
3. How to get care

Sensitive care

Minor consent services

You may only get the following services without your parent or guardian's permission if you are 12 years old or older:

- Outpatient mental health care for (minors age 12 or older):
 - Sexual assault (no lower age limit)
 - Incest
 - Physical assault
 - Child abuse
 - When you have thoughts of hurting yourself or others (minors age 12 or older)
- HIV/AIDS prevention/testing/treatment
- Sexually transmitted infections prevention/testing/treatment
- Substance use disorder treatment services (minors age 12 or older). For more information see "Substance use disorder treatment services" in this handbook.

If you are under 18 years old, you can go to a doctor without permission from your parents or guardian for these types of care:

- Pregnancy
- Family planning/birth control
- Abortion services

For pregnancy testing, family planning services, birth control, or sexually transmitted infection services, the doctor or clinic does not have to be part of the Anthem network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization). Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these services (including transportation), you can call our Customer Care Center Monday through Friday from 7 a.m. to 7 p.m. toll free at **800-407-4627 (TTY 711)** or **888-285-7801 (TTY 711)** for members in Los Angeles.

Minors can talk to a representative in private about their health concerns by calling the 24/7 NurseLine toll free 24 hours a day, seven days a week, including holidays, at **800-224-0336 (TTY 711)**.

4. Benefits and services

What your health plan covers

This chapter explains your covered services as a member of Anthem. 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 sensitive services, emergencies and some urgent care services. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask Anthem 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 reduces severe pain from a diagnosed disease, illness or injury. For Members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more details on your covered services, call our Customer Care Center Monday through Friday from 7 a.m. to 7 p.m. toll free at **800-407-4627 (TTY 711)** or **888-285-7801 (TTY 711)** for members in Los Angeles.

Members under 21 years old get extra benefits and services. Read Chapter 5: Child and youth well care for more information.

Some of the basic health benefits Anthem offers are listed below. Benefits with a star (*) may need pre-approval.

- 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*
- Behavioral health treatments*
- Cardiac rehabilitation
- Chiropractic services*
- Chemotherapy & radiation therapy
- Cognitive health assessment
- Community health worker services
- Community based adult services*
- Community supports*
- Dialysis/hemodialysis services
- Durable medical equipment (DME)*
- Emergency room visits
- Enhanced care management*
- Enteral and parenteral nutrition*
- Family planning office visits and counseling (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids
- Home health care*
- Hospice care*
- Inpatient medical and surgical care*
- Lab and radiology*
- Long-term care*
- 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
- Pediatric services
- 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 Anthem

Outpatient (ambulatory) services

Cognitive health assessments

Anthem covers an annual brief cognitive health assessment for members who are 65 years of age or older, and are otherwise not eligible for a similar assessment as part of an annual wellness visit under the Medicare Program. A cognitive health assessment looks for signs of Alzheimer's disease or dementia.