



# Covered Benefits Matrix



CATEGORY DESCRIPTION	COMMENTS AND LIMITATIONS
<b>HOSPITAL SERVICES</b>	
<ul style="list-style-type: none"> <li>Inpatient Room and Services</li> <li>Inpatient physical, occupational and speech therapy</li> <li>Intermediate or Skilled Nursing Services</li> <li>Emergency Room (services in and out of the Plan's Service Area and with non-participating providers)</li> </ul>	All non-emergency hospital services require prior authorization.
<b>PROFESSIONAL SERVICES</b>	
<b>PHYSICIAN SERVICES</b> <ul style="list-style-type: none"> <li>Office Visits</li> <li>Physician services in the hospital</li> <li>Outpatient surgery</li> <li>Immunizations</li> <li>Periodic Physical Examinations</li> </ul>	<p>You must get services from your Primary Care Provider (PCP). If your PCP cannot provide the service, he or she will refer you to another provider.</p> <p>Some services require prior authorization.</p>
<b>MATERNITY AND NEWBORN CARE</b> <ul style="list-style-type: none"> <li>Prenatal care (office visits)</li> <li>Delivery and postpartum care</li> </ul>	Members may get services from any OB/GYN within the Service Area that accepts Medi-Cal and the Alliance. Your doctor can call the Alliance or visit the provider portal for more information.
<b>OTHER HEALTH CARE SERVICES</b>	
<b>AMBULANCE SERVICES</b>	Covered when medically necessary.
<b>BEHAVIORAL HEALTH TREATMENT (BHT) FOR AUTISM SPECTRUM DISORDER (ASD)</b>	These services are provided through Carelon Behavioral Health, 855-765-9700 (TTY: Dial 711).
<b>BLOOD AND BLOOD PRODUCTS</b> (includes collection and storage of autologous blood)	Covered when medically necessary.
<b>COMMUNITY BASED ADULT SERVICES (CBAS)</b>	Covered when medically necessary. Prior authorization is required.



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<b>DENTAL</b>	Covered through Medi-Cal Dental Program (Denti-Cal), 800-322-6384, not the Alliance. (TTY: Dial 711)
<b>DIAGNOSTIC X-RAY/LAB PROCEDURES</b>	Covered when medically necessary. Prior authorization may be required.
<b>DIALYSIS/HEMODIALYSIS SERVICES</b>	Covered when medically necessary. Prior authorization may be required.
<b>DURABLE MEDICAL EQUIPMENT</b> (including original and replacement orthotics and prosthetics)	Covered when medically necessary. Prior authorization may be required.
<b>FAMILY PLANNING SERVICES</b> Medical, Professional and Counseling Services FDA Approved Contraceptive drugs and devices.	Members may get these services from any provider that accepts Medi-Cal and the Alliance. Some FDA approved over-the-counter items such as condoms, foams and jellies are covered with a prescription.
<b>HEARING AIDS</b> Audiology Exam and Hearing Aid Instrument	Covered when medically necessary. Prior authorization is required for hearing aids.
<b>HOME HEALTH CARE</b>	Covered when medically necessary. Prior authorization is required.
<b>HOSPICE and PALLIATIVE CARE</b> (for a serious illness)	Covered when medically indicated and as decided by the Member.
<b>INPATIENT AND SPECIALTY MENTAL HEALTH SERVICES</b> Inpatient mental health services and services for the treatment of severe mental health conditions.	<p>These services are covered through County Mental Health Departments, not the Alliance.</p> <p>Santa Cruz County: 800-952-2335 Monterey County: 888-258-6029 Merced County: 888-334-0163</p> <p>For the Hearing or Speech Assistance Line, call 800-735-2929 (TTY: Dial 711)</p>



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<b>LABORATORY SERVICES</b>	Inpatient and outpatient laboratory services.
<b>LIMITED ALLIED HEALTH SERVICES</b>	<p>Members can self-refer for up to two of these services within a month:</p> <ul style="list-style-type: none"> <li>• Acupuncture or chiropractic</li> <li>• Audiology, occupational and speech therapy need Alliance authorization for follow-up treatment.</li> </ul> <p>Additional Acupuncture or Chiropractic visits may be approved with prior authorization for pain management.</p>
<b>MENTAL HEALTH SERVICES</b> <b>Outpatient Mental Health Services</b> Services for the treatment of mild or moderate mental health conditions.	<p>These services are provided through Carelon Behavioral Health, 855-765-9700 (TTY: Dial 711).</p>
<b>NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)</b>	<p>Members can use this benefit when it is:</p> <ul style="list-style-type: none"> <li>• Medically needed;</li> <li>• You can't use a bus, taxi, car or van to get to your medical appointment;</li> <li>• Requested by an Alliance provider; and</li> <li>• Approved in advance by the Alliance</li> </ul> <p>Members who feel they meet the above criteria should call 800-700-3874, ext. 5577 (TTY: Dial 711).</p>
<b>NON-MEDICAL TRANSPORTATION (NMT)</b>	<p>Members can use this benefit when traveling to and from a Medi-Cal covered service/appointment. To request NMT services, call 800-700-3874 (TTY: Dial 711) at least seven (7) business days before your appointment.</p>
<b>PODIATRY</b>	<p>Members can access podiatry services with an in network Podiatrist. No referral needed for the initial visit (1 visit). Additional visits may be approved with prior authorization from the treating provider.</p>



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<b>PRESCRIPTION DRUGS</b>	<p>Most prescription drugs are covered by Medi-Cal Rx, not the Alliance.</p> <p>If you need help finding a pharmacy near you, use the online Medi-Cal Rx Pharmacy Locator at <a href="http://www.medi-calrx.dhcs.ca.gov">http://www.medi-calrx.dhcs.ca.gov</a>. You can also call Medi-Cal Rx Customer Service at 800-977-2273 (TTY: Dial 711), 24 hours a day, 7 days a week.</p>
<b>NUTRITIONAL FORMULAS AND SUPPLEMENTS</b>	<p>Covered when medically necessary. Prior authorization is required.</p>
<b>REHABILITATIVE (PHYSICAL, OCCUPATIONAL AND SPEECH) AND HABILITATIVE THERAPY</b>	<p>For members 21 years and older: The initial evaluation visit for physical therapy requires a referral from the member's Primary Care Provider or treating specialist. The Referral is good for up to 12 visits. No prior authorization is needed for the initial treatment.</p> <p>Continuing PT Services after the initial evaluation and treatment would require prior authorization from the Alliance.</p> <p>For members 0-20 years old: Referral and Prior authorization is required. Children may get these services through their school district also.</p>
<b>SKILLED NURSING FACILITY SERVICES</b>	<p>Covered as medically necessary. Prior authorization is required.</p>
<b>SUBSTANCE ABUSE DISORDER SERVICES</b>	<p>Covered through each county under fee-for-service Medi-Cal, not the Alliance.</p>
<b>URGENT CARE</b>	<p>Provided or arranged by your PCP or call the Alliance's Nurse Advice Line at 844-971-8907</p>

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

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<b>VISION SERVICES</b>	<p>All Members may get a routine eye exam and eye glasses every 2 years.</p> <p>Vision services are provided through Vision Services Plan (VSP) at 800-877-7195 (TTY: Dial 711). Members must receive these services from a contracted VSP provider.</p>
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