

All Out of Network Services
Require Plan Approval

Midwest Health Plan
2011 Authorization Grid

| | Medicaid | Medicare | Health Choice | ABW Wayne Macomb (Plan A) | Plan B Macomb Wayne | MICHild |
|--|---|---|---|---|---|---|
| | Midwest Health Plan (MSA) Pharmacy (0763) www.midwesthealthplan.com | Midwest Advantage MCR Pharmacy (5013) www.midwestadvantage.org | Health Choice AKM Pharmacy (0762) www.midwestAKM.org | Wayne County Med Basic (ABW) Macomb Health Plan (AMB) Pharmacy (0762) | Macomb Care Connect (MPB) Basic Care Wayne (WPB) Pharmacy (0762) | Midwest Health Plan (MI Child) Pharmacy www.midwesthealthplan.com |
| In-Patient Acute Care Hospitalization | X Plan Notification required for in-pt admissions | X Plan Notification required for in- pt admissions | X Plan Notification required for in-pt admissions 20 day in-pt limit 30 days with rider | NOT A BENEFIT | NOT A BENEFIT | Plan Notification required for Inpatient admissions. Admissions are covered up to 365 days per benefit year. |
| Acute Care Observation Post Operative Emergency Room | Plan Notification Not Required Must meet CMS/MDCH Observation Criteria | Plan Notification Not Required Must meet CMS/MDCH Observation Criteria | Plan Notification Not Required Must meet CMS/MDCH Observation Criteria | Plan Notification Not Required Must meet CMS/MDCH Observation Criteria | NOT A BENEFIT | Plan Notification Not Required Must meet CMS/MDCH Observation Criteria |
| In-Patient Physical Rehabilitation (PM&R) | X Plan Notification required for in-pt admissions Prior Authorization Approval required for elective admissions | X Plan Notification required for in- pt admissions Prior Authorization Approval required for elective admissions | X Plan Notification required for in-pt admissions Prior Authorization Approval required for elective admissions | NOT A BENEFIT | NOT A BENEFIT | X Plan Notification required for in-pt admissions Prior Authorization Approval required for elective admissions |
| Skilled Nursing Facility Care | X Plan Notification required for admission Prior Authorization Approval required for elective admissions Limited to 45 Days Custodial Care Not a Benefit | X Plan Notification required for admission Prior Authorization Approval required for elective admissions Limited to 100 days Custodial Care Not a Benefit | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | Notification Required for Admission Prior authorization approval required for elective admissions. Limited to 120 days per admission. After benefit days are exhausted, a lapse of at least 90 days from discharge date until the next admission. |

Green
Proceed
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Yellow
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|--|---|--|---|--|---|---|
| Long Term Acute Care (LTAC) | NOT A BENEFIT | X Plan Notification required for in-patient admissions. Prior Authorization Approval required for elective admissions | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT |
| Emergency Room | Plan Notification Not Required | Plan Notification Not Required | Plan Notification Not Required | Plan Notification Not Required | NOT A BENEFIT | Plan Notification Not Required |
| Urgent Care | Plan Notification Not Required Only after PCP office is closed Limited to Contracted Providers Only | Plan Notification Not Required Only after PCP office is closed Limited to Contracted Providers Only | Plan Notification Not Required Only after PCP office is closed Limited to Contracted Providers Only | Plan Notification Not Required Only after PCP office is closed Must be a free standing Urgent Care Center Limited to Contracted Providers Only | Plan Notification Not Required Only after PCP office is closed Must be a free standing contracted Urgent Care Center Limited to Contracted Providers Only | Plan Notification Not Required Only after PCP office is closed Limited to Contracted Providers Only |
| Out-Patient Surgery Such as: Knee Arthroscopy Cataract Removal D&C ORIF Ankle (Dental not included - see Dental) | PCP to Refer Member to a Plan Provider Plan Notification Not Required | Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Out-Patient Diagnostics Such as: Cardiac Cath Bronchoscopy EGD Hysteroscopy | PCP to Refer Member to a Plan Provider Plan Notification Not Required | Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |

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| Out Patient Treatment Such as: Chemo Therapy Radiation Therapy | PCP to Refer Member to a Plan Provider Plan Notification Not Required | Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| PET Scans CT Scans MRI's | PCP to Refer Member to a Plan Provider Plan Notification Not Required | Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Routine X-Ray Chest X-Ray Abdominal X-Ray Leg X-Ray Arm X-Ray | PCP to Refer Member to a Plan Provider Plan Notification Not Required | Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Ultra Sounds--Pelvic & Abdominal Doppler Studies Echocardiograms | PCP to Refer Member to a Plan Provider Plan Notification Not Required | Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Out Patient PT, OT, Speech Evaluation & Treatment | X Plan notification and approval required | X Plan notification and approval required | X Plan notification and approval required Only Available with Rider | NOT A BENEFIT Wayne and Oakland Members | NOT A BENEFIT | X Plan notification and approval required |
| | Not a benefit for the diagnosis of developmental delay. Contact local school system. | | | Limited Benefit Macomb Members only Plan notification and approval required – contact CSS Inc. at (586) 498-7000 | | X Plan notification and approval required up to 60 visits per calendar year |
| In-Network Specialist Care | PCP to Refer Member to a Plan Provider Plan Notification Not Required | Plan Notification Not Required for Services in Southeast Michigan <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |

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|--|--|---|---|--|---|--|
| Out of Network Specialist Care | X Plan notification and approval required | No Auth Required for place of service 11 or 22 <u>Services Outside of Southeast Michigan require Plan Notification</u> | X Plan notification and approval required | X Plan notification and approval required | NOT A BENEFIT | X Plan notification and approval required |
| Well Child Visits | Plan Notification Not Required for In-Plan Pediatrician | Plan Notification Not Required for In-Plan Pediatrician <u>Services Outside of Southeast Michigan require Plan Notification</u> | Plan Notification Not Required for In-Plan Pediatrician | NOT A BENEFIT | NOT A BENEFIT | Plan Notification Not Required for In-Plan Pediatrician |
| Well Woman Care Pap Mammogram | Plan Notification Not Required for In-Plan Gynecologist | Plan Notification Not Required for In-Plan Gynecologist <u>Services Outside of Southeast Michigan require Plan Notification</u> | Plan Notification Not Required for In-Plan Gynecologist | Plan Notification Not Required for In-Plan Gynecologist | NOT A BENEFIT Refer to the Breast Cancer / Cervical Cancer Screening Program | Plan Notification Not Required for In-Plan Gynecologist |
| OB Care Office Visits Ultrasound Exams NST's | Plan Notification Not Required for OB Services for In or Out of Network Providers (OPEN ACCESS) | Plan Notification Not Required for In-Plan Gynecologist <u>Services Outside of Southeast Michigan require Plan Notification</u> | Plan Notification Not Required for In-Plan Gynecologist | NOT A BENEFIT | NOT A BENEFIT | Plan Notification Not Required for OB Services for In or Out of Network Providers (OPEN ACCESS) |
| Family Planning Services: Vasectomy Tubal Ligation | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required | Oral Contraceptives only | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Podiatry | PCP to Refer Member to a Plan Provider Plan Notification Not Required Limited to Contracted Providers Only | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | Diabetics only | Limited to services at Midwest Health Center | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required Limited to Contracted Providers Only |
| Chiropractic Care | Not a Benefit for age 21 and above | No Auth required <u>Services Outside of Southeast Michigan require Plan Notification</u> | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | Plan Notification not required. Benefit limited to 24 visits per calendar year. |

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|---|---|---|--|--|---------------------------|--|
| Home Care - RN, PT, OT, Speech, Home IV Therapy | X Plan notification and approval required | X Plan notification and approval required | X Plan notification and approval required | NOT A BENEFIT | NOT A BENEFIT | X Plan notification and approval required. Up to 120 days per calendar year with Medicare certified agency. |
| Hospice: In-Patient Home | X Plan notification and approval required | NOT A BENEFIT Bill Directly to Medicare | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | Plan notification required; up to 210 days-two periods of 90 days each per lifetime |
| Out Patient Behavioral Health | PCP to Refer Member to a Plan Provider Plan Notification Not Required Limited to 20 visits per year | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | NOT A BENEFIT Contact County Community Mental Health | NOT A BENEFIT Contact County Community Mental Health | NOT A BENEFIT | NOT A BENEFIT Contact County Community Mental Health |
| Substance Abuse Treatment | NOT A BENEFIT Contact County Community Mental Health | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | LIMITED BENEFIT Only with Rider Contact County Community Mental Health | NOT A BENEFIT Contact County Community Mental Health | NOT A BENEFIT | NOT A BENEFIT Contact County Community Mental Health |
| Allergy Testing Allergy Injections | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Angiography | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Bariatric Surgery | X Authorization required Must meet specific criteria | X Authorization required Must meet specific criteria | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | X Authorization required Must meet specific criteria |
| Blepharoplasty | X Authorization required Must meet specific criteria | X Authorization required Must meet specific criteria | X Authorization required Must meet specific criteria | NOT A BENEFIT | NOT A BENEFIT | X Authorization required Must meet specific criteria |

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|--|---|--|---|---|---------------------------|---|
| Bone Density | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Breast Reconstruction | X Authorization required Approved only after mastectomy | X Authorization required Approved only after mastectomy | X Authorization required Approved only after mastectomy | X Authorization required Approved only after mastectomy Out-patient Only | NOT A BENEFIT | X Authorization required Approved only after mastectomy |
| Cardiac Catheterization | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Cardiac Rehabilitation | X Plan notification and approval required | X Plan notification and approval required | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | X Plan notification and approval required |
| Cosmetic Procedures: Keloid Revision Scar Revision Panniculectomy Liposuction Septo / Rhinoplasty | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | X Plan notification and approval required for correction of congenital defects or drformities |
| Vein Procedures: Sclerotherapy Stripping/ Ligation | X Plan notification and approval required | X Plan notification and approval required | X Plan notification and approval required | X Plan notification and approval required | NOT A BENEFIT | X Plan notification and approval required |
| Dental Care | NOT A BENEFIT | X Plan notification and approval required: Limited to one annual preventive dental visit that includes an oral exam, fluoride treatment, x-rays and cleaning | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | X Plan notification and approval required for limited services for ages 0 - 3 years (No dental services beyond age 3) |
| Anesthesia for Dental Procedures | X Out Patient Hospital and / or Anesthesia for dental procdeures requires plan notification and approval | X Out Patient Hospital and / or Anesthesia for dental procdeures requires plan notification and approval | X Out Patient Hospital and / or Anesthesia for dental procdeures requires plan notification and approval | X Out Patient Hospital and / or Anesthesia for dental procdeures requires plan notification and approval | NOT A BENEFIT | X Out Patient Hospital and / or Anesthesia for dental procdeures requires plan notification and approval |

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|--|--|---|--|--|--|--|
| Diabetes Education | X Plan notification and approval required | X Plan notification and approval required | X Plan notification and approval required | X Plan notification and approval required | NOT A BENEFIT | X Plan notification and approval required |
| Diabetic Supplies Monitors & Strips | Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit. | Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit. | Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit. | Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit. | Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit. | Glucose monitors are provided. Physician must complete and fax an order form. Supplies are covered via the pharmacy benefit. |
| Emergency Land Ambulance | Plan Notification Not Required | Plan Notification Not Required | Plan Notification Not Required | Plan Notification Not Required | NOT A BENEFIT | Plan Notification Not Required |
| Hemo-Dialysis | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Infusion / Injection Therapy: Remecaid IVIG Xolair Enbrel Humira Contact Health Services for questions on other meds | X Plan notification and approval required | X Plan notification and approval required | X Plan notification and approval required. Limited to antibiotics. | X Plan notification and approval required | NOT A BENEFIT | X Plan notification and approval required |
| Immunizations: Adult & Child CDC/ACIP Recommended | No Auth Required when done with a Plan Provider | No Auth Required when done with a Plan Provider <u>Services Outside of Southeast Michigan require Plan Notification</u> | No Auth Required when done with a Plan Provider | No Auth Required when done with a Plan Provider | No Auth Required when done with a Plan Provider | No Auth Required when done with a Plan Provider |
| Travel Vaccines | Travel Vaccines are not a benefit | Travel Vaccines are not a benefit | Travel Vaccines are not a benefit | Travel Vaccines are not a benefit | Travel Vaccines are not a benefit | Travel Vaccines are not a benefit |

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|--|--|---|--|--|----------------------------------|---|
| Lab Services at a JVHL Lab / Contracted Hospital Lab | Prescription Required | Prescription Required at any lab | Prescription Required | Prescription Required | Prescription Required at any lab | Prescription Required |
| Non Emergent Transportation | Only when arranged through MHP Customer Service | Only when arranged through MHP Customer Service | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | Plan notification and approval for non-urgent transportation from hospital or SNF to home |
| Prosthetics /Orthotics | X Plan notification and approval required | X Plan notification and approval required | X Plan notification and approval required | NOT A BENEFIT | NOT A BENEFIT | X Plan notification and approval required |
| Pulmonary Rehabilitation | X Plan notification and approval required | X Plan notification and approval required | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | X Plan notification and approval required |
| Reduction Mammoplasty (female only) | X Authorization required Must meet specific criteria | X Authorization required Must meet specific criteria | X Authorization required Must meet specific criteria | X Authorization required Must meet specific criteria | NOT A BENEFIT | X Authorization required Must meet specific criteria |
| Routine Eye Exams Glasses | NOT A BENEFIT for members over age 21 | Benefit Managed by Heritage Optical Call 800-252-2053 | Benefit Managed by Heritage Optical Call 800-252-2053 | NOT A BENEFIT | NOT A BENEFIT | Under age 21 only Benefit Managed by Heritage Optical Call 800-252-2054 |
| | Under age 21 only Benefit Managed by Heritage Optical Call 800-252-2054 | | | | | |
| Screening Colonoscopy | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |
| Sleep Studies | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required <u>Services Outside of Southeast Michigan require Plan Notification</u> | PCP to Refer Member to a Plan Provider Plan Notification Not Required | PCP to Refer Member to a Plan Provider Plan Notification Not Required | NOT A BENEFIT | PCP to Refer Member to a Plan Provider Plan Notification Not Required |

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| Durable Medical Equipment | X Plan notification and approval required | X Plan notification and approval required | X Plan notification and approval required Must have DME Rider | NOT A BENEFIT Wayne and Oakland Members | NOT A BENEFIT | X Plan notification and approval required |
| | Please Refer to Preferred Provider Network | Please Refer to Preferred Provider Network | Please Refer to Preferred Provider Network | Limited Benefit Macomb Members only Plan notification and approval required contact CSS Inc. at (586) 498-7000 | | Please Refer to Preferred Provider Network |
| Supplies Examples: wound care supplies oxygen supplies tube feeding supplies ostomy supplies urological supplies | X Plan notification and approval required Please Refer to Preferred Provider Network | X Plan notification and approval required Please Refer to Preferred Provider Network | X Plan notification and approval required Please Refer to Preferred Provider Network | X Supplies are covered except for gradient surgical garments, formulas and feeding supplies, and oxygen. | NOT A BENEFIT | X Plan notification and approval required Please Refer to Preferred Provider Network |
| Hearing Aid | NOT A BENEFIT AGE 21 AND ABOVE | NOT A BENEFIT Only the Hearing Aid Evaluation is covered | X Plan notification and approval required Covered Only with Rider | NOT A BENEFIT Only the Hearing Aid Evaluation is covered | NOT A BENEFIT | X Plan notification and approval required Age < 21 years old |
| | X Plan notification and approval required Age < 21 years old | | | | | |
| Genetic Testing | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT |
| Second Surgical Opinion | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT | Plan notification required for surgical consultations |

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