



## Helpful Information for future members

### Privacy Rules

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The law says we must help protect the privacy of our members. We make sure that the providers and everyone else who works with us agree to help protect your privacy and use these rules. We can change our privacy rules. Any changes will apply to all the information we have about you. If we make changes, we will send you notice of the changes.

We train our employees to make sure that they handle your protected health information the right way. This includes information that is spoken, written, or electronic. Unless authorized by you, we will not provide any of your protected health information to anyone outside the company or to anyone who is not a business associate under contract with the company for any reason beyond the requirements of your treatment, payment for services, and our health care operations.

### Financial Information

When you join our health plan, we get information about who you are, where you live and your income. We share that information with the Ohio Department of Job and Family Services (ODJFS). We also use it to run our business. We will not share your information with anyone else unless you say we can or the law says we must.

### Health Information

We get information about our members' health from providers. When you join our health plan, you allow us to use that kind of

information. We use it when we pay for and help arrange your health care. We also use it to run our health plan. We will not use your health information to do other things unless you say we can.

### How We Use Your Information

We use health information for treatment, payment and health care operations. We use your information to help arrange your care. We may send appointment reminders for you or your children. We also help with care for members who are hurt, sick or pregnant. We share your information with doctors, hospitals, drugstores and other providers when we pay them for your care. We share information with other companies that also pay for your care. We share your information with the government so they can help with any payment problems. We tell ODJFS about our members' health.

We can use your information to check how our health plan is doing. We also use it to check on the doctors, hospitals and other providers that work with us. We share your information when we send reports to the government. We will not share your information with your employer unless you say we can.

If you cannot give your okay, we can get the okay from someone who takes care of you or your family. We may use your health information if the law says we must or we can. We may have to share your information if you are in a lawsuit. We may share your information if there is a serious threat to the health or safety of you or anyone else.

# Covered Services

The services available to you as a Member of Unison Health Plan may or may not require a prior authorization before you receive the service. Please see the Member Services Grid below

to determine if your benefits require a prior authorization and how to access these services.

## Services that DO NOT require a Prior Authorization

Unison Health Plan encourages you to work with your PCP to help coordinate access to these services. However, it is not required that you see your PCP prior to receiving these services.

SERVICE	COVERAGE
Adult yearly well exams	Covered
Certified Nurse Midwife services	Covered
Certified Nurse Practitioner services	Covered
Emergency services	Covered
Eye exams, routine vision (optical) services, including eyeglasses*	1 exam and 1 pair of soft contacts or glasses per year. Additional replacement glasses require prior authorization.
Dental services*	Routine exams and cleanings every six months. Some non-routine dental services may require a prior authorization
Family planning services and supplies	Covered
Federally Qualified Health Center or Rural Health Clinic services	Covered
Healthchek (Well-child) exams	Covered for children under the age of 21
Immunizations (shots)	Covered
Mammogram (breast) and cervical cancer (pap smear) exams	Covered
Maternity-Obstetrical care - prenatal and postpartum including at risk pregnancy services) and gynecological services	Covered
Mental health and substance abuse services	<b>*Prior authorization is required for mental health services not provided at community mental health centers and for substance abuse services not provided at Ohio Department of Alcohol and Drug Addiction Services facilities.</b>
Physical exam required for employment or for participation in job training programs	Covered if the exam is not provided free of charge by another source
Primary Care Provider services	Covered
Podiatry (foot) services	Covered
Renal dialysis (kidney disease)	Covered
Specialist services	Covered in network in most cases

# Covered Services

## Services that DO require a Prior Authorization

Your doctor must call Unison Health Plan's Utili-

zation Management Department at 1.800.366.7304 to get approval before you can receive the following services.

SERVICE	COVERAGE
Chemotherapy	Covered
Chiropractic (back) services*	Members under the age of 21 are covered for 30 visits per calendar year (some exclusions apply); members age 21 and over are covered for 15 visits per calendar year.
Developmental therapy services	Covered for children aged birth to six years
Home health services	Covered
Hospice care (care for terminally ill, e.g., cancer patients)	Covered
Inpatient hospital services	Covered
Medically necessary plastic or cosmetic surgery	Covered (Initial plastic surgery office visit to determine treatment does not require prior authorization.)
Nursing facility services for a short term rehabilitative stay	Covered for the first two calendar months following admission
Pain management specialist services	Covered
Physical and occupational therapy	Covered
Speech and hearing services, including hearing aids	Covered

## Services that MAY require a prior authorization

Depending on the level of care needed, these services may require approval before you can receive them. Please see your Primary Care Provider (PCP).

SERVICE	COVERAGE
Ambulance and ambulette transportation	Covered
Diagnostic services (x-ray, lab)	Covered
Durable medical equipment	Covered
Medical supplies	Covered
Outpatient hospital services	Covered
Services for children with medical handicaps (Title V)	Covered

\*Note: Benefit limits will not apply if treatment or service is deemed medically necessary for members under age 21.

## Additional Services Covered by Unison

Unison Health Plan also offers the following extra services and/or benefits to their members. Unison Health Plan members are not charged a copay when they get health care services.

### Dental

All members, both children and adults, receive routine dental exams and cleanings every six months. Some non-routine dental services may require a prior authorization. Please refer to your Provider Directory for a list of dental providers that are in the Unison Health Plan network to set up your dental appointment.

### Vision

All members, both children and adults, receive an annual eye exam and the choice of soft daily wear contact lenses or glasses. Unison Health Plan also offers an additional frame selection beyond what Medicaid covers at no cost to you. Please refer to your Provider Directory for a list of optometrists that are in the Unison Health Plan network to set up your eye appointment.

### Transportation

If you need a ride to your PCP or other medical provider, we may be able to help. Unison Health Plan will provide you with 30 one-way or 15 round trips per year to and from your PCP, WIC or other participating health care providers, such as vision, dental or pharmacies. You may also request help to get to your Medicaid redetermination visits.

If you must travel 30 miles or more from your home to receive covered health care services, Unison Health Plan will provide transportation to and from the provider's office. This transportation benefit will only be provided for services that are medically necessary, not available in the service area and are prior authorized. Please contact Member Services at 1.800.895.2017 (Relay: 711) at least 48 hours in advance of your appointment for assistance.

### What Is A Prior Authorization?

Prior authorization is for services that must be approved by Unison Health Plan. Your doctor must call Utilization Management (UM) at 1.800.366.7304 before you obtain a service or procedure that is listed as requiring a prior authorization. Our UM team is available Monday through Friday 8 a.m. to 5 p.m. On-call staff is available 24 hours a day, 7 days a week for emergency prior authorizations.

Unison also reviews some of your services and care as they are happening. This is called concurrent review. Examples are when you are:

- a patient in the hospital
- receiving home care by nurses
- certain outpatient services such as speech therapy and physical therapy

Unison reviews your progress with your doctor to be sure you still need those services or if other services would be better for you.

Unison Health Plan has policies and procedures to follow when they make decisions regarding medical services. The UM doctors and nurses make their decision based on what you need for your medical condition. The goal is to make sure that services are medically necessary, that they are provided in an appropriate setting, and that quality care is provided.

We want to help you stay well. If you are sick we want you to get better.

- Unison does not pay employees extra for limiting your care.
- Our network doctors do not receive extra money or rewards if they limit your care.

If you have question about the UM process, call Member Services at 1.800.895.2017 (Relay: 711).

### Services NOT Covered By Unison Health Plan

Unison Health Plan will not pay for the following services that are not covered by Medicaid:

- all services or supplies that are not medically necessary
- experimental services and procedures, including drugs and equipment, not covered by Medicaid
- abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- infertility services for males or females, including reversal of voluntary sterilizations
- voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure
- plastic or cosmetic surgery that is not medically necessary
- inpatient treatment to stop using drugs and/or alcohol (inpatient detoxification services in a general hospital are covered)
- services for the treatment of obesity unless determined medically necessary
- inpatient hospital custodial care
- acupuncture and biofeedback services
- services to find cause of death (autopsy)
- comfort items in the hospital (e.g., TV or phone)
- paternity testing

This is not a complete list of the services that are not covered by Medicaid or Unison Health Plan. If you have a question about whether a service is covered, please call Member Services.