

UNISON HEALTH PLAN & REGULAR MEDICAID COVERED SERVICES

Unison Health Plan covers all medically-necessary Medicaid-covered services. However, how you access the services may be different than how you accessed the services in the past. It is important that you read the following information that explains how to access services as a Unison Health Plan member.

What is a Prior Authorization?

Prior authorization is for services that must be approved by Unison Health Plan. Your doctor must call the Utilization Management Department at 1.800.366.7304 to do this before you obtain a service or procedure that is listed as requiring a prior authorization.

Unison Health Plan has policies and procedures to follow when they make decisions regarding medical services. 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. There are some services that have to be determined by Unison Health Plan to be medically necessary before you may receive them.

What are Self-Referred Services?

There are some services that you can receive without your PCP referring you to another doctor. These are called self-referred services. Examples of services that you can receive without your PCP referring you to another doctor include:

- dental care
- vision care
- women's routine and preventive health care services provided by a women's health specialist (obstetrics, gynecology, certified nurse midwife)
- specialty care (except for plastic surgery, chemotherapy, and pain management specialist services)
- emergency care
- services provided by Qualified Family Planning Providers (QFPP)
- mental health and substance abuse services

- services provided at Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC)
- dialysis
- radiation therapy
- mammograms.

You must go to a participating doctor for all self-referred services except for emergency care or for services provided at Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC), Qualified Family Planning Providers (QFPP), community mental health centers, and Ohio Department of Alcohol and Drug Addiction Services facilities which are Medicaid providers. Participating doctors would be those doctors listed in your Unison Health Plan Provider Directory. Your Provider Directory will include specialists such as oncologists, gynecologists, optometrists, dentists, and psychologists. If you do not see your doctor listed, call Member Services or visit www.unisonhealthplan.com to find out if your doctor is now accepting Unison. To make sure you receive the best care, tell your PCP about any self-referred visits to specialists and other providers. By doing this, your PCP can help coordinate your health care. If you visit a doctor that is not a participating doctor with Unison Health Plan, these services may require a prior authorization.

What are Out-of-Network Services?

The Unison Health Plan network includes doctors and hospitals that routinely provide most requested medical services. If necessary, you or your PCP can request that you receive services from a provider that is not part of the Unison Health Plan network. (Please know that you may self-refer to those out-of-network providers listed above in the "What are Self-Referred Services?" section.) If the requested services are available within the Unison Health Plan network of providers, you will be required to use one of these providers. If the request for out-of-network services is denied, you may call Member Services at 1.800.895.2017 (TTY 1.888.616.0021) to file a grievance.

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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
Primary Care Physician services	Covered
Yearly Well Adult exams	Covered
Well-child (Healthchek) exams	For children under the age of 21
Shots (immunizations)	Covered
Specialist services	Some specialist services may require a prior authorization
Preventative mammogram (breast) and cervical cancer (pap smear) exams	Covered
Physical exam required for employment or for the JOBS Program	Covered if the exam is not provided free of charge by another source
Family planning services and supplies	Covered
Obstetrical (maternity care - prenatal and postpartum including at risk pregnancy services) and gynecological services	Covered
Certified Nurse Midwife services	Covered
Routine dental services	Some non-routine dental services may require a prior authorization
Podiatry (foot) services	Covered
Routine vision (optical) services, including eyeglasses	1 exam and 1 pair of soft contacts or glasses per year. Additional replacement glasses require prior authorization.
Certified Nurse Practitioner services	Covered
Renal dialysis (kidney disease)	Covered
Services available at a Federally Qualified Health Center or Rural Health Clinic	Covered
Emergency services	Covered
Mental health and substance abuse services	Independent psychologist services are only available to children under the age of 21 *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.

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Services that Do Require a Prior Authorization

Your doctor must call Unison Health Plan's Utilization Management Department at 1.800.366.7304 to get approval before you can receive the following services.

SERVICE	COVERAGE
Speech and hearing services, including hearing aids	Covered
Physical and occupational therapy	Covered
Inpatient hospital services	Covered
Hospice care (care for terminally ill, e.g., cancer patients)	Covered
Nursing facility services for a short-term rehabilitative stay	Covered
Home health services	Covered
Chiropractic (back) services	Members under the age of 21 are covered for 30 visits per 12-month period (some exceptions apply); members over the age of 21 are covered for 12 visits per 12-month period.
Medically necessary plastic or cosmetic surgery	Covered
Chemotherapy	Covered
Pain management specialist services	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 Physician (PCP).

SERVICE	COVERAGE
Outpatient hospital services	Covered
Diagnostic services (x-ray, lab)	Covered
Prescription drugs, including certain prescribed over-the-counter drugs	All prescriptions that are on Unison's Preferred Drug List are covered with a prescription from your doctor. Please visit our website at www.unisonhealthplan.com for a complete listing of medications on Unison's Preferred Drug List.
Medical supplies	Covered
Durable medical equipment	Covered
Ambulance and ambulette transportation	Covered
Services for children with medical handicaps (Title V)	Covered

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Additional Services Covered by Unison Health Plan

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

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 15 free round trips or 30 one-way trips per year, to and from your PCP or other health provider. You may also request help to get to your Medicaid redetermination visits. Please contact the Unison Health Plan Member Services Department at 1.800.895.2017 (TTY 1.888.616.0021) for more information. (All transportation services arranged by Unison Health Plan require 48 hour notice.)

PERSONALIZED HEALTH PROGRAMS

- Unison Health Plan's health management programs include health education and care coordination to help you achieve the highest health care outcomes for your disease or condition. Unison Health Management programs include the: *Miracles* Pregnancy Program; *Airways* Asthma Program and Diabetes Program. Call 1.800.895.2017 (TTY 1.888.616.0021) to see if you are eligible for these programs.

SPECIAL NEEDS UNIT

- Case management services are available to support members that need extra help using the services offered by Unison Health Plan because you have a serious and complex condition, disability or other special need. For assistance with finding a Primary Care Physician or a specialist or to get other services in the community that help you have better health, please call 1.877.844.8844 (TTY

1.800.473.0989) to reach the Special Needs Unit.

CHIROPRACTIC SERVICES

- Unison Health Plan members are covered for medically necessary manual adjustment of the spine, to treat back and neck pain caused by an abnormal alignment of the spine. This must be provided by participating chiropractors or other qualified providers as outlined on page 26.

Services Not Covered by Unison Health Plan

Unison Health Plan will not pay for services or supplies received without following the directions in this handbook. 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
- organ transplants that are 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
- 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 at 1.800.895.2017 (TTY 1.888.616.0021).