



Health Partners Plans

Health Partners Medicaid Benefit Summary – Adult *

Services	Healthy (Low risk) ** Interim ***	Healthy Plus (High risk) **	Copay
Category 1: Ambulatory Services			
Primary Care Provider	No limits	No limits	\$0
Specialist	No limits	No limits	\$0
Certified Registered Nurse Practitioner	No limits (like PCP)	No limits	\$0
Federally Qualified Health Center/Rural Health Clinic	No limits except for Dental Care Services as described below	No limits except for Dental Care Services as described below	\$0
Independent Clinic	No limits (like PCP)	No limits	\$0
Outpatient Hospital Clinic	No limits (like PCP)	No limits	\$0
Podiatrist Services	No limits	No limits	\$0
Chiropractor Services	No limits	10 visits per calendar year	\$1
Optometrist Services	2 visits per calendar year	1 visit per calendar year	\$0
Respite Care	Respite to require Prior Authorization (5 days every 60 certified days)	Respite to require Prior Authorization (5 days every 60 certified days)	\$0
Radiology (For example: X-Rays, MRIs, CTs)	No limits PA through MSI for Hi-Tech	No limits PA through MSI for Hi-Tech	\$1
Dental Care Services	Diagnostic, preventive, restorative, and surgical dental procedures, prosthodontics and sedation. Key Limitations: Dentures 1 per lifetime, Exams/prophylaxis 1 per 180 days, Crowns, Periodontics and Endodontics only via approved benefit limit exception	Diagnostic, preventive, restorative, and surgical dental procedures, prosthodontics and sedation. Key Limitations: Dentures 1 per lifetime, Exams/prophylaxis 1 per 180 days, Crowns, Periodontics and Endodontics only via approved benefit limit exception	\$0
Outpatient Hospital Short Procedure Unit (SPU)	No limits	No limits	\$3
Outpatient Ambulatory Surgical Center (ASC)	No limits	No limits	\$3
Non-Emergency Medical Transport	No limits Requires Prior Authorization	No limits Requires Prior Authorization	\$0
Family Planning Clinic	No limits	No limits	\$0



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Renal Dialysis (includes dialysis in the home)	No limits	No limits	\$0
Targeted Case Management other than Behavioral Health	Limited to individuals identified in the target group (No limits)	Limited to individuals identified in the target group (No limits)	\$0
Category 2: Emergency Services			
Emergency Room	No limits	No limits	\$0
Emergency Ambulance	No limits	No limits	\$0
Category 3: Hospitalization			
Inpatient Acute Hospital	No limits	No limits	\$3 per day up to \$21 per admission
Inpatient Rehab Hospital	1 admit per calendar year	No limits	\$3 per day up to \$21 per admission
Inpatient Psychiatric Hospital****	30 days per calendar year	No limits	\$3 per day up to \$21 per admission
Inpatient Drug & Alcohol****	No limits	No limits	\$0
Category 4: Maternity and Newborn			
Maternity – Physicians, Certified Nurse Midwives, Birth Centers	No limits	No limits	\$0
Category 5: Mental Health and Substance Abuse (Behavioral Health)			
Outpatient Psychiatric Clinic	Five hours or 10 one-half hour sessions of psychotherapy per recipient per 30 consecutive days	No limits	\$0
Mobile Mental Health Treatment	Five hours or 10 one-half hour sessions of psychotherapy per recipient per 30 consecutive days	No limits	\$0
Outpatient Drug and Alcohol Treatment	<ul style="list-style-type: none"> Opiate Detox: 42 visits per 365 days Chemotherapy/Drug-free visits: 3 visits per 30 days 	No limits	\$0
Residential Treatment Facility (Non-Hospital Residential Drug & Alcohol)	NOT COVERED	No limits	\$0
Methadone Maintenance	One visit per day/ 7 visits per week	No limits	\$0



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Clozapine	Limited to persons with Schizophrenia 1 per week	No limits	\$0
Psychiatric Partial Hospital	540 hours per calendar year	No limits	\$0
Peer Support	4 hours per day/ 900 hours per year	No limits	\$0
Crisis	No limits	No limits	\$0
Targeted Case Management – Behavioral Health Only	Limited to individuals with SMI only (No limits)	Limited to individuals with SMI only (No limits)	\$0
Category 6: Prescription Drugs			
Prescription Drugs	6 per month	No limits	\$1 generic/ \$3 brand
Nutritional Supplements	No limits	No limits	\$0
Category 7: Rehabilitation and Habilitation Services and Devices			
Skilled Nursing Facility	30 days with disenrollment	30 days with disenrollment	\$0
Home Health Care	No limits with Prior Authorization	No limits with Prior Authorization	\$0
ICF/IID and ICF/ORC	30 days with disenrollment	30 days with disenrollment	\$0
Durable Medical Equipment	No limits Prior Authorization over \$500	No limits Prior Authorization over \$500	\$0
Eyeglass Lenses	Limited to individuals with aphakia 4 lenses per calendar year	Limited to individuals with aphakia 4 lenses per calendar year	\$0
Eyeglass Frames	Limited to individuals with aphakia 2 frames per calendar year	Limited to individuals with aphakia 2 frames per calendar year	\$0
Contact Lenses	Limited to individuals with aphakia 4 lenses per calendar year	Limited to individuals with aphakia 4 lenses per calendar year	\$0
Medical Supplies	No limits Prior Authorization over \$500 Diabetic supplies are covered under the Rx benefit	No limits Prior Authorization over \$500 Diabetic supplies are covered under the Rx benefit	\$0



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Therapy (Physical, Occupational, Speech) - Rehabilitative and Habilitative	No limits Requires Prior Authorization from Landmark (8 visit waiver beginning 1/1/15)	<ul style="list-style-type: none"> 30 visits per calendar year combined for Physical and Occupational Therapy 30 visits per calendar year for Speech Therapy Requires Prior Authorization from Landmark (8 visit waiver beginning 1/1/15)	\$0
Category 8: Laboratory Services			
Laboratory	No limits	No limits	\$0
Category 9: Preventative / Wellness Services and Chronic Care			
Tobacco Cessation	70 visits per calendar year	70 visits per calendar year	\$0
Acupuncture	20 visits	20 visits	\$5
Weight Watchers®	50 weekly visits covered yearly. Program requirements apply	50 weekly visits covered yearly. Program requirements apply	\$2
Fitness Benefit	Annual membership covered. Program requirements apply	Annual membership covered. Program requirements apply	\$2 probationary visits

* Health Partners' benefit plan for children under 21 includes all medically necessary services without limitation.

** If an adult member needs additional services beyond the service limit, the member or provider may request an exception to the benefit limit.

*** Healthy category benefits are pending approval by the Centers for Medicare & Medicaid Services (CMS) and are subject to change.

**** Behavioral Health services included in this chart are provided by the Behavioral Health Managed Care Organization in the member's county, not by Health Partners Plans.