

DC Medicaid Benefits At-A-Glance

When you join Unison Health Plan, you will need to pick a primary care physician (PCP) for you and your family. If your current PCP is not a Unison participating provider, or you do not choose a PCP within the first 10 days of enrolling, Unison Health Plan will choose a PCP for you. It is important to see your PCP for all health care. They can help you if you have additional health care needs.

Unison Health Plan covers family planning services, including contraceptive care and pregnancy tests. You do not need to get a referral or our O.K. before using these services. You can get family planning services from any qualified family planning provider, even if they are not in Unison's network.

You can visit your PCP and specialists without having to pay a copayment.

Please call Unison Member Services at 1-800-701-7192 for information on benefits or participating providers.

Interpretation and translation services are free to members.

The information in this notice is available in other languages and formats by calling Member Services at 1-800-701-7192 or 1-888-616-0021 (TTY).

Esta información también se ofrece en otros idiomas y formatos. Llame a Servicios para Miembros al 1-800-701-7192 o al 1-888-616-0021 (TTY).

此通知里的信息有其它种语言及格式，请致电1-800-701-7192或1-888-616-0021联系会员服务处索取

Muốn có thông tin trong thông báo này dưới hình thức và ngôn ngữ khác, xin gọi Ban Dịch Vụ Hội Viên số 1-800-701-7192 hay số 1-888-616-0021 (TTY).

이 알림의 자세한 사항은 1-800-701-7192 혹은 1-888-616-0021 고객 상담소로 연락하시면 다른 언어들과 형식으로 이용 가능합니다.

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Veillez contacter le Service des Membres au 1-800-701-7192 ou 1-888-616-0021 (appareil TTY) pour obtenir l'information dans cette brochure dans d'autres langues et formats.

The Enrollment Broker can help you choose a Medicaid managed care organization (MCO). You can choose to enroll in any plan that you are eligible for.



Unison Administrative Services, Unison Plaza
1001 Brinton Road, Pittsburgh, PA 15221

www.unisonhealthplan.com

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Benefits
(Subject to Unison's policies and procedures)

Medicaid

Allergy Testing	Covered
Ambulance Emergency Medical Transportation	Covered
Ambulance Non-Emergency Medical Transportation	Covered
Behavioral Health Inpatient (Mental Health and Substance Abuse)	Covered*
Behavioral Health - Residential Treatment Facility	Covered*
Behavioral Health (Day Services, Day Treatment)	Covered*
Behavioral Health Outpatient (Mental Health and Substance Abuse)	Covered
Bone Mass Measurement (Bone Density)	Covered*
Case Management	Covered
Chemotherapy (Generally requires prior authorization with the exception of certain chemotherapy agents)	Covered*
Chiropractic Services	Covered*
Colorectal and Prostate Screening Exams	Covered
Dental Services	Children (under 21) Covered. Members over 21 are covered through fee-for-service Medicaid
Diabetic Education	Covered
Diabetic Supplies and Equipment (Billed Amount < \$300)	Covered
Diabetic Supplies and Equipment (Billed Amount > \$300)	Covered*
Dialysis	Covered
Durable Medical Equipment (Billed Amount < \$300)	Covered
Durable Medical Equipment (Billed Amount > \$300)	Covered*
EPSDT (Early and Periodic Diagnostic Testing Services)	Covered
Emergency Room Care	Covered
Eye Tests – Routine	Covered
Family Planning Services	Covered
Genetic Testing (Including Chromosome Analysis)	Covered*
Hearing Aids and Batteries	Covered*
Hearing Exams	Covered
Home Health Care	Covered*
Hospice Care	Covered*
Imaging: CT, MR, PET, SPECT Office Cardiac Nuclear Studies	Covered*

Benefits Not Covered: Acupuncture and Infertility Testing and Services.

Benefits
(Subject to Unison's policies and procedures)

Medicaid

Inpatient Hospitalization (Acute Care)	Covered*
Lab Tests and X-rays	Covered
Mammograms (Screening)	Covered
Non-Participating Providers	Covered*
Observation	Covered
Obstetrical/Maternity Care	Covered*
Organ Transplant Evaluation	Covered
Organ Transplant	Covered through fee-for-service Medicaid
Orthotics and Prosthetics (Billed Amount < \$300)	Covered
Orthotics and Prosthetics (Billed Amount > \$300)	Covered*
Outpatient Surgery: Amniocentesis, Non-Coronary Angiogram, Biopsy, Catheter Insertion, Endoscopy (Colposcopy, Colonoscopy, Cystoscopy, EGD, ERCP, Laryngoscopy), Hardware Removal, Paracentesis, Thoracentesis	Covered
Outpatient Surgery: (Any Procedure Not Listed Above)	Covered*
Pain Management Services	Covered*
Pap Smears and Pelvic Exams	Covered
Podiatry Care	Covered
Prescription Drugs	Covered
Primary Care Physician	Covered
Private Duty Nursing	Covered*
Radiation Therapy	Covered
Rehabilitation (Inpatient)	Covered*
Rehabilitation (Outpatient Occupational, Physical and Speech Therapies)	Covered*
Skilled Nursing Facility Care	Covered*
Sleep Apnea Studies	Covered*
Specialty Physician Services	Covered
Tobacco Cessation Counseling	Covered
Vision (Eyeglasses and Contact Lenses)	Covered

* Service requires prior authorization.

To enroll, please call an Enrollment Broker at 1-800-620-7802.