

Health Plan Comparison Chart

CHC provides your Medicaid **physical health** coverage and your long-term services and supports (LTSS). Most people in CHC have Medicare as their primary insurance. People with Medicare pay the co-pays listed here **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.

<div><div><div><div>AmeriHealth</div><div>Caritas</div></div><div></div></div><div>Pennsylvania</div><div>1-855-235-5115</div><div>TTY: 1-855-235-5112</div><div>www.amerihealthcaritaschc.com</div></div>	
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

<div><div><div><div>pa health</div><div>& wellness</div></div><div></div></div><div>1-844-626-6813</div><div>TTY: 1-844-349-8916</div><div>www.PAHealthWellness.com</div></div>	
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

<div><div><div><div>UPMC Community HealthChoices</div></div><div>1-844-833-0523</div><div>TTY: 711</div><div>www.upmchealthplan.com/chc</div></div></div>	
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 participants 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](https://www.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

UPMC Community HealthChoices

Adult dental

- Beyond Medicaid covered 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

Long-term services and supports (LTSS)

If you are eligible to receive Medicaid long-term services and supports through a Medicaid home and community-based waiver or you qualify for Medicaid nursing facility services, you may also be eligible for these long-term services and supports based on an assessment of your needs.

- Adult daily living services
- Assistive technology and home adaptations
- Behavior therapy
- Benefits counseling
- Career assessment
- Cognitive rehabilitation therapy
- Community integration and transition
- Counseling
- Employment skills development
- Financial management services
- Home delivered meals
- Home health, including physical, occupational, and speech and language therapies
- Home health aide and nursing
- Job coaching and help looking for a job
- Non-medical transportation
- Nutritional counseling
- Participant-directed community supports
- Participant-directed goods and services
- Personal assistance services
- Personal emergency response system (PERS)
- Pest control
- Residential and structured day habilitation
- Respite care
- Specialized medical equipment and supplies
- TeleCare (doctor by video)
- Vehicle modifications



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 ►►►