

Covered Services	Authorization Or Verbal Referral	Recipients Under 18	Co-Pay	Recipients Pregnant Facilitated in Nursing Home OR BIP or BCPV Foster Care/Adoption Assistance	Co-Pay	Adult Recipients 18 to 20	Co-Pay	General Assistance Recipients 18 to 20	Co-Pay	Adult Recipients Full Dental and Pharmacy Benefits	Co-Pay	Adult Recipients Partial Dental and Pharmacy Benefits	Co-Pay	General Assistance Recipients Full Dental and Pharmacy Benefits	Co-Pay	General Assistance Recipients Partial Dental and Pharmacy Benefits	Co-Pay
Plan code		J00		J00		J07		J08		J09		J09		J10		J10	
Subgroup		400		402 and 407		403		408		406		416		404		416	
Annual individual deductible		None		None		None		None		None		None		None		None	
Lifetime maximum		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Annual inpatient hospital days		365 days		365 days		365 days		365 days		365 days		365 days		365 days		365 days	
Primary care practitioner (PCP) required?		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Preventive Care (Care must be coordinated through PCP)																	
Routine physical exam	Self Referral	Covered (Follow the EPSDT Periodicity Schedule)	None	Covered (limit to once a year)	None	Covered (limit to once a year)	None	Covered (1 exam per year)	None	Covered (1 exam per year)	None	Covered (1 exam per year)	None	Covered (1 exam per year)	None	Covered (1 exam per year)	None
Physician Services and Other Medical Services																	
Primary Care Practitioner office (for illness or injury)	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (1 exam per year)	None	Covered (1 exam per year)	None
Specialist office visit	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None
Podiatrist	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$2	Covered (No Limits)	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4
Chiropractor (Exam)	Self Referral	Covered 1 exam per year	None	Covered 1 exam per year	None	Covered 1 exam per year	\$2	Covered 1 exam per year	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4
Chiropractor (Children up to the age of 13 years requires prior authorization)	Self Referral	Covered 1 exam per year	None	Covered 1 exam per year	None	Covered 1 exam per year	\$2	Covered 1 exam per year	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4
Chiropractor (Children up to the age of 13 years requires prior authorization)	Self Referral	Covered	None	Covered	None	Covered	\$2	Covered	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4
Chiropractor (Children up to the age of 13 years requires prior authorization)	Self Referral	Covered	None	Covered	None	Covered	\$2	Covered	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4
Ophthalmologist or Optometrist (When Medically Necessary)	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None
Routine OB/GYN visit	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None
Outpatient Hospital (Non-emergent)	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$2	Covered (No Limits)	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$2	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	\$4
Hospital Services																	
Inpatient Hospital (Acute Care)	Authorization Required	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$3 a day \$21 per admin	Covered (No Limits)	\$6 per day \$42 per admin	Covered (No Limits)	\$3 a day \$21 per admin	Covered (No Limits)	\$3 a day \$21 per admin	Covered (1 per fiscal year, July 1-June 30)	\$6 per day \$42 per admin	Covered (1 per fiscal year, July 1-June 30)	\$6 per day \$42 per admin
Inpatient Hospital (Rehab Services)	Authorization Required	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$3 a day \$21 per admin	Covered (No Limits)	\$6 per day \$42 per admin	Covered (1 per fiscal year, July 1-June 30)	\$3 a day \$21 per admin	Covered (1 per fiscal year, July 1-June 30)	\$3 a day \$21 per admin	Covered (1 per fiscal year, July 1-June 30)	\$6 per day \$42 per admin	Covered (1 per fiscal year, July 1-June 30)	\$6 per day \$42 per admin
Medial Centers																	
Ambulatory surgical center	Par Physician Verbal Referral Authorization if on the predetermination list	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$3	Covered (No Limits)	\$6	Covered (No Limits)	\$3	Covered (No Limits)	\$3	Covered (No Limits)	\$6	Covered (No Limits)	\$6
Independent Medical/Surgical Center (Urgent Care, Retail Clinic, Take Care)	Par Physician Verbal Referral Authorization if on the predetermination list	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None
Short procedure unit	Par Physician Verbal Referral Authorization if on the predetermination list	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$3	Covered (No Limits)	\$6	Covered (No Limits)	\$3	Covered (No Limits)	\$3	Covered (No Limits)	\$6	Covered (No Limits)	\$6
Federal Qualified Health Clinic (FQHC / Rural Health Center)	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None	Covered (maximum of 18 doctor visits combined per year, from July 1-June 30)	None
Emergency Department Services																	
Emergency Department Visit (When Medically Necessary)	Self Referral - Emergency Only	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Emergency Department Visit (Non-emergent)	Self Referral - Non-emergent	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$3	Covered (No Limits)	\$6	Covered (No Limits)	\$3	Covered (No Limits)	\$3	Covered (No Limits)	\$6	Covered (No Limits)	\$6
Diagnostic Services																	
Diagnostic, Medical	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$1	Covered (No Limits)	\$2	Covered (No Limits)	\$1	Covered (No Limits)	\$1	Covered (No Limits)	\$2	Covered (No Limits)	\$2
Diagnostic, Radiology (X-rays)	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$1	Covered (No Limits)	\$2	Covered (No Limits)	\$1	Covered (No Limits)	\$1	Covered (No Limits)	\$2	Covered (No Limits)	\$2
Rehabilitation Therapy Services																	
Physical, speech, and occupational	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$2	Covered (No Limits)	\$4	Covered (No Limits)	\$2	Covered (No Limits)	\$2	Covered (No Limits)	\$4	Covered (No Limits)	\$4
Medical Services - Ancillary Services																	
Skilled nursing facility	Authorization Required	Covered (30-consecutive days)	None	Covered (30-consecutive days)	None	Covered (30-consecutive days)	None	Covered (30-consecutive days)	None	Covered (30-consecutive days)	None	Covered (30-consecutive days)	None	Covered (30-consecutive days)	None	Covered (30-consecutive days)	None
Rental Dialects Center	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Infusion therapy	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Hospice Care	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Home Health Care	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Private Duty Nursing	Authorization Required	Covered (No Limits)	None	Covered (No Limits) (under 21 ONLY)	None	Covered (No Limits)	None	Covered (No Limits)	None	Not Covered	N/A	Not Covered	N/A	Not Covered	N/A	Not Covered	N/A
Durable Medical Equipment (DME) (rental)	Authorization Required	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Disposable Medical Supplies	Needs a script	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Ambulance transportation services																	
Emergency Ambulance transportation	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Non-Emergent Ambulance transportation	Self Referral Authorization Required	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Routine Transportation for Appointments																	
Medical Assistance Transportation Program (MATP)	None	Not Covered (Must enroll with MATP)	None	Not Covered (Must enroll with MATP)	None	Not Covered (Must enroll with MATP)	None	Not Covered (Must enroll with MATP)	None	Not Covered (Must enroll with MATP)	None	Not Covered (Must enroll with MATP)	None	Not Covered (Must enroll with MATP)	None	Not Covered (Must enroll with MATP)	None
Other Medical Services																	
Diabetes self-monitoring	Needs a script	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Diabetic training	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Radiation therapy	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	\$1	Covered (No Limits)	\$2	Covered (No Limits)	\$1	Covered (No Limits)	\$1	Covered (No Limits)	\$2	Covered (No Limits)	\$2
Bone-mass measurement, Colorectal	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Tobacco Cessation	Par Physician Verbal Referral	Covered (Seventy 15 min counseling regimens per recipient per calendar year)	None	Covered (Seventy 15 min counseling regimens per recipient per calendar year)	None	Covered (Seventy 15 min counseling regimens per recipient per calendar year)	None	Covered (Seventy 15 min counseling regimens per recipient per calendar year)	None	Covered (Seventy 15 min counseling regimens per recipient per calendar year)	None	Covered (Seventy 15 min counseling regimens per recipient per calendar year)	None	Covered (Seventy 15 min counseling regimens per recipient per calendar year)	None	Covered (Seventy 15 min counseling regimens per recipient per calendar year)	None
Dental Anesthesia	Authorization Required	Covered	None	Covered	None	Covered	None	Covered	None	Covered	None	Covered	None	Covered	None	Covered	None
Routine hearing services																	
Hearing Exam(s)	Par Physician Verbal Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Hearing Aid	Needs a script	Covered	None	Covered	None	Covered	None	Covered	None	Not Covered	None	Not Covered	None	Not Covered	None	Not Covered	None

*If braces were put on before the age of 21, services will be covered until they are completed, or age 23, whichever comes first as long as the patient remains eligible for Medical Assistance

Covered Services	Authorization Or Verbal Referral	Recipients Under 18	Co-Pay	Recipients Pregnant Facilitated in Nursing Home OR BIP or BCPV Foster Care/Adoption Assistance	Co-Pay	Adult Recipients 18 to 20	Co-Pay	General Assistance Recipients 18 to 20	Co-Pay	Adult Recipients Full Dental and Pharmacy Benefits	Co-Pay	Adult Recipients Partial Dental and Pharmacy Benefits	Co-Pay	General Assistance Recipients Full Dental and Pharmacy Benefits	Co-Pay	General Assistance Recipients Partial Dental and Pharmacy Benefits	Co-Pay
Routine dental services	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Orthodontics (braces) - requires prior authorization	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Check-ups	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Periodontal services	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Cleanings	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Fluoride Treatments	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Root canals	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Sealants, Dentures	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Dental surgical procedures	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Dental Anesthesia	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Dental X-rays	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None
Extractions (tooth removals)	Self Referral	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None	Covered (No Limits)	None

UPMC for You VISION BENEFITS ARE ADMINISTERED THROUGH OPTICARE

Covered Services	Authorization Or Verbal Referral	Recipients Under 18
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