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 $4 copay; Behavioral Health Inpatient - $7.50 per day, up to a maximum of $75	Covered	Covered; some services may require a $4 copay; Behavioral Health Inpatient - $7.50 per day, up to a maximum of $75
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	Cleaning twice a year, X-rays, fillings and crowns	Emergency extractions	Cleaning twice a year, X-rays, fillings and crowns	Emergency extractions
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; including one glucometer per year	Covered; $4 per claim	Covered; including one glucometer per year	Covered; $4 per claim
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; $4 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; $4 copay per claim
Emergency Department (ER services)	Covered	Covered	Covered	Covered
Family Planning services	Birth control information and supplies, pap smears and pregnancy tests	Birth control information and supplies, pap smears, pregnancy tests, tubal ligations and vasectomies	Birth control information and supplies, pap smears and pregnancy tests	Birth control information and supplies, pap smears, pregnancy tests, tubal ligations and vasectomies
Hearing services	Covered; evaluations, hearing aids and supplies	Covered; diagnostic exam only	Covered; evaluations, hearing aids and supplies	Covered; diagnostic exam 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; $4 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; $4 copay per visit

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*
Inpatient hospital services	Covered	Covered; $10 per day for first seven days; $5 on the eighth day	Covered	Covered; $10 per day for first seven days; $5 on the eighth day
Immunizations (as recommended by the Advisory Committee of Immunization Practices)	Covered	Covered as recommended for adults; $4 per date of service	Covered	Covered as recommended for adults; $4 per date of service
Laboratory and X-ray	Covered	Covered - $4 per visit	Covered	Covered - $4 per visit
Long-term care	Covered	Covered	No coverage	No coverage
Mammograms	Covered	Covered	Covered	Covered
Nurse midwife and birthing center services	Covered	Covered	Covered	Covered
Nutritional counseling (from a registered dietitian)	Covered when referral is received from provider and is deemed medically necessary	Covered when referral is received from provider and is deemed medically necessary	Covered when referral is received from provider and is deemed medically necessary	Covered when referral is received from provider and is deemed medically necessary
Orthodontic services	Covered when prior authorized	No coverage	Covered when prior authorized	No coverage
Outpatient hospital and surgery services	Covered	Covered; $4 copay per visit	Covered	Covered;$4 copay 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; $4 copay per visit	Covered	Unlimited Medical Home/PCP visits; up to 4 specialist or non- PCP visits per month; $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.	Covered	Covered	Covered	Covered
Prescription drugs: Prenatal vitamins and smoking cessation products do not count towards prescription limits. There are no copays for children and pregnant women. ** For Home and Community-Based Waiver Services copays, refer to the notes at the bottom of this document.	Unlimited coverage	6 per month limit, up to 2 brand-name; $4 copay for each prescription	Unlimited coverage	6 per month limit, up to 2 brand name; $4 copay per prescription

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*
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	Prescription required; unlimited coverage (Chantix - 180 days per 12 months); no prior authorization required; ages 12 and older	Prescription required; unlimited coverage (Chantix -180 days per 12 months); no prior authorization required; $0 copay	Prescription required; unlimited coverage (Chantix - 180 days per 12 months); no prior authorization required; ages 12 and older	Prescription required; unlimited coverage (Chantix - 180 days per 12 months); no prior authorization required; $0 copay
Stop smoking (cessation) counseling	Covered; ages 12 and older	Covered; $0 copay	Covered; ages 12 and older	Covered; $0 copay
Substance Abuse Treatment (medical detoxification only)	Covered when prior authorized	Covered	Covered when prior authorized	Covered
Therapy services: Physical (PT), Speech (ST), Occupational (OT)	PT and OT covered when prior authorized; initial evaluation does not require PA. ST evaluation and treatment require prior authorization.	PT, ST, OT no prior authorization required; 15 visits per year in hospital outpatient; $4 copay per visit	PT and OT covered when prior authorized; initial evaluation does not require PA. ST evaluation and treatment require prior authorization.	PT, ST, OT no prior authorization required; 15 visits per year in hospital outpatient; $4 copay per visit
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			
****Prescription Drugs for Home and Community-Based Services**	Members in Home and Community-Based Services waivers pay the following copays for prescriptions: $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.			

All covered services must be medically necessary.	SoonerPlan	Insure Oklahoma Individual Plan Adults (IP)
Ambulance or emergency transportation	No coverage	Covered for emergency ground transportation; air ambulance not covered
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. Physician and outpatient services - $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	No coverage	Emergency extractions only
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 claim
Durable medical equipment (DME)	No coverage	Covered when prescribed by medical provider ($4 copay for durable, non-durable supplies; $8 copay for DME equipment) $15,000 annual maximum limit; If DME is a rental, copay is per month.
Emergency Department (ER services)	No coverage	Covered; $30 copay (waived if admitted)
Family Planning services	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 and pregnancy tests; $0 copay. Tubal ligations and vasectomies - covered as medically necessary; ages 21 and older.
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

All covered services must be medically necessary.	SoonerPlan	Insure Oklahoma Individual Plan Adults (IP)
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
Laboratory and X-ray	Services related to family planning only; $0 copay	Covered; $0 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
Nutritional counseling (from a registered dietitian)	No coverage	Covered when referral is received from provider and is deemed medically necessary
Orthodontic services	No coverage	No coverage
Outpatient hospital and surgery services	Services related to family planning only; $0 copay	Covered when medically necessary; multiple copays are possible; $4 copay per visit. Therapeutic radiology or outpatient chemotherapy - $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 only; $0 copay	$50 copay for delivery; Additional high risk OB/pregnancy services **not** covered
Prescription drugs: Prenatal vitamins and smoking cessation products do not count towards prescription limits. There are no copays for children and pregnant women. ** For Home and Community-Based Waiver Services copays, refer to the notes at the bottom of this document.	Contraceptives only; $0 copay	6 per month limit (up to 2 brand-name with copay); $4 copay for generic; $8 copay for brand name

All covered services must be medically necessary.	SoonerPlan	Insure Oklahoma Individual Plan Adults (IP)
Prosthetic devices	No coverage	Limited coverage with prior authorization for ages 21 and older; 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	Prescription required; unlimited coverage (Chantix - 180 days per 12 months); no prior authorization required; $0 copay
Stop Smoking (cessation) counseling	No coverage	Covered; $0 copay
Substance Abuse Treatment (medical detoxification only)	No coverage	Outpatient; $4 per visit
Therapy services - Physical (PT), Speech (ST), Occupational (OT)	No coverage	PT, ST, OT no prior authorization required; 15 visits per year in 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
****Prescription drugs for Home and Community-Based services**	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 04/09/2018