

# 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 text
- Wellness programs**
- Home provider visits, lab draws and testing for qualified participants
  - Video visits with care manager
  - Bright Start® maternity program
  - Box fan for qualified participants
  - Health and wellness gift cards
- 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 Nursing Facility Clinically Eligible (NFCE)
- Phone services**
- Free Smartphone with 350 minutes of talk and unlimited texts for participants who qualify
- Wellness programs**
- Post-acute: 14 days of home delivered meals
  - Post-acute: 14 days of respite care
  - Caregiver access and supports
  - Health library
  - Start Smart for Your Baby
- Other benefits**
- CentAccount Healthy Rewards purchasing card that can be used at authorized retailers to get health-related items
  - 90-day prescription refill for those not on Medicare
  - \$5000 yearly financial support to move from a nursing home to the community



- Adult dental**
- \$500 yearly allowance for certain dental services not otherwise covered by Medicaid
- 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 350 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
  - Seniorlink caregiver support with daily advice, coaching and stipend instead of personal assistance service
  - Help with Medical Assistance renewal process
  - \$6000 yearly allowance to leave a nursing facility and move back into the community
  - Temporary rental assistance if leaving a nursing facility and on rental assistance waiting list

## 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](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 ▶▶▶

# 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.

 <b>Keystone First</b> Community HealthChoices	
<b>1-855-332-0729</b> TTY: 1-855-235-4976 www.keystonefirstchc.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	\$ 0
▪ Brand name	\$ 2
<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: 1-866-407-8762 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 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](http://ow.ly/WGQM30hern9).