

Service	Medicaid, NJ FamilyCare A and Alternative Benefit Plan (ABP)	NJ Division of Developmental Disabilities (DDD)	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
Abortions and related services	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)
Acupuncture: • When performed as a form of anesthesia and part of a covered surgery	✓	✓	✓	✓	✓
Audiology	✓	✓	✓	✓	✓ (members under 16 years old)
Blood and blood plasma	✓	✓	✓	✓	✓ (limited to administration of blood, processing of blood, processing fees and fees related to autologous blood donations)

Chiropractic services	✓ (limited to spinal manipulation)	✓ (limited to spinal manipulation)	✓ (limited to spinal manipulation)	✓ (limited to spinal manipulation with \$5 co-pay)	Not covered
Dental	✓	✓	✓	✓ (\$5 co-pay except for preventive dental visits)	✓ (\$5 copay except for preventive visits which are free)
Diabetic supplies and equipment	✓	✓	✓	✓	✓
Durable medical equipment (DME) and assistive technology devices	✓	✓	✓	✓	Limited benefit

Emergency services	✓	✓	✓	✓ (with \$10 co-pay for ER services)	✓ (with \$35 co-pay for ER services, except when referred by PCP for services that should have been provided in PCP's office or when admitted to the hospital)
EPSDT (Early and Periodic Screening, Diagnostic and Treatment) services	✓	✓	✓	✓	✓ (limited to well-child care, newborn hearing screenings, immunizations, lead screenings and treatment)

Family planning	✓	✓	✓	✓	✓ (includes medical history and physical exams, diagnostic and lab tests, drugs and biologicals, medical supplies and devices, counseling, continuing medical supervision, continuity of care and genetic counseling; must use network providers)
Group homes and DCP&P residential treatment facilities services	✓ (covered by Medicaid)	✓ (covered by Medicaid)	Not covered	Not covered	Not covered
Hearing aids	✓	✓	✓	✓	✓ (members under 16 years old)

Home health	✓	✓	✓	✓	✓ (limited to skilled nursing for home-bound members who are provided care or supervised by an RN and home health aide; includes medical social services needed for treatment of the member's medical condition)
Hospice services: •Includes room and board in a non-private institutional residence	✓	✓	✓	✓	✓
Hospital Services (Inpatient)	✓	✓	✓	✓	✓

Hospital services (outpatient)	✓	✓	✓	✓ (with \$5 co-pay, except for preventive services)	✓ (with \$5 co-pay, except for preventive services)
Intermediate care facilities/ intellectual disability	✓ (covered by Medicaid)	✓ (covered by Medicaid)	Not covered	Not covered	Not covered
Lab services: • You should receive your results within 24 hours in emergency and urgent care cases • You should receive your results within 10 business days in non-emergency and non-urgent care cases	✓	✓	✓	✓	✓ (with \$5 co-pay when not part of an office visit)
Maternity services: •Includes related newborn care	✓	✓	✓	✓	✓

Medical day care	✓ (covered by Medicaid)	✓ (covered by Medicaid)	Not covered	Not covered	Not covered
Medical supplies	✓	✓	✓	✓	✓ (limited to diabetic and family planning supplies)
Mental health (inpatient hospital, including psychiatric hospitals)	✓ (covered by Medicaid)	✓ (covered by WellCare)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)
Mental health (outpatient services)	✓ (covered by Medicaid)	✓ (covered by WellCare)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	Not covered
Mental health (home health)	✓ (covered by Medicaid)	✓ (covered by WellCare)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)
Nurse midwife services (prenatal)	✓	✓	✓	✓	✓ (with \$5 co-pay for 1st prenatal visit only)

Nurse midwife services (postpartum)	✓	✓	✓	✓ (with \$5 co-pay per visit)	✓ (with \$5 co-pay, except for preventive care services; \$10 co-pay for non- office hours and home visits)
Nurse practitioner services	✓	✓	✓	✓ (with \$5 co-pay per visit, except for preventive care services)	✓ (with \$5 co-pay per visit during normal office hours, except for preventive care services; \$10 co-pay for non- office hours and home visits)

<p>Nursing facility care:</p> <ul style="list-style-type: none"> WellCare covers the 1st 30 days of nursing facility care; after the 30th consecutive day in a nursing facility, you will be disenrolled from WellCare and provided services through Medicaid 	<p>✓ (inpatient rehabilitation services may be provided in this setting when appropriate)</p> <p>(covered by Medicaid)</p>	<p>✓ (inpatient rehabilitation services may be provided in this setting when appropriate)</p>	<p>Not covered</p> <p>(inpatient rehabilitation services may be provided in this setting when appropriate)</p>	<p>Not covered</p> <p>(inpatient rehabilitation services may be provided in this setting when appropriate)</p>	<p>Not covered</p>
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<p>Optical appliances:</p> <ul style="list-style-type: none">• You can choose eyeglasses or contact lenses from select frames or contact lenses• Eyeglasses and contact lenses are covered as follows:<ul style="list-style-type: none">-Ages 0-20 or 60 and older are eligible for eyeglasses or contact lenses every year if the prescription changes, or more frequently if medically necessary	✓	✓	✓	✓	✓
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<p>-Ages 21-59 are eligible for eyeglasses or contact lenses every 2 years if the prescription changes, or more frequently if medically necessary</p> <p>-Contact lenses are covered for the initial contact lens supply and related fees in full when covered brands are prescribed;</p>	✓	✓	✓	✓	✓
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<p>anything above the \$100 contact lens limit will be out of pocket if not medically necessary; if contact lenses are medically necessary, anything above the \$100 limit is covered and requires prior authorization</p> <p>- The benefit period starts the day the eyeglasses or contact lenses are dispensed</p>	✓	✓	✓	✓	✓
<p>Optometrist services:</p> <p>- Includes one yearly eye exam for all ages (additional exams require PCP referral)</p>	✓	✓	✓	<p>✓ (with \$5 co-pay)</p>	<p>✓ (with \$5 co-pay, except for newborns covered under Medicaid fee-for-service)</p>

<p>Organ transplants:</p> <ul style="list-style-type: none">• If you're placed on a transplant list before joining WellCare and were on Medicaid fee-for-service, coverage is provided by Medicaid and limited to transplant-related costs for the donor and recipient	✓	✓	✓	✓	✓
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<p>• If you're placed on a transplant list while a member of WellCare, coverage is provided by WellCare and includes all donor and recipient transplant costs (covered even if you have the transplant performed within 2 months after disenrolling from WellCare)</p>	✓	✓	✓	✓	✓
<p>• If you're placed on a transplant list while with another health plan and then transfer to WellCare, WellCare and the other health plan you were with will work out the costs</p>	✓	✓	✓	✓	✓

Orthodontic treatment services: • Provided to children under 19 years old when medically necessary	✓	✓	✓	✓	✓
Orthotics	✓	✓	✓	✓	Not covered
Outpatient diagnostic testing	✓	✓	✓	✓	✓
Partial care services	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)
Partial hospital program services	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)

Personal care assistant services	✓ (covered with limits by Medicaid)	✓ (covered with limits by Medicaid)	Not covered	Not covered	Not covered
Podiatrist services: • Excludes routine hygienic care of feet, including treatment of corns, calluses, trimming of nails and other hygienic care in the absence of a pathological condition	✓	✓	✓	✓ (with \$5 co-pay)	✓ (with \$5 co-pay)

<p>Prescription drugs (retail pharmacy):</p> <ul style="list-style-type: none"> • ABD members with Medicare are covered under Medicare Part D •Erectile dysfunction drugs, anti- obesity and cosmetic agents not covered • Certain cough/ cold and topical items not covered for certain ages 	✓	✓	✓	<p>✓</p> <p>(\$1 co-pay on generic drugs (covered by WellCare))</p> <p>(\$5 co-pay on brand-name drugs (covered by WellCare))</p>	<p>✓</p> <p>(\$5 co-pay on drugs if supply is less than 34 days (covered by WellCare))</p> <p>(\$10 co-pay on drugs if supply is greater than 34 days (covered by WellCare))</p>
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<p>Prescription drugs (given by doctor)</p> <ul style="list-style-type: none"> •Covered by Medicare Part B • Co-pays for Medicare Part B covered drugs considered DME and used in home covered by Medicaid (i.e., insulin given through an insulin pump) 	✓	✓	✓	<p>✓</p> <p>(\$1 co-pay on generic drugs (covered by WellCare))</p> <p>(\$5 co-pay on brand-name drugs (covered by WellCare))</p>	<p>✓</p> <p>(\$5 co-pay on drugs if supply is less than 34 days (covered by WellCare))</p> <p>(\$10 co-pay on drugs if supply is greater than 34 days (covered by WellCare))</p>
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Primary care, specialty care and women's health services	✓	✓	✓	✓ (with \$5 co-pay per visit; no co-pay for well-child visits, lead screenings or treatment, necessary immunizations, prenatal care, or PAP tests)	✓ (with \$5 co-pay per visit during normal office hours; \$10 co-pay for non-office hours and home visits; no co-pay for well-child visits, lead screenings or treatment, necessary immunizations or preventive dental services for children under 19 years old; \$5 co-pay for first prenatal visit only)
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Private-duty nursing	✓ (children under 21 years old if related to EPSDT screening)	✓ (children under 21 years old if related to EPSDT screening)	✓ (children under 21 years old if related to EPSDT screening)	✓ (children under 21 years old if related to EPSDT screening)	✓ (when authorized by WellCare)
Prosthetics	✓	✓	✓	✓	✓ (limited to the initial delivery of a prosthetic device that temporarily or permanently replaces all or part of an external body part lost or impaired due to disease, injury or congenital defect; repair services and replacement are covered only when needed due to congenital growth)

<p>Radiology services (diagnostic and therapeutic):</p> <ul style="list-style-type: none"> • You should receive your results within 24 hours in emergency and urgent care cases • You should receive your results within 10 business days in non-emergency and non-urgent care cases 	✓	✓	✓	✓	<p>✓ (with \$5 co-pay when not part of an office visit)</p>
<p>Rehabilitation services (cognitive, physical, occupational and speech therapies)</p>	✓	✓	<p>✓ (limited to 60 visits per therapy, per incident, per calendar year)</p>	<p>✓ (limited to 60 visits per therapy, per incident, per calendar year)</p>	<p>✓ (with a \$5 co-pay; limited to 60 visits per therapy, per incident, per calendar year; speech therapy for developmental delay not covered unless resulting from disease, injury or congenital defects)</p>

Sex abuse exams	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)
Social necessity days	✓ (covered by Medicaid) (limited to up to 12 inpatient hospital days)	✓ (covered by Medicaid) (limited to up to 12 inpatient hospital days)	✓ (covered by Medicaid) (limited to up to 12 inpatient hospital days)	✓ (covered by Medicaid) (limited to up to 12 inpatient hospital days)	✓ (covered by Medicaid) (limited to up to 12 inpatient hospital days)
Substance abuse	✓ (covered by Medicaid)	✓ (covered by WellCare)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)
Transportation-ground emergency	✓	✓	✓	✓	✓
Transportation- non-emergency (mobile assisted vehicles (MAVs) and non-emergency basic life support)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	Not covered

Transportation- livery (taxi, bus, car service) •Includes reimbursement for mileage	✓ (covered by Medicaid)	✓ (covered by Medicaid)	Not covered	Not covered	Not covered
Waiver and demonstration program services (except DDD-waiver)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)	✓ (covered by Medicaid)