



# Health Plan Benefits for Children in Lexington 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	Absolute Total Care	BlueChoice HealthPlan	Carolina Medical Homes	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>1-800-733-1108</b>	<b>1-888-276-2020</b>
<b>Website</b>	www.absolutetotalcare.com	www.BlueChoiceSCMedicaid.com	www.carolinamedicalhomes.com	www.selecthealthofsc.com
<b>Doctor visits</b> (per year)	Unlimited, no copay for under age 19; \$3.30 copay for 19-20 years	Unlimited, no copay for under age 19; \$3.30 copay for 19-20 years	Unlimited, no copay for under age 19; \$3.30 copay for 19-20 years	Unlimited, no copay for under age 19; \$3.30 copay for 19-20 years
<b>Prescribed drugs</b> (per month) Over the counter means non prescription	Unlimited; no copay for under age 19; \$3.40 copay for 19-20 years	Unlimited; no copay for under age 19; \$3.40 copay for 19-20 years	Unlimited; no copay for under 19 years; \$3.40 copay for 19-20 years	Unlimited; no copay for under 19 years; \$3.40 copay for 19-20 years
<b>Hospital stay</b> (per event)	No copay for under age 19, \$3.40 non-emergency outpatient copay & \$25.00 inpatient copay for 19-20 years	No copay for under age 19, \$3.40 non-emergency outpatient copay & \$25.00 inpatient copay for 19-20 years	No copay for under age 19, \$3.40 non-emergency outpatient copay & \$25.00 inpatient copay for 19-20 years	No copay for under age 19, \$3.40 non-emergency outpatient copay & \$25.00 inpatient copay for 19-20 years
<b>Lab work and X-rays</b>	Yes	Yes	Yes	Yes
<b>Home health care</b> (per year)	No copay for under age 19; \$3.30 copay for 19-20 years	No copay for under age 19; \$3.30 copay for 19-20 years	No copay for under age 19; \$3.30 copay for 19-20 years	No copay for under age 19; \$3.30 copay for 19-20 years
<b>Durable medical equipment</b>	No copay for under age 19; \$3.40 copay for 19-20 years	No copay for under age 19; \$3.40 copay for 19-20 years	No copay for under age 19; \$3.40 copay for 19-20 years	No copay for under age 19; \$3.40 copay for 19-20 years
<b>Dental care</b> (per year) Additional dental services are covered by the health plan	Medicaid covers routine dental care for members through the month of 21st birthday; members age 19-21 have a \$3.40 copay No additional services are covered.	Medicaid covers routine dental care for members through the month of 21st birthday; members age 19-21 have a \$3.40 copay No additional services are covered.	Medicaid covers routine dental care for members through the month of 21st birthday; members age 19-21 have a \$3.40 copay No additional services are covered.	Medicaid covers routine dental care for members through the month of 21st birthday; members age 19-21 have a \$3.40 copay No additional services are covered.
<b>Vision care</b> (per year) Additional vision services are covered by the health plan	Medicaid covers 1 pair of glasses or contacts and related fitting and dispensing fees.  Health plan covers 1 exam, no copay for under age 19; \$3.30 copay for ophthalmologist or optometrist services for 19-20 years  No additional services are covered.	Medicaid covers 1 pair of glasses or contacts and related fitting and dispensing fees.  Health plan covers 1 exam, no copay for under age 19; \$3.30 copay for ophthalmologist or optometrist services for 19-20 years  No additional services are covered.	Medicaid covers 1 exam, 1 pair of glasses or contacts and related fitting and dispensing fees through the month of 21st birthday; no copay.  No additional services are covered.	Medicaid covers 1 pair of glasses or contacts and related fitting and dispensing fees  Health plan covers 1 exam, 1 replacement pair of glasses if the first pair is lost or damaged for members through the month of their 21st birthday, no copay
<b>Medical checkups</b>	Yes	Yes	Yes	Yes
<b>24-Hour Nurse Advice Line</b>	Yes	Yes	Yes	Yes
<b>Care coordination</b> (managing care from different doctors or clinics)	Yes, including community referrals	Yes, including community referrals	Yes, including community referrals	Yes, including community referrals

	<b>Absolute Total Care</b>	<b>BlueChoice HealthPlan</b>	<b>Carolina Medical Homes</b>	<b>First Choice by Select Health of South Carolina</b>
<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>● Diet and fitness program</li> <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>● Childhood obesity</li> <li>● Stop smoking program</li> <li>● Women's health</li> </ul>
<b>Additional Services:</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>● Free glucose monitor for members with diabetes</li> <li>● Community Resource Coordinators to help members access care and community programs</li> <li>● Discounts with Jenny Craig and Weight Watchers</li> </ul>	<ul style="list-style-type: none"> <li>● Well care reminder program</li> <li>● Member advocate to help members get access to care and community programs</li> </ul>	<ul style="list-style-type: none"> <li>● Member advocate to help members get access to care and community programs</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	Palmetto Physician Connections	South Carolina Solutions	UnitedHealthcare Community Plan
<b>Member services phone line</b>	<b>1-888-781-4371</b>	<b>1-888-366-6243</b>	<b>1-800-414-9025</b>
<b>Website</b>	www.palmettophysicianconnections.com	www.sc-solutions.org	www.uhccommunityplan.com
<b>Doctor visits</b> (per year)	Unlimited, no copay for under age 19; \$3.30 copay for 19-20 years	Unlimited, no copay for under age 19; \$3.30 copay for 19-20 years	Unlimited – no copay for under age 19; \$3.30 copay for 19-20 years
<b>Prescribed drugs</b> (per month) Over the counter means non prescription	Unlimited; no copay for under 19 years; \$3.40 copay for 19-20 years	Unlimited; no copay for under 19 years; \$3.40 copay for 19-20 years	Unlimited, no copay for under age 19; \$3.40 copay for 19-20 years
<b>Hospital stay</b> (per event)	No copay for under age 19, \$3.40 non-emergency outpatient copay & \$25.00 inpatient copay for 19-20 years	No copay for under age 19, \$3.40 non-emergency outpatient copay & \$25.00 inpatient copay for 19-20 years	No copay for under age 19, \$3.40 non-emergency outpatient copay & \$25.00 inpatient copay for 19-20 years
<b>Lab work and X-rays</b>	Yes	Yes	Yes
<b>Home health care</b> (per year)	No copay for under age 19; \$3.30 copay for 19-20 years	No copay for under age 19; \$3.30 copay for 19-20 years	No copay for under age 19; \$3.30 copay for 19-20 years
<b>Durable medical equipment</b>	No copay for under age 19; \$3.40 copay for 19-20 years	No copay for under age 19; \$3.40 copay for 19-20 years	No copay for under age 19; \$3.40 copay for 19-20 years
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<b>Vision care</b> (per year) Additional vision services are covered by the health plan	Medicaid covers 1 exam, 1 pair of glasses or contacts and related fitting and dispensing fees through the month of 21st birthday; no copay. No additional services are covered.	Medicaid covers 1 exam, 1 pair of glasses or contacts and related fitting and dispensing fees through the month of 21st birthday; no copay. No additional services are covered.	Medicaid covers 1 pair of glasses or contacts and related fitting and dispensing fees. Health plan covers 1 exam, no copay for under age 19; \$3.30 copay for ophthalmologist or optometrist services for 19-20 years No additional services are covered.
<b>Medical checkups</b>	Yes	Yes	Yes

	Palmetto Physician Connections	South Carolina Solutions	UnitedHealthcare Community Plan
<b>24-Hour Nurse Advice Line</b>	Yes	Yes	Yes
<b>Care coordination</b> (managing care from different doctors or clinics)	Yes, including community referrals	Yes, including community referrals	Yes
<b>All Health Plans offer programs targeting: Asthma, Diabetes, Pregnancy</b>	<ul style="list-style-type: none"> <li>● Heart Disease</li> <li>● Special Needs</li> <li>● HIV/AIDS</li> <li>● Sickle Cell Disease</li> <li>● Mental Health and Substance Abuse</li> </ul>	<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>● Pediatric care management</li> </ul>
<b>Additional Services:</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>● Member advocate to help members get access to care and community programs</li> </ul>	<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> </ul>	<ul style="list-style-type: none"> <li>● Member Loyalty Program</li> <li>● Gift card for new members who see their regular doctor in the first 90 days of joining</li> <li>● Diaper coupons for new moms and babies</li> </ul>

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