

Covered Services: Expanded Benefits



Service	Description	Coverage/Limitations You may have to pay for the services if you go to a provider who is not in the AmeriHealth Caritas Florida network.	Prior Authorization
Acupuncture	A treatment that is used to treat pain.	Covered ¹ • Annual maximum of 12 visits for members with acute and chronic pain.	No
Adult Hearing Services	Adult hearing services, including hearing aids.	Covered ¹ • One hearing aid and evaluation every two years.	Yes
Adult Vision Services	Adult vision services including eyeglasses and contact lenses.	Covered ¹ • One eye exam per year; six-month supply of contact lenses with prescription or one set of eyeglasses per year.	Yes
Assessment Services	In-depth assessment for substance use issues.	Covered ¹ , no limit.	No
	Psychological testing to identify behavioral health problems.	Covered ¹ , no limit.	Yes
Behavioral Health Day Services/Day Treatment	Daytime treatment for behavioral health needs about everyday living.	Covered ¹ , no limit • Must be active in case management, for members age 21 and over.	No
	Adult day care services.	Covered ¹ , no limit • Must be active in case management, for members age 21 and over.	No
Behavioral Health Screening Services	Assessments and screening services for mental health and substance use issues.	Covered ¹ , no limit.	No



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Behavioral Health Medical Services (Verbal Interaction)	Talking with a medical professional about mental health and/or substance use needs.	Covered ¹ , no limit.	No
Behavioral Health Medical Services (Medication Management)	Services with a medical professional who can treat mental health and substance use issues with medication.	Covered ¹ , no limit.	No
Behavioral Health Medical Services (Drug Screening)	Alcohol and other drug screening with urine samples.	Covered ¹ , no limit.	No
Biometric Equipment	Members can request biomedical equipment to help support their health: <ul style="list-style-type: none"> • Blood pressure monitor/cuff • Weight scale 	One digital blood pressure cuff every three years. One weight scale every three years. For members in a care management program.	No
Cellular Phone Service	This benefit can help members stay in touch with AmeriHealth Caritas Florida or their providers.	Covered ¹ <ul style="list-style-type: none"> • One smartphone; monthly call minutes and data; unlimited text messages; unlimited calls to AmeriHealth Caritas Florida Member Services. (One per household for members 18 and older. Certain limitations may apply based on FCC guidelines.) 	No
Chiropractic	Services and treatment provided by a chiropractic provider.	Covered ¹ <ul style="list-style-type: none"> • Expanded benefit covers 24 additional visits for a total of 48 visits per year. 	No
Computerized Cognitive Behavioral Analysis	Health and behavior assessments and reassessments (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires).	Covered ¹ , no limit.	No
	Family health and behavior intervention; family (without the patient present).	Covered ¹ , no limit.	No



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Doula Services	Pregnancy services done by providers who are trained in childbirth and give support and education to pregnant members.	Covered ¹ , no limit • For pregnant members.	No, but requires a referral from plan's Bright Start maternity program.
Flu/Pandemic Prevention Kit	Members can request flu/pandemic kits with helpful care items.	One flu/pandemic prevention kit includes ten face masks, an oral digital thermometer, and hand sanitizer. Annual limit of six kits; care manager referral needed.	No
Home-Delivered Meals — General	If a member is part of an eligible care management program, they may be able to have meals delivered to their home.	For members who meet program guidelines for medical necessity. Up to two meals per day for 30 days. Extension of services may be granted with medical director approval.	Yes
Home-Delivered Meals for High-Risk Pregnant Members	Meals delivered at home if provider believes this is a high-risk pregnant member.	Covered ¹ • Up to two meals per day for 30 days; limited to high-risk pregnant members.	Yes
Home-Delivered Meals — Post-Discharge	Meals delivered to member's home after leaving a medical facility.	Covered ¹ • Up to two meals per day for up to seven days for members who have been recently discharged from the hospital with specific medical conditions. Extension of services may be granted with medical director approval.	Yes
Home Health Nursing/Aide Services	Services that can help with activities of daily living like bathing, getting dressed, and eating.	Covered ¹ • Provide up to an additional 48 visits per pregnancy for home health aide; limited to high-risk pregnant members who meet plan guidelines for medical necessity; requires a physician order.	Yes
Home Visit by a Clinical Social Worker	Services to provide support and education that will help to improve the quality of life for high-risk pregnant moms.	Covered ¹ • Limited to 24 visits per year for high-risk pregnant members; requires physician order.	Yes



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Housing Assistance	Provide help to high-risk pregnant members in finding community resources to help with housing.	Covered ¹ <ul style="list-style-type: none"> Assistance with locating community resources that support housing options and alternatives for all members; provides up to \$500 per lifetime max for transitional housing alternatives; financial assistance is limited to high-risk pregnant members who are homeless. 	Yes
Intensive Outpatient Treatment	Outpatient treatment services in a program for substance use that meets three days per week for three hours each day.	Covered ¹ <ul style="list-style-type: none"> 25 sessions per year for members age 21 and over. 	Yes
Massage Therapy	Therapy that is used for the treatment of pain. Commonly, massage is applied with a therapist's hands and fingers.	Covered ¹ <ul style="list-style-type: none"> Annual maximum of 12 visits for medical massage provided by a participating physical therapy or chiropractic provider. 	Prior authorization required for physical therapist. No prior authorization needed for chiropractor.
Meals During Non-emergency Transportation Day-Trips	Reimbursement for the cost of meals when traveling away from home for a medical appointment.	Covered ¹ <ul style="list-style-type: none"> Limited to \$50 per day with annual maximum of \$250 	Yes
Medical Supplies	Medical supplies are items meant for one-time use and then thrown away.	Covered ¹ <ul style="list-style-type: none"> Some service limits apply. 	Yes
	Incontinence products.	Covered ¹ <ul style="list-style-type: none"> 200 units per month; any combination of these codes can be billed, but only up to 200 units. 	Yes, needs case management referral.
Medically Related Home Care Services	Carpet cleaning service that will help members control their asthma.	Covered ¹ <ul style="list-style-type: none"> Two carpet cleanings for members age 21 and over with an annual maximum of \$200. Must be active in care management. Service must be from the approved vendor list. 	Yes



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Medication Assisted Treatment	A licensed program that gives medication to lessen withdrawal symptoms from drugs or alcohol, along with supportive counseling.	Covered ¹ , no limit.	No
Newborn Circumcision	An elective surgery for baby boys.	Covered ¹ <ul style="list-style-type: none"> • Available during initial hospital stay and in physician's office for 90 days after birth. 	Yes, only if older than 90 days.
Nutritional Counseling	Provides you with information about what foods are good for you and your health condition. These services can also help you with food shopping and ways to prepare these foods at home.	Covered ¹ , no limit.	No
Occupational Therapy	Adult occupational therapy services.	Covered ¹ <ul style="list-style-type: none"> • One initial evaluation and re-evaluation per year; up to seven therapy treatment units per week. 	Yes
Over-the-Counter Medication/Supplies	Provides health supplies and items such as aspirin, vitamins, first aid items, and cough medicine.	Covered ¹ <ul style="list-style-type: none"> • \$25 per household per month; purchases limited to approved products. 	No
Physical Therapy	Adult physical therapy services.	Covered ¹ <ul style="list-style-type: none"> • One evaluation and re-evaluation visit per year; up to seven therapy treatments per week. 	Yes
Prenatal/Perinatal Visits	Pregnancy visits before and after giving birth.	Covered ¹ , no limit.	Yes
Primary Care Visits (Non-Pregnant Adults)	Visits with member's PCP.	Covered ¹ , no limit.	No
Respiratory Therapy	Adult respiratory therapy services.	Covered ¹ <ul style="list-style-type: none"> • One evaluation and re-evaluation per year; respiratory therapy visits one per day. 	No
Speech Therapy	Adult speech therapy services.	Covered ¹ <ul style="list-style-type: none"> • One evaluation visit per year. 	No, for evaluation.



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Swimming Lessons (drowning prevention)	Provides swimming and water safety lessons for children to keep them safe around water.	Covered ¹ <ul style="list-style-type: none"> Each April, there will be an open enrollment for up to 1,000 children from 6 months to 12 years of age. Up to \$200 per member will be paid to a plan-approved agency or certified instructor. 	Yes
Therapy (Art)	Art therapy uses creative activities, such as drawing and painting as part of treatment.	Covered ¹ <ul style="list-style-type: none"> Up to seven outpatient sessions per year; 21 years and older. 	Yes
Therapy (Equine)	Uses horseback riding with a behavioral health professional as part of treatment.	Covered ¹ <ul style="list-style-type: none"> Up to three outpatient sessions per year for members with a substance use disorder or chronic condition under care management; 21 years and older. 	Yes
Therapy (group)	Therapy for a group of people with a mental health professional.	Covered ¹ , no limit.	No
Therapy (individual/family)	Training and educational services about how to care for the member's disabling mental health problems.	Covered ¹ , no limit for individual therapy. Family therapy limited to 20 quarter-hour units per day for members age 21 and over .	No
Therapy (Pet)	Certified handlers and their pets help with treatment or therapy.	Covered ¹ <ul style="list-style-type: none"> Unlimited visits for adults age 21 and older, under care management. Limited to rehabilitative purposes. Services must be provided by a certified pet handler or licensed by the Art Therapies Credentials board. 	Yes
Therapeutic Behavioral On-Site Services	Services provided by a team to support behavioral health issues and keep members from being placed in a hospital or other facility.	Covered ¹ <ul style="list-style-type: none"> 2 visits per provider per year for members age 21 and over. 	No
Targeted Case Management	Help with getting health care and behavioral health services.	Covered ¹ <ul style="list-style-type: none"> Members age 21 and over. 	No



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Tutoring K-12/ GED Support Program	Members can get coaching and testing support to obtain a GED.	Mission GED program provides resources and coaching support to obtain a General Equivalency Diploma (GED). The program includes class sign-up, test site location, registration, and goal identification. The program covers the cost of the exam(s) for all subjects. Available to members between the ages of 16-50. Health plan staff referral needed.	No
Vaccine — TDaP	A vaccine to help keep pregnant moms healthy during their pregnancy.	Covered ¹ • One vaccine per pregnancy.	No
Vaccine — Influenza	A vaccine to help reduce the chance of getting the flu.	Covered ¹ • One vaccine per year, per member.	No
Vaccine — Shingles (Varicella – Zoster)	A vaccine to help reduce the chance of getting shingles.	Covered ¹ • Adult members who have had chickenpox and as medically advised.	No
Vaccine — Pneumonia (pneumococcal)	A vaccine to help reduce the chance of getting pneumonia.	Covered ¹ • Two vaccines for all members aged 65 and older and members ages 21 – 64 with specific medical conditions in accordance with the current Centers for Disease Control and Prevention (CDC) immunization schedule; vaccines must be given at least one year apart.	No
Waived Copayments	Member will not have any copayments on any health plan services.	Covered ¹ • All services that have a copayment requirement in accordance with Rule 59G-1.056, FAC.	No

1. These medical services are covered, as medically necessary, by AmeriHealth Caritas Florida. AmeriHealth Caritas Florida members may need a referral from you before going to an appointment or using a service. Services must be medically necessary in order for AmeriHealth Caritas Florida to pay for them.