

COVERED

Co-payments, Deductibles or Premiums may apply

NOT COVERED

The Patient or Responsible Party is responsible for the entire cost

Nursing services	Telephone
Dietary services	Television/cable
Activities program	Radio for personal use
Maintenance/housekeeping services	Comfort items/novelty/confections
Routine personal hygiene items <ul style="list-style-type: none"> Hair/nail hygiene services and supplies Bathing services and supplies Deodorant Razor and shaving cream Tooth care services and supplies Moisturizing lotion/tissues/cotton balls/swabs Incontinence care and supplies Linens Over-the-counter medications 	Cosmetic items
	Grooming items
	Beauty/barber shop services
	Specialty laundry service
	Personal clothing
Basic laundry service	Personal reading material
Medically-related social services	Gifts purchased on behalf of patient
Medical supplies/services as ordered by a physician <ul style="list-style-type: none"> Catheter and supplies Dressings/gloves/syringes Oxygen equipment and supplies Routine equipment Physical, occupational, speech therapy Inhalation therapy Radiology services 	Flowers/plants
	Social events/entertainment
	Private hired nurses/aides
	Private rooms (based upon availability)
	Specialty foods