

Molina Healthcare of Michigan

Member Services: Toll-free (888) 898-7969 / TTY: (800) 649-3777

www.molinahealthcare.com

Benefits At-A-Glance

At Molina Healthcare, our goal is to provide you with the best care possible.

Molina Michigan Medicaid Benefits
Allergy testing and treatment
Audiology and hearing aids (hearing aids covered for all ages)
Breast pumps; personal use, double electric
Care in a Skilled Nursing Facility (up to 45 days)
Certified midwife and certified pediatric and family nurse practitioner services
Chiropractic care
Contraceptive medications and devices
Dental (for Pregnant Women)
Diagnostic and Preventative Services
Emergency Dental Care
Fillings and Other Restorative Services
Oral Surgery Services
Tooth Extractions
Topical Fluoride Varnish (under age 21)
X-Rays
Diabetic Equipment and Supplies
Diagnostic services (x-ray, lab and imaging)
Durable medical equipment, such as crutches and wheelchairs
End Stage Renal Disease Services
Family Planning
Laboratory tests
Prescription birth control
Follow-up care for any problems you may have using birth control methods issued by the family planning providers
Voluntary sterilization services, including tubal ligation (for females) and vasectomies (for males)

Pregnancy testing and counseling
Diagnosis and treatments of sexually transmitted diseases (STDs) if medically indicated
Screening, testing and counseling of at-risk individuals for HIV and referral for treatment
Health Education Services
Parenting and birthing classes
Diabetic classes
Home Health Care Services
Hospice Care
Hospital Care (Inpatient, Outpatient and Emergency Department)
Room charges
Meals, including special diets which are medically necessary
General nursing care, with special duty nursing as medically necessary
Anesthesia and general anesthesia and associated facility charges and outpatient services in
connection with dental procedures
Surgical procedures
Operating room, intensive care, cardiac care and recovery room
Laboratory and X-ray services
Medications given during your hospital stay
Chemotherapy
Treatment by X-ray, radium or other radioactive substance
Administration of blood and blood products
Physical therapy, occupational therapy and speech therapy
Mastectomies (removal of a breast), lymph node dissections (cut and/or removal), reconstructive surgery and/or prosthetic (artificial) devices to restore symmetry (balance)
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
Long-term care acute hospital services (LTACH)
Interpretative services for non-English speaking members and oral interpretive services for the hearing impaired
Laboratory, X-ray and Prescribed Services
Laboratory tests
X-ray procedures
Other medically necessary tests, such as electrocardiograms (EKG) and
electroencephalograms (EEG)
Maternal Infant Health Program (MIHP)
9 Maternal Support Service Visits
9 Infant Support Service Visits (18 if Substance Abuse Treatment Required)
Prenatal/Nutritional Management Courses

Prenatal and postpartum care Inpatient hospital care Follow-up visit by a nurse within forty-eight (48) hours of leaving the hospital Care for pregnant women and new mothers Medically accepted cancer screenings Medically necessary weight reduction services Mental Health Services Out of State Services (authorized by the Plan) Physical therapy, occupational therapy or speech therapy Physican Services Prevention, diagnosis and treatment of illness or injury Routine pediatric and adult health exams Specialist consultations when referred by your PCP (For example: a heart doctor or cancer doctor Injections, allergy tests and treatments when provided or referred by your PCP Physician care in or out of the hospital Prescription Drugs and Medications http://www.molinahealthcare.com/medicaid/members/mi/drug/Pages/formulary.aspx Preventive Care for Adults and Seniors Medical history and physical exam Blood pressure check Breast exam (based on your age) Pap smear (based on your age) Pap smear (based on your age) Pap smear (based on your age) Osteoporosis screening for women (based on your age) Immunizations (shots) Laboratory tests for diagnosis and treatment (including diabetes and STDs) Preventive Care for Children and Adolescents Physical exam including growth assessment Nutritional health assessment Hearing screening	Maternity Care
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Preventive Care for Children and Adolescents Physical exam including growth assessment Nutritional health assessment	Immunizations (shots)
Physical exam including growth assessment Nutritional health assessment	Laboratory tests for diagnosis and treatment (including diabetes and STDs)
Nutritional health assessment	Preventive Care for Children and Adolescents
	Physical exam including growth assessment
Hearing screening	Nutritional health assessment
	Hearing screening
Immunizations (shots)	Immunizations (shots)
Laboratory tests, including tests for anemia, diabetes, cholesterol and urinary tract infections	Laboratory tests, including tests for anemia, diabetes, cholesterol and urinary tract infections
Tuberculosis (TB) screening	

Sickle cell trait screening, when appropriate
Child Health and Disability Prevention (CHDP) services
Lead blood level testing (members under age 21)
Early Periodic Screening, Diagnostic and Treatment (EPSDT) services (covered for members under age 21
Dental screening
Topical fluoride varnish (for children under 6 years of age, up to three (3) times in a twelve (12) month period)
Podiatry (foot/feet) services
Prosthetic devices (e.g. artificial arms, legs, hands)
Restorative or rehabilitative services (prior authorization may be required)
Screening, diagnosis and treatment of breast cancer
Screening and treatment of Phenylketonuria (PKU)
Smoking Cessation Services
Counseling
Over-the-counter (patch, gum or lozenge) and prescription medications
Telehealth services
Therapeutic formulas for babies/children who have food allergies and/or poor health and who are not able to eat regular food
Transplant Services
Transportation Services
Emergency Medical Transportation
Non-emergency medical transportation (NEMT)
Vision Services
Eye exams (One exam every 2 years)
Prescription lenses and frames (One pair of glasses every 2 years)
Replacement eyeglasses (1 Frame/1 Lenses per year for members age 21 or older)
(2 Frames/2 Lenses per year for members under age 21)

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