

# EmblemHealth Child Health Plus Plan

We cover the following services for all members when medically needed. In most cases, they must be provided by in-network health care professionals. There are some services that require prior approval from EmblemHealth. Please call Customer Service at **855-283-2146** (TTY: **711**) if you have any questions or need help with any of the following services.

The benefit information in this document does not list every service that we cover or include every limitation or exclusion. Except in emergency situations, if you use health care professionals that are not in our network, we may not pay for these services.

## SUMMARY OF BENEFITS

### Well-Child Care and Immunizations

Well child care visits in accordance with visitation schedule established by American Academy of Pediatrics and the Advisory Committee on Immunization Practices recommended immunization schedule.

### Behavioral Health Services

- **Inpatient Mental Health and Alcohol and Substance Use Services**
- **Residential Rehabilitation Services for Youth (RRSY)**
- **Assertive Community Treatment Services (ACT), Young Adult ACT, and Youth ACT**
- **Outpatient Visits for Mental Health and Treatment of Alcoholism and Substance Use**  
Services must be provided by certified and/or licensed professionals.
- **29-I Health Facility Core Limited Health-Related Services**
- **Children and Family Treatment and Support Services**

### Inpatient Hospital or Medical or Surgical Care

As a registered bed patient for treatment of an illness, injury, or condition which cannot be treated on an outpatient basis. The hospital must be a short-term, acute care facility and New York State-licensed.

### Inpatient Rehabilitation

### Diagnosis and Treatment of Illness and Injury

### Hospice Services and Expenses

### Outpatient Surgery

Procedure performed within the doctor's office will be covered as well as ambulatory surgery procedures which may be performed in a hospital-based ambulatory surgery service center or a freestanding ambulatory surgery center.

### Diagnostic and Laboratory Tests

Prescribed ambulatory clinical laboratory tests and diagnostic x-rays.

### Durable Medical Equipment (DME), Prosthetics, and Orthotics

DME intended for use by one person; may be custom-made or customized.

continued



## SUMMARY OF BENEFITS

### **Therapeutic Services**

Ambulatory radiation therapy, chemotherapy, injections, hemodialysis, blood-clotting deficiency treatment, and medicines provided at time of therapy (i.e., chemotherapy) will also be covered.

### **Speech and Hearing Services Including Hearing Aids**

Hearing examinations to determine the need for corrective action and speech therapy performed by an audiologist, language pathologist, speech therapist, and/or otolaryngologist.

### **Pre-Surgical Testing**

All tests (laboratory, x-ray, etc.) necessary prior to inpatient or outpatient surgery.

### **Second Surgical Opinion**

Provided by a qualified doctor.

### **Second Medical Opinion**

Provided by an appropriate specialist, including one affiliated with a specialty care center.

### **Home Health Care Services**

#### **Prescription and Non-Prescription Drugs**

Prescription and non-prescription medicines must be authorized by a professional licensed to write prescriptions.

### **Emergency Medical Services**

#### **Ambulance Services**

Pre-hospital emergency medical services, including prompt evaluation and treatment of an emergency condition and/or non-airborne transportation to a hospital.

Air ambulance services.

### **Medical Supplies**

- Diabetic supplies and equipment.
- Ostomy equipment and supplies.

### **Diabetic Education and Home Visits**

Diabetes self-management education (including diet), reeducation, or refresher. Home visits for diabetic monitoring and/or education.

### **Emergency, Preventive, and Routine Vision Care**

Vision examinations performed by a doctor or optometrist for the purpose of determining the need for corrective lenses and to provide a prescription if needed. Includes prescribed lenses, frames, and contact lenses.

### **Diagnosis and Treatment of an Autism Spectrum Disorder**

Coverage for the screening, diagnosis, and treatment of autism spectrum disorders.

### **Emergency, Preventive, and Routine Dental Care**

Orthodontics.