

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 Crescent Health Plan	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>1-866-748-8661</b>	<b>1-888-276-2020</b>
<b>Website</b>	www.absolutetotalcare.com	www.BlueChoiceSCMedicaid.com	www.carolinachp.com	www.selecthealthofsc.com
<b>Doctor visits</b> (per year)	Unlimited, no copay	Unlimited, no copay	Unlimited, no copay	Unlimited, no copay
<b>Prescribed drugs</b> (per month) Over the counter means non prescription	Unlimited, no copay for under age 19; \$3 copay for 19-20 years	Unlimited, no copay	Unlimited, no copay	Unlimited; no copay for under 19 years; \$3 copay for 19-20 years
<b>Hospital stay</b> (per year)	No copay	No copay	No copay	No copay
<b>Lab work and X-rays</b>	Yes	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	75 visit limit, no copay
<b>Durable medical equipment</b>	No copay	No copay	Unlimited, no copay	Unlimited, no copay
<b>Dental care</b> (per year) Extra dental services are the responsibility of the health plan	Medicaid covers routine dental care for members through the month of 21st birthday; members age 19-21 have a \$3 copay No extra services are covered	Medicaid covers routine dental care for members through the month of 21st birthday; members age 19-21 have a \$3 copay No extra services are covered	Medicaid covers routine dental care for members through the month of 21st birthday; members age 19-21 have a \$3 copay No extra services are covered	Medicaid covers routine dental care for members through the month of 21st birthday; members age 19-21 have a \$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 for members through the month of 21st birthday; members age 19-21 have a \$2 copay for the exam only No extra services are covered	Medicaid covers 1 exam and 1 pair of glasses for members through the month of 21st birthday; members age 19-21 have a \$2 copay for the exam only No extra services are covered	Medicaid covers 1 exam and 1 pair of glasses for members through the month of 21st birthday; members age 19-21 have a \$2 copay for the exam only No extra services are covered	Medicaid covers 1 exam and 1 pair of glasses for members through the month of 21st birthday; members age 19-21 have a \$2 copay for the exam only Health plan covers 1 replacement pair of eyeglasses 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 Crescent Health Plan</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>● Stop smoking program</li> <li>● Weight management program</li> </ul>	<ul style="list-style-type: none"> <li>● Childhood obesity</li> <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>● Pregnancy program - gift card and baby items for pregnant women who attend prenatal and postpartum doctor visits</li> <li>● Member Care Advocate</li> </ul>	<ul style="list-style-type: none"> <li>● Gift card for children up to 21 years after completing well child exams/health screening 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.



## Health Plan Benefits for Children in Richland 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	South Carolina Solutions	Unison Health Plan	Fee-for-Service Medicaid
<b>Member services phone line</b>	<b>1-888-366-6243</b>	<b>1-800-414-9025</b>	<b>1-888-549-0820</b>
<b>Website</b>	www.sc-solutions.org	www.unisonhealthplan.com	www.scdhhs.gov
<b>Doctor visits</b> (per year)	Unlimited; no copay	Unlimited, no copay	Unlimited; no copay for under age 19; \$2 copay for 19-20 years
<b>Prescribed drugs</b> (per month) Over the counter means non prescription	Unlimited; no copay	Unlimited Generic drugs, no copay Name brand drugs, no copay for under age 19; \$3 copay for 19-20 years	Unlimited; no copay for under age 19; \$3 copay for 19-20 years
<b>Hospital stay</b> (per year)	Unlimited; no copay	Unlimited, no copay	Unlimited; no copay for under age 19; \$3 copay outpatient, \$25 copay inpatient for 19-20 years
<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 for under age 19; \$2 copay for 19-20 years
<b>Durable medical equipment</b>	Unlimited; no copay	Unlimited, no copay	Unlimited; no copay for under age 19; \$3 copay for 19-20 years
<b>Dental care</b> (per year) Extra dental services are the responsibility of the health plan	Medicaid covers routine dental care for members through the month of 21st birthday; no copay No extra services are covered	Medicaid covers routine dental care for members through the month of 21st birthday; members age 19-21 have a \$3 copay No extra services are covered	Medicaid covers routine dental care for members through the month of 21st birthday; members age 19-21 have a \$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 for members through the month of 21st birthday; no copay No extra services are covered	Medicaid covers 1 exam and 1 pair of glasses for members through the month of 21st birthday; members age 19-21 have a \$2 copay for the exam only No extra services are covered	Medicaid covers 1 exam and 1 pair of glasses for members through the month of 21st birthday; members age 19-21 have a \$2 copay for the exam only No extra services are covered
<b>Medical checkups</b>	Yes	Yes	Yes
<b>24-Hour Nurse Advice Line</b>	Yes	Yes	No nurse advice line

	<b>South Carolina Solutions</b>	<b>Unison Health Plan</b>	<b>Fee-for-Service Medicaid</b>
<b>Care coordination</b> (managing care from different doctors or clinics)	Yes, including community referrals	Yes	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>• Pediatric care management</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>• Gift card rewards for regular preventative checkups and immunizations for children</li> <li>• Gift card after baby's blood lead screening test at 12 months</li> </ul>	<ul style="list-style-type: none"> <li>• No extra benefits</li> </ul>

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