Please note: All covered services must be medically necessary	*SoonerCare* **Traditional**		*SoonerCare* **Choice**	
	Children Under 21	*Adults 21 and Over*	*Children Under 21*	*Adults 21 and Over*
Ambulance or emergency transportation	Covered - emergency only	Covered - emergency only	Covered - emergency only	Covered - emergency only
Behavioral health and substance abuse services (some services may require prior authorization)	Covered	Covered - some services may require a $3 copay	Covered	Covered - some services may require a $3 copay
Care management services for complex and/or unusual needs (prior authorization required).	Covered	Covered	Covered	Covered
Child Health Wellness Screens (including health & immunization history; physical exams, various health assessments and counseling; lab & screening tests and necessary follow-up care)	Covered	N/A	Covered	N/A
Dental services (including prenatal dental services - no copay for prenatal dental)	Cleaning twice a year, X-rays, fillings & crowns	Emergency extractions. Limited benefits for pregnant women.	Cleaning twice a year, X-rays, fillings & crowns	Emergency extractions. Limited benefits for pregnant women.
Diabetic supplies (100 glucose strips and lancets per month; one spring-loaded lancet device, three replacement batteries per year. Additional supplies require prior authorization.)	Covered, plus one glucometer per year	Covered	Covered, plus one glucometer per year	Covered
Durable medical equipment	Covered when prescribed by medical provider and may require prior authorization	Covered when prescribed by medical provider and may require prior authorization. $3 copay per claim	Covered when prescribed by medical provider and may require prior authorization	Covered when prescribed by medical provider and may require prior authorization. $3 copay per claim
Emergency Department (ER services)	Covered	Covered	Covered	Covered
Family Planning services	Birth control information and supplies - Pap smears - Pregnancy tests	Birth control information and supplies - Pap smears - Pregnancy tests - Tubal ligations and vasectomies	Birth control information and supplies - Pap smears - Pregnancy tests	Birth control information and supplies - Pap smears - Pregnancy tests - Tubal ligations and vasectomies - annual visit
Hearing services	Covered - evaluations, hearing aids and supplies	Covered evaluation only	Covered - evaluations, hearing aids and supplies	Covered evaluation only
Home health care services	36 visits covered annually without prior authorization when prescribed by a physician	36 visits covered annually without prior authorization when prescribed by a physician - $3 copay per visit	36 visits covered annually without prior authorization when prescribed by a physician	36 visits covered annually without prior authorization when prescribed by a physician - $3 copay per visit
Inpatient hospital services	Covered	Covered - $10 copay per day up to $90 max per admission	Covered	Covered - $10 copay per day up to $90 max per admission
Immunizations (as recommended by the Advisory Committee of Immunization Practices)	Covered	Covered as recommended for adults	Covered	Covered as recommended for adults

Please note: All covered services must be medically necessary	*SoonerCare* **Traditional**		*SoonerCare* **Choice**	
	Children Under 21	*Adults 21 and Over*	*Children Under 21*	*Adults 21 and Over*
Laboratory and X-ray	Covered	Covered - $3 copay per service at specialist	Covered	Covered - $3 copay per service at specialist
Long-term care	Covered	Covered	No coverage	No coverage
Mammograms	Covered	Covered	Covered	Covered
Nurse midwife and birthing center services	Covered	Covered	Covered	Covered
Orthodontic services	Covered when prior authorized	No coverage	Covered when prior authorized	No coverage
Outpatient hospital and surgery services	Covered medically necessary	Covered medically necessary - $3 copay per day per visit	Covered medically necessary	Covered medically necessary - $3 copay per day per visit
Over-the-counter contraceptives	Covered	Covered	Covered	Covered
Personal care	Covered as prescribed in treatment plan	Covered as prescribed in treatment plan	Covered as prescribed in treatment plan	Covered as prescribed in treatment plan
Physician services	Covered	4 visits per month; including any specialist visits- $3 copay per visit	Covered	Unlimited Medical Home/PCP visits. Up to 4 specialist or non-PCP visits per month - $3 copay per visit
Pregnancy and Maternity services (including prenatal, delivery and postpartum) * For Soon-to-be-Sooners, refer to the notes at the bottom of this document.	Covered	Covered	Covered	Covered
Prescription drugs (Prenatal vitamins and smoking cessation products do not count towards prescription limits. No copays for children and pregnant women.)	Unlimited coverage	6 per month limit; up to 2 brand-name. $0.65 copay per drug costing $10.00 or less, $1.20 copay per drug costing $10.01 - $25.00, $2.40 copay per drug costing $25.01 - $50.00, $3.50 copay per drug costing $50.01 or more; no copay for maintenance drugs	Unlimited coverage	6 per month limit; up to 2 brand-name. $0.65 copay per drug costing $10.00 or less, $1.20 copay per drug costing $10.01 - $25.00, $2.40 copay per drug costing $25.01 - $50.00, $3.50 copay per drug costing $50.01 or more; no copay for maintenance drugs
Prosthetic devices	Covered when prior authorized; Orthotics are Covered	Limited coverage with prior authorization; Orthotics are Not Covered	Covered when prior authorized; Orthotics are Covered	Limited coverage with prior authorization; Orthotics are Not Covered
Psychiatric Residential Treatment Facility (PRTF)	Covered when prior authorized	No coverage	Covered when prior authorized	No coverage
Residential Substance Abuse Treatment	No coverage	No coverage	No coverage	No coverage
SoonerRide - Transportation to non-emergency covered medical services	Covered	Covered	Covered	Covered
Stop Smoking (cessation) products	90 days without an authorization	90 days without an authorization	90 days without an authorization	90 days without an authorization

Please note: All covered services must be medically necessary	*SoonerCare* **Traditional**		*SoonerCare* **Choice**	
	Children Under 21	*Adults 21 and Over*	*Children Under 21*	*Adults 21 and Over*
Substance Abuse Treatment (medical detoxification only)	Covered when prior authorized	Covered	Covered when prior authorized.	Covered
Therapy services - Physical, Speech, Occupational	Covered when prior authorized except initial treatment which does not require PA	15 visits per year - hospital outpatient; Speech therapy requires an initial PA	Covered when prior authorized except initial treatment which does not require PA	15 visits per year - hospital outpatient; Speech therapy requires an initial PA
Transplant services	Covered when prior authorized	Covered when prior authorized	Covered when prior authorized	Covered when prior authorized
Vision services	Covered	Coverage for eye diseases or eye injuries only	Covered	Coverage for eye diseases or eye injuries only

*** Soon-to-be-Sooners**	Members in Soon-to-be Sooners receive pregnancy and maternity services only. The individual who is covered for pregnancy-related benefits under Soon-to-be-Sooners retains eligibility until the end of pregnancy. Section 317:30-22-8

The covered benefits list provided is not all-inclusive. All covered benefits must be medically necessary. Coverage of above benefits is dependent upon meeting requirements provided in accordance with various state and federal regulations. Please verify coverage or consult with a SoonerCare or Insure Oklahoma Helpline representative prior to receiving services. Coverage, copays and limitations are subject to change. Updated 05/12/2014

Please note: All covered services must be medically necessary	**SoonerPlan**	**Insure Oklahoma Individual Plan Adults (IP)**
Ambulance or emergency transportation	No coverage	No coverage
Behavioral health and substance abuse services (some services may require prior authorization)	No coverage	Covered - Psychiatrist visits included in 4 physician services limit per month. Copays vary: Physicians & Outpatient - $4 copay per visit
Care management services for complex and/or unusual needs (prior authorization required).	No coverage	Covered
Child Health Wellness Screens (including health & immunization history; physical exams, various health assessments and counseling; lab & screening tests and necessary follow-up care)	No coverage	No coverage
Dental services (including prenatal dental services - no copay for prenatal dental)	No coverage	Limited dental benefits for pregnant women, $0 copay
Diabetic supplies (100 glucose strips and lancets per month; one spring-loaded lancet device, three replacement batteries per year. Additional supplies require prior authorization.)	No coverage	Covered - $4 copay per prescription
Durable medical equipment	No coverage	Covered when prescribed by medical provider with copay ($4 copay for durable, non-durable supplies; $8 copay for DME equipment) $15,000 annual maximum limit
Emergency Department (ER services)	No coverage	Covered - $30 copay (waived if admitted)
Family Planning services	Men and women age 19 and over - Birth control information, services and supplies. Gardasil for men and women through age 26. Tubal ligation & vasectomy for persons age 21 and older - $0 copay for any family planning-related service or supply	Birth control information and supplies - Pap smears - Pregnancy tests - $0 copay
Hearing services	No coverage	No coverage
Home health care services	No coverage	36 visits covered annually without prior authorization when prescribed by a physician - $4 copay per visit
Inpatient hospital services	No coverage	Covered - $50 copay per admission
Immunizations (as recommended by the Advisory Committee of Immunization Practices)	No coverage	Covered as recommended for adults - $4 copay per visit

Please note: All covered services must be medically necessary	**SoonerPlan**	**Insure Oklahoma Individual Plan Adults (IP)**
Laboratory and X-ray	Services related to family planning only - $0 copay	Covered - no copay for standard radiology ($4 copay per specialized scan - MRI, MRA, PET, CT)
Long-term care	No coverage	No coverage
Mammograms	No coverage	Covered - $0 copay
Nurse midwife and birthing center services	No coverage	Covered
Orthodontic services	No coverage	No coverage
Outpatient hospital and surgery services	Services related to family planning only - $0 copay	Covered medically necessary - $4 copay per visit. Therapeutic radiology - $4 copay per visit
Over-the-counter contraceptives	Contraceptives only - $0 copay	Covered - $0 copay
Personal care	No coverage	No coverage
Physician services	Physician visits and physical exams related to family planning only - $0 copay	4 visits per month; including any specialist visits - $4 copay per visit
Pregnancy and Maternity services (including prenatal, delivery and postpartum) * For Soon-to-be-Sooners, refer to the notes at the bottom of this document.	Pregnancy tests for women - $0 copay	Covered - $0 copay
Prescription drugs (Prenatal vitamins and smoking cessation products do not count towards prescription limits. No copays for children and pregnant women.)	Contraceptives only - $0 copay	6 per month limit; up to 2 brand-name with copay. $4 copay for generic - $8 copay for brand name
Prosthetic devices	No coverage	Limited coverage with prior authorization; orthotics are not covered
Psychiatric Residential Treatment Facility (PRTF)	No coverage	Inpatient acute care only (DRG) - $50 copay per admission
Residential Substance Abuse Treatment	No coverage	No coverage
SoonerRide - Transportation to non-emergency covered medical services	Covered	No coverage
Stop Smoking (cessation) products	No coverage	90 days without an authorization - $4 copay for generic; $8 copay for brand name

Please note: All covered services must be medically necessary	**SoonerPlan**	**Insure Oklahoma Individual Plan Adults (IP)**
Substance Abuse Treatment (medical detoxification only)	No coverage	Outpatient - $4 per visit
Therapy services - Physical, Speech, Occupational	No coverage	15 visits per year - hospital outpatient - $4 copay per visit
Transplant services	No coverage	No coverage
Vision services	No coverage	Coverage for eye diseases or eye injuries only - $4 copay

*** Soon-to-be-Sooners**	N/A	N/A

The covered benefits list provided is not all-inclusive. All covered benefits must be medically necessary. Coverage of above benefits is dependent upon meeting requirements provided in accordance with various state and federal regulations. Please verify coverage or consult with a SoonerCare or Insure Oklahoma Helpline representative prior to receiving services. Coverage, copays and limitations are subject to change. Updated 05/12/2014