

This chart shows health plans that serve your area. It lists benefits for adults, from age 21. Use the chart to compare health plans and find the plan that is best for you.

Health plans → ↓ Benefits and services	Absolute Total Care	BlueChoice HealthPlan	First Choice by Select Health of South Carolina
<b>Member services phone line</b>	<b>1-866-433-6041</b>	<b>1-800-574-8864</b>	<b>1-888-276-2020</b>
<b>Website</b>	www.absolutetotalcare.com	www.BlueChoiceSCMedicaid.com	www.selecthealthofsc.com
<b>Doctor visits</b> (per year)	Unlimited, no copay	Unlimited, no copay	Unlimited, no copay
<b>Prescribed drugs</b> (per month) Over the counter means non prescription	Limit of 4, \$3 copay	Limit of 4, no copay for generics, \$3.00 copay for brands	Limit of 4, includes over the counter, \$3 copay, (no copay for pregnancy drugs)
<b>Hospital stay</b> (per year)	No copay	No copay	No copay
<b>Lab work and X-rays</b>	Yes	Yes	Yes
<b>Home health care</b> (per year)	75 visit limit, no copay	75 visit limit, no copay	75 visit limit, no copay
<b>Durable medical equipment</b>	No copay	No copay	No copay
<b>Dental care</b> (per year) Extra dental services are the responsibility of the health plan	Medicaid covers emergency services only; \$3 copay  Health plan covers check-ups; 1 cleaning every 6 months; 1 set of bitewing x-rays for extractions and cavities; simple fillings; extractions; no copay	Medicaid covers emergency services only; \$3 copay  No extra services are covered	Medicaid covers emergency services only; \$3 copay  No extra services are covered
<b>Vision care</b> (per year) Extra vision services are the responsibility of the health plan	Medicaid covers 1 exam and 1 pair of glasses after certain eye surgeries; \$2 copay for the exam only  Health plan covers \$125 for glasses or contacts and 20% discount towards glasses or contacts for any amount over \$125; no copay  Health plan does not cover the contact fitting exam; extra cost for the contact exam must be paid by the member	Medicaid covers 1 exam and 1 pair of glasses after certain eye surgeries; \$2 copay for the exam only  No extra services are covered	Medicaid covers 1 exam and 1 pair of glasses after certain eye surgeries; \$2 copay for the exam only  Health plan covers glasses or contacts; no copay  Health plan does not cover the contact fitting exam; extra cost for the contact exam must be paid by the member
<b>24-Hour Nurse Advice Line</b>	Yes	Yes	Yes

	<b>Absolute Total Care</b>	<b>BlueChoice HealthPlan</b>	<b>First Choice by Select Health of South Carolina</b>
<b>Care coordination</b> (managing care from different doctors or clinics)	Yes, including community referrals	Yes, including community referrals	Yes, including community referrals
<b>All Health Plans offer programs targeting: Asthma, Diabetes, Pregnancy</b>	<ul style="list-style-type: none"> <li>• Chronic Obstructive Pulmonary Disease (COPD)</li> <li>• Heart failure</li> <li>• Hypertension</li> </ul>	<ul style="list-style-type: none"> <li>• Heart disease management program</li> <li>• Stop smoking program</li> <li>• Well woman care and family planning</li> </ul>	<ul style="list-style-type: none"> <li>• Stop smoking program</li> <li>• Women's health</li> </ul>
<b>Extra benefits:</b> For questions concerning a plan's benefits, please call the plan's Member Services Department at the number listed above	<ul style="list-style-type: none"> <li>• Earn "Reward Dollars" for well-care doctor visits</li> <li>• Member outreach program</li> <li>• Prenatal and postpartum program</li> <li>• Social Worker to assist members</li> </ul>	<ul style="list-style-type: none"> <li>• Alere/Matria high risk services</li> <li>• Discounts on Allergy Products</li> <li>• Discounts on Alternative Health Specialists</li> <li>• Discounts with Jenny Craig and Weight Watchers</li> <li>• Discounts on Nutritional Supplements</li> <li>• A Self-Care Guide</li> </ul>	<ul style="list-style-type: none"> <li>• Free breast pump for nursing mothers.</li> <li>• Free glucose monitor for members with diabetes</li> <li>• Pregnancy program - gift card to eligible women who attend their prenatal and postpartum doctor visits</li> <li>• Member advocate to help members get access to care and community programs</li> <li>• Personal care items after orientation</li> </ul>

**If you have questions, call South Carolina Healthy Connections Choices, 1-877-552-4642.** Call Monday to Friday, 8 a.m. to 6 p.m. TTY: 1-877-552-4670. The call is free. Call for help in any language or to get this chart in Braille, on tape or in large type. Usted puede obtener este paquete de información en español.

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Health plans → ↓ Benefits and services	South Carolina Solutions	Fee-for-Service Medicaid
<b>Member services phone line</b>	<b>1-888-366-6243</b>	<b>1-888-549-0820</b>
<b>Website</b>	www.sc-solutions.org	www.scdhhs.gov
<b>Doctor visits</b> (per year)	Unlimited, no copay	12 visit limit; \$2 copay
<b>Prescribed drugs</b> (per month) Over the counter means non prescription	Limit of 4, no copay	Limit of 4, \$3 copay
<b>Hospital stay</b> (per year)	No copay	\$3 copay outpatient, \$25 copay inpatient
<b>Lab work and X-rays</b>	Yes	Yes
<b>Home health care</b> (per year)	75 visit limit, no copay	75 visit limit, \$2 copay
<b>Durable medical equipment</b>	No copay	\$3 copay
<b>Dental care</b> (per year) Extra dental services are the responsibility of the health plan	Medicaid covers emergency services only; no copay No extra services are covered	Medicaid covers emergency services only; \$3 copay No extra services are covered
<b>Vision care</b> (per year) Extra vision services are the responsibility of the health plan	Medicaid covers 1 exam and 1 pair of glasses after certain eye surgeries; no copay No extra services are covered	Medicaid covers 1 exam and 1 pair of glasses after certain eye surgeries; \$2 copay for the exam only No extra services are covered
<b>24-Hour Nurse Advice Line</b>	Yes	No nurse advice line
<b>Care coordination</b> (managing care from different doctors or clinics)	Yes, including community referrals	No care coordination
<b>All Health Plans offer programs targeting: Asthma, Diabetes, Pregnancy</b>	<ul style="list-style-type: none"> <li>● Cardiovascular disease</li> <li>● Coronary Artery Disease</li> <li>● Chronic Obstructive Pulmonary Disease</li> <li>● Hyperlipidemia</li> <li>● Hypertension</li> </ul>	<ul style="list-style-type: none"> <li>● No health management programs</li> </ul>
<b>Extra benefits:</b> For questions concerning a plan's benefits, please call the plan's Member Services Department at the number listed above	<ul style="list-style-type: none"> <li>● Growth and development program for infants and toddlers</li> <li>● Member advocate to help members get access to care and community programs</li> <li>● Nonrestrictive specialist network</li> </ul>	<ul style="list-style-type: none"> <li>● No extra benefits</li> </ul>

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