

## **3.3 Covered and Non-Covered Services**

### **Covered Services**

Care Management

Home health care

Nursing Services

Private Duty Nursing

Non-emergent transportation

Podiatry and routine care

Optometry (including eyeglasses)

Audiology, hearing aids and batteries

Dental care

Prosthetics and orthotics

Medical equipment and supplies

Enteral and parenteral nutritional supplements (limitations may apply)

Personal emergency response system

Social and Environmental supports

Dietary counseling

Nursing home care

Respiratory therapy

Physical, occupational and speech therapies (limited # outpatient visits)

Medical Social services

Adult Day Health Care

Social Day Care

Home-delivered meals

### **Coordinated Services**

Your care team will coordinate medical services not covered by Senior Health Partners to help you remain at your best.

In-patient and outpatient hospital services

Laboratory and radiology services

Prescription and non-prescription drugs

Physician services

Psychiatry services

Mental health services

Alcohol and substance abuse services

Chronic renal dialysis

Emergency transportation

Family planning services

Services covered by the Office of mental Retardation and Developmental Disabilities

### **Non-Covered Services**

Inpatient and outpatient hospital services

Laboratory and Radiology services

Prescription and non-prescription drugs

Physician services

Mental Health services

Chronic Renal Dialysis

Emergency Transportation

Rural Health Clinic Services

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