

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

| BENEFIT CATEGORY   | MEDICAID (MEDI-CAL)                      | CAREMORE CONNECT  |
|--|--|---|
| 1 - Inpatient Hospital Services  | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copay. No limit to the number of days covered by the plan each benefit period. |
| 2 - Outpatient Hospital Services   | \$0 copay for Medicaid-covered services. | \$0 for each Medicare covered visit to an outpatient hospital facility or ambulatory surgical center (ASC).                             |
| 3 - Rural Health Clinic Services   | \$0 copay for Medicaid-covered services. | No benefit.   |
| 4 - Federally Qualified Health Center Services                             | \$0 copay for Medicaid-covered services. | No benefit.   |
| 5 - Laboratory Services  | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copayment for Medicare covered services.                                       |
| 6 - X-rays   | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copayment for Medicare covered services.                                       |
| 7 - Skilled Nursing Facility Care for over 21 years of age - Subacute Care | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 days 1-100 for Medicare covered services.<br>(no prior hospital stay required) |

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| 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. | No benefit.   |
| 9 - Family Planning Services & Supplies  | \$0 copay for Medicaid-covered services. | No benefit.   |
| 10 - Family Planning Services & Supplies   | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copayment for Medicare covered physician services.   |
| 11 - Medical & Surgical Dental Services  | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 for each Medicare covered dental benefit.  |
| 12 - Ophthalmologist Services  | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copayment for Medicare covered services.   |
| 13 - Podiatry Services   | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 for Medicare covered Medical podiatry.<br><br><b>Los Angeles, Orange County</b><br>\$0 for up to 12 visits for Routine podiatry.<br><br><b>San Bernardino County</b><br>\$0 for up to 9 visits for Routine Podiatry. |

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|--|---|--|
| <p><b>14 - Optometry Services*</b></p> | <p>\$0 copay for Medicaid-covered services.</p> | <p><b>Los Angeles, Orange, San Bernardino County</b><br/>           \$0 for diagnosis and treatment and treatment for diseases and conditions of the eye and up to 1 routine eye exam every year.</p> <p>\$0 for routine eye exam.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$25 copay for up to 1 pair(s) of glasses every two years.</p> <p>\$25 copay for up to 1 pair(s) of contacts every year.</p> <p>\$0 copay for up to 1 pair(s) of lenses every year.</p> <p><b>Los Angeles, Orange County</b><br/>           \$25 copay for up to 1 frame(s) every two years \$150 limit for eye wear every two years.</p> <p><b>San Bernardino County</b><br/>           \$25 copay for up to 1 frame(s) every two years \$100 limit for eye wear every two years.</p> |

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| 15 - Chiropractic Services*   | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 Medicare covered Medical Chiropractic Services.  |
| 16 - Psychology Services*   | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copayment for Medicare covered services.   |
| 17 - Nurse Anesthetist Services   | \$0 copay for Medicaid-covered services. | Refer to Inpatient hospital services or outpatient surgery services benefit.  |
| 18 - Optician and Optical Fabricating Lab Services*   | \$0 copay for Medicaid-covered services. | No benefit.   |
| 19 - Medical Supplies (including incontinence creams and washes products) (*creams and washes only) | \$0 copay for Medicaid-covered services. | No benefit.   |
| 20 - Durable Medical Equipment  | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copayment<br>(if purchase price of "DME" is \$0 - \$499 per item member pays \$0 per item. If "rental" price of DME is \$0-499 per item per month, member pays \$0 per item per month);<br><br>20% coinsurance<br>(if purchase price of "DME" is \$500 or more per item, member pays 20% of the contracted rate per item. If "rental" price of DME is \$500 or more per item per month, member pays 20% of the contracted rate per item per month) |

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| 21 - Hearing Aids  | \$0 copay for Medicaid-covered services. | No benefit.   |
| 22 - Enteral Formulae  | \$0 copay for Medicaid-covered services. | No benefit.   |
| 23 - Acupuncture Services*   | \$0 copay for Medicaid-covered services. | No benefit.   |
| 24 - Licensed Midwife Services   | \$0 copay for Medicaid-covered services. | No benefit.   |
| 25 - 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. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copayment for Medicare covered services.           |
| 26 - Physical Therapy and Related Services   | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copayment per visit for Medicare covered services. |
| 27 - Rehabilitation Facilities   | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copayment for Medicare covered services.           |

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| 28 - Private Duty Nursing (Waiver only)  | \$0 copay for Medicaid-covered services. | No benefit.   |
| 29 - Clinic (Organized outpatient clinic, Indian Health Services, alternate birthing centers, ambulatory surgical centers) | \$0 copay for Medicaid-covered services. | \$0 for each Medicare covered visit to an ambulatory surgical center (ASC).   |
| 30 - Dental Services*  | \$0 copay for Medicaid-covered services. | <p>Basic dental coverage.</p> <p><b>Los Angeles, Orange, San Bernardino County</b><br/>\$5 for each office visit.</p> <p>\$5-\$20 for oral exams.</p> <p>\$35-\$40 for up to 2 cleanings(s) every year.</p> <p>\$5-\$10 for up to 2 fluoride treatments every year.</p> <p>\$5-\$15 for up to 1 dental X-ray visit every three years.</p> |
| 31 - Occupational Therapy  | \$0 copay for Medicaid-covered services. | <p><b>Los Angeles, Orange, San Bernardino County</b><br/>\$0 copayment per visit for Medicare covered services.</p>   |

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| 32 - <b>Speech Pathology/ Speech Therapy</b>             | \$0 copay for Medicaid-covered services.                    | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 copayment per visit for Medicare covered services.  |
| 33 - <b>Audiology Services*</b>                          | \$0 copay for Medicaid-covered services.                    | \$0 copayment for Medicare covered hearing exams.  |
| 34 - <b>Pharmaceutical Services and Prescribed Drugs</b> | \$0 copay for drugs excluded from Medicare Part D coverage. | For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• A \$0 copay; or</li> <li>• A \$1.10 copay; or</li> <li>• A \$2.50 copay.</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• A \$0 copay; or</li> <li>• A \$3.30 copay; or</li> <li>• A \$6.30 copay.</li> </ul> |
| 35 - <b>Dentures*</b>                                    | \$0 copay for Medicaid-covered services.                    | \$5 - \$530 for Prosthodontics.  |

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| <p><b>36 - Prosthetic Appliances (Orthotic appliances) prosthetic eyes</b></p> | <p>\$0 copay for Medicaid-covered services.</p> | <p><b>Los Angeles, Orange County, San Bernardino County</b><br/> For Medicare covered services:<br/> \$0 for Prosthetic &amp; Medical Supplies</p> <p>\$0 copayment<br/> (If the purchase price of prosthetics or medical supplies is \$0 - \$499 per item, member pays \$0 per item. If the rental price of prosthetics or medical supplies is \$0 - 499 per item per month, member pays \$0 per item per month.)</p> <p>20% coinsurance<br/> (If the purchase price of prosthetics or medical supplies is \$500 or greater per item, member pays 20% of the contracted rate per item. If the rental price of prosthetics or medical supplies is \$500 or greater per item per month, member pays 20% of the contracted rate per item per month.)</p> |
| <p><b>37 - Eyeglasses, other eye appliances*</b></p>                           | <p>\$0 copay for Medicaid-covered services.</p> | <p><b>Los Angeles, Orange, San Bernardino County</b><br/> \$0 copayment for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$25 copayment for up to 1 pair(s) of glasses every two years.</p> <p>\$25 copayment for up to 1 pair(s) of contacts every year.</p>   |

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|--|--|--|
| 37 - Eyeglasses, other eye appliances* (cont.)   |  | <p>\$0 copayment for up to 1 pair(s) of lenses every year.</p> <p><b>Los Angeles, Orange County</b><br/>\$25 copayment for up to 1 frame(s) every two years \$150 limit for eye wear every two years.</p> <p><b>San Bernardino County</b><br/>\$25 copayment for up to 1 frame(s) every two years \$100 limit for eye wear every two years.</p>  |
| 38 - Comprehensive Perinatal Services Program (Preventive Services)  | \$0 copay for Medicaid-covered services. | No benefit.  |
| 39 - Adult Day Health Care   | \$0 copay for Medicaid-covered services. | No benefit.  |
| 40 - Chronic Dialysis Services   | \$0 copay for Medicaid-covered services. | <p><b>Los Angeles, Orange, San Bernardino County</b><br/>\$0 copay for each Medicare covered dialysis treatment.</p>   |
| 41 - Rehabilitation Services (ADHC, chronic dialysis, outpatient heroin detoxification, rehabilitative mental health, drug Medi-Cal, independent rehabilitation centers) | \$0 copay for Medicaid-covered services. | <p><b>Los Angeles, Orange, San Bernardino County</b><br/>\$0 copayment for Comprehensive Outpatient Rehabilitation Facility (CORF).</p> <p>\$0 copayment for Renal Dialysis</p> <p><b>Los Angeles, Orange, San Bernardino County</b><br/>\$0 copayment for Partial Hospitalization. (Individual/Group)</p> <p>\$0 Outpatient Mental Health. (Individual/Group)</p> <p>\$0 Outpatient Substance Abuse. (Individual/Group)</p> |

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| 41 - Rehabilitation Services (cont.)  |  | \$0 copayment for Psychiatric Services.   |
| 42 - 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. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$0 days 1-90 for Medicare covered Inpatient Psychiatric Services.                   |
| 43 - Intermediate Care Facility   | \$0 copay for Medicaid-covered services. | No benefit.   |
| 44 - Nurse Midwife  | \$0 copay for Medicaid-covered services. | No benefit.   |
| 45 - Hospice  | \$0 copay for Medicaid-covered services. | No benefit.<br>When you enroll in a Medicare-certified Hospice program, your hospice services are paid for by the Original Medicare plan. |
| 46 - TB-Related Services  | \$0 copay for Medicaid-covered services. | \$0 copayment for Medicare covered physician services.  |
| 47 - Respiratory Care for ventilator-dependent patients   | \$0 copay for Medicaid-covered services. | Refer to Medicare covered Inpatient Hospital services or Home Health Care.  |
| 48 - Family nurse practitioner  | \$0 copay for Medicaid-covered services. | \$0 copayment at CareMore Care Centers.   |
| 49 - Home and Community care for functionally disabled elderly (Waiver only)  | \$0 copay for Medicaid-covered services. | No benefit.   |
| 50 - Community-supported living arrangements (Waiver only)  | \$0 copay for Medicaid-covered services. | No benefit.   |

Contact CareMore Connect at: 1-800-589-3146, \*TDD: 1-800-577-5586 10

\*This number is for people who have difficulties with hearing or speech. You need special telephone equipment to use it.

| BENEFIT CATEGORY  | MEDICAID (MEDI-CAL)                      | CAREMORE CONNECT  |
|---|--|---|
| 51 - Personal Care Services   | \$0 copay for Medicaid-covered services. | No benefit.   |
| 52 - Rural Primary Care Hospital  | \$0 copay for Medicaid-covered services. | \$0 copayment for Inpatient Hospital Services at plan approved locations.   |
| 53 - Nonmedical Health Facilities   | \$0 copay for Medicaid-covered services. | No benefit.   |
| 54 - Emergency Hospital Services  | \$0 copay for Medicaid-covered services. | <b>Los Angeles, Orange, San Bernardino County</b><br>\$50 (Waived if admitted)  |
| 55 - 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. | <b>Los Angeles, Orange County</b><br>\$0 copayment for 50 one-way trips to plan-approved locations.<br><br><b>San Bernardino County</b><br>\$0 copayment for 24 one-way trips to plan-approved locations. |
| 56 - 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. | \$0 copayment for Medicare covered specialist services. A referral is required for specialist services.   |
| 57 - Marriage and Family Counselor services (Early & periodic screening, diagnosis, and treatment services & waiver only)   | \$0 copay for Medicaid-covered services. | No benefit.   |

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| 58 - Licensed Clinical Social Worker Services (Early & periodic screening, diagnosis, and treatment services & waiver only) | \$0 copay for Medicaid-covered services. | No benefit.      |
| 59 - Case Management (Early & periodic screening, diagnosis, and treatment services & waiver only)                          | \$0 copay for Medicaid-covered services. | No benefit.      |
| 60 - Private Duty Nursing Agency Services (Early & periodic screening, diagnosis, and treatment services & waiver only)     | \$0 copay for Medicaid-covered services. | No benefit.      |
| 61 - Individual nurse provider services (Early & periodic screening, diagnosis, and treatment services & waiver only)       | \$0 copay for Medicaid-covered services. | No benefit.      |
| 62 - Nonmedical services (Waiver only)  | \$0 copay for Medicaid-covered services. | No benefit.      |