



Health Plan Benefits for Children in Georgetown County, *page 1*

This chart shows health plans that serve your area. It lists benefits for children, from birth to age 21. Members 19-20 must pay the same copay as adults. Use the chart to compare health plans and find the plan that is best for your children.

| Health plans → ↓ Benefits and services | Carolina Crescent Health Plan | First Choice by Select Health of South Carolina | South Carolina Solutions |
|--|---|---|--|
| Member services phone line English and Spanish | 1-866-748-8661 | 1-888-276-2020 | 1-888-366-6243 |
| Website | www.carolinachp.com | www.selectthehealthofsc.com | www.sc-solutions.org |
| Doctor visits (per year) | unlimited, no copay | unlimited, no copay | unlimited; no copay |
| Prescribed drugs (per month) (OTC means non prescription) | unlimited, no copay | unlimited; no copay for under 19 years; \$3 copay for 19-20 years | unlimited; no copay |
| Hospital stay (per year) | no copay | no copay | unlimited; 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 | unlimited, no copay | unlimited, no copay | unlimited; no copay |
| Dental care (per year) | No extra dental care services; dental care for beneficiaries through the month of 21st birthday is covered by Medicaid and not the managed care plan; beneficiaries age 19 - 21 have a \$3.00 copay. | No extra dental care services; dental care for beneficiaries through the month of 21st birthday is covered by Medicaid and not the managed care plan; beneficiaries age 19 - 21 have a \$3.00 copay. | No extra dental care services; dental care for beneficiaries through the month of 21st birthday is covered by Medicaid and not the managed care plan. |
| Vision care (per year) | No extra vision care services; routine vision care (eye exam and one pair of glasses) for beneficiaries through the month of 21st birthday is covered by Medicaid and not the managed care plan; beneficiaries age 19 - 21 have a \$3.00 copay. | No extra vision care services; routine vision care (eye exam and one pair of glasses) for beneficiaries through the month of 21st birthday is covered by Medicaid and not the managed care plan; beneficiaries age 19 - 21 have a \$3.00 copay. | No extra vision care services; routine vision care (eye exam and one pair of glasses) for beneficiaries through the month of 21st birthday is covered by Medicaid and not the managed care plan. |
| Medical checkups | yes | yes | yes |
| Family planning | yes | yes (through Medicaid) | yes |
| 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 Managed Care Plans offer programs targeting: Asthma, Diabetes, Pregnancy | <ul style="list-style-type: none"> ● smoking cessation program ● weight management program | <ul style="list-style-type: none"> ● childhood obesity ● smoking cessation ● women's health | <ul style="list-style-type: none"> ● cardiovascular disease ● growth and development program for infants and toddlers ● 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"> ● Healthy Heartbeats 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"> ● Gift card for children up to 21 years after completing well child exams/health screening visits ● Member advocate to help members get access to care and community programs ● Personal care items, after orientation | <ul style="list-style-type: none"> ● Member advocate to help members get access to care and community programs. |

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.



Health Plan Benefits for Children in Georgetown County, *page 3*

This chart shows health plans that serve your area. It lists benefits for children, from birth to age 21. Members 19-20 must pay the same copay as adults. Use the chart to compare health plans and find the plan that is best for your children.

| Health plans ➡ ↓ Benefits and services | Unison Health Plan | Fee-for-Service Medicaid |
|--|---|--|
| Member services phone line English and Spanish | 1-800-414-9025 | 1-888-549-0820 |
| Website | www.unisonhealthplan.com | www.scdhhs.gov |
| Doctor visits (per year) | unlimited, no copay | unlimited; no copay for under age 19; \$2 copay for 19-20 years |
| Prescribed drugs (per month) (OTC means non prescription) | unlimited, no copay | unlimited; no copay for under age 19; \$3 copay for 19-20 years |
| Hospital stay (per year) | unlimited, no copay | unlimited; no copay for under age 19; \$3 copay outpatient, \$25 copay inpatient for 19-20 years |
| Lab work and X-rays | yes | yes |
| Home health care (per year) | 75 visit limit, no copay | 75 visit limit; no copay for under age 19; \$2 copay for 19-20 years |
| Durable medical equipment | unlimited, no copay | unlimited; no copay for under age 19; \$3 copay for 19-20 years |
| Dental care (per year) | No extra dental care services; dental care for beneficiaries through the month of 21st birthday is covered by Medicaid and not the managed care plan; beneficiaries age 19 - 21 have a \$3.00 copay. | routine dental care through month of 21st birthday, no copay for under age 19; \$3 copay for 19-21 years |
| Vision care (per year) | No extra vision care services; routine vision care (eye exam and one pair of glasses) for beneficiaries through the month of 21st birthday is covered by Medicaid and not the managed care plan; beneficiaries age 19 - 21 have a \$3.00 copay. | checkup and one pair glasses |
| Medical checkups | yes | yes |
| Family planning | yes | yes |
| 24-Hour Nurse Advice Line | no | no nurse advice line |
| Care coordination (managing care from different doctors or clinics) | yes | no care coordination |

| | Unison Health Plan | Fee-for-Service Medicaid |
|---|---|---|
| All Managed Care Plans offer programs targeting: Asthma, Diabetes, Pregnancy | <ul style="list-style-type: none"> • pediatric 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 regular preventative checkups and immunizations for children. • Gift card after baby's blood lead screening test at 12 months. | <ul style="list-style-type: none"> • no extra benefits |

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