

Covered Services

This section describes your Magnolia covered benefits and benefit limits. With Magnolia, you are entitled to receive medical services and benefits listed in this section. You are responsible for any non-covered services.

Please Note:

- Magnolia will not limit or deny services because of a condition you already have.
- For services which are medically necessary and covered by Magnolia, you will not have any copayments (copays), deductibles or other cost sharing.
- If you receive healthcare services which are not medically necessary or if you receive care from providers who are out of the Magnolia network, you may be responsible for payment. If you have questions about medical necessity or which providers are in our network, call Member Services at 1-866-912-6285.
- Members are notified of new changes in services, providers and locations via Magnolia’s website (www.MagnoliaHealthPlan.com), addendums to the member handbook, at new member orientations and through the mail.

Benefits Grid

Covered Services	Comments and Limitations
Ambulatory Surgery Center	
Behavioral health services	
Emergency ambulance	Prior authorization required when using a Fixed Wing Airplane only
Chiropractic services	\$700 per benefit year
Dialysis	Home and free-standing dialysis center services
Dental anesthesia	Covered in an office setting, outpatient and inpatient setting. Prior authorization required.
Dental services under 21 years of age	\$2,500 per year provided through Dental Health and Wellness; \$4,200 per lifetime for orthodontia under age 21 through Dental Health and Wellness. Strongly encouraged to see your dental provider yearly. EPSDT-eligible members are eligible for more services if determined to be medically necessary.
Dental services over 21 years of age	Emergent and palliative care only; \$2,500 per year provided through Dental Health and Wellness
Durable Medical Equipment (DME) and medical supplies	
ER services	ER visits are unlimited
Enteral and parenteral nutrition for home use	Available through pharmacy benefit
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services	Limited to under 21 years of age
Expanded EPSDT services	Prior authorization required for services not covered, or any service that exceeds service limits. Limited to under 21 years of age.

Covered Services	Comments and Limitations
Eyeglasses	1 per year for adults; 2 per year for children under age 21; provided through OptiCare. EPSDT-eligible members are eligible for more services if determined to be medically necessary.
Family planning	Over-the-counter contraceptives are not covered
Flu and pneumonia vaccines	
Services from Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC)	
Genetic testing	May require prior authorization. Check with Magnolia prior to genetic testing.
Hearing services	Limited to children under 21 years; including cochlear implants
Home healthcare services	Limited to 25 visits per benefit year
Hospice care	
Hysterectomy	Must include consent form with authorization request
Inpatient hospital services	Inpatient hospital care needed for the treatment of an illness or injury that can only be provided safely and adequately in a hospital setting, including those basic services a hospital is expected to provide
Laboratory services	
Neuro-psychiatric services	
Non-emergency transportation	1-866-912-6285
Nuclear cardiology	Including, but not limited to, Thallium stress test or nuclear stress test
Oral surgery	Covered for inpatient and outpatient setting. Prior authorization is required.

Covered Services	Comments and Limitations
Orthotics and prosthetics	Limited to children under 21 years
Out-of-network physician/facility/services	Not allowed, except for emergency department (ED) services and family planning services
Observation	
Outpatient therapy (Occupational therapy, physical therapy and speech therapy)	For home therapy
Pain management services	Includes office visits, consultations, services, treatments and procedures
Physician assistant and Nurse practitioner office visits	No limit
Physician office services	No limit
Plastic surgery	All services must be in office setting; services that are for cosmetic purposes only are not a covered benefit
Podiatrist services	1 per year; unlimited for systemic condition
Prescription drugs	6 per month with no more than 2 of the 6 being brand name drugs. EPSDT-eligible members are eligible for more prescriptions if determined to be medically necessary.
Preventive care	Services for children and adults include, but are not limited to: preventive health assessment visits, well child care up to age 21, dental exams for ages 2-21, immunizations, screenings (lead screenings, pap smears, mammograms, dilated eye exams for diabetics, kidney function tests, other labwork for diabetics, total serum cholesterol, etc.), flu shots and many other preventive health services
Radiology services	
Sleep study	Outpatient or home setting only

Covered Services	Comments and Limitations
Specialty injection/infusion (Infusion in home setting applies to home health benefit limits)	Biopharmaceutical drugs may require a prior authorization
Stereotactic radiosurgery	
Sterilization procedures	
Substance abuse treatment	Treatment is covered as part of a written plan. It includes inpatient and outpatient care.
Surgery-elective potentially cosmetic	Including, but not limited to, breast reduction surgery and varicose vein treatments
Swing bed services	
Transplants	Magnolia requires prior authorization for all transplants, except cornea

Value Added Benefits provided by Magnolia include:

- No copays
- Unlimited office visits
- Six (6) prescriptions per month (children under 21 are eligible for more prescriptions if determined to be medically necessary): Two (2) Brand; Four (4) Generic
- Adults get one (1) pair of glasses per year and one (1) eye exam per year; children get two (2) eye exams per year and two (2) pairs of glasses every year (children under 21 are eligible for more services if determined to be medically necessary)
- The CentAccount® Rewards Program provides rewards on a CentAccount card each time you receive select screenings and preventive care
- 24-hour nurse advice line
- Start Smart for your Health® programs help members with chronic illnesses, complex conditions, disabilities, weight loss and more, manage and improve their health
- Start Smart for your Baby® is a program for expecting and new mothers

Non-Emergency Transportation

NET stands for Non-Emergency Transportation. NET is for people who have no other way to get to their healthcare appointments. Magnolia has contracted with MTM to provide NET to our members. MTM may use gas reimbursement, public buses, vans, taxis, paralift or even an ambulance to get you to your healthcare appointment. MTM will schedule a ride to meet your needs.

Call 1-866-912-6285 to find out if you are eligible for NET services. Only eligible members are covered for NET, unless the member requires the assistance of a caregiver, in which case, the caregiver will also be eligible for services. Call as soon as you know you have an appointment. Your transportation can be scheduled up to two (2) months in advance. You must call at least three (3) days before your appointment. If a request is deemed urgent, the day’s notice is waived.

Prior to calling, please have the following information available:

- Medicaid ID number
- The date you are needing transportation
- The name, address and phone number of where you are going
- The reason for your transportation request
- The type of appointment
- The type of assistance of mobility aide(s), if any, you require

The transportation provider will call you and tell you the time of your pickup and provide their telephone number. Keep this number handy. Be ready sixty (60) minutes before your pickup time. The driver can come to your door to help you if you need it, but cannot come into your home.

If you have a scheduled ride back, your ride should pick you up within less than thirty (30) minutes after your appointment is over. If you must call your transportation provider for pick-up after your appointment, your ride should arrive in less than sixty (60) minutes. If you have to wait longer than sixty (60) minutes, call the number the transportation provider gave you.

Call 1-866-912-6285 if your ride does not show up.

Hours of Operation

7 a.m. to 6 p.m. CST Monday-Friday