

# DCO-OHP 101

Nearly 600,000 OHP clients enroll with a DCO



Dental  
Care  
Organizations

This document is a collaboration between Oregon's Dental Care Organizations and DMAP and provides information about the Oregon Health Plan (OHP) for interested stakeholders.



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## Dental care organizations

Oregon's Medicaid program, the Oregon Health Plan, contracts with the eight Dental Care Organizations (DCO). DCOs provide dental services to over 96 percent of OHP clients eligible to receive dental benefits and services. For more information on OHP service areas, please see [www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx](http://www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx).

Our Dental Care Organizations, in alphabetical order are:

<b>Access Dental Plan</b>	
Member Services	877-213-0357 503-445-9056
<b>Capitol Dental Care</b>	
Member Services	800-525-6800 503-585-5205
<b>Family Dental Care</b>	
Member Services	866-875-1199
<b>ODS Community Health</b>	
Member Services	800-342-0526 503-243-2987

<b>Advantage Dental Services</b>	
Member Services	866-268-9631 866-268-9615
<b>CareOregon Dental</b>	
Member Services	888-440-9912 503-416-1444
<b>Managed Dental Care of Oregon</b>	
Member Services	800-538-9604
<b>Willamette Dental Group</b>	
Member Services	855-433-6825

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### DCOs are here to help

DCOs provide assistance to OHP patients.

Encourage OHP patients to seek preventive care and to not wait for a dental emergency. Prevention is a cornerstone of OHP. Clients should pro-actively access all their available benefits to ensure treatment and ongoing care.

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## Oregon Health Plan

Oregon's innovative Medicaid program, the Oregon Health Plan (OHP), provides health care coverage to over 600,000 uninsured Oregonians living with low-incomes.

OHP is administered by the Division of Medical Assistance Programs (DMAP). DMAP is an agency within the Oregon Health Authority (OHA).



Many OHP clients also receive other state assistance (such as Supplemental Nutrition Assistance Program) through local branch offices administered by the Department of Human Services (DHS).

### Applying for OHP

Every county in Oregon has a local DHS branch office with staff that can assist in the OHP application process and provide application materials. For a list of office addresses and telephone numbers, see [www.oregon.gov/dhs/pages/localoffices/index.aspx](http://www.oregon.gov/dhs/pages/localoffices/index.aspx).

### Application assistance

Applications and information are also available online at [www.oregon.gov/oha/healthplan/Pages/app\\_benefits/main.aspx](http://www.oregon.gov/oha/healthplan/Pages/app_benefits/main.aspx) or by calling the OHP Application Center at 1-800-359-9517.

### OHP coverage letter and ID card

Since December 2008, OHP stopped mailing monthly enrollment cards. Individuals who qualify for OHP receive a coverage letter and a wallet-sized ID card. Coverage letters and IDs are sent if information changes or when requested by a client.

OHP eligibility must be confirmed at **time of service**. An ID card does not guarantee eligibility for benefits. Plans also send out new member packets, including the plan's handbook. If a member needs this information re-sent, they should contact their plan. In addition, many plans have Web sites that include member education and handbooks.

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**Possession of an OHP Oregon Health ID card  
does NOT guarantee eligibility for benefits.**

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## Service delivery

Most clients live in mandatory plan enrollment areas. If multiple plans are available, the client may choose their plan. When a client lives in a mandatory enrollment area and does not select a plan, DMAP auto-enrolls the client. Auto-enrollment is computer generated and plan assignments are rotated between DCOs for equal distribution.

All family members must enroll in the same managed care plan. When selecting a plan, the client should call the plan and ask basic questions regarding provider proximity, bilingual staff, etc.

Plan changes are allowed in special circumstances, such as if the client moves or there is medical necessity for specialized care. Some clients qualify for an exemption to mandatory plan enrollment, such as American Indian or Alaska Native tribal members or individuals with special medical or travel needs.

New Oregon legislation allows clients to switch from one managed care plan to another.

If a member believes an enrollment error has occurred, they should contact their case worker or call OHP Client Services at 1-800-273-0557.

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## OHP and managed care organizations

OHP delivers benefits and services primarily through contracted managed care organizations (plans). Plans coordinate covered services and benefits through contracted providers for OHP clients. There are different types of managed care organizations or plans that work with OHP.

DMAP sends DCOs regular enrollment files and provides online eligibility information access through the Provider Web Portal (PWP) and Automated Voice Response (AVR) systems.

OHP Medical and Dental Plans are listed by county with additional information at [www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx](http://www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx).

<b>Dental</b>	DCO - Dental Care Organizations
<b>Medical</b>	FCHP - Fully Capitated Health Plans
	PCO - Physician Care Organizations
	PCM - Primary Care Manager
<b>Mental</b>	MHO - Mental Health Organization
<b>Coordinated Care</b>	CCOB – Physical and Mental Health
	CCOE – Mental Health only



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## Verifying client eligibility

Providers are responsible for verifying client eligibility at each visit for a billable service. If an OHP client does not have their ID card, providers can verify eligibility by using the client's name and birth date.

If your patient is enrolled in a plan, follow the plan protocols. Use the following self-service provider tools for accessing client eligibility:

- **Provider Web Portal (PWP)** – Provides secure, real-time eligibility verification and other information. A Provider Web Portal Quick Tip Sheet is attached.
- **Automated Voice Response (AVR)** – A real-time telephonic system using a touch-tone telephone and calling 1-866-692-3864.
- **Electronic Data Interchange (EDI)** – Registered EDI users submit and receive batch eligibility inquiries using the 270/271 transaction.

For more information on all three 24-hour, secure systems and more about OHP client eligibility and enrollment, go to [www.oregon.gov/oha/healthplan/pages/tools\\_prov/electronverify.aspx](http://www.oregon.gov/oha/healthplan/pages/tools_prov/electronverify.aspx).

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## No-shows

A no-show is considered a missed appointment when a patient does not provide 24-hour advance notice. DCOs estimate that no-shows represent between 25–40 percent of all appointments. This results in valuable treatment time lost that could have been used for another patient. In extreme cases of member/patient no-shows, the practice may request that the member be disenrolled by contacting the plan.



Providers should provide patient education when a no-show becomes a problem. Practices should also stress to their clients the importance of keeping appointments and communicate that no-shows represent an unnecessary cost to the OHP program and Oregon taxpayers.

OHP clients cannot be billed for no-show or missed appointments. For more information, please see Oregon Administrative Rules 410-120-1280(3)(c).

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## Emergency and urgent care

Clients enrolled in a DCO should call their assigned dentist or plan. Examples of dental emergencies that require immediate treatment include severe tooth pain, serious infection or a knocked-out tooth.

Urgent dental care is dental care requiring prompt but not immediate treatment. Examples of urgent conditions include toothaches, swollen gums, or a lost filling.

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## OHP benefit packages

- **OHP Plus** (Code - BMH) This is the richest benefit package and covers children under age 19, pregnant adults, and people who are blind, disabled, over 65, or receive Temporary Assistance to Needy Families (TANF) benefits.
- **Healthy Kids** (Code - BMH) The program name for children, under the age of 19, who receive the OHP Plus benefit package.
- **OHP Supplemental** (Code - BMP) This benefit package provides OHP pregnant clients with additional dental and vision benefits.
- **OHP with Limited Drug** (Codes - BMM or BMD) This package is for clients who are eligible for both Medicaid and Medicare Part D and provides the same comprehensive benefits as OHP Plus. OHP drug coverage is limited to drugs not covered by Medicare.
- **OHP Standard** (Code - KIT) This limited benefit package covers a limited number of uninsured adults not eligible for traditional Medicaid.
- **Citizen Alien-Waived Emergency Medical** (Code - CWM) Coverage is limited to emergency medical services and childbirth, only. CAWEM is for non-U. S. citizens who would be eligible for OHP except for their citizenship status.
- **CWM Plus Prenatal** (Code - CWX) The partnership between OHP and County Health Departments provide nearly the same benefits and services as OHP Plus and OHP Supplemental to pregnant CAWEM clients. At the time of publication, fifteen counties were participating, Benton, Clackamas, Columbia, Crook, Deschutes, Douglas, Hood River, Jackson, Jefferson, Lane, Morrow, Multnomah, Umatilla, Union and Wasco.

### Pregnant clients

OHP clients receive additional benefits during pregnancy.

Women need to tell their case worker when they are pregnant as soon as possible for the additional coverage to begin.

Clients are responsible for letting their case worker know when their pregnancy ends.

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## Healthy Kids Connect

Healthy Kids Connect is administered by the Office of Private Health Partnerships. Qualified families with incomes between 201 and 300 percent of the Federal Poverty Level (FPL), up to \$66,156 (2012) for a family of four, can enroll their child(ren) in a private health insurance and receive a sliding-scale subsidy to help pay monthly premiums. More information is available at

[www.oregon.gov/oha/OPHP/kidsconnect/Pages/index.aspx](http://www.oregon.gov/oha/OPHP/kidsconnect/Pages/index.aspx).

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## OHP dental benefits and services

Following is a partial list of OHP benefit plan coverage. Providers must check client eligibility and benefit package services BEFORE providing services. Some services may require Prior Authorization.

- Cleanings
- Denture relines, adjustments/repairs
- Exams
- Fluoride
- Oral surgery – some
- Endodontic services (root canals for some teeth)
- Preventative services
- Sealants (children only)
- X-rays
- Dentures - full and partial
- Prescriptions
- Periodontal services (scaling and root planing, maintenance)

An OHP Benefit Plan Coverage guide (DMAP Form 1418) is sent to clients and is attached for your information.

### Additional services for some clients

In addition to the services listed above, these clients receive additional services:

**OHP Plus** if younger than 21 years old (Code - BMH)

**OHP with Limited Drug** if younger than 21 years old (Codes - BMM or BMD)

**OHP Supplemental** for pregnant women (Code - BMP)

**CAWEM Plus Prenatal** is available in 15 counties (Code - CWX)

Additional services include:

- Crowns
- Some additional gum/oral surgeries
- Root canals on molars and some other tooth root procedures

### Service limits

**OHP Standard** (Code - KIT) clients only receive immediate or urgent care dental services for conditions such as acute infection, abscesses or severe tooth pain. Coverage does not include services to restore teeth, like fillings.

**CAWEM** (Code - CWM) clients do not receive dental benefits.

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### OHP dental benefits

Please refer to the current and detailed dental benefit list available in Oregon Administrative Rules at [www.dhs.state.or.us/policy/healthplan/guides/dental/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/dental/main.html).



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# Resources

## Providers

Current and detailed dental benefit list, contact your DCO or refer to the Oregon Administrative Rules at [www.dhs.state.or.us/policy/healthplan/guides/dental/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/dental/main.html).

Application to become an OHP (Oregon Medicaid) provider  
[www.oregon.gov/oha/healthplan/pages/tools\\_prov/providerenroll.aspx](http://www.oregon.gov/oha/healthplan/pages/tools_prov/providerenroll.aspx)

OHP Providers page [www.oregon.gov/oha/healthplan/Pages/tools\\_prov/main.aspx](http://www.oregon.gov/oha/healthplan/Pages/tools_prov/main.aspx)

OHP managed care enrollment reports  
[www.oregon.gov/oha/healthplan/pages/data\\_pubs/enrollment/main.aspx](http://www.oregon.gov/oha/healthplan/pages/data_pubs/enrollment/main.aspx)

Provider Web Portal <https://www.or-medicaid.gov>

OHP forms <https://apps.state.or.us/cf1/FORMS/>

*Sign up for eSubscribe to receive e-mail updates on OHP changes that affect you.*

<http://service.govdelivery.com/service/user.html?code=ORDHS>

## Clients

OHP Client Services representatives 1-800-273-0557

Assistance filling out the OHP Application *Healthy Kids Application Assisters are organizations, schools, businesses and other community groups who help families fill out OHP applications. There are over 180 sites with Assisters.* <http://oregonhealthykids.com/apply/map.html>

DHS field office locations and contact information [www.oregon.gov/dhs/pages/localoffices/index.aspx](http://www.oregon.gov/dhs/pages/localoffices/index.aspx).

DCO information booklet about dental benefits  
Spanish <https://apps.state.or.us/Forms/Served/hs7224.pdf>  
English <https://apps.state.or.us/Forms/Served/he7224.pdf>

Information about the Oregon Health Plan – Green Booklet  
<https://apps.state.or.us/Forms/Served/HE9025.pdf>

Oregon Health Plan – Client Handbook <https://apps.state.or.us/Forms/Served/HE9035.pdf>

OHP health plans by county [www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx](http://www.oregon.gov/oha/healthplan/pages/managed-care/plans.aspx)

Oregon Healthy Kids program [www.oregonhealthykids.gov/](http://www.oregonhealthykids.gov/)

OHP open card/fee-for-service dental providers. Providers listed on this Web site may or may not be accepting new clients [www.insurekidsnow.gov/state/oregon/oregon\\_oral.html](http://www.insurekidsnow.gov/state/oregon/oregon_oral.html)

Oregon Tobacco Quit Line: No-cost stop smoking and chewing program for OHP clients. No charge for nicotine replacement therapies.

English 1-800-QUIT NOW (1-800-784-8669) Spanish 1-877-2 NO FUME (1-877-266-3863)[

# Provider Web Portal eligibility quick reference

For the most current version, go to <https://apps.state.or.us/Forms/Served/oe3161.pdf>.

## Oregon Medicaid Provider Web Portal Eligibility Verification Request Screen

How to verify client eligibility and copayment responsibility at <https://www.or-medicaid.gov>

At the main menu, click **Eligibility**. Enter the client's 8-digit ID number, plus name or date of birth, then click "search."

- For date of service, enter a "From" date no more than 13 months before the date of inquiry, and "To" date no later than the date of inquiry.
- For service limitations, also enter a procedure code.

The following information will appear. To view copayment information, click on BMD, BMH, BMM or BMP in the Benefit Plan section of the screen.



1 Client Information	
Client ID	AA#####A
Birth Date	12/09/1910
Medicare A	
Medicare B	
MedicareD	
Last Name	JANE A
First Name	DOE
Last EPSDT	
Last Dental Visit	05/23/2011
Branch ID	2002
Phone Number	(541)686-7722

2 Benefit Plan					
Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	
CRN - Contract Nursing	12/16/2011	12/16/2011	\$0.00	\$0.00	
SMHS - State Medicaid Mental Health Services	12/16/2011	12/16/2011	\$0.00	\$0.00	
BMH - OHP Plus	12/16/2011	12/16/2011	\$0.00	\$0.00	

Select a Benefit Plan row to see the Service Type Coverage and Copay rows.

3 Service Type Coverage and Copay						
Benefit Plan	Effective Date	End Date	Service Type	Coverage	Copay	
BMH - OHP Plus	12/16/2011	12/16/2011	MEDICAL CARE	ACTIVE		
BMH - OHP Plus	12/16/2011	12/16/2011	AMBULATORY SERVICE CENTER FACILITY	ACTIVE	\$3.00	
BMH - OHP Plus	12/16/2011	12/16/2011	DIAGNOSTIC X-RAY			
BMH - OHP Plus	12/16/2011	12/16/2011	HOME HEALTH CARE			
BMH - OHP Plus	12/16/2011	12/16/2011	HOSPICE			
BMH - OHP Plus	12/16/2011	12/16/2011	DIAGNOSTIC LAB			
BMH - OHP Plus	12/16/2011	12/16/2011	MEDICALLY RELATED TRANSPORTA			
BMH - OHP Plus	12/16/2011	12/16/2011	ACUPUNCTURE			
BMH - OHP Plus	12/16/2011	12/16/2011	MATERNITY			
BMH - OHP Plus	12/16/2011	12/16/2011	AUDIOLOGY EXAM			

4 Carrier Name				
Carrier Name	Policy Number	Policy Holder	Coverage	Effective Date
BLUE CARD CUST SERV DEPT	#####	JOHN DOE	MAJOR	
VISION SERVICE PLAN	#####	JOHN DOE	OPTI	
CIGNA HEALTH CARE	#####	JOHANNA DOE	DENTAL	11/19/2008
PRIME THERAPEUTICS/PAPER	#####	JOE DOE	PRESCRIPTION DRUG	11/19/2008

5 Managed Care				
Provider Name	Provider Phone	Plan Type	Effective Date	End Date
ADVANTAGE DENTAL	(866)268-9631	DCO	11/19/2008	11/19/2008

6 Lockin					
Lockin Plan	Effective Date	End Date	Provider	Provider Name	Provider ID
Lockin Pharmacy	08/01/2000	12/31/2000	1234567890 NPI	YE OLDE PILL SHOP	(999)

7 Service Limitations  
Service Limitation has been found for Procedure Code 92002, next possible date of service is

6 Lockin  
Assigned pharmacy for Pharmacy Management Program clients (not used).

7 Service limitation  
The next available date of service for the procedure entered.

- 1 Client information
- Last EPSDT: Not used.
  - Last Dental Visit: Date of the visit (blank if none)
  - Phone Number: Of DHS branch.

- 2 Benefit plan(s)
- Only these codes are for medical benefits:
- BMD, BMM: OHP with Limited Drug
  - BMH: OHP Plus
  - BMP: OHP Plus Supplemental
  - KIT: OHP Standard
  - CWX: OHP Plus coverage for CAWEM Prenatal program clients
  - CWM: CAWEM
  - MED: Medicare Beneficiary

- 3 Service Type Coverage and Copay
- This screen shows the services covered by the benefit plan selected, grouped by service type (e.g., "Medical Care" or Pharmacy"). Non-covered services will not display here.
- Coverage: "Active" or "Limited"
  - Copay: The amount to pay (\$0, \$1, or \$3). If a client with BMD, BMM, or BMH benefits is exempt from copayment, this field will read \$0.00 for all services.

- 4 Third-party liability (TPL)
- Information and coverage dates

- 5 Managed care
- Effective dates of managed care or Primary Care Manager (PCM) enrollment. Plan types:
- GCOB: Coordinated Care Organization (CCO) for physical and mental health care
  - GCOE: GCO for mental health care only
  - DCO: Dental Care Organization
  - FCHP: Fully Capitated Health Plan
  - MHO: Mental Health Organization
  - PCO: Physician Care Organization

Questions? Call DMAP Provider Services at 800-336-6016.



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# Coverage letter and ID

## Coverage letter

One OHP coverage letter is sent to a household and shows their caseworker's ID, phone number, benefit package, copayment requirements and managed care enrollment.

The first page lists the reason the letter was sent. The second page shows eligible household members benefit package, ID number and managed care enrollment. Managed care and other insurance information is detailed on the third page.

The letter is for the client's information only and they do **not** need to show it to providers. Clients should see their branch office for replacement letters.

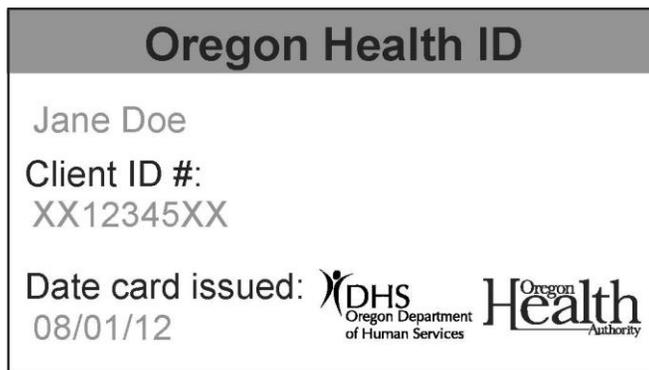
## OHP Benefit Plan Coverage

A quick benefit overview (attached) is mailed with the initial coverage letter. DMAP refers to it as the *yellow sheet* (DMAP form 1418). The most current version is available at [www.oregon.gov/oha/healthplan/Pages/form/main.aspx](http://www.oregon.gov/oha/healthplan/Pages/form/main.aspx).

## ID

Every eligible person in a household receives their own Oregon Health ID card. Managed care plans also send members an ID card.

OHP does not mail new ID cards unless there is a name change or the client requests a replacement branch office.



Front



Back

## Sample coverage letter – page 1

5503 XX#### XX P2 ENAT  
PO BOX #####  
SALEM, OR 97309  
DO NOT FORWARD: RETURN IN 3 DAYS

Branch name/Division: OHP/CAF

Worker ID/Telephone: XX/503-555-5555

JOHN DOE  
123 MAIN ST

HOMETOWN OR 97000

### Keep this letter!

**This letter explains your Oregon Health Plan (OHP) benefits.**

**This letter is just for your information. You do not need to take it to your health care appointments.**

**We will only send you a new letter if you have a change in your coverage, or if you request one.**

Welcome to the Oregon Health Plan (OHP). This is your **new coverage letter**.

This letter lists coverage information for your household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

Reason for letter:

A Medical ID was requested for:

DOE, JOHN – 08/01/2012

DOE, JANE – 08/01/2012

DOE, TIMOTHY – 08/01/2012

## Sample coverage letter – Pages 2 and 3

The following chart lists coverage information for everyone who is eligible in your household. See the enclosed Benefit Package chart for information about what each benefit package covers. Letters in the Managed Care/TPR enrollments section refer to the plans listed on the Managed Care/TPR Enrollment page.

Name	Date of birth	Client ID #	Copays?	Benefit Package	Managed Care/TPR enrollment
John Doe	01/01/1968	XX1234XX	No	OHP Standard	A, B, C
Jane Doe	02/01/1968	XX1235XX	No	OHP with Limited Drug	A, B, C, G, H, I
Timothy Doe	03/01/2006	XX1236XX	No	OHP Plus	B, C, D, F
Kathy Doe	04/01/2007	XX1237XX	No	OHP Plus	B, C, E, G, H

### Managed Care/TPR enrollment

Plan Information	Plan Information	Plan Information
<b>A</b> CCO - Mental and Physical COORDINATION INC 800-555-5555	<b>B</b> Dental Care Organization QUALITY CARE 866-555-5555	<b>C</b> Mental Health Organization HEALTH MIND CARE 888-555-55555
<b>D</b> Private Maj Med/Rx/Dent/Vis BLUE CROSS OF OREGON  Pol# 12345678 ABC123456789	<b>E</b> DCM-FFS Disease Management DCM CARE ENHANCE 1-800-711-6687 DCM-PGM	<b>F</b> DMAP Pharmacy WALGREENS
<b>G</b> Medicare Part-A Medicare NW - Part A	<b>H</b> Medicare Part-B Medicare-B/BC N Dakota	<b>I</b> Medicare Part-D Has Part D

# DMAP 1418 – Quick benefit chart

For the most current version, go to <https://apps.state.or.us/Forms/Served/oe1418.pdf>.

## Oregon Health Plan benefit packages

OHP covers benefits that show a "✓." Limited services are covered at a reduced level. See the OHP Client Handbook for benefit details. For a copy of the handbook, call 1-800-699-9075.

Covered services	OHP Plus; OHP with Limited Drug*		OHP Standard	CAWEM	CAWEM Plus	QMB
	Children; adults with OHP Plus - Supplemental	Other adults				
Acupuncture	✓	✓	Limited		✓	
Chemical dependency	✓	✓	✓		✓	
Dental	Basic services including cleaning, fillings and extractions	✓	✓		✓	
	Urgent/immediate treatment	✓	✓	✓	Emergency only	✓
	Other services	✓	Limited			✓
Hearing aids and hearing aid exams	✓	✓			✓	
Home health; private duty nursing	✓	✓			✓	
Hospice care	✓	✓	✓			
Hospital care	Emergency treatment	✓	✓	✓	✓	✓
	Inpatient/outpatient care	✓	✓	✓		✓
Immunizations	✓	✓	✓		✓	
Labor and delivery	✓	✓	✓	✓	✓	
Laboratory and X-ray	✓	✓	✓	Emergency only	✓	
Medical care from a physician, nurse practitioner or physician assistant	✓	✓	✓	Emergency only	✓	
Medical equipment and supplies	✓	✓	Limited		✓	
Medical transportation	✓	✓	Emergency only	Emergency only	✓	
Medicare premiums, copayments (except for drugs) and deductibles						✓
Mental health	✓	✓	✓		✓	
Physical, occupational and speech therapy	✓	✓			✓	
Prescription drugs	✓	✓	✓		✓	
Vision services	For medical and emergency treatment	✓	✓	✓	Emergency only	✓
	For glasses	✓	Limited			✓

\* Drug coverage for this benefit package is limited to drugs that are not covered by Medicare Part D.

OHP offers more services and places more limitations than are listed here. This chart is meant to be a guide, not OHP policy.



DMAP 1418 (08/12)