

Healthy Options Benefits and Services for 2010.

This 2009 booklet will give you information you need to know about physician visits, benefits, and other services for 2010.

If you have questions about your 2010 Healthy Options benefits, CUP's Member Services Department is open from 8am to 5pm to answer your questions. Please call us at 360-891-1520 or toll free at 800-315-7862.



What services are limited by CUP?

- **BIOFEEDBACK** is a limited to services for incontinence.
- **CHIROPRACTIC SERVICES** are only covered for children, age 20 and under, when they are referred by a PCP because of an EPSDT screening.
- **GENETIC COUNSELING** when medically necessary.
- **NUTRITIONAL COUNSELING** is covered for specific conditions such as diabetes.
- **OUTPATIENT MENTAL HEALTH** services are limited under your plan. You may be referred to a CUP Provider or to the Regional Support Network (RSN). Contact your PCP or call CUP's Mental Health Services at (360) 449-8944 for help deciding where to get your treatment.

When approved, the CUP benefit will cover:

- For adults age 19 and older, up to 12 hours of treatment per calendar year.
 - Children age 18 and younger, up to 20 hours of treatment (including evaluation) per calendar year.
 - Psychological testing and evaluation once every 12 months for adults and as needed for children under age 20 within the 20-hour benefit limit.
 - Unlimited medication management when provided by the PCP or the mental health provider.
 - For children under the age of 5, all prescriptions for psychotropic drugs must be reviewed and have a second opinion by a Child Psychiatrist.
- **PHARMACY MEDICATIONS and OVER THE COUNTER PRODUCTS** are limited to the approved drugs on the drug list. The use of generic drugs is required when available. Prescriptions can only be for 30 days and refilled on a monthly basis with orders from your doctor.
 - **RECONSTRUCTIVE SURGERY** is limited to services to correct defects from birth, illness, or trauma, or for post mastectomy reconstruction.
 - **ROUTINE PHYSICALS FOR ADULTS AGE 21** and over are covered every 2 years.
 - **ROUTINE SCREENING MAMMOGRAMS** are covered yearly for women age 40 and over.
 - **ROUTINE WOMEN'S BREAST AND PELVIC** exams with pap smears are covered once a year.
 - **ROUTINE VISION CARE** includes an eye exam and a refraction every 24 months for adults age 21 and older and once every 12 months for children age 20 and younger. You do not need a referral from your PCP if you see a CUP network provider. See your Provider Directory for a list of network providers.

NOTE: Talk to your PCP about eye exams required for medical conditions such as Diabetes.



What services are limited by CUP? (continued)

- **STERILIZATION** is covered by CUP for members over age 21. CUP members must wait 30 days after you sign the consent form before sterilization can be done. Sterilization is covered by the DSHS Medical ID Card only for members age 20 and under.
- **TISSUE AND ORGAN TRANSPLANTS** must be done at a Washington State DSHS approved facility and include the following:
 - Bone Marrow • Cornea • Heart • Heart-Lung • Kidney
 - Liver • Lung • Pancreas • Peripheral Blood Stem Cell
- **EXPERIMENTAL AND INVESTIGATIONAL SERVICES ARE LIMITED.**

Note: CUP does not pay for complications from non-covered services for up to 90 days following the date of the non-covered service was provided.