MACOMB HEALTH PLAN - ABW
BENEFITS AT A GLANCE

Coverage Includes:

Primary Care Physician Office Visits	$3.00 Co-pay
Specialist Office Visits with Referral from PCP	$3.00 Co-pay
Pharmacy/Prescription (you may use most major Pharmacy chains)	$1.00 Co-pay

Medical Supplies/DME

Medical supplies are covered with exceptions (see handbook for details)
Only glucose monitors are covered as DME (ordered from your PCP)
Supplies for the Glucometer are also obtained thru the pharmacy benefit

Lab, Xray & Diagnostic Testing

Must have a referral/authorization from PCP for this service

Outpatient Hospital diagnostic or surgical services may be covered but require a referral/authorization from PCP

Urgent Care Clinic

Covered at listed clinics only	$3.00 co-pay

Non-Covered Services – Some Examples

Inpatient hospital services (including professional fees)
Dental
Vision
Speech, physical & occupational therapy
Chiropractic
Podiatry
Nursing home care

(See Member Handbook for more details)