

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.

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|  AmeriHealth Caritas Pennsylvania 1-855-235-5115 TTY: 1-855-235-5112 www.amerihealthcaritaschc.com | |
| Co-pays: | |
| Ambulance | |
| ▪ Per trip | \$ 0 |
| Dental care | \$ 0 |
| Inpatient hospital | |
| ▪ Per day | \$ 0 |
| ▪ Maximum with limits | \$ 0 |
| Medical centers | |
| ▪ Ambulatory surgical center | \$ 0 |
| ▪ Federally Qualified Health Center or Regional Health Center | \$ 0 |
| ▪ Independent medical/surgical center | \$ 0 |
| ▪ Short procedure unit | \$ 0 |
| Medical equipment | |
| ▪ Purchase | Sliding scale |
| ▪ Rental | \$ 0 |
| Medical visits | |
| ▪ Certified nurse practitioner | \$ 0 |
| ▪ Chiropractor | \$ 0 |
| ▪ Doctor | \$ 0 |
| ▪ Optometrist | \$ 0 |
| ▪ Podiatrist | \$ 0 |
| Outpatient hospital | |
| ▪ Per visit – outpatient surgical, except maternity | \$ 0 |
| ▪ Per visit – non-surgical or diagnostic | \$ 0 |
| Prescriptions | |
| ▪ Generic | \$ 0 |
| ▪ Brand name | \$ 2 |
| X-rays | |
| ▪ Per service | \$ 0 |

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

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

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)
- For those not approved for LTSS, caregiver programs offer education, respite services and supports



Adult dental

- Beyond Medicaid coverage of dental services, extra dental cleanings, visits and oral hygiene kit for participants who are Nursing Facility Clinically Eligible (NFCE)

Adult vision

- Beyond Medicaid covered vision services, \$100 yearly allowance for glasses or contacts for participants who are NFCE

Phone services

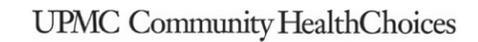
- Free Smartphone with 1000 free talk minutes, 1GB of data and unlimited texts for participants who qualify

Wellness programs

- After hospital stay: 14 days of home delivered meals
- After hospital stay: 14 days of respite care
- Caregiver access and supports
- Health library

Other benefits

- Healthy Rewards Program purchasing card to get health items at authorized retailers. Learn more on the My Health Pays™ web page.
- Support services for members waiting for LTSS eligibility determination
- 90-day prescription refill for those not on Medicare
- 1 week of home delivered meals for each member leaving nursing facility, regardless of waiver benefit coverage



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

Phone services

- Free Smartphone with up to 1000 minutes of talk and unlimited texts for participants who qualify

Wellness programs

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

Other benefits

- 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 nursing facility to the community

Questions? Visit 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 ▶▶▶