

Primary and Acute Medical Services

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
Ambulance Services	Medically necessary emergent ground and air ambulance transport services. <ul style="list-style-type: none"> • Air (fixed wing and air) ambulance • Ground ambulance 	No limit
Chemotherapy	<ul style="list-style-type: none"> • Outpatient hospital services for radiation therapy and related services, supplies and drugs. 	No limit
Cognitive Rehabilitation	<ul style="list-style-type: none"> • Education and training to help you with daily activities after a brain injury 	No limit
Diagnostic Tests – Office and Outpatient	<ul style="list-style-type: none"> • Diagnostic and therapeutic radiology and imaging • Pathology/laboratory services • Other diagnostic services/tests 	No limit
Diabetic Supplies	<ul style="list-style-type: none"> • Lancets • Syringes • Test strips 	No limit
Dialysis	<ul style="list-style-type: none"> • Dialysis in a hospital, renal dialysis facility or home setting 	No limit
Durable Medical Equipment and Medical Supplies	Equipment and supplies for medical purpose such as: <ul style="list-style-type: none"> • Continence supplies • Crutches and canes • Orthotic devices • Oxygen tanks and concentrators • Pacemakers • Prosthetics devices • Surgical dressings • Ventilators • Wheelchairs 	No limit
Emergency Medical and Post Stabilization services	Medical emergency care and care after an emergency to keep you stable. May include: <ul style="list-style-type: none"> • Emergency eye and hearing exams • Emergency room services • Pathology/lab services, diagnostic tests, radiology services, medical supplies and drugs within the ER visit • Physician services provided during the ER visit • Surgery and anesthesiology services provided during the ER visit 	No limit
Family Planning Services	<ul style="list-style-type: none"> • Education and counseling • Family planning drugs and supplies • Office visits • Pregnancy testing 	No limit
Foster Care/Child Welfare Services (CWS) Children	<ul style="list-style-type: none"> • Comprehensive examinations • Development and Behavioral Assessment Services in addition to EPSDT • Medication • Pre-placement physicals 	No limit
Habilitative Services	Medically necessary services and devices to develop, improve or maintain your skills such as: <ul style="list-style-type: none"> • Audiology services • Occupational therapy • Physical therapy • Speech therapy • Vision services 	No limit Does not include coverage for routine vision services.
Hearing Services – Hearing Aids	<ul style="list-style-type: none"> • Hearing aids 	Limited to one (1) every twenty-four (24) month period.
Hearing Services – Fitting/Orientation	<ul style="list-style-type: none"> • Fitting/orientation 	Limited to two (2) every three (3) years for children

		Limited to one (1) every three (3) years for adults
Hearing Services –Hearing Aid check	<ul style="list-style-type: none"> Hearing aid check 	<p>Limited to four (4) per year for children 0-3 years old</p> <p>Limited to two (2) per year for children 4-20 years old</p> <p>Not a covered benefit for adults 21 years or older</p>
Hearing Services – Routine Hearing Exams	<ul style="list-style-type: none"> Hearing exam 	Limited to one (1) exam per year
Home Health Care	<ul style="list-style-type: none"> Audiology and speech pathology Home health aide Home health visits Medical supplies and durable medical equipment Skilled nursing Therapeutic rehab services such as physical and occupational therapy 	<p>No limit for children</p> <p>Some limitations apply for adults.</p>
Hospice Care	Hospice provides care to terminally ill patients who are not expected to live more than six (6) months.	<p>No limit</p> <p>Children under the age of twenty-one (21) can receive treatment to manage or cure diseases while in hospice care.</p>
Immunizations	<ul style="list-style-type: none"> Diphtheria and tetanus Influenza Pneumococcal Other medically necessary vaccines 	No limit
Inpatient Hospital Care – Medical and Surgical Services	<ul style="list-style-type: none"> Diagnostic tests, lab and radiology Maternity and newborn care Medical supplies, equipment and drugs Nursing care Physical therapy, occupational therapy, audiology and speech-language pathology services Physician visits and services Post stabilization services Room and board Surgery and anesthesiology services Other medically necessary services 	No limit
Interpretation/ Translation Services	<ul style="list-style-type: none"> Services to help you talk to us or your doctor/caregiver Services that we provide so you can have information in a language that you understand 	No limit
Kapiolani Cleft Palate and Craniofacial Clinic	<ul style="list-style-type: none"> Audiologist services Services provided by specialists in dentistry, oral surgery and other specialties that treat defects of the cleft palate, skull and/or face Speech and feeding specialist services 	No limit
Medical Nutritional Therapy	<ul style="list-style-type: none"> An initial nutrition and lifestyle assessment Follow-up sessions to monitor progress 	Must be ordered by your PCP. Up to four (4) visits per year
Nutrition Counseling	<ul style="list-style-type: none"> Diabetes self-management training Nutrition counseling for obesity Nutrition counseling for other metabolic condition if medically necessary * 	No limit
Oral Surgery	<ul style="list-style-type: none"> Medical and surgical services performed by an oral surgeon or physician 	No limit
Outpatient Hospital Services – Outpatient Services and Ambulatory	<p>Services at a hospital or care center where you stay less than one day such as:</p> <ul style="list-style-type: none"> Diagnostic services Medical supplies, equipment and drugs 	No limit

Surgical Center	<ul style="list-style-type: none"> • Sleep laboratory services • Surgeries performed in a free-standing or hospital ambulatory surgical center • Therapeutic services • Urgent care services 	
Physician Services	<ul style="list-style-type: none"> • Physician office and outpatient facility visit • Physician visits in the home or other residential setting 	No limit
Practitioner Services	<ul style="list-style-type: none"> • Behavior health provider, such as psychologists • Certified nurse midwife services • Certified substance abuse counselors • Licensed advanced practice registered nurse services including family, pediatric and psychiatric health specialists • Marriage and family therapists, • Mental health counselors 	No limit
Podiatry Services	<p>Services for the foot and ankle such as:</p> <ul style="list-style-type: none"> • Bunion removal • Diabetic foot care in hospital or outpatient facility • Surgical procedures 	No limit
Pregnancy-Related Services – Services for Pregnant Women and Expectant Parents	<ul style="list-style-type: none"> • Breast pump (rental or purchase) • Delivery of the infant • Diagnostic tests • Inpatient hospital services • Laboratory • Lactation counseling • Outpatient hospital services related to pregnancy • Physician services • Prenatal care • Postpartum care and prenatal vitamins • Radiology • Treatment of missed, threatened and incomplete abortions • Other practitioner services 	No limit
Prescription Drugs	<ul style="list-style-type: none"> • Medically necessary medications • Medication management and counseling 	No limit
Preventive Services – Adult (21 years or older)	<ul style="list-style-type: none"> • Blood pressure • Breast cancer screening • Cervical cancer screening • Chemoprophylaxis • Colorectal cancer screening • Health education and counseling • Immunizations • Prostate cancer screening • Rubella serology or vaccine Hx • Total cholesterol measurements • Tuberculin skin testing • Weight/height measurements 	Not applicable
Preventive Services – Children (Less than 21 years of age)	<ul style="list-style-type: none"> • Age appropriate dental referral and oral fluoride • Age appropriate health education • EPSDT services • Hospital stay for normal, term and healthy newborn • Immunizations • Newborn screening • Other age appropriate laboratory screening tests • Screening to assess health status • Tuberculin skin testing 	No limit
Preventive Services – Pregnant Woman	<ul style="list-style-type: none"> • Diagnostic amniocentesis, diagnostic ultrasound, fetal stress and non-stress • Diagnosis of premature labor • Health education and screening • Hospital stays 	No limit

	<ul style="list-style-type: none"> • Prenatal laboratory screening tests • Prenatal visits • Prenatal vitamins including folic acid • Testing 	
Prosthetics and Orthotics	<ul style="list-style-type: none"> • Orthotic devices • Prosthetic devices 	No limit
Radiation Therapy	<ul style="list-style-type: none"> • Outpatient hospital services • Related services, supplies and drugs 	No limit
Rehabilitation Services	<ul style="list-style-type: none"> • Occupational therapy • Physical therapy • Speech therapy 	No limit
Sleep Laboratory Services	<ul style="list-style-type: none"> • Diagnosis and treatment of sleep disorders 	No limit
Smoking Cessation	<ul style="list-style-type: none"> • Counseling • Medication 	<p>At least four (4) counseling sessions per quit attempt</p> <p>Limited to two (2) quit attempts per year</p>
Sterilization and Hysterectomy Services	<ul style="list-style-type: none"> • Services that prevent pregnancy 	Must be 21 years old at the time of consent
Transplants – Corneal Transplants and Bone Grafts	<ul style="list-style-type: none"> • Corneal and bone graft transplant services 	No limit
Transplants – Small Bowel with or without Liver	<ul style="list-style-type: none"> • Small bowel transplant services 	Not a covered benefit for adults
Transportation (Non-Emergent)	<ul style="list-style-type: none"> • Meals and lodging for off-island services • Transportation for off-island or out-of-service area appointments • Transportation to medically necessary covered medical appointments for members who have no means of transportation and who reside in areas not covered by public transportation or cannot access public transportation • Transportation, meals and lodging for an escort (if medically necessary) • For members under the age of 18, one escort to accompany the member to and from medically necessary visits 	No limit
Urgent Care Services	<p>For sudden problems that are not emergencies. For example, burns, wounds or a broken bone.</p> <ul style="list-style-type: none"> • After-hours care • Urgent care centers 	No limit
Vision Services – Cataract Removal	<ul style="list-style-type: none"> • Cataract removal 	No limit
Vision Services – Medically Necessary Eye Exams	<ul style="list-style-type: none"> • Eye exams for medical diagnosis • Vision exams 	No limit
Vision Services – Routine Eye Exams	<ul style="list-style-type: none"> • Vision exams 	<p>Limited to one (1) exam per year for children</p> <p>Limited to one (1) exam every two (2) years for adults</p>
Vision Services – Vision Appliances and Prosthetics	<ul style="list-style-type: none"> • Contact lenses • Frames • Prescription lenses • Prosthetic eye 	<p>Frames, lenses, and contacts are limited to one every two (2) years</p> <p>Additional services may be available if needed</p>

Standard Behavioral Health Services

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
Ambulatory Mental Health Services	<ul style="list-style-type: none"> • 24-hour access line • Crisis management • Crisis residential services • Crisis stabilization • Mobile crisis response 	No limit
Inpatient Psychiatric Hospitalizations	<ul style="list-style-type: none"> • Ancillary services • Diagnostic services • Medical supplies and equipment • Medications and medication management • Nursing care • Other medically necessary services • Psychiatric and other practitioner services • Room/board • Substance abuse treatment 	No limit
Medically necessary alcohol and chemical dependency services	<ul style="list-style-type: none"> • Inpatient substance abuse services • Outpatient substance abuse services 	No limit
Methadone management services	<ul style="list-style-type: none"> • Acute opiate detoxification and maintenance 	No limit
Prescription Drugs	<ul style="list-style-type: none"> • Medically necessary medications 	No limit
Psychiatric or psychological evaluation and treatment	<ul style="list-style-type: none"> • Individual and group counseling and monitoring • Neuropsychological and psychological testing 	No limit
Psychotropic Medications and Medication Management	<ul style="list-style-type: none"> • Counseling and education • Evaluation, prescription and maintenance of psychotropic medications • Medication management 	No limit

Home and Community Based Services

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
Adult day care	Day care center where you go during the day and has supportive care and social programs not health care.	No limit
Adult day health	Day programs where you get social and health services.	No limit
Assisted living facility services	Services to help with personal care, homemaker, housekeeping , and meals preparation in an assisted living facility	Does not include room and board in an assisted living facility
Community Care Management Agency (CCMA) services	Care coordination services you receive if you live in a residential setting.	No limit
Community Care Foster Family Home (CCFFH) services	Services such as personal care, nursing, homemaker, and housekeeping provided in a foster family home	No limit
Counseling and training	Training to help your caregivers care for you.	No limit
Environmental accessibility adaptations	Changes to your home that are needed to keep you healthy and safe	Cannot be of general utility or add to the size of your home
Home delivered meals	Healthy meals delivered directly to your home	Up to two (2) two meals per day
Home maintenance	Services to keep your home safe and clean	No limit
Moving assistance	Services to help you move to a new home	No limit
Non-medical transportation	Transportation to get to certain services and activities	No limit
Personal assistance services –Level I and Level II	Services to help you with chores like housekeeping, shopping, yard work, and meal preparation along with care to keep you healthy	No limit
Personal Emergency Response Systems (PERS)	A 24-hour service that helps you get help right away if you have an emergency.	No limit
Residential care services	Services to help you with personal care, nursing, homemaker, and housekeeping provided in a residential care home by a care provider who lives in the home	No limit You must be receiving ongoing CCMA services.
Respite care	Care services provided on a short-term basis when the person who normally provides your care cannot do so or needs a break	No limit
Skilled (or private duty) nursing	Ongoing care from a licensed nurse	No limit
Specialized medical equipment and supplies	Items that help you perform activities of daily living or are needed for life-support	No limit

Institutional Services

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
Acute Waitlisted ICF/SNF	Services when you are in a hospital waiting to be moved to a skilled nursing facility	No limit
Nursing Facility (NF) Services	Daily living services when you need help from registered nursing staff 24 hours a day or for a long period of time.	No limit
Sub-acute facility services	Level of care that does not require hospital acute care, but requires more intensive skilled nursing care than is provided in a skilled nursing facility	No limit