



C-PA=Covered benefit with prior authorization							
C=Covered benefit							
NC=Not a covered benefit							
Tx=Treatment							
Dx=Diagnosis							
SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Secure Advantage	MHG Active	MCA <i>Medicaid covers MCA cost sharing amounts</i>
Adult Preventive Services							
Adult Preventive Visit/Routine Physicals - PCP	C - \$1 Acute	C	C	C-\$20 Copay (after deductible)	C-\$15 Copay (after deductible)	C-\$10 Copay (after deductible)	C-80% for 1 physical exam each year. 0\$ deductible
Immunizations	C	C	C	C-\$20 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C- 80% for flu and hepatitis B immunizations; pneumonia vaccine for at-risk people \$0 copay \$0 deductible No referral necessary for any immunizations
Immunizations (Flu and Pneumonia)	C	C	C	C-\$20 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C-100%
Immunizations - Hepatitis B	C	C	C	C-\$20 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C-80%
Prostate/Colorectal Screening	C	C	C	C-\$20 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C-80% \$0 deductible
Mammogram	C	C	C	C-100% (not subject to deductible)	C-100% (not subject to deductible)	C-100% (not subject to deductible)	C-80% for annual mammogram for women age 40 and older. No referral necessary for screenings.
Cervical Screening	C	C	C	C-\$20 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C-100% for pelvic exam and Pap smear 1 x every 24 months, every 12 months if at risk with no age restriction or DX
Chlamydia Screening	C	C	C	C-\$20 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	C-\$10 Copay (not subject to deductible)	NC



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Health and Wellness: Covered services include smoking cessation, exercise classes, nutritional counseling, and must be rendered by FSL (Foundation for Senior Living)	NC	NC	NC	NC	NC	NC	C-Health Education Classes: Exercise, Smoking cessation, nutrition and diabetes education
Blood and Blood Products							
	C	C	C	C-In facility, NC- synthetic blood, factors, and derivatives not covered	C-In facility, NC- synthetic blood, factors, and derivatives not covered	C-In facility, NC- synthetic blood, factors, and derivatives not covered	C-100%



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Diabetes Mellitus							
Diabetic Supplies	C-Pharmacy	C-Pharmacy	C-Pharmacy	C-Pharmacy	C-Pharmacy	C-Pharmacy	C-80% \$0 deductible
Preventive Foot Care	C	C	C	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only	C 100% - No PA required for 1 visit per quarter; all other podiatry services require PA. \$0 deductible
Education: prenatal, asthma, diabetes, weight loss	C- Visit to dietician requires PA	C	C	C NC-weight loss	C NC-weight loss	C NC-weight loss	C- 100% for diabetes self-monitoring training
Prescription Drugs							
Drugs covered under Medicare Part B (Original Medicare)	NC	NC	NC	NC	NC	NC	C -100%
Drugs covered under Medicare Part D (Prescription Drug Benefit)	NC	NC	NC	NC	NC	NC	copay \$1 - \$2.15 for generics and brands treated like generics, depending on your income copay \$3.10 to \$5.35 for brand name drugs, depending on your income copay \$1 to \$2.15 for Part D diabetic needles and syringes, depending on your income AHCCCS/ALTCS started paying for Medicare Part D copayments on October 1, 2006 for full benefit dual eligible members. AHCCCS will continue paying these copayments in 2007 as long as you remain eligible for both Medicare and Medicaid (full dual).



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Catastrophic Coverage	NC	NC	NC	NC	NC	NC	After your yearly out-of-pocket drug costs reach \$3,850 (both paid by you or others on your behalf, and any extra help you got from Medicare), you pay the following for your drugs: -\$0 for any drugs
In-Network Retail Pharmacy	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary	<p>You may receive drugs from an in-network pharmacy for the following: one-month (30-day) supply and a three-month (90-day) supply</p> <p>You may receive drugs from a mail-order pharmacy for a three-month (90-day) supply.</p> <p>Some prescription drugs have maximum quantity limits and some prescription drugs need to have prior authorization from Mercy Care Advantage by the provider. Covered Part D drugs are available at out-of-network pharmacies in special circumstances or while traveling outside of the plan's service area where there is no network pharmacy.</p>
Over the counter contraceptives	C	C	C	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary
Contraceptives	C	C	C	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary	C-limited to Formulary
Retail generic	C	C	C	C-\$10 Copay	C- \$10 Copay	C- \$10 Copay	C- limited to Formulary
Retail brand	NC- except with PA	NC- except with PA	NC- except with PA	NC- except with PA; \$30 Copay	NC- except with PA; \$30 Copay	NC- except with PA; \$30 Copay	C-limited to Formulary
Retail brand with generic equivalent	NC- except with PA	NC- except with PA	NC- except with PA	NC- except with PA;\$50 copay	NC- except with PA;\$50 copay	NC- except with PA;\$50 copay	NC- except with PA
Retail - non-formulary	NC except with PA	NC- except with PA	NC- except with PA	NC	NC	NC	NC
Mail order generic	C	C	C	NC	NC	NC	C-limited to Formulary



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Mail order brand	NC- except with PA	NC- except with PA	NC- except with PA	NC	NC	NC	C- limited to Formulary



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Mail order brand with generic equivalent	NC except with PA	NC- except with PA	NC- except with PA	NC	NC	NC	NC
Mail order - non-formulary	NC except with PA	NC except with PA	NC except with PA	NC	NC	NC	NC
Asthma supplies	C-Pharmacy	C-Pharmacy	C-Pharmacy	C- Pharmacy	C- Pharmacy	C- Pharmacy	C-limited to Formulary
Smoking cessation products	NC	NC	NC	NC	NC	NC	C-for persons with smoking related illnesses, up to 12 face to face visits with DX of smoking related illness
Mental Health							
Outpatient individual/group therapy visits	C-RBHA When a medical condition causes the need for outpatient tx, MCP may cover a max of 12 visits (48 units) per year. PA required	C-PA	C-RBHA	NC	NC	NC	C- 10 visits yearly then PA required \$0 deductible; pay 0% for each individual/group therapy visit; 0% of the cost for each individual/group therapy visit with psychiatrist. You pay \$0 coinsurance. Coinsurance amounts for Mercy Care Advantage outpatient mental health and substance abuse services are paid by Mercy Care Plan for Mercy Care Plan ALTCS members. Coinsurance amounts for other ALTCS members will be paid by their ALTCS plan. Coinsurance amounts will be paid by the RBHA for all other eligible members.
Inpatient treatment	C-PA;3 days emergency not to exceed 12 calendar days per yr unless enrolled in a RBHA	C-PA	C-PA;3 days emergency not to exceed 12 calendar days per yr unless enrolled in a RBHA	NC	NC	NC	C-PA (except emergency) \$0 deductible at network hospital;\$0 copay for days 1-90 of each benefit period(3); \$0 copay for 60 lifetime reserve days(4). Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.



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Physician inpatient visit	C-RBHA	C-PA ; authorized thru hospital	C-RBHA	NC	NC	NC	Inpatient Psychiatric Hospital/Facility-Inpatient substance abuse treatment services only covered in Medicare Certified facilities; includes detox and rehabilitation: C-\$952 deductible per admission for days 1-60; copay of \$238 per days 61-90; copay of \$476 per days 91-150
Residential treatment (inpatient and outpatient)	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C-PA \$0 deductible; pay 0% for each individual/group therapy visit; 0% of the cost for each individual/group therapy visit with psychiatrist.
Day treatment	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C-PA \$0 deductible; pay 0% for each individual/group therapy visit; 0% of the cost for each individual/group therapy visit with psychiatrist.
Outpatient crisis intervention	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C-Crisis line available 24 hours a day seven days a week
Evaluation, screening and diagnosis	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C- Ten visits yearly then PA is required
Respite care	C-with limitations	C-PA	C-with limitations	NC	NC	NC	C-when member is on hospice PA required
Emergency crisis services	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C-Crisis line available 24 hours a day seven days a week
Doctor services	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C-Eight visits covered yearly then PA is required
Intensive outpatient (BH and/or substance abuse)	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C-50%, PA
Medication	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C
Behavior management	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C
Case management	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C
Psychosocial rehab services	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C
Home based services	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C
Rehabilitative case management	C-RBHA	NC; outside CM services are covered	C-RBHA	NC	NC	NC	NC



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Psychiatrist	C-PA medical necessity	C-PA	C-PA	NC	NC	NC	C-Eight visits covered yearly then PA is required
MSW/Counselor	C-PA	C-PA	C-PA	NC	NC	NC	C-50%, PA
Therapeutic foster care (residential behavioral management)	C-RBHA	C-PA	C-RBHA	NC	NC	NC	NC



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Substance Abuse							
Medical detoxification	C-PA; medical necessity only to stabilize; refer to RBHA	C-PA	C-PA; medical necessity only to stabilize; refer to RBHA	NC	NC	NC	C-PA required (except emergency) \$0 deductible at network hospital;\$0 copay for days 1-90 of each benefit period(3); beneficiary is covered 90 days of each benefit period; \$0 copay for 60 lifetime reserve days(4).
Outpatient treatment	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C 100% - PA required (except emergency) \$0 deductible
Outpatient Facility: Includes Intensive Outpatient Services, Partial Hospitalization Services	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C-50% Partial Hospitalization-limited coverage provided in lieu of inpatient care
Professional services: Physician, Psychiatrist	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C-80%, PA
Professional services: Non -MD, Substance Abuse Diagnosis: Clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other mental health care professional	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C-50%, PA
Professional Services: Non-MD, Non -Substance Abuse Diagnosis: Clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other mental health care professional	C-RBHA	C-PA	C-RBHA	NC	NC	NC	C-50%, PA
Chiropractic							



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	C-PA; for QMB and acute < 21 only	C-PA; for QMB and acute < 21 only	C-PA < 21	NC	NC	NC	C-PA required \$0 copay for each manual manipulation of the spine to correct subluxation visit (unlimited) Routine visits: up to 12 visits per year.



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Acupuncture							
Acupuncture	NC	NC	NC	NC	NC	NC	NC
Naturopathy	NC	NC	NC	NC	NC	NC	NC
Other discount programs	NC	NC	NC	NC	NC	NC	NC
Vision Care							
Routine vision exam	C < 21	C < 21	C < 21	NC	NC	NC	C 100% for each Medicare-covered routine eye exam limited to 1 exam per year.
Optical	C <21 contracted vendor > 21 post cataract eyeglasses	C <21 contracted vendor > 21 post cataract eyeglasses	C <21 contracted vendor > 21 post cataract eyeglasses	NC	NC	NC	\$0 copay for the following items: eyeglasses (limited to 1 pair) contact lenses (limited to 1 pair) Eye wear coverage up to \$200 per year.
Diagnosis and Treatment of Diseases of the Eye	C	C	C	C-PA	C-PA	C-PA	C 100% for each Medicare-covered eye exam for diagnosis and treatment for diseases and conditions of the eye.
Dental							
TMJ Surgery	C-PA Coverage related to trauma only	C-PA Coverage related to trauma only	C-PA Coverage related to trauma only	NC	NC	NC	C-80% splint fabrication and treatment may be covered when TMJ is the result of osteoarthritis or injury to the jaw; surgical intervention requires PA
TMJ Care	NC	NC	NC	NC	NC	NC	C-80% splint fabrication and treatment may be covered when TMJ is the result of osteoarthritis or injury to the jaw
Dental Trauma	C-PA	C-PA	C-PA	C-PA - \$20 Copay OV, \$100 admission	20% Coinsurance	20% Coinsurance	C-for emergency services



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General Dental	C-<21 years C-PA->21 years with emergency pain or pre-transplant	C-<21 years C-PA->21 years with emergency pain or pre-transplant	C-<21 years C-PA->21 years with emergency pain or pre-transplant	NC	NC	NC	C-\$0 co-pay for each routine dental service up to 1 visit every 6 months
Dental Flouride	C-<21 years	C-<21 years	C-<21 years	NC	NC	NC	C-100% 2 annually
Dental Cleaning	C-<21 years	C-<21 years	C-<21 years	NC	NC	NC	C-100% 2 annually
Dental X-Ray	C-<21 years	C-<21 years	C-<21 years	NC	NC	NC	C-100% 1annually
Dental Visit	C-<21 years	C-<21 years	C-<21 years	NC	NC	NC	C-100% 2 annually
Routine Orthodontics	NC	NC	NC	NC	NC	NC	NC



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Hearing Aid Services							
Audiologist	C-PA > 21	C-PA > 21	C-PA > 21	C-PA \$20 Copay	C-PA \$20 Copay	C-PA \$30 Copay	C 0% for each Medicare-covered diagnostic hearing exam.
Hearing aids	C-PA < 21	C-PA < 21	C-PA < 21	NC	NC	NC	C \$0 copay Coverage up to \$2000 for hearing aids per year.
EPSDT/Well child hearing screening	C < 21	C < 21	C < 21	EPSDT NC, (\$20 Copay for well child)	EPSDT NC, (\$10 Copay for well child)	EPSDT NC, (\$10 Copay for well child)	NC
Cochlear implants	C-PA < 21; > 21 one side only	C-PA < 21; > 21 one side only	C-PA < 21; > 21 one side only	NC	NC	NC	C-PA
Health Education							
Education: prenatal, asthma, diabetes, weight loss	C- visit to dietician requires PA	C	C	NC	NC	NC	C 100% for written health education materials, including newsletter; Nutritional training; Nutritional benefit; Smoking cessation
Organ Transplants							
Organ evaluation and transplantation	C-PA; AHCCCS approved transplants only	C-PA; AHCCCS approved transplants only	C-PA; AHCCCS approved transplants only	C-PA; limited to cornea and kidney;	C-PA; limited to cornea and kidney	C-PA; limited to cornea and kidney;	C-PA 100%
Transplant facility	C-PA	C-PA	C-PA	C-PA \$100 copay each admission	C-PA \$50 copay per day (max 10 days per calendar year) 50% coinsurance thereafter.	C-PA limited to cornea and kidney; 20% coinsurance	\$952 deductible per admission for days 1-60; copay of \$238 [er daus 61-90; copy of \$476 per days 91-150



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Organ donor costs	C-PA	C-PA	C-PA	NC	NC	NC	C-PA 100%
Transportation costs for family	C-PA; for 1 adult caregiver	C-PA	C-PA	NC	NC	NC	NC



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Hospital Services							
Inpatient	C-PA	C-PA	C-PA	C-PA \$100 Copay	C-\$50 copay per day (max 10 days per calendar year) 50% coinsurance thereafter.	20% Coinsurance	C-PA (except emergency) \$952 deductible per admission for days 1-60; copay of \$238 per days 61-90; copay of \$476 per days 91-151
Outpatient hospital/surgery	C-PA	C-PA	C-PA	C-PA \$100 Copay	20% Coinsurance	20% Coinsurance	C-PA 100% at ambulatory surgical center/outpatient hospital facility. Additional facility charge may be included in the cost for services. \$0 deductible.
Inpatient - maternity	C-PA	C-PA	C-PA	C-PA \$100 Copay; days count toward cumulative inpatient hospital benefit	NC	NC	C-PA \$952 deductible per admission for days 1-60; copay of \$238 per days 61-90; copay of \$476 per days 91-151
Outpatient - maternity	C-PA	C-PA	C-PA	C-possible PA \$0 Copay	NC	NC	C-100%



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Professional Services							
In office visit - PCP	C-\$1 Copay	C	C	C \$20 Copay	\$15 Copay	C - \$10 Copay	C-80%
In office visit - PCO	C	C	C	C- \$20 Copay 1st visit only	NC	NC	C-PA 80% \$0 deductible
In-Office Procedures (treatment and diagnostics) – PCP	C	C	C – Some PA	C-possible PA no copay	C-possible PA 10% coinsurance	C-possible PA 20% coinsurance	C-80%
In-Office Procedures (treatment and diagnostics) – PCO	Dx-C Tx – Some PA	Dx-C Tx – Some PA	Dx-C Tx – Some PA	C-possible PA no copay	C-possible PA 10% coinsurance	C-possible PA 20% coinsurance	C-80% \$0 deductible
In-Office Procedures (treatment and diagnostics) – Specialist	Dx-C Tx – Some PA	Dx-C Tx – Some PA	Dx-C Tx – Some PA	C \$20 copay PCP referral required Tx – Some PA PA required	C \$25 copay PCP referral required Tx – Some PA PA required	C \$30 copay PCP referral required Tx – Some PA PA required	C-PA 80% \$0 deductible
Referrals from PCP to Specialist or from Specialist to Specialist	C	C	C	C - \$20 Copay	C -\$25 Copay	C - \$30 Copay	C-80% PA required for dermatologists, podiatrist, geneticists, plastic surgeon, anesthesiologist office visits for pain management, chiropractor, allergy and immunology
In office visit - Specialist	C-Some PA	C-Some PA	C-Some PA	C - \$20 Copay	C - \$25 Copay	C - \$30 Copay	C 80% PA required for dermatologist, podiatrist, geneticists, plastic surgeon, anesthesiologist office visits for pain management, chiropractor, allergy and immunology



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In-Office Visits – Specialists							
• Emergency Room – Consults Only (Non-ER Specialty)	C	C	C	C	C	C	C-100%
• Inpatient setting	C-PA	C-PA	C-PA	C-PA	C-PA	C-PA	C- (21 POS)
• Outpatient Setting	C-PA	C-PA	C-PA	C - PA	C - PA	C -PA	C- (22 POS)
• Allergist	C-PA > 21	C-PA > 21	C-PA > 21	NC	NC	NC	C-PA 80%
• Plastic Surgeon	C-PA	C-PA	C-PA	C - PA Med Nec Only, \$20 Copay OV	C - PA Med Nec Only, \$25 Copay	C - PA Med Nec Only, \$30 Copay	C-PA 80%
• Anesthesia – Pain Management Services	C-PA	C-PA	C-PA	C -PA	C -PA	C -PA	C-PA 100%
• ERAP Physician (radiology, anesthesia, ER, pathologist)	C	C	C	C	C	C	C-100%
• Psychiatrist	C-PA	C-PA	C-PA	NC	NC	NC	C-PA \$0 deductible; pay 0% for each individual/group therapy visit; 0% of the cost for each individual/group therapy visit with psychiatrist. You pay \$0 coinsurance. Coinsurance amounts for Mercy Care Advantage outpatient mental health and substance abuse services are paid by Mercy Care Plan for Mercy Care Plan ALTCS members. Coinsurance amounts for other ALTCS members will be paid by their ALTCS plan. Coinsurance amounts will be paid by the RHBA for all other eligible members.
• Dermatologist	C-PA	C-PA	C-PA	C- PA \$20 Copay	C- PA \$25 Copay	C- PA \$30 Copay	C-PA 80%



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• Podiatrist	C-PA	C-PA	C-PA	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only, \$20 copay	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only, \$25 copay	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only, \$30 copay	C 80% PA required; no PA needed for diabetics \$0 deductible medically necessary foot care
• Preventive Foot Care	C-PA if not related to DM	C-PA if not related to DM	C-PA if not related to DM	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only	NC- except for diabetics, neuropathy, peripheral vascular disease medical necessity only	C 80% \$0 deductible 1 visit every 3 months
• MSW/Counselor	C-PA	C-PA	C-PA	NC	NC	NC	C-PA
• Audiologist	C-PA > 21	C-PA > 21	C-PA > 21	C- PA \$20 Copay	C- PA \$25 Copay	C- PA \$30 Copay	C-80%
• Genetics Lab Services & Geneticist	C-PA	C-PA	C-PA	NC	NC	NC	C-PA
Observation (OB and Non-OB)	C-PA	C-PA	C-PA	C-PA	NC	NC	C-80%
Chemo/Radiation Therapy	C	C	C	C	C	C	C-PA 80%
Nerve Blocks/Epidurals	C-PA	C-PA	C-PA	C-PA	C-PA	C-PA	C-80% PA required if done in an Outpatient Facility. PA may or may not be required if procedure done in Physician's office



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Sleep Studies	C-PA	C-PA	C-PA	NC	NC	NC	C-80% only for patients with narcolepsy, sleep apnea, impotence, parasomina, NOT covered for chronic insomnia
Circumcision	NC – PA Med Nec	NC – PA Med Nec	NC – PA Med Nec	C -PA Limited to newborns 1st 30 days	C -PA Limited to newborns 1st 30 days	C -PA Limited to newborns 1st 30 days	C-Outpatient--80% when medically necessary
EMG/NCVs	C-PA	C-PA	C-PA	C-PA	C-PA	C-PA	C-80%
Cardiac Catheterization/Angioplasty/Stents	C-PA	C-PA	C-PA	C-PA	C-PA	C-PA	C-80%
Dialysis	C-PA	C-PA	C-PA	C -PA No Copay	C -PA 50% coinsurance	C- PA 50% coinsurance	C-\$0 deductible
Cosmetic Surgery	NC	NC	NC	NC	NC	NC	NC-Exclusions
Plastic and Reconstructive Surgery	C-PA	C-PA	C-PA	C-PA Limited Subject to inpatient hospital and outpatient surgery benefits	C-PA Limited Subject to inpatient hospital and outpatient surgery benefits	C-PA Limited Subject to inpatient hospital and outpatient surgery benefits	NC-Exclusions
Reconstructive Surgery – Breast	C-PA	C-PA	C-PA	C-PA	C-PA	C-PA	C-80% if related to breast cancer or any disease of the breast, requiring removal of breast tissue
Medical Social Services	NC	C-PA Acute Care Excluded	NC	NC	NC	NC	C- Home Health
Pediatric Preventive Screening Services							
EPSDT/Well Child	C	C	C	EPSDT - NC Well Child - C \$20 Copay	EPSDT - NC Well Child - C \$10 Copay	EPSDT - NC Well Child - C \$10 Copay	NC
VFC Program	C	C	C	NC	NC	NC	NC



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SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Secure Advantage	MHG Active	MCA Medicaid covers MCA cost sharing amounts
Immunizations	C	C	C	C - \$20 Copay	C - \$10 Copay	C - \$10 Copay	NC



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SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Secure Advantage	MHG Active	MCA Medicaid covers MCA cost sharing amounts
Diagnostic Studies							
Laboratory Services in physician's office	C Some exceptions based on codes	C Some exceptions based on codes	C Some exceptions based on codes	C- Some exceptions based on codes	C- Some exceptions based on codes	C- Some exceptions based on codes	C-100%
Laboratory Services Other	C-LAB CORP Outside cap agreement requires PA	C-LAB CORP Outside cap agreement requires PA	C-LAB CORP Outside cap agreement requires PA	C- LAB CORP	C- LAB CORP	C- LAB CORP	C-100%
Radiology Services							
PET Scan	C-PA	C-PA	C-PA	C-PA	C-PA 10% Co-insurance	C-PA 20% Coinsurance	C-80% PA
MRI/MRA	C-PA	C-PA	C-PA	C-PA	C-PA 10% Co-insurance	C-PA 20% Coinsurance	C-80% PA
Bone Densitometry	C	C	C	C-	C-10% Co-insurance	C-20% Coinsurance	C-80%
Electromyography	C	C	C	C-	C-10% Co-insurance	C-20% Coinsurance	C-80%
CT Scan	C	C	C	C	C-10% Co-insurance	C-20% Coinsurance	C-100%
Discogram/Myelogram	C-PA	C-PA	C-PA	C-PA	C-PA 10% Co-insurance	C-PA 20% Coinsurance	C-80% PA
Angiograms/Angioplasty/Embolization	C-PA	C-PA	C-PA	C-PA	C-PA 10% Co-insurance	C-PA 20% Coinsurance	C-80% PA
All Other Diagnostic Services	C-PA Routine X-Rays no PA	C-PA Routine X-Rays no PA	C-PA Routine X-Rays no PA	C-PA Routine X-Rays no PA	C-PA 10% Co-insurance Routine X-Rays no PA	C-PA 20% Coinsurance Routine X-Rays no PA	C-80% PA may be required



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SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Secure Advantage	MHG Active	MCA Medicaid covers MCA cost sharing amounts
Durable Medical Equipment							
DME - Medically Necessary Durable Medical Equipment and related supplies	C- PA may be required >\$250	C - PA may be required >\$250	C - PA may be required >\$250	C - PA may be required, Limit \$2500 per benefit year	C - PA may be required, 40% coinsurance. Limit \$1000 per benefit year	C - PA may be required, 40% coinsurance. Limit \$1000 per benefit year	C-80% PA may be required
Orthotic & Prosthetic - Medically Necessary O&P devices and related supplies	C - PA may be required >\$250	C - PA may be required >\$250	C - PA may be required >\$250	C - PA may be required, Limit \$2500 per benefit year	C - PA may be required, 40% coinsurance. Limit \$1000 per benefit year	C - PA may be required, 40% coinsurance. Limit \$1000 per benefit year	C-80% PA may be required
DME - Seating Equipment Assessment, lift chair, commode chair, assistive technology, etc. (coverage will determined via PA process)	C - PA >\$250	C - PA >\$250	C - PA >\$250	C - PA may be required, Limit \$2500 per benefit year	C - PA may be required, 40% coinsurance. Limit \$1000 per benefit year	C - PA may be required, 40% coinsurance. Limit \$1000 per benefit year	C-80% PA may be required
Orthopedic Shoes - Diabetes Diagnosis Only	C-PA	C-PA	C-PA	C- included in DME benefit	C -included in DME benefit	C -included in DME benefit	C-80% PA may be required
Orthopedic Shoes - Non Diabetes Diagnosis: Not covered unless they are part of a leg brace and are included in the cost of the leg brace (coverage will determined via PA process)	C-PA	C-PA	C-PA	C-PA medically necessary with limitations, included in DME benefit	C-PA medically necessary with limitations, included in DME benefit	C-PA medically necessary with limitations, included in DME benefit	C-80% PA may be required



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SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Secure Advantage	MHG Active	MCA <i>Medicaid covers MCA cost sharing amounts</i>
DME – Beds and accessories	C-PA >\$250	C-PA >\$250	C- PA >\$250	C PA \$0 Copay \$2500/yr maximum benefit	C- PA-40% Coinsurance \$1,000/yr max benefit	C- PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
DME - Electric Nerve Stimulators	C-PA >\$250	C-PA >\$250	C- PA >\$250	NC	NC	NC	C-80% PA
DME - Lymphedema Pump and Supplies	C-PA >\$250	C-PA >\$250	C -PA >\$250	NC	NC	NC	C-80% PA
DME - Monitoring Equipment	C-PA >\$250	C-PA >\$250	C- PA >\$250	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
DME - Respiratory Equipment and Supplies	C- PA >\$250	C-PA >\$250	C- PA >\$250	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
DME - Skin Care Equipment (Pressure Reducing Mattress Equipment)	C- PA >\$250	C-PA >\$250	C- PA >\$250	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
DME - Wheelchairs	C- PA >\$250	C-PA >\$250	C- PA >\$250	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA



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DME - Bathroom and Safety Equipment	C-PA >\$250	C-PA >\$250	C -PA >\$250	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-5-80% PA
DME - Supplies	C-PA >\$250	C-PA >\$250	C-PA >\$250	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80%
DME - Seating Equipment Assessment	C PA	C-PA	C PA	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
Assistive Technology	NC	C-PA >\$250	NC Covered through DES/DDD	NC	NC	NC	C-80% PA
Urinary Catheter Supplies	C-PA >\$250	C-PA >\$250	C-PA >\$250	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80%
Orthotic Supplies	C-PA >\$250	C-PA >\$250	C-PA >\$250	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80%



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SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Secure Advantage	MHG Active	MCA Medicaid covers MCA cost sharing amounts
Artificial Limbs	C-PA >\$250	C-PA >\$250	C-PA >\$250	C-possible PA \$0 Copay \$2500/yr maximum benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-possible PA-40% Coinsurance \$1,000/yr max benefit	C-80% PA
Orthotics	C-PA >\$250	C-PA >\$250	C-PA >\$250	C-medically necessary with limitations, included in DME benefit \$0 Copay \$2500/yr maximum benefit	C-medically necessary with limitations, included in DME benefit-40% Coinsurance \$1,000/yr max benefit	C-medically necessary with limitations, included in DME benefit40% Coinsurance \$1,000/yr max benefit	C-80% PA may be required, limitations
Foot Orthotics	C-PA	C-PA	C-PA	C-medically necessary with limitations, included in DME benefit \$0 Copay \$2500/yr maximum benefit	C-medically necessary with limitations, included in DME benefit-40% Coinsurance \$1,000/yr max benefit	C-medically necessary with limitations, included in DME benefit40% Coinsurance \$1,000/yr max benefit	C-80% PA may be required, limitations



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SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Secure Advantage	MHG Active	MCA Medicaid covers MCA cost sharing amounts
Prosthetics	C-PA >\$250	C-PA >\$250	C-PA >\$250	C--medically necessary with limitations, included in DME benefit \$0 Copay \$2500/yr maximum benefit	C-medically necessary with limitations, included in DME benefit-40% Coinsurance \$1,000/yr max benefit	C-medically necessary with limitations, included in DME benefit-40% Coinsurance \$1,000/yr max benefit	C-80% PA may be required
Termination of Pregnancy							
Abortion	C-PA For result of rape, incest or pose serious mental or physical health problems for member	C-PA For result of rape, incest or pose serious mental or physical health problems for member	C-PA For result of rape, incest or pose serious mental or physical health problems for member	C-PA For health endangerment of mother or nonviability of fetus only	C-PA For health endangerment of mother or nonviability of fetus only	C-PA For health endangerment of mother or nonviability of fetus only	C- if medically necessary PA may be required
Maternity							
Maternity Care/Obstetrics – global authorization includes OB care	C-PA	C-PA	C-PA	C-PA \$20 copay for first prenatal visit/\$100 admission	NC	NC	C-80%-PA



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SERVICE	MCP ACUTE	MCP LONG TERM CARE	MCP DD	MHG Classic	MHG Secure Advantage	MHG Active	MCA	Medicaid covers MCA cost sharing amounts			
Family Planning Services											
Infertility Testing and Diagnosis	NC	NC	NC	NC	NC	NC	NC				
Infertility Treatment	NC	NC	NC	NC	NC	NC	NC				
In Office Visit – PCP/PCO for family planning	C	C	C	C - \$20 Copay	C - \$15 Copay	C - \$10 Copay	C-80%				
Contraceptive Procedures	C-Formulary	C-Formulary	C-Formulary	Contraceptive medications and devices on Formulary are covered	Contraceptive medications and devices on Formulary are covered	Contraceptive medications and devices on Formulary are covered	C-Formulary				
Family planning education and counseling	C	C	C	C - \$20 Copay	C - \$15 Copay	C - \$10 Copay	NC				
Tubal ligation/other sterilizations – male & female	C-PA >21 years	C-PA >21 years	C-PA >21 years	Vasectomy and tubal ligation only - Member responsibility determined by site of care.	Vasectomy and tubal ligation only - Member responsibility determined by site of care.	Vasectomy and tubal ligation only - Member responsibility determined by site of care.	NC				
SOBRA Family Planning	C for family planning services and contraceptives only	NC	NC	NC	NC	NC	NC				
Medical Transportation											
Emergency Transport	C	C	C	C No Copay	C \$25 Copay	C 20% coinsurance	C 80%				
Emergency Air Transport	C	C	C	C - possible PA - No Copay	C - possible PA - \$25 Copay	C - possible PA - 20% coinsurance	C 80%				



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Non-Emergent Transport	C (Interfacility requires PA)	C (Interfacility requires PA)	Acute –C Vent – NC – Covered by DES-DDD	NC	NC	NC	NC (Interfacility ambulance covered)



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Emergency Health Care Services							
Emergency Room	C (\$1 Copay for non-emergency use of ER for Acute)	C	C	C \$100 Copay Par \$150 Copay Non-Par	C \$75 Copay	C 20% Coinsurance	C-80% (100% if admitted with same dx within 3 days)
Urgent Care	C- only available in certain counties	C- only available in certain counties	C- only available in certain counties	C - \$40 Copay- only available in certain counties	C - \$40 Copay- only available in certain counties	C - \$20 Copay- only available in certain counties	C-80%
Home Health Services							
Home Health Care	C-PA	C-PA	C-PA	C-PA - No copay 30 visits/calendar year	C-PA 40% Coinsurance 10 visits/calendar year	C-PA 40% Coinsurance 10 visits/calendar year	C-PA 100% \$0 copay for Medicare-covered home health visits
Home Health Care (Nursing)	C-PA	C-PA	C-PA	C-PA 30 visits/calendar year	C-PA 20% Coinsurance 15 visits/calendar year	C-PA 20% Coinsurance 15 visits/calendar year	C-PA 100% \$0 copay for Medicare-covered home health visits
Private Duty Nurses	C-PA	C-PA	C-PA	NC	NC	NC	C-PA 100% \$0 copay for Medicare-covered home health visits
Infusion Services	C-PA	C-PA	C-PA	C-PA - No copay 45 visits/calendar year	NC	NC	C-PA 100% \$0 copay for Medicare-covered home health visits



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Rehabilitation							
Rehabilitative Therapy - Medically necessary Physical, Occupational, Speech, Cardiac, Pulmonary, Neurocognitive Rehab Therapy. PA requirements are determined by POS	C-PA	C-PA	C-PA	C-PA - \$15 Copay 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Outpatient Hospital - Diagnostic Testing, Therapeutic Services	C-PA	C-PA	C-PA	C-PA Limited	C-PA Limited	C-PA Limited	C-80% PA
Outpatient – Physical Therapy	C-PA	C-PA	C-PA	C-PA - \$15 Copay 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Outpatient – Occupational Therapy	C-PA Acute - <21 years QMB – No age limit	C-PA	C-PA <21 years >21 years	C-PA - \$15 Copay 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Outpatient – Speech Therapy	C-PA <21 years, >21 for dysphasia	C-PA	C-PA	C-PA - \$15 Copay 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Outpatient – Respiratory Therapy	C-PA	C-PA	C-PA	C-PA - \$15 Copay 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA



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Neurocognitive Rehabilitation Therapy	C-PA	C-PA	C-PA	C-PA - \$15 Copay 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Pulmonary Rehabilitation	C-PA	C-PA	C-PA	C-PA - \$15 Copay 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Cardiac Rehabilitation	C-PA	C-PA	C-PA	C-PA - \$15 Copay 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-PA 20% Coinsurance 24 visits/calendar year	C-80% PA
Osteopathic Manipulation	C-PA	C-PA	C-PA	NC	NC	NC	C-80% PA may be required
Skilled Nursing Care - Facility							
Skilled Nursing Facility Admissions	C-PA 90 days/plan year	C – PA LTC unlimited; share of cost Acute – 90 days/plan year Vent - Unlimited	C-PA 90 days/plan year	C-PA - No copay 30 visits/calendar year	C-PA 20% Coinsurance 15 visits/calendar year	C-PA 20% Coinsurance 15 visits/calendar year	C-PA \$0 copay for days 1-100 of each benefit period(3); no prior hospital stay required; beneficiary covered for 100 days each benefit period.
Hospice							
Hospice	C-PA In lieu of hospitalization	C-PA In lieu of hospitalization	C-PA In lieu of hospitalization	C-PA No copay limit 60 days/yr	NC	NC	C-PA Care must be provided by a Medicare-certified hospice.



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Hospice - Outpatient Services:	C-PA In lieu of hospitalization	C-PA In lieu of hospitalization	C-PA In lieu of hospitalization	PA No copay	NC	NC	C- PA Care must be provided by a Medicare-certified hospice.



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Long Term Care Services				limit 60 days/yr			
Attendant Care	NC	C-PA Acute care excluded	NC	NC	NC	NC	NC
Adult Foster Care	NC	C-PA Acute care excluded	NC	NC	NC	NC	NC
Adult Day Care	NC	C-PA Acute care excluded	NC	NC	NC	NC	NC
Assisted Living Center	NC	C-PA Acute care excluded	NC	NC	NC	NC	NC
Assisted Living Home	NC	C-PA Acute care excluded	NC	NC	NC	NC	NC
Custodial Care	NC	C-PA Acute care excluded	NC	NC	NC	NC	NC
Emergency Alert	NC	C-PA Acute care excluded	NC	NC	NC	NC	NC
Environmental Modifications	NC	C-PA Acute care excluded	NC	NC	NC	NC	NC
Home Delivered Meals	NC	C-PA Acute care excluded	NC	NC	NC	NC	NC
Medical Social Services	NC	C-PA Acute care excluded	NC	NC	NC	NC	NC



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Respite Care	Acute – NC QMB – C-PA	C-PA Acute care excluded	Acute – NC QMB – C-PA	NC	NC	NC	NC



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Prior Period Coverage							
Prior Period Coverage Services	All services covered; no PA requirements	All services covered; no PA for services	All services covered; no PA requirements	NC	NC	NC	NC