a Contracted Hospital and you do not agree to you being transferred, the Non-Contracted Hospital must give you a written notice stating that you will have to pay for all of the cost of post-stabilization services provided to you at the Non-Contracted Hospital after your emergency condition is stabilized.

Also, you may have to pay for services if the Non-Contracted Hospital cannot find out what your name is and cannot get contact information for Molina Healthcare to ask for approval to provide services once you are stable.

If you think that you were wrongly billed for services that you received from a Non-Contracted Hospital following an emergency, contact the the Molina Healthcare Customer Support Center at (877) 814-2221, Monday-Friday between 7:00 am and 7:00 pm.

After receiving any emergency care, you should call your PCP for follow-up care.

Grievance Process

We want you to be healthy and satisfied by the services provided. To that end, we encourage you to direct any questions or concerns that you may have to your Primary Care Provider (PCP). If you would like to file a grievance related to a reduction, termination, or denial of coverage or payment for medical assistance, or service delays, or the quality of care you received, or if you have any other related concerns, you may do so by contacting the Customer Support Center at (877) 814-2221.

Examples of Grievances

- You are not satisfied with Molina Healthcare's or a provider's service
- You believe there was a problem with your medical care or you did not get the service you needed
- You believe your linguistic needs are not being met
- You believe you were incorrectly denied medical services or treatment

How to Get Started

1. You can call the Molina Healthcare Member Service at (877) 814-2221 or use our "Member Complaint Form." All of our service providers have the form or we can mail one to you. If you need help completing the form, you may call the Molina Healthcare Customer Support Center at (877) 814-2221. You can mail the completed form to us at the Molina Healthcare Grievance and Appeals Unit, 200 Oceangate, Suite 100, Long Beach, CA 90802.
2. If you receive a Notice of Action (denial letter) from Molina Healthcare, you have three options for filing a grievance. A Notice of Action is a formal letter telling you that a medical service has been denied, deferred, or modified.
 - You have sixty (60) days from the date of the Notice of Action to file an appeal with Molina Healthcare.
 - You may request a State Fair Hearing from the Department of Social Services (DSS) within (90) days.
3. You can also file a grievance that is not about a Notice of Action. You must file your grievance within sixty (60) days from the day the incident or action occurred which caused you to be dissatisfied.

4. We will send you a letter within 5 days, letting you know we received your grievance. We will work to resolve the complaint and we may contact you or your PCP for more information.
5. The entire process will be resolved within 60 days. Molina Healthcare will send you a letter explaining our decision within this time.
6. Urgent grievances involve an imminent and serious threat to your health, including, but not limited to severe pain, potential loss of life, limb, or major bodily function, and are resolved within 72 hours from the date that we received your grievance.

If You Are Still Unhappy Or Feel You Have An Urgent Grievance You May:

1. Appeal an adverse grievance decision made by Molina Healthcare, by calling the Molina Healthcare Customer Support Center at (877) 814-2221. You may also submit your appeal request to us in writing at the Molina Healthcare Grievance and Appeals Unit, 200 Oceangate, Suite 100, Long Beach, CA 90802.
2. Request a State Fair Hearing within 90 days from the date of Notice of Action letter or an occurrence that caused you to express dissatisfaction. If your grievance is urgent to you must ask for an expedited fair hearing 10 days from the date of the letter or occurrence. You can file a request for a State Fair Hearing before, during or after filing a grievance with Molina Healthcare, whether or not the grievance was resolved by Molina Healthcare. To request a State Fair Hearing you can call (800) 952-5253 or TTY (800) 952-8349 or by mail to California Department of Social Services State Hearing Division, P.O. Box 944243 Mail Station 19-37 Sacramento, CA 94244-2430.
3. Contact the Department of Health Care Services Ombudsman Unit at (888)452-8609 at any time. You can represent yourself at the State Fair Hearing. If you choose, a friend, an attorney, or other person may represent you, but you must arrange this yourself. The Public Inquiry and Response Unit at (800) 952-5253 can help you find legal help.

Your Grievance Rights

1. If your grievance concerns are a serious threat to your health, we will resolve it within 72 hours. All other grievances are resolved within 60 days.
2. You have the right to ask Molina Healthcare to help you work with your PCP or anyone else to fix your problem.
3. You have the right to change your PCP.
4. You have the right to ask a relative or someone else to help file your grievance and represent you during the grievance process. Grievances can be registered or filed by parents, guardians, conservator, relative, doctor, or other designee. Grievances can also be filed on behalf of the Member if the Member is a minor or an adult who is otherwise incapacitated. Relatives include parents, stepparents, spouse, adult son or daughter, grandparents, brother, sister, uncle, or aunt.
5. You have the right to disenroll from the LIHP without giving a reason.
6. You have the right to submit written comments, documents or other information in support of your grievance.

Ending of Your Benefits

You have the right to disenroll from the LIHP at anytime. If for any reason you no longer wish to receive services through the LIHP and Molina Healthcare, please contact Sacramento County Department of Human Assistance at (916) 874-9238.

If any of the following occurs, your medical coverage with the LIHP at Molina Healthcare will stop:

- Your age exceeds the qualifying age limit.
- You are no longer able to provide proof of legal residency or citizenship.
- You voluntarily disenroll from the LIHP program.
- DHA determines your financial circumstance has changed no longer making you eligible.
- Your behavior is such that it threatens the safety of Molina Healthcare, providers or members.
- You are institutionalized in an Institution for Mental Diseases (IMD).
- You move out of the Sacramento County boundaries.
- You are no longer living.

Customer Support Center Information

For more information, or if you have any questions regarding your eligibility, or have a complaint or concern, please call the Customer Support Center at (877) 814-2221. Phone calls may be monitored or recorded. Department representatives speak English and Spanish, and interpreter services are available for more than 100 other languages. You have the right to request interpreter services when discussing medical information. In-person interpreters (sign language or foreign language) are available; however, we request that you provide us with sufficient notice of at least 5 business days before your scheduled appointment. Interpreter services are available free of charge. You have the right to use family members or friends as interpreters. Minors should not be used as interpreters unless it is a medical emergency. You can file a grievance if you feel your linguistic needs are not met.

Prescriptions: Information about the Molina Healthcare Approved List of Medication and Drugs (The Molina Healthcare Formulary)

Molina Healthcare has a list of pre-approved drugs called a Formulary. The fact that a drug is on the Formulary does not guarantee you will be prescribed that drug. If your prescription is for a drug that is not on the Molina Healthcare Formulary, your PCP or the pharmacy will contact Molina Healthcare and submit a Non Formulary Authorization Request Form. Molina Healthcare will reply to the completed form within 24 hours, Monday through Friday. If you need a prescription filled after business hours, on weekends, or on holidays, your pharmacy will dispense a sufficient supply of Formulary and Non-Formulary medication when medically necessary.

Medications included in Molina Healthcare's Formulary may have FDA-approved generic equivalents available. Molina Healthcare mandates generic dispensation for all quality generic products. If your PCP indicates that you need a brand name drug, instead of a generic, your provider will need to submit a Non Formulary Authorization Request Form to request Molina Healthcare's approval of dispensing the brand name drug.

Sometimes the pharmacist must get additional information from your PCP. This may delay the pharmacist from submitting the request to Molina Healthcare. If a delay is expected, Molina Healthcare authorizes enough medication to last you up to 72 hours while any problems are cleared up with your PCP and Molina Healthcare pharmacy.

Prior authorization is not required when medications are prescribed in emergent or urgent circumstances. Molina Healthcare ensures that a sufficient supply (at least 3 days) of medication is dispensed to Molina Healthcare members at a hospital Emergency Department (ED) upon discharge. All hospitals are obligated to

provide starter packs as needed to Molina Healthcare members upon discharge from ED or hospital, until the member can reasonably be expected to have a prescription filled at a pharmacy within the Molina Healthcare network.

If you need a refill on your prescription, call your PCP or pharmacy at least three (3) days before you run out of medication. If you are completely out of medically necessary medication, your pharmacist may give you enough medication to last until the refill is authorized or denied.

For a copy of the Molina Healthcare Formulary, please visit www.MolinaHealthcare.com. A paper copy may be requested by contacting the Customer Support Center at (877) 814-2221.

Adult Wellness Services

As a Molina Healthcare Member, you are encouraged to improve your health. You can do this by taking advantage of the health services offered to you. You can call 2-1-1 for community resources for Sacramento County. If you need help in finding community resources, you can call Molina Healthcare Member Services at (877) 814-2221 or ask your PCP.

Exclusions

- Any services obtained outside the United States.
- Services that are NOT covered benefits, even if your PCP has referred you. These services may include, but are not limited to the following:
 - ▶ Organ Transplant
 - ▶ Bariatric Surgery
 - ▶ Infertility Related Services

Summary of Benefits

Service	Provided	Limitations & Exclusions
Abortion	No	
Acupuncture	No	
Audiology	Yes	
Blood and Blood Products	Yes	Only covered if provided in a hospital. Limited to blood bank services.
Chemotherapy	Yes	Covered when medically necessary
Chiropractic	No	
Cosmetic Surgery and Services	No	
Dental Services (Routine, Maintenance, Preventative)	No	
Dental Services – Emergency Only	Yes	Covered when in accordance with Federal Required Adult Dental Services (FRADS). This includes pain medications and emergency extractions.
Dialysis and Related Services	Yes	Inpatient hemodialysis or peritoneal dialysis is covered for acute renal failure due to an acute illness, injury or to remove a drug or toxin.
Durable Medical Equipment (DME) and Medical Supplies	Yes	Medical equipment will not be authorized when a household item adequately serves the patient's medical needs and authorization for DME shall be limited to the lowest cost item that meets the patients medical needs; preauthorization required.
Emergency Care	Yes	Covered when medically necessary Use of an Emergency Room by a member without an emergency medical condition will not be covered.
Emergency Transportation	Yes	Transportation to the Emergency Room is covered only in the event of an emergency.
Family Planning and Sterilization	No	
Genetic Counseling and Genetic Testing	No	
Home Health Care	Yes	Covered when medically necessary; prior authorization required. Patient must be unable to walk up to 30 feet or be unable to climb stairs.
Hospice	No	
Hospital Outpatient Services	Yes	Covered when medically necessary; prior authorization required
Infertility and Infertility Testing	No	Infertility and infertility testing are not covered.
Injections and Vaccinations (in conjunction with a primary care office visit)	Yes	Excludes immunizations needed for travel or education purposes.

Summary of Benefits

Service	Provided	Limitations & Exclusions
Inpatient Hospital Care	Yes	Covered when medically necessary; prior authorization required
Laboratory	Yes	Laboratory services are covered when provided by a LIHP network provider
Long Term Care	No	
Mental Health Services-Inpatient	Yes	Limited to 10 inpatient days per year with medical necessity
Mental Health Services including assessment, individual or group therapy, crisis intervention and medication support	Yes	Limited to 12 sessions/visits per year with medical necessity
OB – Pregnancy	No	
Physical Therapy	Yes	Covered when medically necessary; prior authorization required
Podiatry	Yes	Covered when medically necessary; prior authorization required
Prescription Medications	Yes	Per Formulary; prescriptions may be filled at LIHP network pharmacies Injectable drugs require pre-screening for possible Medi-Cal eligibility.
Primary Care Services <ul style="list-style-type: none"> • Routine Health Care • Physical Examinations • Medical Tests • Preventive Health 	Yes	Work, school and sports physical examinations are not covered.
Prosthetics/Orthotics	Yes	Covered when medically necessary; prior authorization required
Radiology/Diagnostic Imaging	Yes	Prior authorization required for specific tests as provided within LIHP network.
Respiratory Care	No	
Specialty Care	Yes	Specialty services are covered when determined to be Medically Necessary, by referral only from a primary care provider. Gastric Bypass is not covered. Dermatology services exclude phototherapy treatments and cosmetic procedures. Infertility services are not covered.
Transplant Services	No	
Transportation (Non-Emergency)	Yes	Covered when medically necessary; prior authorization required.

Summary of Benefits

Service	Provided	Limitations & Exclusions
Tuberculosis Services	Yes	Directly Observed Therapy (DOT) treatment is not covered.
Vision Services (Optometry)	No	

