Coverage and value

Your child will receive health care at a low premium cost, or no cost at all, depending on your income level, for these and other services:

- Regular well child doctor check-ups and immunizations
- Inpatient hospital care
- Prescription drugs and over-the-counter drugs
- Dental care (does not include braces)

For more coverage, check out the benefit summary on the back.

With Child Health Plus, you and your family will receive services from your primary care provider (PCP). If, in some cases your PCP cannot provide the health care you need, he/she will refer you to see another doctor. Child Health Plus network also gives you access to over 13,000 quality doctors and specialists.

Enrolling in Child Health Plus

There are some eligibility requirements that need to be met in order to enroll. Just give us a call at the number listed below to find out more. Here’s a quick look at the requirements.

Your child is eligible for Child Health Plus if:

- your child is a New York State resident
- your child is less than 19 years of age
- your child is not eligible for Medicaid
- your child has little or no other health insurance

For more information or to apply:

Call: 1-800-234-4781, TTY: 1-800-662-1220

To learn more about applying for health insurance including Child Health Plus and Medicaid through NY State of Health, the Official Health Plan Marketplace, visit www.nystateofhealth.ny.gov or call 1-855-355-5777.
### Benefit Summary

**Type of Care** | **Covered Benefit** | **Cost to Member**
--- | --- | ---
**Doctor’s Care** | Office visits and treatment by your Primary Care Physician | Covered in full
| Office visits and treatment by a specialist (authorized by your PCP) | Covered in full
| Allergy tests | Covered in full
| Allergy injections | Covered in full

**Preventive Care** | Cervical cytology screening (Pap smear) | Covered in full
| Well-child visits up to age 19 | Covered in full

**Hospital Inpatient** | 365 days coverage, including ancillary charges | Covered in full
| Inpatient surgical care by a physician | Covered in full
| Physician visits | Covered in full

**Outpatient Services** | Outpatient surgery | Covered in full

**Emergency Care** | Emergency room care for emergency medical conditions | Covered in full
| Ambulance (non-air borne) | Covered in full
| After hours in PCP’s office | Covered in full
| Freestanding urgent care center | Covered in full

**Inpatient Mental Health and Alcohol and Substance Abuse Services** | Services to be provided in a facility operated by OMH under sect. 7.17 of the Mental Hygiene Law, or a facility issued an operating certificate pursuant to Article 23 Or Article 31 of the Mental Hygiene Law or a general hospital as defined in Article 28 of the Public Health Law. No limitations for inpatient mental health services, inpatient detoxification and inpatient rehabilitation. | Covered in full

**Other Services** | X-ray (including MRA, MRI, CAT, and PET scans) | Covered in full
| Laboratory and pathology | Covered in full
| Chemotherapy and radiation therapy | Covered in full
| Home health care visits in lieu of hospitalization – maximum of 40 visits per calendar year | Covered in full
| Diabetic supplies | Covered in full
| Dental care (does not include braces) | Covered in full
| Eye exams and eye glasses (1 per calendar year) | Covered in full
| Chiropractic services | No Coverage
| Prescription drugs | Covered in full

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Note: All care must be medically necessary and where appropriate; referrals are required for specialty care.

*This is a summary of benefits. The member contract or handbook governs what is covered.

**Benefits subject to New York State mandates.**