

# **Provider Manual**

## **Section 7.0**

### **Benefit Summary**

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7.1 Enrollee Benefit Summary

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Basic Covered Services under Lighthouse Health Plan include, but are not limited to:

- Alternative birthing center services;
- Ambulatory surgical center services;
- Durable medical equipment (DME), including prosthetic and orthotic devices and disposal medical supplies;
- EPSDT screening and special services;
- End stage renal dialysis services;
- Family planning clinic services in accordance with federal, state, and case law;
- Home health services;
- Hospice services;
- Independent laboratory services;
- Inpatient hospital services;
- Intensive case management;
- Medical detoxification;
- Medical services, including those provided by physicians, advanced practice registered nurses, physicians assistants, and FQHCs/ primary care centers and rural health clinics;
- Organ transplant services not considered investigational by the FDA;
- Other laboratory and x-ray services;
- Outpatient hospital services;
- Pharmacy;
- Podiatry services;
- Preventive health services, including those currently provided in public health departments, FQHCs/primary care centers, and rural health clinics;
- Specialized Case Management Services for Enrollees with Complex, Chronic Illnesses (includes adult and child targeted case management);
- Targeted Case Management;
- Transportation to covered services, including emergency and non-emergency ambulance and other stretcher services; and
- Urgent and emergency care services.

Expanded Covered Services under Lighthouse Health Plan include:

- Acupuncture services;
- Behavioral Health Services;
- Chiropractic services;
- Expanded prenatal and perinatal services;
- Hearing services, including hearing aids for enrollees;
- Newborn circumcision;
- Over-the-counter (OTC) medications;
- Therapeutic evaluation and treatment, including:
  - Physical therapy
  - Speech therapy
  - Occupational therapy
  - Respiratory therapy
- Vaccines, including:
  - Flu
  - Shingles
  - Pneumonia
- Vision services.

For additional details on expanded benefits, refer to the Enrollee Handbook.

NOTE: Some Services require an authorization; refer to Section 5 of the Provider Manual for a full list of covered services that require an authorization.

For the most up-to-date information on Covered Services, refer to AHCA's website at [ahca.myflorida.com](http://ahca.myflorida.com).