

**STATE OF CALIFORNIA
 MEDICAID (MEDI-CAL) PROGRAM
 COVERED BENEFITS FOR DUAL ELIGIBLE (MEDICARE AND MEDICAID)
 BENEFICIARIES**

Benefit Category	Medicaid (Medi-Cal)	Test Health Plan (HMO)/Benefits
1. Inpatient hospital services	\$0 copay for Medicaid-covered services	
2. Outpatient hospital services	\$0 copay for Medicaid-covered services	
3. Rural health clinic services	\$0 copay for Medicaid-covered services	
4. Federally qualified health center services	\$0 copay for Medicaid-covered services	
5. Laboratory services	\$0 copay for Medicaid-covered services	
6. X-rays	\$0 copay for Medicaid-covered services	
7. Skilled nursing facility care for over 21 years of age - Subacute care	\$0 copay for Medicaid-covered services	
8. Pediatric nursing facility care for under 21 years of age - Subacute services (Early & periodic screening, diagnosis, and treatment supplemental services)	\$0 copay for Medicaid-covered services	
9. Family planning services & supplies	\$0 copay for Medicaid-covered services	
10. Physician services	\$0 copay for Medicaid-covered services	
11. Medical & surgical dental services	\$0 copay for Medicaid-covered services	
12. Ophthalmologist services	\$0 copay for Medicaid-covered services	
13. Podiatry services*	\$0 copay for Medicaid-covered services	
14. Optometry services	\$0 copay for Medicaid-covered services	
15. Chiropractic services*	\$0 copay for Medicaid-covered services	
16. Psychology services*	\$0 copay for Medicaid-covered services	
17. Nurse anesthetist services	\$0 copay for Medicaid-covered services	
18. Optician and optical fabricating lab services*	\$0 copay for Medicaid-covered services	
19. Medical supplies (does not include incontinence creams and washes)	\$0 copay for Medicaid-covered services	
20. Incontinence creams and washes*	\$0 copay for Medicaid-covered services	
21. Durable medical equipment	\$0 copay for Medicaid-covered services	

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22. Hearing aids	\$0 copay for Medicaid-covered services	
23. Enteral formulae	\$0 copay for Medicaid-covered services	
24. Acupuncture services*	\$0 copay for Medicaid-covered services	
25. Licensed midwife services	\$0 copay for Medicaid-covered services	
26. Home health services through a home health agency (including home health nursing and aide services, physical and occupational therapy, speech pathology and audiology services, intermittent nursing, home health aid care, medical supplies, equipment and appliances)	\$0 copay for Medicaid-covered services	
27. Physical therapy and related services	\$0 copay for Medicaid-covered services	
28. Rehabilitation facilities	\$0 copay for Medicaid-covered services	
29. Private duty nursing (Waiver only)	\$0 copay for Medicaid-covered services	
30. Clinic (Organized outpatient clinic, Indian Health Services, alternate birthing centers, ambulatory surgical centers)	\$0 copay for Medicaid-covered services	
31. Dental services*	\$0 copay for Medicaid-covered services	
32. Occupational therapy	\$0 copay for Medicaid-covered services	
33. Speech pathology/ Speech therapy*	\$0 copay for Medicaid-covered services	
34. Audiology services*	\$0 copay for Medicaid-covered services	
35. Pharmaceutical services and prescribed drugs	\$0 copay for drugs excluded from Medicare Part D coverage	
36. Dentures*	\$0 copay for Medicaid-covered services	
37. Prosthetic appliances (Orthotic appliances) prosthetic eyes	\$0 copay for Medicaid-covered services	
38. Eyeglasses, other eye appliances*	\$0 copay for Medicaid-covered services	
39. Comprehensive Perinatal Services Program (Preventive services)	\$0 copay for Medicaid-covered services	
40. Adult day health care	\$0 copay for Medicaid-covered services	

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41. Chronic dialysis services	\$0 copay for Medicaid-covered services	
42. Rehabilitation services (ADHC, chronic dialysis, outpatient heroin detoxification, rehabilitative mental health, drug Medi-Cal, independent rehabilitation centers)	\$0 copay for Medicaid-covered services	
43. Institutes for Mental Diseases (for under 21 years of age and over 65 years of age, including inpatient psychiatric care).	\$0 copay for Medicaid-covered services	
44. Intermediate Care Facility	\$0 copay for Medicaid-covered services	
45. Nurse midwife	\$0 copay for Medicaid-covered services	
46. Hospice	\$0 copay for Medicaid-covered services	
47. TB-related services	\$0 copay for Medicaid-covered services	
48. Respiratory care for ventilator-dependent patients	\$0 copay for Medicaid-covered services	
49. Family nurse practitioner	\$0 copay for Medicaid-covered services	
50. Home and community care for functionally disabled elderly (Waiver only)	\$0 copay for Medicaid-covered services	
51. Community-supported living arrangements (Waiver only)	\$0 copay for Medicaid-covered services	
52. Personal care services	\$0 copay for Medicaid-covered services	
53. Rural primary care hospital	\$0 copay for Medicaid-covered services	
54. Nonmedical health facilities	\$0 copay for Medicaid-covered services	
55. Emergency hospital services	\$0 copay for Medicaid-covered services	
56. Transportation (State provides emergency and non-emergency medical transportation. Meets federal requirement for assurance of transportation to medically necessary services)	\$0 copay for Medicaid-covered services	.
57. Services for pregnant women that treat a condition that may impact the woman and/or the fetus (Not specifically stated as a benefit but is a mandated provision under federal regulations)	\$0 copay for Medicaid-covered services	

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58. Marriage and family counselor services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medicaid-covered services	
59. Licensed clinical social worker services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medicaid-covered services	
60. Case management (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medicaid-covered services	
61. Private duty nursing agency services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medicaid-covered services	
62. Individual nurse provider services (Early & periodic screening, diagnosis, and treatment services & waiver only)	\$0 copay for Medicaid-covered services	
63. Nonmedical services (Waiver only)	\$0 copay for Medicaid-covered services	

*Legislation enacted in July 2009 added Section 14131.10 of the W&I Code to exclude several optional benefit categories from coverage under the Medi-Cal program. The optional benefits indicated are excluded from coverage under the Medi-Cal program effective July 1, 2009. The optional benefits exclusion policy does not apply to the following beneficiaries: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a skilled nursing facility (Nursing Facilities Level A and Level B, including subacute care facilities); 3) beneficiaries who are pregnant (pregnancy-related benefits and services; other benefits and services to treat conditions that, if left untreated, might cause difficulties for the pregnancy); 4) California Children's Services beneficiaries; and 5) beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly. Most claims for excluded optional benefit services billed by a physician or physician group remain reimbursable on or after July 1, 2009. However, these claims will be denied if the rendering provider is not a physician, but one of the optional benefit providers. More information on the reduced benefits and services affected by this new legislation is available on the California Department of Health Care Services website at www.dhcs.ca.gov.