

5. COVERAGE, BENEFITS, SERVICES AND COPAYMENTS

Coverage for members in the Medical Assistance (MA) and General Assistance (GA) categories includes certain benefit limits, and copayments for some services. Copayments are your out-of-pocket cost, and are due at the time services are provided. Details are shown below.

Benefit Limits for Medical Assistance and General Assistance Members

These limits do not apply if you are under the age of 21 or if you are pregnant.

These limits are for members in the Medical Assistance and General Assistance benefit packages. Yearly limits will begin on July 1 of every year.

Medical Assistance

- You are eligible for one Inpatient Medical Rehabilitation Hospital admission each year.

General Assistance

- You are eligible for one Inpatient Medical Rehabilitation Hospital admission each year.
- You are eligible for six prescription drugs, including refills each month.

Benefit Limit Exceptions for Medical Assistance and General Assistance Members

You or your provider can ask Health Partners to approve services above the limit for you.

This is called an exception.

An exception to the limit can be granted if:

- You have a serious chronic illness or other serious health condition and without the additional service your life would be in danger; or
- You have a serious chronic illness or other serious chronic condition and without the additional service your health would get much worse; or
- You would need more costly services if the exception is not granted; or
- You would have to go into a nursing home or institution if the exception is not granted.

To ask for an exception, call our Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579.



We will let you know whether or not the exception is granted within the time listed below:

- If you or your provider asks for an exception before you receive the service, you will get a response within 21 days of the date Health Partners gets the request.
- If you or your provider asks for an exception before you receive the service, and your provider tells us you have an urgent need for a quick response, you will get a response within 48 hours of the date and time Health Partners gets the request.
- If you or your provider asks for an exception after you receive the service, you will get a response within 30 days of the date that Health Partners gets the request.

Copays for Medical Assistance and General Assistance Members

Medicaid members 18 years of age and older and in the Medical Assistance or General Assistance categories will have to pay a copay for prescriptions and various medical services.

Members who are under the age of 18, pregnant, or in nursing homes do not have to pay the copays.

No member visiting a PCP will ever have to pay a copay.

Medical and General Assistance recipients cannot be denied a prescription if they cannot afford a copayment. If you cannot afford your prescription copayment, please let your pharmacist know. If you have any problems getting your medication from the pharmacist, please contact Member Relations at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579.

Medical Assistance Copays

For the following services you will pay \$5.00:

- For acupuncture, you will pay \$5.00 for each visit (up to 20 visits). Members who are pregnant or under age 21 do not need to pay a copay.

For the following services you will pay \$3.00:

- For inpatient hospital care (which includes both general and medical rehabilitation hospitals) you will pay \$3.00 for each day you are in the hospital up to \$21.00 for the stay.
- For Short Procedure Unit (SPU)/Ambulatory Surgical Center (ASC) visits, you will pay \$3.00 per admission or visit.
- For medical clinic visits, you will pay \$3.00 for each visit.
- For brand name prescription drugs, you will pay \$3.00 for each prescription and refill.

For the following services, you will pay \$1.00:

- For outpatient hospital visits, you will pay \$1.00 for each visit.
- For outpatient x-ray services, you will pay \$1.00 for the service (not for each x-ray).
- For generic prescription drugs, you will pay \$1.00 for each prescription and refill.
- For chiropractor visits, you will pay \$1.00 for each visit.

You don't have to pay a copayment for any of the following if they are part of your benefit package:

- Any services provided in an emergency
- Birth centers
- CRNP (Certified Registered Nurse Practitioner) services
- Dental visits
- Disposable medical supplies
- Family planning services
- Home health agency services
- Hospice services
- Laboratory tests
- Non-emergency ambulance services
- Nurse midwife (maternity services)
- Optometrist visits
- Physician visits
- Podiatrist visits
- Portable x-ray services
- Renal dialysis center
- Rental of Durable Medical Equipment (DME)
- Skilled Nursing Facility
- The following prescription drugs: Drugs and vaccines that you get in your doctor's office; drugs for high blood pressure, cancer, diabetes, epilepsy, heart disease, psychosis, anti-Parkinson agents, HIV/AIDS, and glaucoma
- Tobacco cessation
- Waiver services

General Assistance Copays

For the following services you will pay \$6.00:

- For inpatient hospital care (which includes both general and medical rehabilitation hospitals) you will pay \$6.00 for each day you are in the hospital up to \$42.00 for the stay.
- For Short Procedure Unit (SPU)/Ambulatory Surgical Center (ASC) visits, you will pay \$6.00 per admission or visit.
- For medical clinic visits, you will pay \$6.00 for each visit.

For the following services you will pay \$5.00:

- For acupuncture, you will pay \$5.00 for each visit (up to 20 visits). Members who are pregnant or under age 21 do not need to pay a copay.

For the following services, you will pay \$2.00:

- For outpatient hospital visits, you will pay \$2.00 for each visit.
- For outpatient x-ray services, you will pay \$2.00 for the service (not for each x-ray).
- For portable x-ray services, you will pay \$2.00 for the service (not for each x-ray).
- For chiropractor visits, you will pay \$2.00 for each visit.

Members in the General Assistance category are limited to six prescriptions per month.

- For brand name prescription drugs, you will pay \$3.00 for each prescription and refill.
- For generic prescription drugs, you will pay \$1.00 for each prescription and refill.

You don't have to pay a copayment for any of the following if they are part of your benefit package:

- Any services provided in an emergency
- Birth centers
- CRNP (Certified Registered Nurse Practitioner) services
- Dental visits
- Family planning services
- Federally Qualified Health Center/ Rural Health Center visits
- Home health agency services
- Hospice services
- Laboratory tests
- Non-emergency ambulance services
- Nurse midwife (maternity services)
- Optometrist visits
- Physician visits

- Podiatrist visits
- Rental of Durable Medical Equipment (DME)
- Skilled Nursing Facility
- Tobacco cessation

Copay Reimbursement

Medical Assistance

Each Medical Assistance member who pays more than \$90.00 in copays during the first six months of the year (from January to June) or the second six months of the year (from July to December) will be reimbursed by Health Partners for the amount over \$90.00.

General Assistance

Each General Assistance member who pays more than \$180.00 in copays during the first six months of the year (from January to June) or the second six months of the year (from July to December) will be reimbursed by Health Partners for the amount over \$180.00.

Medical Assistance and General Assistance members do not have to send Health Partners any receipts. Health Partners will track your copay amount and will send you a check by September 30 for the first six-month period and by March 31 of the following year for the second six-month time period. Depending on when Health Partners runs the total of how much you have overpaid, you may receive more than one reimbursement check during a given six-month period.

For questions and information on copays, please call Health Partners' Finance department at 1-866-213-1681.

Other Reimbursement

You should almost never have to pay out of pocket for a covered service, except for copays. If you do choose to pay for a service, however, you can request that Health Partners repay you. We can send you a special form to help you give us all the information we need to make a decision about your request. If you have questions or would like to request a form, please call Member Relations at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579. If your request for reimbursement is approved, Health Partners will notify you and send you a reimbursement check.

Wellness Visits

Depending on your age or your family member's age, the number of wellness visits will vary. Below is a table outlining the least number of visits you should have.

Age	Number of Well Visits
0-15 months	7 visits for the 15 months
2-5 years	1 visit each year
6-20 years	1 visit each year
21-64 years	1 visit every 2 years
65-and older	1 visit each year

You can make appointments with your PCP for wellness visits designed to keep you healthy.

These include:

- **Asthma checkups:** It is important if you have asthma to make sure that you are on the right medication to help you prevent asthma episodes. If you are interested, you can call the Member Relations department at 1-800-553-0784, TTY 1-877-454-8477 or 215-849-1579 for information on our Healthier YOU Asthma Disease Management program.
- **Shots/Immunizations:** Children should have many important shots before age two, in order for the shots to have the most effect. Children should also continue to have booster shots as necessary.
- **Diabetes checkups:** If you have diabetes, it is important to get a blood test done called HbA1c, which will check the average amount of sugar in your blood over the past 2-3 months. It is also important to have a dilated eye exam and a cholesterol test called an LDL. Call Health Partners' Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579 for information on our Healthier YOU Diabetes Disease Management program.
- **Regular checkups:** It is very important for you and your children to visit your PCP every year, even if you are feeling well (see table on page 8 for recommended time frames). These visits will make sure you stay healthy.
- **Advice on healthy eating habits:** Ask your doctor about your Body Mass Index (BMI). This may help you determine whether you are at risk for obesity.
- **Cancer screenings and testing:** There are many important cancer screenings including mammograms and Pap smears for women, prostate screenings for

men and colorectal screenings for both men and women, so they can stay healthy and conditions can be treated and diagnosed at an early stage.

- **High blood pressure screenings:** If you have high blood pressure, make sure you keep your doctor appointments. Your doctor may prescribe medication and give you important information on diet and exercise.
- **Early and Periodic Screening Diagnosis and Treatment (EPSDT):** For more information about these services for members under the age of 21, see page 27.
- **Routine women's health services:** including checkups, Pap tests, breast exams and birth control. Members can also visit a Health Partners OB/GYN doctor with no referral needed.

Hospitalization

If you need to be put into a hospital, your Health Partners PCP will arrange for you to go to a Health Partners participating hospital and continue to follow your care even if you need other doctors. Services need to be approved by Health Partners.

Outpatient Services

Outpatient services, such as x-rays and laboratory tests, are also covered. Your Health Partners PCP will arrange for these services at one of Health Partners' participating hospitals or outpatient centers.

Home Health Care

If you become sick or hurt, medical care may be available in your home. Health Partners will talk about this with you and your doctor and make sure you get the right care.

Quality Management Program

Health Partners' Quality Management Program monitors and works to improve the care and services you receive as a Health Partners member. This includes the care you receive from our network providers as well as the services we provide as a health plan. In order to make sure that you receive safe, quality health care that is respectful of your cultural needs we:

- Send out surveys to find out what you think of Health Partners services and our provider network
- Monitor member complaints about meeting access to care requirements
- Provide preventive care services where we offer you important age appropriate health tips
- Offer Healthier YOU programs that help you manage specific health issues such as asthma and diabetes

- Provide our Baby Partners Program, where case managers assist pregnant members throughout their pregnancy
- Check the credentials of our network providers and those applying to become part of our network

Each year, Health Partners makes information about our Quality Management Program available to our members and providers. For more information about our Quality Management Program, please call Member Relations at 1-800-553-0784, TTY 1-877-454-8477.

Healthier YOU Programs

These programs help you manage your healthcare needs. Health Partners sends out educational information concerning specific diseases and age appropriate preventive screenings and also provides telephone messaging about important healthcare topics.

In addition, care managers are available to work with you and your doctor to ensure you get the care you need to manage your health care. They can also help teach you healthy habits.

Healthier YOU programs include:

- Asthma Disease Management
- Diabetes Disease Management
- Healthy Heart Disease Management
- Fit Kids
- Baby Partners Maternity Care (see below)

For more information about these programs, please call our Healthcare Management department at 1-866-500-4571 (TTY 1-877-454-8477) or visit our website at www.healthpart.com.

Baby Partners Maternity Program

The Baby Partners program is staffed by registered nurses and social workers who are available to assist mothers throughout their entire pregnancy and after delivery. Our staff works with your OB/GYN or midwife by answering questions, reminding you about important appointments, and offering healthcare tips.

Care during pregnancy

Prenatal care is the care that you need when you are pregnant. It is important for your health and the health of your unborn child. Even if you have been pregnant before, it is important to go to the doctor or other prenatal care provider regularly during each pregnancy. You should expect to go for prenatal visits between 12 to 15 times before your baby is born. Health Partners covers all of these visits and will help you get to each appointment. Staying with Health Partners (or your existing plan) throughout your

pregnancy is usually best for the health of you and your baby.

If you think you are pregnant and need a pregnancy test, see your PCP or a family planning provider. If you are pregnant, you can:

- Call a certified midwife or OB/GYN for an appointment—no referral is needed.

OR

- Call Health Partners Member Relations to find a certified midwife or OB/GYN that is close to your home. Health Partners' provider network includes both male and female doctors and certified nurse midwives to provide your maternity care.

During each visit, your OB/GYN or midwife may:

- Ask you about your medical history
- Perform a physical exam including a pelvic exam
- Take your blood pressure
- Help you learn which foods to eat
- Prescribe vitamins
- Schedule you for tests as needed
- Talk to you about smoking habits, drug and alcohol use and feelings of sadness
- Listen to your baby's heart beat

Care after the birth of your baby— Postpartum care

After the excitement of bringing your baby home there are still some things to remember so your baby and you stay healthy. You should visit your healthcare provider for a checkup between 21 to 56 days after your baby was delivered. During this visit your healthcare provider will:

- Perform a physical exam including a pelvic exam
- Take your blood pressure
- Perform a breast exam
- Talk to you about smoking, drug and alcohol use and how you are feeling
- Discuss family planning options

Health Partners covers all of these services.

Baby Partners Benefits

The following benefits are covered for all moms:

- Vitamins
- Hospital stays
- Hospital delivery and nursery care
- Tests recommended by your healthcare provider
- Dental exams through our Smiling Stork Program
- Home care visits one week after delivery

- 24-hour breastfeeding helpline
- Visits to your OB/GYN or midwife even if he/she leaves the network or if the provider you visit before you are enrolled in Health Partners is not in the network

For more information, call our Baby Partners line at 215-991-4182, TTY 1-877-454-8477 or 215-849-1579.

Family Planning Services

Health Partners members can get family planning services through their PCP or any doctor or clinic of their choice including those not in Health Partners' network. These services may include pregnancy testing, testing and treatment of sexually transmitted diseases, basic birth control supplies, and counseling. No referral is needed.

Dental Care

Children under the age of 21 are eligible to receive all medically necessary dental services. Your child can go to any dentist that is a part of Health Partners' network. You can find a dentist in your area by using our online provider directory at www.healthpart.com, or by calling Member Relations.

Just select one of these dentists and call the office to make an appointment. Your child does not need a referral for a dental visit. However, your child's PCP may refer children age 3 and above to a "dental home" as part of their regular EPSDT well-child visits. (A dental home provides care that is comprehensive, coordinated and family-centered. The dentist there will continue to see your child for regular oral care, and will make referrals to other dental specialists when needed.)

Dental services that are covered for children under the age of 21 include the following, when medically necessary:

- Anesthesia
- Checkups
- Cleanings
- Crowns
- Dental emergencies
- Dental surgical procedures
- Dentures
- Extractions (tooth removal)
- Fillings
- Fluoride Treatments
- Orthodontics (braces)*
- Periodontal services
- Root canals
- Sealants
- X-rays

Your child's PCP may be able to apply fluoride treatments, as well. For more information, just ask your child's PCP.

* If braces were put on before the age of 21, Health Partners will continue to cover services until treatment for braces is completed, or age 23, whichever comes first, as long as the member remains with Health Partners. If the member changes to another Managed Care Organization (MCO), coverage will be provided by that MCO.

For more information on your child's dental benefits, please call our Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579.

Am I Eligible for Dental Services Under MA?

The dental services you may get are based on your eligibility category, age and need. Adults enrolled in MA are eligible at a minimum for surgical procedures and emergency services related to treatment for symptoms and pain. Some adults may be eligible for other dental services. Please read the information contained in your benefit package carefully to determine which healthcare services are included in your benefit package.

If you have any questions about dental or any other covered benefits with Health Partners, please give us a call at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579.

Vision Benefits

All Members

Health Partners covers two routine eye exams yearly for all members. You do not need a referral from your PCP for routine eye exams when you go to a participating Health Partners vision provider. You do need a referral from your PCP to see an eye specialist for services other than routine eye exams.

Members Under Age 21

Health Partners members under the age of 21 have eye care benefits. There is no waiting period. Your basic vision benefit includes two annual vision exams and two pairs of eyeglasses per year. Additional vision exams and replacement eyeglasses can be authorized for you if medically necessary.

You can select from a wide variety of fashionable eyeglass frames from a participating provider. Your Health Partners basic vision coverage includes:

- Choice of metal or plastic frames
- Choice of plastic or glass lenses
- Oversized lenses

- Fashion and gradient tinting of plastic lenses
- One year breakage warranty on all plan glasses.

If you choose a frame that is not on the Health Partners vision plan, Health Partners will cover part of the price for the frame.

If you prefer to wear contact lenses instead of glasses, Health Partners also gives you an enhanced benefit, providing one pair of prescription contact lenses yearly.

If you need eye care, just call Member Relations for help finding a convenient vision care provider. When you call to make an appointment, be sure to tell the office you are a member of Health Partners. Remember to take your membership ID card, ACCESS card, and any other insurance cards with you to the appointment.

If you need eyeglasses or contacts, the eye doctor may be able to fill your eyeglass prescription right in the same office. If not, the doctor will write a prescription for you. Take the prescription to an eyewear center that accepts your Health Partners card. Call Member Relations for help in finding a convenient vision care provider. Remember to take your membership card, ACCESS card, and the prescription.

If you need special lenses for eye problems such as cataracts, your PCP will give you a written referral to see a specialist. Additional coverage for eyeglasses and contact lenses is available for members with aphakia or cataracts. Please call Member Relations at the numbers below for details.

Members Age 21 and Over

Health Partners members age 21 and over do not have routine coverage for eyeglasses and contact lenses. Coverage is available, however, for members with aphakia (a condition where the lens of your eye is missing) or cataracts. Please call Member Relations for details.

Under our Diabetic Eyes for Active Living program, diabetic members age 21 and over who see their doctor for a full eye exam are eligible to receive a pair of eye glasses or prescription contact lenses.

For more information on your vision benefit or if you need help in finding a vision provider, please call our Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579.

Acupuncture

Health Partners now covers acupuncture for members 16 and older. No referral is needed to see an acupuncturist within our provider network. Acupuncture has been an important medical treatment in China and other Asian countries for

thousands of years. It is now used more frequently in the United States as an alternative to drugs and other treatments for headaches, back or neck pain, and other health issues.

When you go to the acupuncturist, he or she will make a treatment plan just for you. The provider then uses needles or other ways to stimulate specific points in the body. We will cover up to 20 visits a year with a \$5 copay for each visit. Members who are pregnant or under age 21 have no copay.

To find a licensed acupuncturist in our network, check our online provider directory at www.healthpart.com, or call Member Relations anytime at 1-800-553-0784, TTY 1-877-454-8477.

Fitness Club Membership

Exercise is a key to staying healthy and feeling good about yourself. That's why Health Partners offers special memberships at participating YMCAs and other fitness centers. To qualify for a year-long membership at a participating center, adult members must complete 12 visits within the first three months. For these visits, a \$2 copayment is required. After completing these visits, no copayment is required for the rest of the year. Members under the age of 18 need to complete six visits, and do not have to pay a copay. We cannot grant time extensions to complete required visits.

You must sign a fitness enrollment form during your first visit to the fitness center. You must also follow the rules of the fitness center. For more information, please call Health Partners' Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579.

Weight Watchers® Benefit

When you're overweight, those extra pounds can contribute to heart disease, high blood pressure and diabetes. And they can also make you unhappy. That's why Health Partners wants to help you get the weight loss help you need – from Weight Watchers of Philadelphia, Inc. As a Health Partners member, you pay a \$2 weekly meeting fee when you enroll in the Health Partners Enhanced Benefit Weight Watchers Program and meet program requirements.

To qualify, you must (1) attend 10 consecutive weekly meetings, and (2) lose at least one pound a month. As long as you meet program requirements, you can continue for the rest of the benefit year. You are also eligible to earn a supermarket gift card when you continue in the program. For additional information about the program, call our Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579.

You CAN Quit Smoking – We CAN Help

Do you want help to stop smoking?

Health Partners wants to help you, whether this is your first try at quitting or even if you have tried before and started smoking again. Health Partners wants to help you become smoke and tobacco free.

Medicines

- Health Partners pays for medicines that can help you.
- Please see the chart below for a list of quit smoking medications that we cover.
- To get medicines to help you stop smoking, call your doctor for an appointment.

Counseling services

- Health Partners covers counseling to help quit smoking for members in all of our Healthier YOU disease management programs. This includes members who have asthma, diabetes and heart disease, as well as children and teens needing weight management services.
- Health Partners also covers quit smoking counseling for pregnant women and new moms in our Baby Partners program.
- For more information or to enroll in these programs and get quit smoking counseling, call 1-866-500-4571 (TTY 1-877-454-8477).

Help with anxiety, depression or mental health while you are trying to quit

Mental health services are offered by a behavioral health agency in your county, not by Health Partners. Please see “Mental Health Services” in section 7 of this handbook for phone numbers for each county.

Health Partners also offers:

- A fitness benefit. Regular exercise can help you reduce anxiety while you quit smoking. See “Fitness Club Membership” on page 20 for more information.
- Our Stop Smoking Now brochure with helpful information about quitting. View or download it from the Healthier YOU section of our website at www.healthpart.com, or call Member Relations anytime to request a copy.
- Additional information and links to other online resources on our website, www.healthpart.com.

Even if medicine or counseling did not work before, that doesn’t mean they will never work for you.

The Pennsylvania Department of Health also wants you to succeed in your quit attempt. That’s why they created the Pennsylvania Free Quitline. If you are considering quitting smoking, call the Pennsylvania Free Quitline today at 1-877-724-1090.

Remember: People often try to quit several times before they succeed. Just because you have tried before, does not mean it isn’t time to try again.

Medicines to help you quit smoking: Health Partners covers many quit smoking products. We do not cover brand name drugs that can be gotten as generics, unless your doctor gets prior authorization (plan approval).

Product	Covered	Prior Authorization Needed?
Gum	Yes	No
Inhaler	Yes	No
Lozenges	Yes	No
Nasal Spray	Yes	No
Patch	Yes	No
Budeprion (generic for Wellbutrin)	Yes	No
Buproban (generic for Zyban)	Yes	No
Bupropion (generic for Wellbutrin and Zyban combination)	Yes	No
Chantix (generic for Varenicline)	Non-Formulary	Yes
Wellbutrin (brand only)	Non-Formulary	Yes
Zyban (brand only)	Non-Formulary	Yes

Education Classes

Health Partners has educational classes. Most are offered right in your community, including computer classes held at our Community Outreach Office. Classes include “How to quit smoking,” “Healthy mom makes for healthy baby,” and “How to eat right and stay healthy,” to name just a few. For information about these classes, just call our Member Relations department.

Prescriptions

If you have questions about your eligibility for prescriptions, need help finding a pharmacy, or would like a complete list of participating pharmacies, call our Member Relations department toll-free at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579. We are here to help you 24 hours a day, seven days a week.

The Health Partners Provider Directory also contains a list of participating pharmacies.

If you need medicine, your PCP or specialist will write a prescription. Simply take the prescription slip to one of the nearly 900 area pharmacies (drug stores) that fill Health Partners prescriptions. Your prescription will be filled if the prescription is covered under your pharmacy benefit. Depending on your category, you may be charged a copayment for your prescription (see section on copayments, page 15).

Sometimes you may be charged a copayment for a prescription by mistake. If you think you should not have to pay a copayment, please contact the Member Relations department from the pharmacy for assistance. If the pharmacist tries to charge you for a prescription, please ask him/her to contact Health Partners.

All Health Partners members under the age of 18 are eligible for full pharmacy services at no charge.

Formulary

Health Partners has a formulary. A formulary is a list of medicines that a health plan approves for use. Your doctor uses our formulary when choosing medicines for you. The formulary contains two kinds of drugs: brand name drugs and generic drugs. Generic drugs contain the same active ingredients as brand name drugs. Since they work the same way as the brand name drugs, you can feel sure that these drugs are high quality and safe for you to take.

If the medicine your doctor wants to use is not part of the formulary, he or she can ask that Health Partners approve the drug for you through the medical exception process. Your doctor will need to send a Letter Of Medical Necessity (LOMN) to Health Partners' Pharmacy department. This Letter Of Medical

Necessity must explain why you need the medicine and why formulary alternatives cannot be used, when applicable. Health Partners will review your doctor's request and make a decision within 24 hours of receiving the request.

If your doctor makes his/her request for Health Partners' approval after you have already taken the prescription to the pharmacy, Health Partners, while reviewing the request, will in most cases cover a 5-day supply of the medicine if you have not already been taking the medicine, and a 15-day supply if you have already been taking the medication.

We will let you and your doctor know whether we will approve the medicine for you. If we deny your doctor's request, you have the right to file a complaint or grievance. Since new drugs and treatments are put into use all the time, Health Partners will make changes to the formulary as needed.

If you would like a copy of Health Partners' formulary, please call our Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579 or visit our website at www.healthpart.com under “Info for Members.”

Over-the-Counter Items

Sometimes your PCP may say you or your children need to have over-the-counter items. Your PCP will give you a prescription to take to the pharmacy for these items. There may be a copayment if the item is covered under your pharmacy benefit.

Over-the-counter items covered under your pharmacy benefit include items such as:

- Cough medicines
- Sinus/allergy medicines
- Tylenol or aspirin
- Vitamins

What's Not Covered

There are some healthcare services that are not covered by Health Partners. Please read the information contained in your benefit package carefully to determine which healthcare services are included in your benefit package. Benefit packages are based on category of medical assistance. Health Partners will not pay for health services not covered in your benefit package. You can get information about your medical assistance category and benefit package by contacting your caseworker at your local County Assistance Office.

Services and situations not covered by Health Partners include the following:

- All experimental procedures
- Any service that is not ordered by your Health Partners PCP or specialist except for emergency situations, OB/GYN visits and family planning visits
- Cosmetic surgery such as face lifts, tummy tucks or nose jobs
- Home modifications
- Infertility services
- Paternity testing
- Respite care
- Services offered and covered by other programs, such as Worker's Compensation or Veterans Administration
- Services provided outside the United States and its territories, with limited exceptions in Canada, Mexico and U.S. territorial waters
- Skilled nursing and home health for members over age 21

If you are not sure if a particular service is covered by Health Partners, it is important to check with your PCP or Health Partners' Member Relations department at 1-800-553-0784 or 215-849-9600, TTY 1-877-454-8477 or 215-849-1579.