






# 2021 Medicaid Managed Care 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 (glasses and contacts)		\$0 copay
HEARING: Routine Annual Exam, Audiology, Hearing Aid Services and Products		\$0 copay
PRESCRIPTION DRUGS:		
Brand Name Drugs		\$3 copay
Preferred Brand and Generic Drugs		\$1 copay
Over-the-Counter (OTC) Drugs		\$0.50 copay
Outpatient Diagnostic Procedures, Tests, and Lab Services (blood tests, X-rays, MRI scans, and stress tests)		\$0 copay
HOSPITAL VISITS:		
Inpatient (regardless of length of stay)		\$0 copay
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
MATERNITY CARE: Pregnancy Care, Doctor/Midwife and Hospital Services, and Newborn Nursery Care		\$0 copay
REHABILITATION SERVICES: Physical Therapy, Occupational Therapy, and Speech Therapy		\$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
Transportation to and from Doctor Visits <sup>†</sup> (must arrange 3 business days in advance)		\$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.

<sup>†</sup>LogistiCare and Medical Answering Services provide the covered transportation services under your plan.