

SUMMARY PLAN DESCRIPTION LANGUAGE

Summary Plan Description Language: Childhood Health Promotion (Screening, Immunization, Medical Foods, and Preventive Medication)

Newborn Screening for Genetic and Endocrine Disorders (Screening)

Covered Screening Methods

Newborn blood spot screening is a covered benefit. Screening is provided for the following conditions: phenylketonuria (PKU), congenital hypothyroidism (CH), galactosemia, sickle cell disease (SCD) and other hemoglobin disorders, congenital adrenal hyperplasia (CAH), biotinidase deficiency, and medium chain acyl-coA dehydrogenase (MCAD) deficiency. Screening for other conditions is covered, as medically indicated.

Initiation, Cessation, and Interval

Newborn screening is covered from birth through 4 months of age. Follow-up testing is covered, as medically indicated.

Summary Plan Description Language: Newborn Screening for Genetic and Endocrine Disorders (Medical Foods)

Covered Medical Foods

Medical formulas and foods are covered for the purpose of preventing illness, disability, or death among beneficiaries with genetic or endocrine disorders.

Initiation, Cessation, and Interval

Medical formulas and foods are covered, as medically necessary.

Summary Plan Description Language: Newborn Screening for Genetic and Endocrine Disorders (Treatment)

Covered Treatment

Medications and other forms of treatment used to prevent illness or disability among beneficiaries with genetic or endocrine disorders are covered. Case management is a covered benefit and is provided, as medically necessary, for beneficiaries with complex disorders.

Initiation, Cessation, and Interval

Medications and other forms of treatment are covered, as medically indicated.