

















# 2021 Child Health Plus Plan Benefits Summary\*\*

## Cost

Primary Care Doctor Visits		\$0 copay
Specialist Visits (e.g., heart doctor, lung doctor, etc.)		\$0 copay
Annual Wellness Visit and Health Screenings include Well-Baby and Well-Child Visits, Routine Shots		\$0 copay
DENTAL: Preventive/Routine Dental Exams, Cleanings, X-rays, Fillings, and Simple Extractions		\$0 copay
VISION: Preventive/Routine Annual Exam, Eyewear		\$0 copay
HEARING: Routine Annual Audiology Exam, Hearing Aid Services and Products		\$0 copay
Prescription Drugs		\$0 copay
Outpatient Diagnostic Procedures, Tests, and Lab Services (blood tests, X-rays, PET/CT and MRI scans, and stress tests)		\$0 copay
Hospital Visits: Inpatient and Outpatient Care		\$0 copay
Retail Health Clinics		\$0 copay
Urgent Care Visits		\$0 copay
Emergency Room (ER) Visits		\$0 copay
Family Planning and Reproductive Health Services		\$0 copay
Rehabilitation Services: Physical Therapy, Occupational Therapy, and Speech Therapy (Limitations Apply)		\$0 copay
Durable Medical Equipment (DME) includes Nebulizers, Asthma Inhalers, Casts, Crutches, Orthotics Devices, and Wheelchairs		\$0 copay
Behavioral Health and Substance Use Services		\$0 copay

\*\*Benefits are subject to New York State Department of Health and Centers for Medicare and Medicaid Services changes. They may also be subject to medical necessity review. The benefit information provided is a brief summary, not a complete description, of benefits. For more information, contact the plan.