



## Quick Reference Guide To Benefits and Services\*

Benefits	Members Under 21 Years of Age	Members 21 Years of Age and Older
Ambulance Services non-emergency	Covered when medically necessary and with prior authorization <b>Co-pay may apply to members 18 to 20 years of age</b>	Covered when medically necessary and with prior authorization <b>Co-pay may apply</b>
<b>For Emergency Ambulance Services – call 911</b>		
CAT Scan (CT Scan)	Covered when medically necessary and with prior authorization	Covered when medically necessary and with prior authorization
Chiropractor	Covered - no referral or prior authorization is needed for the initial evaluation. Prior authorization is required after the initial evaluation. <b>Co-pay may apply to members 18 to 20 years of age</b>	Covered - no referral or prior authorization is needed for the initial evaluation. Prior authorization is required after the initial evaluation. <b>Co-pay may apply</b>
Durable Medical Equipment	Covered when medically necessary, when covered by the Pennsylvania Medical Assistance Program, with a prescription and sometimes requires prior authorization. <i>Please see the “Prior Authorization” section of the Member Handbook for more information.</i> <b>Co-pay may apply to members 18 to 20 years of age</b>	Covered when medically necessary, when covered by the Pennsylvania Medical Assistance Program, with a prescription and sometimes requires prior authorization. <i>Please see the “Prior Authorization” section of the Member Handbook for more information.</i> <b>Co-pay may apply</b>
Emergency Room service	Covered	Covered
EPSDT Services (including, among other things, well-child visits and immunizations)	Covered	These services do not apply to members 21 years of age and over
Family Planning	Covered through AmeriHealth First <i>Please see the “Family Planning” section of the Member Handbook for more information.</i>	Covered through AmeriHealth First <i>Please see the “Family Planning” section of the Member Handbook for more information.</i>
Hearing Aids	Covered with prior authorization	Not a covered benefit under the Pennsylvania Medical Assistance Program
MRI/MRA	Covered when medically necessary and with prior authorization	Covered when medically necessary and with prior authorization
Orthodontia (Teeth/Jaws)	Covered when medically necessary	Not covered

**\* Please note: this is not a complete listing of covered benefits and services. This is only a quick reference to some of the most commonly used benefits and services.**

Benefits	Members Under 21 Years of Age	Members 21 Years of Age & Older
Orthopedist (Bones)	Covered with a referral from your PCP to a network provider	Covered with a referral from your PCP to a network provider
PCP visits	Covered	Covered
Podiatrist	Covered with a referral from your PCP to a network provider and sometimes requires prior authorization. <i>Please see the “Getting Care from Specialists” and the “Out-of-Network Specialists” sections of the Member Handbook for more information, or call Member Services.</i> <b>Co-pay may apply to members 18 to 20 years of age</b>	Covered with a referral from your PCP to a network provider and sometimes requires prior authorization. <i>Please see the “Getting Care from Specialists” and the “Out-of-Network Specialists” sections of the Member Handbook for more information, or call Member Services.</i> <b>Co-pay may apply</b>
Prescriptions	Covered <b>Co-pay may apply to members 18 to 20 years of age</b>	May be covered, depending on member’s category of assistance. <i>Please call Member Services for more information.</i> <b>Co-pay may apply</b>
Routine Dental Exams	Covered - once every 6 months	Dental care may not be covered for all members 21 years of age and older. <i>Please call Member Services for more information about your dental benefit.</i>
Routine OB/GYN visits	Covered	Covered
Tobacco Cessation Counseling	Covered when provided by an AmeriHealth Mercy facility with an approved Department of Health Tobacco Cessation program. There are limits to the number of counseling visits. <i>Please see the “Tobacco Cessation” section of the Member Handbook for more information.</i>	Covered when provided by an AmeriHealth Mercy facility with an approved Department of Health Tobacco Cessation program. There are limits to the number of counseling visits. <i>Please see the “Tobacco Cessation” section of the Member Handbook for more information.</i>
Vision	<ul style="list-style-type: none"> <li>· Routine eye exams are covered.</li> <li>· Eyeglasses or contact lenses are covered, with some dollar limits.</li> </ul> <i>Please see the “Eye Care” section of the Member Handbook for more information.</i> <b>Co-pay may apply to members 18 to 20 years of age</b>	<ul style="list-style-type: none"> <li>· Routine eye exams are covered.</li> <li>· Eyeglasses or contact lenses are covered, with some dollar limits.</li> </ul> <i>Please see the “Eye Care” section of the Member Handbook for more information.</i> <b>Co-pay may apply</b>
24-Hour Nurse Line	Covered	Covered



**Member Services 1-888-991-7200 • TTY 1-888-987-5704**

**[www.amerihhealthmercyhp.com](http://www.amerihhealthmercyhp.com)**