



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

| 2011 Covered Member Benefits Descriptions Effective July 1, 2011 | | |
|---|--|---|
| 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) 1-866-543-2383 (toll-free) 24 hrs a day, 7 days a week Child Mental Health Crisis Line 302-633-5128 | <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 Child Mental Health. |

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|---|--|---|
| <p>Behavioral Health/Alcohol and Substance Abuse (Adults)</p> <p>1-866-543-2383 (toll-free) 24 hrs a day, 7 days a week</p> | <p>20 Outpatient visits each year (7/1 through 6/30) and 30 Inpatient days each year (7/1 through 6/30)</p> <p>No referral is needed; must see a network provider</p> | <p>Adults 18 and over</p> <p>Outpatient visits include:</p> <ul style="list-style-type: none"> ▪ Partial day programs ▪ Intensive outpatient programs ▪ Traditional outpatient visits |
| <p>Blood and Plasma Products</p> | <p>Fluids and cells that give nutrients to the cells so that the muscles and organs work.</p> | <p>All members when medically necessary.</p> |
| <p>Bone Mass Measurement (Bone Density)</p> | <p>An X-ray that measures how thick and strong the bones in the body are.</p> | <p>All members when medically necessary.</p> |
| <p>Cancer Screenings</p> | <p>Screening means checking your body for cancer before there are signs or symptoms of the disease.</p> <p>Screening tests may find many kinds of cancer early, when treatment is likely to work best.</p> <p>Find cancer early; see your PCP for which cancer screenings are right for you.</p> | <p>All members when medically necessary.</p> |
| <p>Cancer Testing and Treatment</p> | <p>Common cancer tests include:</p> <ul style="list-style-type: none"> ▪ CT scan ▪ Complete blood count ▪ Blood chemistries ▪ Biopsy of the tumor ▪ Chest -ray <p>Types of cancer treatment include:</p> <ul style="list-style-type: none"> ▪ Chemotherapy ▪ Radiation therapy ▪ Surgery | <p>All members when medically necessary.</p> |

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| 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 Block Vision 1-800-879-6901 (toll-free) | One pair of contact lenses or eye glasses once every 12 months. | Members under the age of 21. |
| 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 (toll-free) | The Delaware Medical Assistance Program covers certain dental care for children up to age 21. (Includes the Delaware Healthy Children Program) <i>Exception:</i> Removal of bony impacted wisdom teeth covered by DPCI. | The Delaware Medical Assistance Program covers certain dental care for children up to age 21. (Includes the Delaware Healthy Children Program) |

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| Diabetic Care | <p>Education</p> <ul style="list-style-type: none"> ▪ Special services, such as disease management, help members learn about living with diabetes. <p>Routine</p> <ul style="list-style-type: none"> ▪ Podiatry Care <p>Equipment</p> <ul style="list-style-type: none"> ▪ 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> | All members when medically necessary. |
| Dialysis | <p>A treatment that is needed when your own kidneys can no longer take care of your body's needs.</p> <p>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) | 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. |

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| Emergency Room Care | <p>If you have an emergency, go to the emergency room or call 911.</p> <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> | All members. |
| Eye Tests, Routine Block Vision 1-800-879-6901 (toll-free) | <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> | Members under the age of 21. |
| Eye glasses or Contacts Block Vision 1-800-879-6901 (toll-free) | One pair of glasses or contact lenses once every 12 months. | Members under the age of 21. |
| 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. |

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| 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. |
| 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. |

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|---|--|---|
| 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 | <p>Immunizations protect children and adults from diseases such as:</p> <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> | All members when medically necessary. |
| 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. |

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|--|---|--|
| MRI | A painless scan used to diagnose a variety of conditions, from torn ligaments to tumors. | All members when medically necessary. |
| Nutritional Counseling | Your PCP or a registered dietician works with you to review your daily diet and find areas where change is needed. | All members when medically necessary. |
| 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 (toll-free) select option 2 | The Pharmacy Benefit Manager provides this service. | Covered by Delaware Medical Assistance (use your Medical Assistance ID card). |

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| Physicals | <p>An evaluation of the body and its functions.</p> <p>Yearly visits with your PCP to:</p> <ul style="list-style-type: none"> ▪ Screen for disease ▪ Encourage healthy lifestyles ▪ Update vaccinations ▪ Sports physicals <p><i>Exceptions:</i> Work and travel physicals are not covered.</p> | <p>All members.</p> <p>Children up to age 21.</p> |
| Podiatry Care | Special care for foot problems. | 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. | <p>All members when medically necessary.</p> <p>Covered for Delaware Healthy Children Program members up to 28 hours per week.</p> |
| 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. |

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|--|--|---|
| Prosthetics & Orthotics | <p>A prosthetic is a man-made device used to take the place of a missing body part.</p> <p>An orthotic is a device used to treat, adjust, and support how the foot functions.</p> | All members when medically necessary. |
| 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 (toll-free) | <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 measure 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 your primary care. | All members when medically necessary. |

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|---|---|---|
| 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 (toll-free) LogistiCare® Helpline – “Where’s My Ride?” 1-866-412-3778 (toll-free) | 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. | Covered by Delaware Medical Assistance 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 | | |
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| 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 |
| Healthy Living Rewards Program | On time wellness visits and immunizations qualify you to win healthy reward prizes. | All members. |
| Promise Program sm | <p>Keep your doctor appointments and qualify for things you need for your baby.</p> <p>You can earn one of the following:</p> <ul style="list-style-type: none"> • diaper/wipe package • portable crib • play yard • car seat • stroller <p>The more appointments you keep, the higher level item you will qualify to receive.</p> | Pregnant members. |

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 eye care and glasses/contacts for adults
- 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