

Molina Healthcare of Washington

Member Services: (800) 869-7165/TTY 7-1-1
www.MolinaHealthcare.com

2017 Benefits At-A-Glance

Our goal is to provide you with the best care possible.

All covered services must be medically necessary and are subject to prior authorization requirements. For a full and detailed list of benefit information, please refer to your Member Handbook or call Member Services

2017	Apple Health Medicaid <ul style="list-style-type: none"> • Apple Health Family/Pregnancy Medical (AHFAM) • Apple Health Blind Disabled (AHBD) • Apple Health Adult Coverage (AHAC) • Apple Health with Premium (AHPREM) • Apple Health Foster Care (AHFC)
Abortion	
Involuntary pregnancy termination (miscarriage)	X
Voluntary pregnancy termination	FFS
Acupuncture	—
Ambulance Transportation	X
Antigen (Allergy Serum)	X
Applied Behavioral Analysis (ABA) Services	X
Autism Screening	X (Children up to 36 months)
Birthing Centers/Home Births	X
Birth Control Prescription birth control, over-the-counter birth control, emergency birth control, devices such as contraceptive patches and rings	X
Blood Products	X
Braces (Orthodontics)	—
Breast Implant Removal	X (if medically necessary)
Breast Pumps	X
Cancer Treatment/Chemotherapy	X
Cardiac Rehab	X
Chemical Dependency Treatment	FFS
Childbirth Classes	X
Chiropractic Care	X (children age 20 and younger)

X = covered benefit

— = non covered benefit

FFS= services covered with your Medicaid Services Card through Washington Apple Health Medicaid

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2017	Apple Health Medicaid
Circumcision of Newborns	X (if medically necessary)
Cleft Palate	X
Colonoscopy	X
Court Ordered Treatment	—
Dental Care	FFS
Developmental Screenings	X (Children between 9 to 30 months)
Diabetes Supplies/Education	X
Dialysis	X
Diapers	X
Durable Medical Equipment (DME), Prosthetics and Supplies	X
Eating Disorders	X (if medically necessary)
Emergency Room Care	X
Experimental Treatment or Devices	X (if medically necessary)
Eye Exams/Routine Refractions	X (limited benefit)
Eye Glasses	FFS (children age 20 and younger)
Family Planning	X
Fertility /Impotency Drugs and Treatment	—
Formula (Enteral/Parenteral Nutrition)	X
Gastroplasty (Bariatric Weight Loss Surgery)	X
Genetic Services	X
Habilitative Services	X (Apple Health Adult only)
Health Education	X
Hearing Aids	X (children age 20 and younger)
Cochlear Implant	X(children under age 21)
Hearing Exam	X (if medically necessary)
Home Health Care	X

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Private Duty Nursing	X (children age 17 and younger)
Hospice Care	X
Hospitalization	X
Immunizations/ Vaccines	X
Implants	X (if medically necessary)
Incarcerated Members (Inpatient Services)	X
Infertility/ Impotence	—
Keratotomy/ Kerato-Plasty (Refractive Lensectomy)	X (if medically necessary)
Laboratory Tests	X
Long-Term Care	FFS
Mammogram	X
Massage Therapy	X (Only during PT/OT)
Medications	X
Medication Assisted Treatment (Chemical Dependency)	X (Limited Benefit)
Mental Health	X
Naturopathy	X
Neurodevelopmental Therapy	X
Non-Emergent Transportation	FFS
Nutritional Counseling/Therapy	X
Opiate Replacement	—
Organ Transplants	X
Out-of-Area Care	X (Limited Benefit)
Outpatient Surgery	X
Oxygen	X
Pain Clinics	X (Limited Benefit)

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Physical Exams	X
Physical, Occupational and Speech Therapy	X (Limited Benefit)
Plastic & Reconstructive Surgery	X (If medically necessary)
Podiatry	X (Limited Benefit)
Pre-existing Conditions	X
Prenatal/Postpartum Care	X
Prenatal Genetic Counseling	FFS
Preventive Care	X
Pulmonary Rehab	—
Radiology	X
Reconstructive Surgery	X
Screening, Brief Intervention and Referral to Treatment (SBIRT)	X
Second Opinions	X
Skilled Nursing Facilities	X (Limited Benefit)
Sleep Study	X
Smoking Cessation (e.g. counseling, nicotine patches or gum)	X (Limited Benefit for adults age 18 and older)
Sterilization (Tubal Ligation or Vasectomy)	X (Adults age 21 and older)
Temporomandibular Joint Disorder (TMJ)	X (If medically necessary)
Transgender Health Services	X (Limited Benefit/FFS)
Urgent Care	X
Vitamins	X
Vision Therapy	X

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Vocational Rehabilitation	FFS
Weight Loss Drugs	—
Women's Health Care	X

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