



Benefits

Benefits Covered by UnitedHealthcare Community Plan

As a member of UnitedHealthcare Community Plan, you are covered for the following MO HealthNet Managed Care services. (Remember to always show your current member ID card and your MO HealthNet ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment.

You should get services from a UnitedHealthcare network provider. Some services require prior authorization. Limits and exclusions may apply. Always talk with your PCP or doctor about your care.

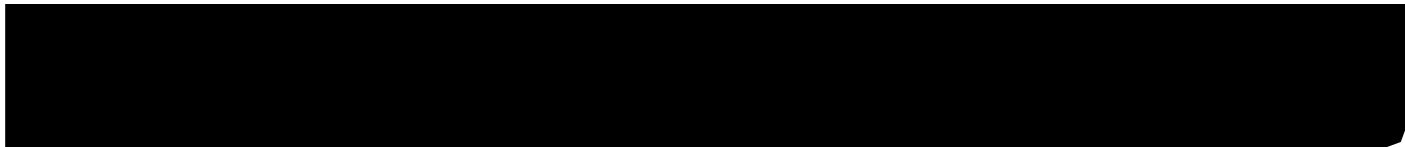
Service	Description
CHILDREN'S CARE	
Newborn Care	Newborn screenings are covered.
Immunizations and Vaccines (shots)	You can get these at the doctor's office or the local public health agency. Immunizations and vaccines are covered according to the Centers for Disease Control and Prevention (CDC) and American Academy of Pediatrics vaccination schedule.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (under 21 years old)	<p>Covered services include:</p> <ul style="list-style-type: none">• Well-child visits.• Developmental screening.• Vision testing.• Behavioral screening.• Immunizations.• Hearing testing. <p>For more information on EPSDT, refer to the EPSDT section of this member handbook.</p>

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Service	Description
CHILDREN'S CARE (continued)	
Lead Screening	Lead screenings can be done at the doctor's office or local public health agency.
Office Visits	Well-child visits, routine visits and sick visits are covered.
WOMEN'S CARE	
Family Planning	Family planning offers counseling, supplies, routine care and treatment for sexually transmitted infections (STIs). This care is private. You can go to any provider that offers these services. No referral is needed, even if the provider is not in our network.
Obstetric and Maternity Care	<p>You are covered for:</p> <ul style="list-style-type: none">• Doctor and hospital care before your baby is born (prenatal care).• Delivery.• Care after birth (postpartum care).• Certified nurse midwife care.• Birthing and parenting classes. <p>You may go to your OB/GYN for care without a referral.</p> <p>You can stay in the hospital up to 2 days after a normal vaginal delivery and up to 4 days after a cesarean delivery.</p>
Well-Care for Women	You are covered for routine office visits, mammograms, pap tests and family planning services. No referral is needed.
Sterilization	<p>Both women and men may receive sterilizations. Your health care provider performing the sterilization must complete the "sterilization consent form," which is required under both state and federal Medicaid law and rules.</p> <p>Benefit limit for women: Hysterectomies are covered for medical necessity only.</p>

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EMERGENCY AND URGENT HOSPITAL CARE	
Ambulance Services	Emergent and non-emergent transportation by an ambulance is covered.
Emergency Room Care	<p>An emergency is when you call 911 or go to the nearest emergency room for things like:</p> <ul style="list-style-type: none">• Chest pain;• Stroke;• Difficulty breathing;• Bad burns;• Deep cuts/heavy bleeding; or• Gunshot wound. <p>If you aren't sure about the medical condition, get help right away or call your PCP's office for advice. Ask for a number you can call when the office is closed. You can also call the UnitedHealthcare Community Plan NurseLine at 1-866-351-6827 or TTY 711.</p>
Medical Inpatient Care	Hospital inpatient care is covered when medically necessary. Includes medical, surgical, post-stabilization, acute and rehabilitative services. The hospital must notify UnitedHealthcare.
Urgent Care Visits	<p>Urgent care is for problems that need prompt medical attention, but are not life-threatening. Here are some examples of urgent care:</p> <ul style="list-style-type: none">• High temperature.• Persistent vomiting or diarrhea.• Symptoms which are of sudden or severe onset but which do not require emergency room services. <p>Visits to an urgent care center are covered.</p>



Service	Description
OUTPATIENT CARE	
Doctor Visits	Routine and preventive care services including doctor visits, preventive services, clinic visits and outpatient doctor care are covered.
Cardiac and Pulmonary Rehab	Covered when medically necessary. Prior authorization may be required and limitations may apply.
Home Health Services	Services in the home include visits by nurses, home health aides, medical supplies, and therapists. Home health services are provided by home health agencies in a plan of care approved by your PCP. Also includes some medical supplies. Some limitations may apply. Prior authorization may be required.
Rehabilitative Therapy (including physical, occupational and speech therapy)	This type of care is given after serious illness or injury to restore function. Covered therapy includes physical, occupational and speech. Prior authorization may be required and limitations may apply. Some age limits apply. Some services are covered by the State of Missouri.
Specialty Care (Office Visits and Clinics)	Care with a specialist is covered. Talk to your doctor to see if you need specialty care. But you do not need a referral to go to a network specialist.
Diagnostic Testing	Diagnostic lab tests are covered. Cardiology and radiology services may require prior authorization.

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SURGERY	
Outpatient Surgery	<p>Medically necessary outpatient surgeries may be performed in a hospital or in an ambulatory surgery center.</p> <p>Some surgeries may require prior authorization. Talk with your PCP.</p>
HOSPICE	
Hospice Care	<p>Hospice care is for people with a terminal illness with a life expectancy of six months or less. Hospice is coordinated with your physician or a hospice physician.</p>
BENEFITS–CONTINUED	
Asthma Care	<p>Covered equipment, supplies and services include:</p> <ul style="list-style-type: none">• Peak flowmeters.• Spacers.• Nebulizers and masks.• Regular doctor visits.• Specialist visits.• Includes education and in-home environmental assessments (for members under the age of 21).• Other supplies needed to manage asthma.• One visit per year with a certified asthma educator.



Service	Description
BENEFITS – CONTINUED	
Dental Services	<p>Covered for adults:</p> <ul style="list-style-type: none">• Diagnostic, preventive and restorative procedures, prosthodontic services, and medically necessary oral and maxillofacial surgeries. <p>Covered for under age 21 (can include Pregnant Women):</p> <ul style="list-style-type: none">• EPSDT<ul style="list-style-type: none">- Dental screening.- Orthodontic procedures.- Orthodontic braces and treatment.• Diagnostic, preventive and restorative procedures, prosthodontic services, and medically necessary oral and maxillofacial surgeries.• Dentures.• Topical fluoride treatment.• Fluoride varnish. <p>Benefit Limits: Some limitations may apply. Prior authorization may be required.</p>
Diabetic Supplies and Equipment	<p>Diabetes self-management training:</p> <p>Covered for Children under age 21 and Pregnant Women. Includes training upon initial diagnosis of diabetes.</p> <p>One assessment per lifetime is covered.</p> <p>Education is two visits per rolling year, per member, and may be a combination of group and individual visits.</p> <p>Diabetic testing supplies are covered through the MO HealthNet Fee-for-Service.</p>
Durable Medical Equipment (DME) and Supplies	<p>Equipment and supplies for medical purpose. May include, but are not limited to: oxygen tanks, ventilators, wheelchairs, crutches, orthotic devices, prosthetic devices, pacemakers and medical supplies.</p>

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Service	Description
BENEFITS – CONTINUED	
Vision Services	<p>Under age 21:</p> <ul style="list-style-type: none">• One comprehensive or one limited exam per year for refractive error.• One pair of frames and lenses every 24 months. <p>Age 21 or older:</p> <ul style="list-style-type: none">• One comprehensive or one limited exam every two years for refractive error.• One pair of frames and lenses every 24 months.
Hearing Services	<p>Hearing aid services are only covered for children under age 21 or pregnant women under age 21.</p> <p>Benefit limits apply.</p>
Podiatry (Foot) Care	<p>Covered when medically necessary for children under age 21 and pregnant women.</p> <p>Covered services for adults include:</p> <ul style="list-style-type: none">• Office, hospital, home, nursing home visits.• Surgical procedures; casting materials. <p>Limitations apply and prior authorization may be required.</p>
Behavioral Health and Substance Use Disorder Services	<p>Behavioral health and substance use disorder services are covered. This includes:</p> <ul style="list-style-type: none">• Inpatient and outpatient services.• Individual and group therapy with physicians, psychologists, social workers, counselors or psychiatric nurses.• Partial hospitalization and day treatment services. <p>Some services have limitations and require prior authorization.</p>
Non-Emergency Medical Transportation	<p>Transportation to and from medical appointments are covered if you qualify and have no other way to get there. Must be medically necessary appointments. See page 31 for details.</p> <p>Some limits apply.</p>