
4. Benefits and services

What your health plan covers

This chapter explains your covered services as a member of PHC California. Your covered services are free as long as they are medically necessary and provided by an in-network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services and emergency care. Your health plan might cover medically necessary services from an out-of-network provider, but you must ask PHC California for pre-approval (prior authorization) for this.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For more on your covered services, call 1-800-263-0067 (TTY 711).

Some of the basic health benefits PHC California offers are listed below. Benefits with a star (*) need pre-approval (prior authorization).

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- Acupuncture*
- Acute (short-term treatment) home health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology*
- Cardiac rehabilitation
- Chiropractic services*
- Chemotherapy & Radiation therapy
- Cognitive health assessments
- Community health worker services
- Dental services - limited (performed by medical professional/primary care provider (PCP) in a medical office)
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)*
- Dyadic services
- Emergency room visits
- Enteral and parenteral nutrition*
- Family planning office visits and counseling (you can go to a non-participating provider)
- Habilitative services and devices*
- Health and Wellness benefit - gym membership or over-the-counter pharmacy merchandise
- Hearing aids
- Home health care*
- Hospice care*
- Inpatient medical and surgical care*
- Lab and radiology*
- Long-term home health therapies and services*
- Maternity and newborn care
- Major organ transplant*
- Occupational therapy*
- Orthotics/prostheses*
- Ostomy and urological supplies
- Outpatient hospital services
- Outpatient mental health services
- Outpatient surgery*
- Palliative care*
- PCP visits
- Physical therapy*
- Podiatry services*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing
- Rehabilitation services and devices*
- Skilled nursing services
- Specialist visits
- Speech therapy*
- Surgical services
- Telemedicine/Telehealth
- Transgender services*
- Urgent care
- Vision services*
- Women's health services

Medi-Cal benefits covered by PHC California

Maternity and newborn care

PHC California covers these maternity and newborn care services:

- Breast pumps and supplies
- Breastfeeding education and aids
- **Care coordination**
- **Counseling**
- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Maternal mental health services
- Newborn care
- **Nutrition education**
- Pregnancy-related health education
- Prenatal care
- **Social and mental health assessments and referrals**
- **Vitamin and mineral supplements**