

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	Carolina Crescent Health Plan	First Choice by Select Health of South Carolina	South Carolina Solutions
Member services phone line	1-866-748-8661	1-888-276-2020	1-888-366-6243
Website	www.carolinachp.com	www.selecthealthofsc.com	www.sc-solutions.org
Doctor visits (per year)	Unlimited, no copay	Unlimited, no copay	Unlimited, no copay
Prescribed drugs (per month) Over the counter means non prescription	Limit of 4, no copay	Limit of 4, includes over the counter, \$3 copay, (no copay for pregnancy drugs)	Limit of 4, no copay
Hospital stay (per year)	No copay	No copay	No copay
Lab work and X-rays	Yes	Yes	Yes
Home health care (per year)	75 visit limit, no copay	75 visit limit, no copay	75 visit limit, no copay
Durable medical equipment	No copay	No copay	No copay
Dental care (per year) Extra dental services are the responsibility of the health plan	Medicaid covers emergency services only; \$3 copay No extra services are covered	Medicaid covers emergency services only; \$3 copay No extra services are covered	Medicaid covers emergency services only; no copay No extra services are covered
Vision care (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 standard lenses every 24 months; up to \$125 for frames every 24 months, no copay	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	Medicaid covers 1 exam and 1 pair of glasses after certain eye surgeries; no copay No extra services are covered
24-Hour Nurse Advice Line	Yes	Yes	Yes
Care coordination (managing care from different doctors or clinics)	Yes, including community referrals	Yes, including community referrals	Yes, including community referrals

	Carolina Crescent Health Plan	First Choice by Select Health of South Carolina	South Carolina Solutions
All Health Plans offer programs targeting: Asthma, Diabetes, Pregnancy	<ul style="list-style-type: none"> • Chronic Obstructive Pulmonary Disease (COPD) management program • Heart disease management program • Stop smoking program • Weight management program 	<ul style="list-style-type: none"> • Stop smoking program • Women's health 	<ul style="list-style-type: none"> • Cardiovascular disease • Coronary Artery Disease • Chronic Obstructive Pulmonary Disease • Hyperlipidemia • Hypertension
Extra benefits: 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"> • Pregnancy program - gift card and baby items for pregnant women who attend prenatal and postpartum doctor visits • Member Care Advocate 	<ul style="list-style-type: none"> • Free breast pump for nursing mothers. • Free glucose monitor for members with diabetes • Pregnancy program - gift card to eligible women who attend their prenatal and postpartum doctor visits • Member advocate to help members get access to care and community programs • Personal care items after orientation 	<ul style="list-style-type: none"> • Growth and development program for infants and toddlers • Member advocate to help members get access to care and community programs • Nonrestrictive specialist network

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	Unison Health Plan	Fee-for-Service Medicaid
Member services phone line	1-800-414-9025	1-888-549-0820
Website	www.unisonhealthplan.com	www.scdhhs.gov
Doctor visits (per year)	Unlimited, no copay	12 visit limit; \$2 copay
Prescribed drugs (per month) Over the counter means non prescription	Unlimited generic drugs, no copay Limit of 4 on name brand drugs, \$3 copay	Limit of 4, \$3 copay
Hospital stay (per year)	No copay	\$3 copay outpatient, \$25 copay inpatient
Lab work and X-rays	Yes	Yes
Home health care (per year)	75 visit limit, no copay	75 visit limit, \$2 copay
Durable medical equipment	No copay	\$3 copay
Dental care (per year) Extra dental services are the responsibility of the health plan	Medicaid covers emergency services only; \$3 copay Health plan covers 1 cleaning every 6 months; simple fillings and extractions; no copay	Medicaid covers emergency services only; \$3 copay No extra services are covered
Vision care (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 exam for contact fitting; up to \$125 for glasses or contacts (daily wear, planned replacement or disposable), no copay	Medicaid covers 1 exam and 1 pair of glasses after certain eye surgeries; \$2 copay for the exam only No extra services are covered
24-Hour Nurse Advice Line	Yes	No nurse advice line
Care coordination (managing care from different doctors or clinics)	Yes	No care coordination
All Health Plans offer programs targeting: Asthma, Diabetes, Pregnancy	<ul style="list-style-type: none"> • Adult cardiac care management 	<ul style="list-style-type: none"> • No health management programs
Extra benefits: 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"> • Gift card rewards for pregnant women and new moms for keeping scheduled doctor appointments during and after pregnancy 	<ul style="list-style-type: none"> • No extra benefits

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