



All benefits must be medically necessary. Some services may require prior authorization. Check with your Primary Care Physician. This list is not all inclusive.

Covered Member Benefits Descriptions		
Benefit	What It Is	Who Can Get This Benefit
Allergy Testing	<p>Allergy testing can help you and your doctor find out if your symptoms are caused by an allergy and which things you are allergic to.</p> <p>There are skin and blood test for allergies. Skin tests are used most of the time.</p>	All members when medically necessary.
Ambulance (air and ground) Call 911	<p>Emergency transportation is a covered benefit.</p> <p>Call 911 or the emergency telephone number in your area.</p>	All members when medically necessary.
Bed Liners (for members age 4 and up)	<p>A disposable pad to protect bedding.</p> <p>Limits may apply. Call Member Services.</p>	Members age 4 and up when medically necessary.
Behavioral Health/Alcohol and Substance Abuse (Children) 1-866-543-2167 24 hrs a day, 7 days a week Child Mental Health Crisis Line	<p>30 Outpatient visits each year (7/1 through 6/30)</p> <p>No referral is needed; must see a network provider</p>	Children under Age 18 NOTE: Inpatient, Partial Intensive Outpatient services are covered by the State of Delaware, Department of Services for Children, Youth and their families, Division of

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302-633-5128		Child Mental Health.
Behavioral Health/Alcohol and Substance Abuse (Adults) 1-866-543-2167 24 hrs a day, 7 days a week	20 Outpatient visits each year (7/1 through 6/30) and 30 Inpatient days each year (7/1 through 6/30) No referral is needed; must see a network provider	Adults 18 and over Outpatient visits include: <ul style="list-style-type: none"> ▪ Partial day programs ▪ Intensive outpatient programs ▪ Traditional outpatient visits
Blood and Plasma Products	Fluids and cells that give nutrients to the cells so that the muscles and organs work.	All members when medically necessary.
Bone Mass Measurement (Bone Density)	An X-ray that measures how thick and strong the bones in the body are.	All members when medically necessary.
Cancer Screenings	Screening means checking your body for cancer before there are signs or symptoms of the disease. Screening tests may find many kinds of cancer early, when treatment is likely to work best. Find cancer early; see your PCP for which cancer screenings are right for you.	All members when medically necessary.
Cancer Testing and Treatment	Common cancer tests include: <ul style="list-style-type: none"> ▪ CT scan ▪ Complete blood count ▪ Blood chemistries 	All members when medically necessary.

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	<ul style="list-style-type: none"> ▪ Biopsy of the tumor ▪ Chest -ray <p>Types of cancer treatment include:</p> <ul style="list-style-type: none"> ▪ Chemotherapy ▪ Radiation therapy ▪ Surgery 	
Chemotherapy	Taking certain types of drugs to treat cancer.	All members when medically necessary.
Childbirth Education	Learning about the various stages of labor and birth.	All pregnant members.
Colorectal Screening Exam	A simple test to find blood in the stool that cannot be seen.	All members when medically necessary.
Contact Lenses	One pair of contact lenses or eye glasses once every 12 months.	All members.
CT Scans	A painless X-ray procedure used to study all parts of your body, such as the chest, belly, pelvis, or an arm or leg.	All members when medically necessary.
Dental Services 1-800-372-2022	<p>The Delaware Medical Assistance Program covers certain dental care for children up to age 21. (Includes the Delaware Healthy Children Program)</p> <p><i>Exception:</i> Removal of bony impacted wisdom teeth covered by DPCI.</p>	The Delaware Medical Assistance Program covers certain dental care for children up to age 21. (Includes the Delaware Healthy Children Program)
Diabetic Care	<p>Education</p> <ul style="list-style-type: none"> ▪ Special services, such as disease 	All members when medically necessary.

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	<p>management, help members learn about living with diabetes.</p> <p>Routine</p> <ul style="list-style-type: none"> ▪ Podiatry Care <p>Equipment</p> <ul style="list-style-type: none"> ▪ Diabetic Equipment (insulin pump and pump supplies) <p>Supplies</p> <ul style="list-style-type: none"> ▪ Alcohol swabs <p><i>Exception:</i> Test strips, lancets and glucose monitoring equipment is covered by the Delaware Medical Assistance Program (use your Medical Assistance ID card).</p>	
Dialysis	<p>A treatment that is needed when your own kidneys can no longer take care of your body's needs. Like healthy kidneys, dialysis keeps your body in balance by:</p> <ul style="list-style-type: none"> ▪ Removing waste, salt and extra water to prevent them from building up in the body. ▪ Keeping a safe level of certain chemicals in your blood. ▪ Helping to control blood pressure. 	All members when medically necessary.

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Diapers (age 4 and up)	<p>A disposable garment consisting of a folded cloth or other absorbent material drawn up between the legs and fastened about the waist.</p> <p>Limits may apply. Call Member Services.</p>	Members age 4 and up, when medically necessary.
Drugs (Given in your doctor's office)	Drugs that are ordered by your doctor. This does not include any over-the-counter drugs.	All members when medically necessary.
Durable Medical Equipment (DME)	<p>Certain medical equipment that is ordered by a doctor and is used to aid in a better quality of living. DME can hold up to repeated use.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Walker ▪ Wheelchair ▪ Nebulizer ▪ Diabetic Equipment (insulin pump and pump supplies) 	All members when medically necessary.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Regular well-child check ups, immunizations (shots), and check ups to look for illness. Whatever is needed to take care of sick children and to keep healthy children well.	Children up to the age of 21.
Emergency Room Care	If you have an emergency, go to the emergency room.	All members.

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	<p>Examples:</p> <ul style="list-style-type: none"> ▪ Sharp chest pains ▪ Bleeding that will not stop ▪ Passing out ▪ Poisoning ▪ Severe burns ▪ Extreme shortness of breath <p>If you have received care out of the area, follow up with your PCP.</p>	
<p>Eye Tests, Routine</p> <p>Block Vision 1-800-879-6901</p>	<p>Routine eye exam once every 12 months with a Block Vision provider.</p> <p>This does not count the basic eye test by your PCP. Additional exams are covered when medically necessary.</p>	All members.
Eye glasses or Contacts	One pair of glasses or contact lenses once every 12 months.	All members.
Family Planning	<ul style="list-style-type: none"> ▪ Family planning office visits ▪ Lab test ▪ Birth control ▪ Voluntary sterilizations 	All members.
Genetic Testing	A blood test to help predict the risk for disease in children and adults.	All members when medically necessary.
Glaucoma Screening	<p>Glaucoma is a group of eye diseases that puts pressure on the eye and can lead to blindness.</p> <p>A regular eye exam by your eye doctor is the best way to detect glaucoma.</p>	All members when medically necessary.

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Gynecology Visits	A GYN exam may include a pelvic exam, PAP (cervical cancer) test and breast exam. Women should have a GYN visit every year or more often if she is being treated for a problem. A PCP or an OB/GYN can do an exam.	All female members.
Hearing Aids and Batteries (External)	An external electronic device that makes some sounds louder for the person with a hearing loss.	Children up to age 21 when medically necessary.
Hearing Exams	A pain free test to check a person for hearing loss. This test can be done in your doctor's office.	All members.
HIV/AIDS or Sexually Transmitted Diseases Testing	Having your blood, urine, or saliva tested to see if you are infected with HIV, the virus that causes AIDS or other sexually transmitted diseases.	All members when medically necessary.
Home Health Care and Aide Services	Home health care services, including nursing and home health aide care.	All members when medically necessary.
Hospice Care	Care and services for people who have a terminal illness.	All members when medically necessary.
Hospital Services (Inpatient and Outpatient)	<ul style="list-style-type: none"> ▪ Inpatient hospital services ▪ Outpatient hospital services 	Any member with an authorization or who has an emergency.
Immunizations	Immunizations protect children and adults from diseases such as:	All members when medically necessary.

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	<ul style="list-style-type: none"> ▪ measles ▪ polio ▪ whooping cough ▪ tetanus ▪ shingles ▪ meningitis ▪ flu <p>Check with your PCP to see if you and your child's shots are up-to-date.</p>	
Infusion Therapy	Any kind of medicine given through a needle or IV, and is often given at home.	All members when medically necessary.
Laboratory Services	Testing services that may include: blood tests, body fluid testing, health screening and monitoring tests.	All members when medically necessary.
Mammogram	An X-ray image of the breast.	Adults 30 – 40 every year if a birth relative has breast cancer. Adults over 40 every year.
Medical Supplies	Disposable items that are used in the treatment of medical conditions.	All members when medically necessary.
MRA	A test often used to look at the blood vessels that go to the brain, kidneys and legs.	All members when medically necessary.
MRI	A painless scan used to diagnose a variety of conditions, from torn ligaments to tumors.	All members when medically necessary.

Covered Member Benefits Descriptions		
Benefit	What It Is	Who Can Get This Benefit
Obstetrical/Maternity Care	Medical care during and after pregnancy, including hospital stays and home visits after delivery when necessary.	Women who are pregnant and for 90 days after the birth of their baby.
Orthopedic Shoes and Inserts	Services include special shoes and supports when medically necessary.	All members when medically necessary.
Outpatient Surgery, Same Day Surgery, Ambulatory Surgical Center	An operation that does not require admission or an overnight stay in the hospital.	All members when medically necessary.
Pain Management Services	Pain management is used for control and relief of long-term or chronic pain. It includes medicine and other pain treatments.	All members when medically necessary.
PET Scan	An imaging test that uses a radioactive substance to look for disease in the body. The PET scan shows how organs and tissues are working.	All members when medically necessary.
Pharmacy/Prescription Drugs Call 1-800-996-9969 select option 2	The Pharmacy Benefit Manager provides this service.	Covered by Delaware Medical Assistance (use your Medical Assistance ID card).
Physicals	An evaluation of the body and its functions. Yearly visits with your PCP to: <ul style="list-style-type: none"> ▪ Screen for disease ▪ Encourage healthy lifestyles ▪ Update vaccinations 	All members.

Covered Member Benefits Descriptions		
Benefit	What It Is	Who Can Get This Benefit
	<ul style="list-style-type: none"> ▪ Sports physicals <p><i>Exceptions:</i> Work and travel physicals are not covered.</p>	Children up to age 21
Podiatry Care	Special care for foot problems and regular foot care.	All members when medically necessary.
Pregnancy Related Services	Medical care during and after pregnancy, including hospital stays and home visits after delivery when necessary.	Women who are pregnant and for 90 days after the birth of their baby.
Primary Care Services	These are all of the basic health services you need to take care of your general health needs. They are usually provided by your Primary Care Physician (PCP).	All members when medically necessary.
Private Duty Nursing	For members who require more skilled care than can be given by standard home health care services.	All members when medically necessary. Covered for Delaware Healthy Children Program members up to 28 hours per week.
Prostate Cancer Screening	A simple exam and/or lab test done in your doctor's office to see if further testing is needed.	All male members when medically necessary.
Prosthetics & Orthotics	A prosthetic is a man-made device used to take the place of a missing body part.	All members when medically necessary.

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	An orthotic is a device used to treat, adjust, and support how the foot functions.	
Radiation Therapy	The use of radiation as part of cancer treatment.	All members when medically necessary.
Rehabilitation (Medical-Inpatient Hospital)	A level of care given to a member to bring back the best possible function.	All members when medically necessary.
Skilled Nursing Facility State of Delaware Long-Term Care Medicaid Unit at 1-800-464-4357	<ul style="list-style-type: none"> ▪ DPCI will pay for your care in a nursing home or chronic care hospital up to the first 30 days, <i>when medically necessary</i>. ▪ After the first 30 days, the services are considered “long-term care.” The State of Delaware may pay for your long-term care and treatment, <i>when medically necessary</i>. 	For Delaware Medicaid to pay for care after the first 30 days, you must complete an application and submit it to the State of Delaware.
Sleep Apnea Studies	Tests that watch what happens to your body during sleep.	All members when medically necessary.
Specialist Physician Services	Specialty Care is health care provided by doctors trained to treat problems affecting specific areas, such as heart, bones or brain. For some special health care needs, you may need a specialist for	All members when medically necessary.

Covered Member Benefits Descriptions		
Benefit	What It Is	Who Can Get This Benefit
	your primary care.	
Therapy: Outpatient Occupational/Physical/Speech	Physical, Occupational and Speech Therapy helps people improve movement or function with physical and other problems caused by injury or illness.	All members when medically necessary.
Transportation (Non Emergency) LogistiCare 1-866-896-7211 LogistiCare Helpline – “Where’s My Ride?” 1-866-412-3778	If you need help getting to and from a scheduled doctor’s visit, you may call LogistiCare. Please call at least 48 hours before your doctor’s visit.	These benefits are provided by the State of Delaware Medicaid Program (use your Medical Assistance ID card). This service is NOT offered to Delaware Healthy Children Program members.
Urgent Care Centers, After Hours and Walk-In Centers	Centers that provide care for minor injuries and illnesses that require immediate attention, but are not severe enough for a trip to the emergency room. See page #27 in Member Handbook.	All members.
Well Woman Services	A GYN exam may include a pelvic exam, PAP (cervical cancer) test and breast exam. Women should have a GYN visit every year. A PCP or an OB/GYN can do a well woman exam.	All female members.
X-Rays	An X-ray allows your doctor to take pictures of the inside of your body.	All members when medically necessary.

****Please see member handbook for exclusions and services not covered.**

Value Added Programs and Services		
Program	What It Is	Who Can Get This Benefit
Case Management	<p>A case manager may be assigned to help you plan for and receive health care services.</p> <p>The case manager keeps track of what services are needed and what services have been provided.</p>	Members with special care needs.
Disease Management	<p>Special services to help members learn about living with the following diseases:</p> <ul style="list-style-type: none"> ▪ Asthma ▪ Congestive Heart Failure (CHF) ▪ Chronic Obstructive Pulmonary Disease (COPD) ▪ Diabetes <p>A disease manager can help you manage your disease.</p>	<p>Members with:</p> <ul style="list-style-type: none"> ▪ Asthma ▪ CHF ▪ COPD ▪ Diabetes
PACTsm Program	<p>We help you keep doctor visits, before and after your baby is born.</p> <p>You will receive text messages on your cell phone reminding you of appointments and health tips.</p>	Pregnant members.
Promise Programsm	<p>Keep your doctor appointments and qualify for things you need for your baby.</p> <p>You can earn a portable crib, play yard, car seat or stroller. The more</p>	Pregnant members.

	appointments you keep, the higher level item you will qualify to receive.	
Teen D.R.E.A.M. sm (Dare to Raise Expectations About Myself)	A health education and life skills program offered to our teen members to increase their self esteem.	Teens
We Can!™ Make Healthy Choices Obesity Prevention Campaign	After-school activity programs to keep kids active.	DPCI Children

Services That Are Not Covered

There are some services that are not covered by DPCI or by the Delaware Medical Assistance Program, such as:

- Abortion, unless rape, incest or to save the life of the mother
- Autopsies
- Certain medicines used to treat obesity, sexual dysfunction or for cosmetic purposes
- Chiropractic services
- Christian Science nurses and/or sanitariums
- Cosmetic services or items
- Dental Services for member 21 years or older
- Experimental procedures
- Hearing aids for member 21 years or older
- Hippotherapy
- Infertility treatments
- In home exercise equipment
- Inpatient hospital tests not ordered by the attending doctor, except in an emergency
- Non-emergency services from an out of network provider that are not approved
- Paternity testing
- Residential weight loss clinic
- Routine podiatry, unless medically necessary and appropriate
- Services that are not medically necessary
- Sex change services and/or hormone therapy
- Single antigen vaccines when a combined antigen was medically appropriate
- Sterilization of a mentally incompetent or institutionalized person
- Vaccines for travel outside of the United States
- Work related and travel physicals