




# Health Plan Comparison Chart

CHC provides your Medicaid **physical health** coverage. Medicare is still your primary insurance. People with Medicare pay the co-pays below **except** prescription drug co-pays. People with both Medicare and Medicaid get most prescriptions through Medicare Part D. They pay Part D co-pays, **not** the prescription co-pays listed here.

 <b>AmeriHealth Caritas</b> Pennsylvania <b>1-855-235-5115</b> TTY: 1-855-235-5112 www.amerihealthcaritaschc.com	
<b>Co-pays:</b>	
<b>Ambulance</b>	
▪ Per trip	\$ 0
<b>Dental care</b>	\$ 0
<b>Inpatient hospital</b>	
▪ Per day	\$ 0
▪ Maximum with limits	\$ 0
<b>Medical centers</b>	
▪ Ambulatory surgical center	\$ 0
▪ Federally Qualified Health Center or Regional Health Center	\$ 0
▪ Independent medical/surgical center	\$ 0
▪ Short procedure unit	\$ 0
<b>Medical equipment</b>	
▪ Purchase	Sliding scale
▪ Rental	\$ 0
<b>Medical visits</b>	
▪ Certified nurse practitioner	\$ 0
▪ Chiropractor	\$ 0
▪ Doctor	\$ 0
▪ Optometrist	\$ 0
▪ Podiatrist	\$ 0
<b>Outpatient hospital</b>	
▪ Per visit – outpatient surgical, except maternity	\$ 0
▪ Per visit – non-surgical or diagnostic	\$ 0
<b>Prescriptions</b>	
▪ Generic	\$ 1
▪ Brand name	\$ 3
<b>X-rays</b>	
▪ Per service	\$ 0

 <b>pa health &amp; wellness</b> <b>1-844-626-6813</b> TTY: 1-844-349-8916 www.PAHealthWellness.com	
<b>Co-pays:</b>	
<b>Ambulance</b>	
▪ Per trip	\$ 0
<b>Dental care</b>	\$ 0
<b>Inpatient hospital</b>	
▪ Per day	\$ 0
▪ Maximum with limits	\$ 0
<b>Medical centers</b>	
▪ Ambulatory surgical center	\$ 0
▪ Federally Qualified Health Center or Regional Health Center	\$ 0
▪ Independent medical/surgical center	\$ 0
▪ Short procedure unit	\$ 0
<b>Medical equipment</b>	
▪ Purchase	\$ 0
▪ Rental	\$ 0
<b>Medical visits</b>	
▪ Certified nurse practitioner	\$ 0
▪ Chiropractor	\$ 0
▪ Doctor	\$ 0
▪ Optometrist	\$ 0
▪ Podiatrist	\$ 0
<b>Outpatient hospital</b>	
▪ Per visit – outpatient surgical, except maternity	\$ 0
▪ Per visit – non-surgical or diagnostic	\$ 0
<b>Prescriptions</b>	
▪ Generic	\$ 0
▪ Brand name	\$ 3
<b>X-rays</b>	
▪ Per service	\$ 0

 <b>UPMC Community HealthChoices</b> <b>1-844-833-0523</b> TTY: 711 www.upmchealthplan.com/chc	
<b>Co-pays:</b>	
<b>Ambulance</b>	
▪ Per trip	\$ 0
<b>Dental care</b>	\$ 0
<b>Inpatient hospital</b>	
▪ Per day	\$ 0
▪ Maximum with limits	\$ 0
<b>Medical centers</b>	
▪ Ambulatory surgical center	\$ 0
▪ Federally Qualified Health Center or Regional Health Center	\$ 0
▪ Independent medical/surgical center	\$ 0
▪ Short procedure unit	\$ 0
<b>Medical equipment</b>	
▪ Purchase	\$ 0
▪ Rental	\$ 0
<b>Medical visits</b>	
▪ Certified nurse practitioner	\$ 0
▪ Chiropractor	\$ 0
▪ Doctor	\$ 0
▪ Optometrist	\$ 0
▪ Podiatrist	\$ 0
<b>Outpatient hospital</b>	
▪ Per visit – outpatient surgical, except maternity	\$ 0
▪ Per visit – non-surgical or diagnostic	\$ 0
<b>Prescriptions</b>	
▪ Generic	\$ 0
▪ Brand name	\$ 3
<b>X-rays</b>	
▪ Per service	\$ 0

## Physical and behavioral health benefits

All CHC participants can get **physical** and **behavioral** health benefits. Your **physical** benefits are listed below. A behavioral health managed care organization will provide your **behavioral** health benefits.

You will get these **physical** health benefits from your CHC health plan:

- Certified registered nurse practitioner services
- Chiropractic services
- Clinic services
- Crisis services
- Contact lenses and eyeglass frames and lenses for persons with aphakia (no eye lens)
- Dental care services
- Durable medical equipment
- Emergency room and ambulance services
- Family planning services and supplies
- Federally qualified health center services and rural health clinic services
- Home health services
- Hospice services
- Inpatient hospital services
- Laboratory services
- Maternity care from a doctor, certified nurse, midwife or birth center
- Medical supplies
- Mobile mental health treatment
- Non-emergency transportation to and from covered services
- Nursing facility services
- Nutritional supplements
- Optometrist services
- Outpatient hospital services
- Peer support services
- Podiatrist services
- Prescription drugs
- Primary care practitioner (PCP) and physician services
- Prosthetics and orthotics (orthopedic shoes and hearing aids are not covered)
- Renal dialysis services
- Physical, occupational, speech, and habilitative therapy and rehabilitative services, when provided by a hospital, outpatient clinic or home health provider
- Quitting smoking or tobacco use
- X-rays, MRIs and CTs

► There are **no co-pays** for persons living in a nursing, personal care or domiciliary home. Pregnant women, new mothers and terminally ill members getting hospice care have **no co-pays**. Some services, items and drugs have **no co-pays**. For co-pay updates, go to [ow.ly/WGQM30hern9](http://ow.ly/WGQM30hern9).

# Your Health Plan Choices

**Added benefits:** The **added** benefits listed below are in addition to benefits already covered by Medicaid and/or Medicare.



## Adult dental

- Beyond Medicaid coverage of dental services, qualified participants will get an oral hygiene kit

## Adult vision

- Beyond Medicaid covered vision services, no extra services

## Phone services

- Free Smartphone with 350 minutes of talk and unlimited texts for participants who qualify

## Wellness programs

- Home provider visits, lab draws and testing for qualified participants
- Video visits with care manager
- Bright Start® maternity program

## Other benefits

- In-home supports and services to help participants not approved for LTSS avoid nursing home stay
- Welcome Home Benefit helps qualified participants with LTSS move from nursing facility to home, with up to \$6000 for rental assistance (\$2000 more than the \$4000 state limit)
- Caregiver programs offer education, respite services and supports



## Adult dental

- Beyond Medicaid coverage, participants can request an oral hygiene kit

## Adult vision

- Beyond Medicaid covered vision services, \$100 yearly for glasses or contacts for Nursing Facility Clinically Eligible (NFCE) members

## Wellness programs

- After hospital stay: 14 days of home delivered meals
- After hospital stay: 14 days of respite care
- Smart Start for Baby
- Health library
- Community Connect community resource
- 90-day prescription refill for those not on Medicare

## Other benefits

- My Health Pays™ card for health items at authorized retailers. Learn more at My Health Pays™.
- Support services for members waiting for LTSS eligibility determination
- Up to \$5000 allowance to move from nursing facility to the community
- Personal support services for participants waiting for LTSS eligibility decision



## Adult dental

- Beyond Medicaid covered dental services, \$500 yearly allowance for certain dental services

## Adult vision


- Beyond Medicaid covered vision services, \$100 yearly allowance for glasses or contacts *and* one fitting every 12 months

## Wellness programs

- Free health coaching services based on health needs and goals
- Online program to ease stress

## Other benefits

- Palliative care for participants without Medicare who receive LTSS in the community; requires medical necessity review
- 24/7 UPMC provider live video access for minor health issues
- Personal support services for participants waiting for LTSS eligibility decision
- Caregiver support with daily advice, coaching and a stipend instead of personal assistance services
- Help with Medical Assistance renewal process
- Up to \$5000 allowance to move from a long-term nursing facility to the community and enhanced post-transition follow up

 **Questions?** Visit [www.enrollchc.com](http://www.enrollchc.com) or call us at **1-844-824-3655** (TTY: 1-833-254-0690). The call is free!

You can get this information in other languages or formats, such as large print or audio.

Please turn the page for plan co-pays ►►►