2022 SUMMARY OF BENEFITS

January 1, 2022 – December 31, 2022

The Health Plan SecureCare SNP (HMO D-SNP)

H3672–019

A Medicare Advantage Dual Eligible Special Needs Plan for Medicare beneficiaries who are also eligible for Medicaid.

Our service area includes the following counties in **Ohio**:

Ashland, Athens, Belmont, Carroll, Columbiana, Coshocton, Cuyahoga, Delaware, Fairfield, Franklin, Gallia, Geauga, Guernsey, Harrison, Hocking, Holmes, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Lorain, Mahoning, Medina, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Portage, Stark, Summit, Trumbull, Tuscarawas, Vinton, Washington, and Wayne

Our service area includes the following counties in **West Virginia**:

Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, and Wyoming.

This document is available in other formats such as braille, large print and audio CD. For additional information on available formats, call us at **1.877.847.7915 (TTY: 711)**.

INTRODUCTION

The benefit information provided in this booklet is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, access our Evidence of Coverage online at healthplan.org/medicare. Or call us to request a copy.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

The Health Plan SecureCare SNP (HMO D-SNP) is an HMO plan with a Medicare and a Medicaid contract. Enrollment in The Health Plan SecureCare SNP (HMO D-SNP) depends on contract renewal.

The Health Plan SecureCare SNP (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2022 based on a review of The Health Plan SecureCare SNP (HMO D-SNP) Model of Care.

ELIGIBILITY

To join The Health Plan SecureCare SNP (HMO D-SNP) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be enrolled in Ohio or West Virginia Medicaid and live in our service area.

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

This is a Health Maintenance Organization (HMO) plan. This means that The Health Plan SecureCare SNP (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. You can see current provider lists on our website at healthplan.org/medicare. Or call us and we will send you a copy.

Our plan requires you to choose an in-network doctor to be your primary care provider (PCP). We do not require a referral from your PCP to see network providers, including network specialists, for covered services. However, some services do require prior authorization from the plan. Contact us for additional information. Even though your PCP is not required to refer you, we recommend that they help with coordinating your care. If you use providers that are not in our network, the plan may not pay for these services.

Always show your SecureCare SNP (HMO D-SNP) card and your Medicaid card when receiving care, as a member of our plan.

HOW TO REACH US

If you are a member, call toll-free: 1.877.847.7907 (TTY:711)

If you are not a member, call toll free: 1.877.847.7915 (TTY:711)

Hours of operation:

- October 1 to March 31, 8:00 a.m. to 8:00 p.m. Eastern, 7 days a week.
- April 1 to September 30, 8:00 a.m. to 8:00 p.m. Eastern, Monday through Friday.

Or visit our website: healthplan.org/medicare

This plan is available to all dual-eligible West Virginia and Ohio Medicaid beneficiaries, as noted in the chart:

West Virginia Medicaid Who have Medicaid, as noted with the following eligible categories	**Ohio Medicaid** All dual-eligible Ohio Medicaid beneficiaries specified in Ohio administrative code,
QMB: Qualified Medicaid beneficiary	**QMB:** Qualified Medicaid beneficiary
QMB Plus: Qualified Medicaid beneficiary with full Medicaid	**QMB Plus:** Qualified Medicaid beneficiary with full Medicaid
FBDE: Full Medicaid benefits	**Non-QMB:** Medicaid only dual-eligible
SLMB: Specified low-income Medicare beneficiary	**SLMB:** Specified low-income Medicare beneficiary
SLMB Plus: Specified low-income Medicaid beneficiary with full Medicaid	**SLMB Plus:** Specified low-income Medicaid beneficiary with full Medicaid
QDWI: Qualified disabled and working individual	**QDWI:** Qualified disabled and working
QI: Qualifying individual	**QI:** Qualifying individual

The amount that a member of this plan pays for premiums, deductibles, copayments, and/or co-insurance may vary based on the level of Medicaid eligibility (above) and Medicare Part D "Extra Help" a member receives.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1.877.847.7915 (TTY: 711)**.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit healthplan.org/medicare or call **1.877.847.7915, (TTY: 711)** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Note: There are ranges listed for some premiums and services. What you will pay will be determined by your level of Medicaid and/or Part D Extra Help. Please contact the plan for details.

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY	MAY REQUIRE PRIOR APPROVAL*
Monthly Plan Premium	**$0 - $40.40** You must continue to pay your Medicare Part B premium, if not already paid by a third party, like the state	
Annual Medical Deductible	In 2022, the medical deductible is $0 or $233 per year for in-network medical services, depending on your level of Medicaid eligibility.	
Maximum Out-of-Pocket Responsibility (Does not include Part D prescription drugs)	$7,550 annually for in-network Medicare-covered Part A and Part B services. The amounts you pay for deductibles, copayments and coinsurance for covered Part A or Part B services count towards this maximum out-of-pocket amount.	

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY	MAY REQUIRE PRIOR APPROVAL*
HOSPITAL AND MEDICAL SERVICES		
Inpatient Hospital Coverage	In 2022, you will pay either $0 or the amounts below for inpatient hospital stays, each benefit period Days 1-60: $1,556 deductible Days 61-90: $389 copay per day Days 91-150: $778 copay while using 60 lifetime reserve days The copays for hospital benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. There's no limit to the number of benefit periods. You must pay the inpatient hospital deductible for each benefit period. We cover an additional 60 "lifetime reserve days." If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these additional 60 days, your inpatient hospital coverage will be limited to 90 days.	☑
Outpatient Hospital Coverage	$0–20%	☑
Doctor Visit - Primary Care Provider	$0–20%	☐
Doctor Visit - Specialist	$0–20% No referral is needed. However, organizational authorization may be required for out-of-network and tertiary specialists.	☑
Preventive Care (Medicare-covered zero cost sharing preventive services)	$0 copay	☑
Emergency Care	$0–20% (up to a $90 copay) If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.	☐

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY	MAY REQUIRE PRIOR APPROVAL*
Urgently Needed Services	$0–20% (up to a $65 co-pay) If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgently needed services.	☐
Diagnostic Radiological Service (such as MRIs, CT scans)	$0–20%	☑
Therapeutic Radiological Services (such as radiation treatment for cancer)	$0–20%	☑
Lab Services	$0 copay	☐
Diagnostic Tests and Procedures	$0–20%	☐
Outpatient X-rays	$0–20%	☑
Medicare-covered Hearing Exam	$0–20% Exam to diagnose and treat hearing issues and balance issues	☐
Routine Hearing Exam	$0 copay for one exam every year	☐
Routine Hearing Aid	$0 copay for hearing aids - This plan will cover up to $2,000 every two years towards hearing aids (there is a limit of one hearing aid per ear). After this plan has paid our share, you will be responsible for the remaining costs(s). - Includes 2-year supply of batteries per aid (non-rechargeable models only) after purchase. - $0 copay for provider visits for fittings and adjustments, covered for 12 months after hearing aid purchase. A TruHearing provider must be used.	☐

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY	MAY REQUIRE PRIOR APPROVAL*
Medicare-covered Dental Services	$0–20%	☑
Routine Dental Services	$0 copay for preventive services You are covered for: • 2 exams • 2 cleanings and 1 set of bitewing X-rays every year • 1 full mouth X-ray every 3 years Our plan also pays up to $3,000 for most comprehensive dental services every year. All non-Medicare covered routine dental is provided through plan participating providers. Contact us for more details.	☑
Vision Services: Medicare-covered vision exam to diagnose and treat conditions of the eye	$0–20%	☐
Vision Services: Medicare-covered eyewear	$0 copay Limited coverage of eyewear related to cataract surgery.	☐
Vision Services: Routine eye exam	$0 copay for one exam per year Non-Medicare covered routine vision is provided through plan participating providers. Contact us for more details.	☐
Vision Services: Routine eyewear	$0 copay Our plan pays up to $200 every year for routine eyewear that is purchased through a plan provider.	☐
Inpatient Mental Health Services	In 2022, you will pay either $0 or the amounts listed below for each benefit period. Days 1-60: $1,556 deductible Days 61-90: $389 copay per day Days 91-150: $778 copay while using 60 lifetime reserve days	☑

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY	MAY REQUIRE PRIOR APPROVAL*
Outpatient Individual and Group Mental Health Therapy Visit	$0–20%	☑
Skilled Nursing Facility (Per benefit period, as defined by Original Medicare)	In 2022, you will pay either $0 or the amounts listed below for each benefit period Days 1-20: $0 copay per day Days 21-100: $194.50 copay per day Our plan covers up to 100 days in a skilled nursing facility during each benefit period.	☑
Physical Therapy	$0–20%	☑
Ambulance **Authorization required for non-emergency Medicare services.**	$0–20%	☐
Transportation (Routine)	$0 copay You are covered for up to 35 round trips to any health-related location, with a plan coverage maximum of $1,000 per year.	☑
Medicare Part B Drugs	$0–20%	☑
Ambulatory Surgery Center	$0–20%	☑
ADDITIONAL BENEFITS		
Meals	$0 copay for meals provided through the approved vendor. When you get home after an inpatient hospital stay or immediately following surgery, we cover up to 2 home delivered meals per day for 7 days after discharge. Covered up to 4 times per year.	☑

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY	MAY REQUIRE PRIOR APPROVAL*
Personal Emergency Response System (PERS)	$0 copay This includes a monitoring device and the monthly monitoring fees. This must be received through our contracted vendor.	☐
Medicare-covered Foot Exams and Treatment (Podiatry)	$0–20%	☑
Routine Foot Care (Podiatry)	$0 copay Routine foot care is covered for up to 4 visits every year.	☑
Durable Medical Equipment (like wheelchairs and oxygen)	$0–20% Durable medical equipment must meet certain criteria to be covered. Contact the plan for more details.	☑
Prosthetics (like braces and artificial limbs)	$0–20%	☑
Diabetic Monitoring Supplies	$0–20% For diabetic monitoring supplies, the coverage is limited to LifeScan preferred monitoring devices and test strips. Coverage is limited to 100 test strips for a 30- day supply. If you need more than 100 strips in a 30-day supply, you can ask for a coverage review.	☑
Medicare-covered Diabetes Self-Management	$0 copay Diabetes self-management training is covered under certain condition. Contact us for details.	☐
Diabetic Therapeutic Shoes or Inserts	$0–20%	☑
Health/Wellness Programs (like fitness, tobacco cessation, etc.)	$0 copay SilverSneakers is the fitness program covered by this plan.	☐
Home Health Care	$0 copay	☑

PREMIUMS & BENEFITS	THE HEALTH PLAN SECURECARE SNP (HMO D-SNP) H3672-019 THIS COLUMN LISTS WHAT YOU PAY	MAY REQUIRE PRIOR APPROVAL*
Cardiac/Pulmonary Rehabilitation Services	$0–20%	☑
Chiropractic Services	$0–20% This plan covers Medicare-covered services only.	☑
Over-the-Counter Items (OTC)	$185 allowance per quarter This plan will cover up to $185 of over the counter items every three months, if purchased through our contracted vendor. Any unused amounts will not carry over to the next quarter. Unused OTC amounts will also not carry over to the next calendar year.	☐
Telehealth Services	$0 copay This applies to: • Primary Care Physician Services • Physician Specialist Services • Individual Sessions for Mental Health Specialty Services • Individual Sessions for Psychiatric Services • Individual Sessions for Outpatient Substance Abuse Services must be accessed through our contracted vendor.	☐

*SERVICES WITH ☑ MAY REQUIRE YOUR PROVIDER TO OBTAIN PRIOR AUTHORIZATION FROM THE PLAN.

Prescription Coverage

The Health Plan SecureCare SNP (HMO D-SNP) H3672-019	
Annual Part D Prescription Drug Deductible	There is a Medicare Part D prescription deductible on this plan. If you have Low Income Subsidy/Part D Extra Help, you will pay $0 to $99, depending on your level of help. If you do not have Low Income Subsidy/Part D Extra Help, you will pay the standard Part D Prescription deductible of $480.
Initial Coverage Limit (ICL)	After you have paid the deductible amount (if the deductible applies to you), you will pay the Medicare Part D prescription cost shares that are listed below.
	If you DO NOT have Low Income Subsidy/Part D Extra Help, you will pay the standard Part D prescription cost share amounts. Please see **The Health Plan SecureCare SNP (HMO D-SNP) Evidence of Coverage (EOC)**, or contact the plan, for complete details. You will pay these amounts until you have reached the ICL amount of $4,430.
	If you DO have Low Income Subsidy/Part D Extra Help, your cost shares will depend upon your level and will be: **For generic drugs (including brand drugs treated as generic), either:** • $0 copay; or • $1.35 copay; or • $3.95 copay; or • 15% **For all other drugs, either:** • $0 copay; or • $4.00 copay; or • $9.85 copay; or • 15% You need to get your drugs at network retail pharmacies and mail order pharmacies in most cases. Please go to healthplan.org/medicare to see the most up to date pharmacy directory or call us to discuss.

The Health Plan SecureCare SNP (HMO D-SNP) H3672-019	
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,050, you pay: • $0 or • A co-insurance or a copayment, whichever is the larger amount: – Co-insurance of 5% of the cost of the drug or – $3.95 for a generic drug or a drug that is treated like a generic and $9.85 for all other drugs

Summary of Medicaid-Covered Benefits for Plan H3672-019

January 1, 2022 – December 31, 2022

State of West Virginia

The benefits described below are covered by Medicaid.

Medicaid is usually the payer of last resort — this means that as a member of our plan, we will process your claims first. There may be a remaining balance after we have completed processing your claim. Your provider should then bill WV Medicaid directly, to see if they will pay all or a portion of the remainder. WV Medicaid will pay based on your level of Medicaid. This means that they may not pay the entire amount - you may be responsible for a part of the remaining balance.

If you are full-dual eligible (meaning you have full Medicaid benefits), you will likely pay nothing for most covered services on our plan.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call WV Medicaid at 1.877.716.1212, Monday–Friday, 8:00 a.m. until 5:00 p.m.

For more information, you can also visit the WV Medicaid website at dhhr.wv.gov/bms.

WV Medicaid Covered Medical and Hospital Benefits

For dual-eligible members, Medicaid pays co-insurance, copayments and deductibles for Medicare-covered services.

This chart describes Medicaid coverage only. To see what you will pay under The Health Plan SecureCare SNP (HMO D-SNP) as a member of our plan*, please see The Health Plan Premium and Benefits* chart above.

Benefit Category	Medicaid-Covered Services through West Virginia Medicaid
Physician's Services	Copayments are based on your level of income and may not exceed 5% of your household income Copayments can range from $0 - $4
Hospital Inpatient Care	Copayments are based on your level of income and may not exceed 5% of your household income Inpatient care is covered when it is reasonable and medically necessary for the diagnosis and treatment of an illness or injury, or to improve the functioning of a malformed body part Copayments range from $0 - $75
Outpatient Hospital Services	Copayments are based on your level of income and may not exceed 5% of your household income Copayments can range from $0 - $4
Emergency Room Services	Emergency Room Services: $0 copay Non-Emergency Use of an Emergency Department: $8 copay
X-ray and Laboratory Services Prescribed by an Authorized Practitioner	$0 copay for Medicaid-covered benefits
Dental	Eligible for covered diagnostic preventive, restorative, periodontics, oral and maxillofacial surgery, and orthodontics. Prior authorization may be required for specified services and when service limits are exceeded. Adults 21 of age and older are limited to emergency procedures to treat fractures, reduce pain, or eliminate infection $0 copay for Medicaid-covered benefits

Benefit Category	Medicaid-Covered Services through West Virginia Medicaid
Prescription Drugs	Pharmacy copayments are the same for all medical members regardless of income, however out-of-pocket maximums do apply. $0-$5: $0 copay $5.01-$10: $0.50 copay $10.01-$25: $1 copay $25.01- $50: $2 copay $50.01 and above: $3 copay Influenza, pneumonia, hepatitis A, hepatitis B and tetanus vaccines for adults 19 years of age and older administered by a pharmacist are covered Herpes zoster vaccine for adults 50 years of age and older administered by a pharmacist are covered Covered supplies include blood glucose testing strips, urine testing tablets and strips, lancets, insulin syringe and needle combinations for the administration of insulin and needles for insulin pen systems
Transportation	$0 copay for all Medicaid-covered benefits. Transportation to medical facilities by ambulance or other most appropriate means
Durable Medical Equipment & Prosthetic Devices	$0 copay for Medicaid-covered benefits. Artificial limbs, braces, orthopedic shoes, crutches, walkers, wheelchairs, and breathing machines, when prescribed by a doctor Covered services are based on product category not specific item, brand, or manufacturer
Vision Services	$0 copay for Medicaid-covered benefits Adult coverage is limited to one pair of eyeglasses following cataract surgery Eye exams are limited to comprehensive exam/evaluation for medical necessity only. One pair of eyeglasses/frames is covered for adults 21 years of age or greater who had documented cataract extraction within 60 days. Medicaid will not reimburse for both contact lenses and eyeglasses when eyeglasses can be worn $0 copay for Medicaid-covered benefit
Skilled Nursing Facilities	$0 copay for Medicaid-covered benefits Care in nursing facilities
Inpatient Mental Health Services	$0 copay for Medicaid-covered benefits Care in nursing facilities
Outpatient Mental Health Services	$0 copay for Medicaid-covered benefits

Summary of Medicaid-Covered Benefits for Contract H3672-019

January 1, 2022 – December 31, 2022

State of Ohio

The benefits described below are covered by Medicaid.

Medicaid is usually the payer of last resort — this means that as a member of our plan, we will process your claims first. There may be a remaining balance after we have completed processing your claim. Your provider should then bill Ohio Department of Medicaid (ODM) directly, to see if they will pay all or a portion of the remainder. ODM will pay based on your level of Medicaid. This means that they may not pay the entire amount - you may be responsible for a part of the remaining balance.

If you are full-dual eligible (meaning you have full Medicaid benefits), you will likely pay nothing for most covered services on our plan.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call ODM at **1.800.324.8680,** Monday–Friday, 8:00 a.m. until 5 p.m.

For more information, you can also visit the ODM website at Medicaid.ohio.gov.

Ohio Department of Medicaid Covered Medical and Hospital Benefits

For dual-eligible members, Medicaid pays coinsurance, co-payments and deductibles for Medicare-covered services.

To see what you will pay under The Health Plan SecureCare SNP (HMO D-SNP)*, please see The Health Plan Premium and Benefits* chart above.

Benefit Category	Medicaid-Covered Services through Ohio Medicaid
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services) **Nonemergency Services**	Prior approval may be needed for some surgeries. Chemical dependency detoxification is also covered How often? Less than 30 covered days from the date of admission to 60 days after discharge with limited exceptions $3 copay for Medicaid nonemergency services obtained in a hospital emergency room. This applies to non-pregnant individuals age 21 and older who are not residing in a nursing facility or intermediate care facility for individuals with intellectual disabilities
Medical Equipment	Medical equipment is also known as durable medical equipment; examples include bedside commodes, canes, crutches, diabetic supplies, hospital beds, incontinence garments, lactation pumps, lifts, and orthotics, ostomy or oxygen supplies, prosthetics, speech generating devices, walkers, and wheelchairs Your health care provider must fill out a prior authorization form before you can get the equipment. Quantity limits and prior authorization requirements are specific $0 copay
Physician Services	Up to 24 visits every 12 months with additional visits for specified conditions $0 copay for Medicaid-covered services
Laboratory and X-ray Services	Medically necessary services that are ordered by a physician are covered, as well as mammograms Annual chest X-rays for long-term care facility residents are covered $0 copay for Medicaid-covered services
Family Planning Visits and Services	As needed $0 copay for Medicaid-covered services
Immunizations	Vaccines recommended by the Centers for Disease Control, the American Academy of Pediatrics, and the Advisory Committee on Immunization Practices are covered. Annual flu shots and pneumonia shots are also covered $0 copay for Medicaid-covered services

Benefit Category	Medicaid-Covered Services through Ohio Medicaid
Preventive Exams and Screenings	Services include cervical cancer screenings, colonoscopies for individuals age 50 and older or high-risk individuals, employment physicals if not covered by another source, gynecological exams, prostate cancer screenings, and required physician visits for long-term care residents $0 copay for Medicaid-covered services
Mammography	One screening for women between the ages of 35-40, and then once every 12-month period thereafter $0 copay for Medicaid-covered services
Speech/Language Pathology Services	30 visits for speech/language pathology and audiology services combined every 12 months, prior authorization needed for additional visits $0 copay for Medicaid-covered services
Physical Therapy	30 visits for physical and occupational therapy visits combined every 12 months, prior authorization needed for additional visits $0 copay for Medicaid-covered services
Occupational Therapy	30 visits for physical and occupational therapy visits combined every 12 months, prior authorization needed for additional visits $0 copay for Medicaid-covered services
Chiropractic Services	30 visits every 12 months for children younger than age 21; 15 visits every 12 months for adults older than age 21 $0 copay for Medicaid-covered services
Private Duty Nursing Services	Nursing visits from 4 to 12 hours in length, prior authorization required. Can be more than 4 hours per visit or up to 16 hours per day in limited circumstances. Post-hospital stay benefit with less than 56 hours per week for less than 60 days $0 copay for Medicaid-covered services
Audiology Services	One conventional hearing aid every 4 years; one digital programmable hearing aid every 5 years Two hearing aids may be considered in special circumstances Hearing aids with prior authorization $0 copay for Medicaid-covered services
Dental Services	
Check-ups and Cleaning	Every 180 days for individuals younger than age 21 and every 365 days for individuals 21 and older There may be a copayment for dental services of $3 per visit for individuals 21 and older

Benefit Category	Medicaid-Covered Services through Ohio Medicaid
Extractions, Fillings, Crowns, and Root Canals	Based upon medical necessity and may require prior authorization by the state There may be a $3 copayment for dental services for non-pregnant individuals age 21 and older who are not residing in a nursing facility or intermediate care facility
Dentures	Dentures may be replaced based upon medical necessity; dentures and partial plates must be prior authorized by the state There may be a copayment for dental services of $3 per visit for non-pregnant individuals age 21 and older who are not residing in a nursing facility (NF) or intermediate care facility for individuals with intellectual disabilities (ICF-11D)
Braces	Braces are covered in extreme cases with prior authorization by the state. Individuals younger than age 21 are eligible $0 copay for Medicaid-covered services
Vision	One exam and eyeglasses every 12 months (individuals younger than age 21 and older than 60). One exam and eyeglasses every 24 months (individuals between the ages of 21 and 59) Contact lenses covered with prior authorization. Glaucoma screenings also covered $2 for exams and $1 for eyeglasses (individuals older than 21 not residing in a nursing facility or an intermediate care facility for individuals with intellectual disabilities
Prescriptions	Prior authorization required for name-brand drugs when generic ones are available Less than a 34-day supply dispensed at a time for drugs to treat acute conditions Less than a 120-day supply dispensed at a time for drugs to treat chronic conditions $3 prescription drugs requiring prior authorization (non-pregnant and non-institutionalized individuals over the age of 21) $2 copay for most name-brand drugs (non-pregnant and noninstitutionalized individuals over the age of 21) $0 copay for hospice consumers and medications for emergency services and family planning services
Pregnancy	Medicaid pays for all pregnancy related services. These services include education, care coordination, counseling, high risk monitoring, nurse midwife services, preconception care, prenatal care, ultrasounds, prenatal risk assessment, delivery and transportation. $0 copay for Medicaid-covered services.

Benefit Category	Medicaid-Covered Services through Ohio Medicaid
Transportation	Prior authorization is not normally required for ambulances, but certification of necessity is required for non-emergency use Prior authorization is not normally required for wheelchair vans, but certification of necessity is required Non-emergency transportation to and from Medicaid-covered services through the County Department of Job and Family Services is a covered benefit $0 copay for Medicaid-covered services