

APPENDIX F
GENERIC HEALTHY KIDS BENEFITS SUMMARY

Benefit	Covered Services
Health Facilities	All Inpatient Acute and Skilled Nursing (100 Days) All Outpatient Services
Professional Services	Inpatient based Office or home visit Visits for chemotherapy, dialysis, surgery, anesthesiology, radiation
Preventive Care	Visits during which the following are provided: immunizations, periodic health exams, well-child visits, STD tests, cytology exams, family planning, vision and hearing tests, prenatal care, health education
Diagnostic X-ray and Laboratory Services	Therapeutic radiology services, ECG, EEG, mammography, other outpatient diagnostic laboratory and radiology tests
Prescription Drugs	Generic or brand name drugs Inpatient drugs and drugs administered in a doctor's office as well as FDA approved contraceptive drugs and devices
Mental Health	Inpatient limited to 30 days per year Outpatient visits up to 20 per year
Alcohol and Drug Abuse	Inpatient detoxification Crisis intervention and abuse treatment
Other Services	Orthoses, Prostheses, Medical Transportation Physical, Occupational, Speech Therapy