

Member Handbook
Working Together for Better Health

July 1, 2006

WELCOME TO UNISON HEALTH PLAN

Dear Member,

Welcome to Unison Health Plan! As a member, you are now eligible for exciting benefits at no cost to you. We also have health management programs such as the Miracles Pregnancy Program, Airways Asthma Program and the Unison Health Plan Diabetes Program.

This is your Member Handbook. There are many important items in this Handbook. Please make sure you read it carefully. You should have already received your Unison Health Plan Member Identification Card in the mail. Remember to take this card to all of your medical appointments and show your card to your doctor.

Please take time to read everything in this Handbook. Your Member Handbook will answer many questions you may have. If you have any additional questions or would like more information, help is only a phone call away! Call Unison Health Plan Member Services at 1.800.895.2017 (TTY 1.888.616.0021).

Welcome again! We're glad you are a Unison Health Plan Member and we look forward to serving you.

Sincerely,
The Team Members of Unison Health Plan

Additional Covered Services at no cost to you*

As a member of Unison you will still be able to get all medically-necessary Medicaid-covered services, including HealthChek (EPSDT) services. You will also be able to get the extra services that Unison offers.

- **No copays**
- **Up to \$175 in gift card rewards** for keeping pregnancy-related and HealthChek appointments (Ask Member Services about our Miracles program)
- Choice of soft contacts or eyeglasses yearly (**no age limits**)
- More eyeglass frames to choose from than Medicaid
- Yearly eye exam (**no age limits**)
- Transportation to health appointments and for Medicaid redetermination (30 one-way or 15 round-trips per year)
- A dedicated and friendly Member Services Team
- A Special Needs Unit to help you find community-based services in your area
- Personalized health programs

Unison Health Plan does not discriminate against members based on health history, health status or need for healthcare services.

Esta información también se ofrece en otros idiomas y formatos. Llame a Servicios para Miembros al 1.800.895.2017 o al 1.888.616.0021 (TTY).



MEMBER SERVICES CONTACT INFORMATION

Congratulations!

Welcome to Unison Health Plan. We are happy to have you as a member. This book is a guide to Unison Health Plan. It will help you understand the benefits of Unison Health Plan. Also, this book will tell you about your responsibilities as a member. Please read this book carefully.

If you have any questions, we are here to help you! Please call Unison Health Plan Member Services:

**1.800.895.2017 or
(TTY) 1.888.616.0021**

or write us at:

**Unison Administrative Services
300 Oxford Drive
Monroeville, PA 15146
Attn: Ohio Member Services**

Unison Health Plan Member Services is available every Monday through Friday, 7:00 a.m. to 7:00 p.m., except for the following major holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day
- Day After Thanksgiving
- Christmas Eve Day

If a holiday falls on Saturday, it will be observed on the Friday before the holiday. If the holiday falls on a Sunday, it will be observed on the Monday following the holiday.

Unison Health Plan's 24/7 Nurse Line is available 24 hours a day, 7 days a week, 365 days a year. Call the 24/7 Nurse Line at 1.800.542.8630 (TTY 1.888.616.0021).

On the Web

Member information, including our most up-to-date list of providers, is always available on the internet at: www.unisonhealthplan.com

Unison Health Plan Service Area

This Member Handbook is for use by Unison Health Plan Members living in our approved Ohio service area.



MEMBER HANDBOOK

If you have any problems in reading or understanding this or any other Unison Health Plan information, please contact our member services at 1.800.895.2017

(TTY 1.888.616.0021) for help at no cost to you. We can help to explain the information or provide the information orally, in English or in your primary language. We may have the information printed in certain other languages or in other ways. If you are visually or hearing-impaired, special help can be provided. You can also write to us at:

**Unison Administrative Services
300 Oxford Drive
Monroeville, PA 15146
Attn: Member Services**

Welcome to Unison Health Plan. You are now a member of a health care plan for Covered Families and Children Medicaid consumers, including Healthy Start and Healthy Families.

It is important for any new members that have a health condition that requires on-going care to call our member services department as soon as possible. For example, if you need surgery, are pregnant, have asthma or diabetes, are receiving speech or physical therapy, or have braces, you need to call member services. Also, new members that are currently taking any medication(s) need to check whether their medication(s) must be prior approved as soon

as possible. If a medication needs prior approval, you cannot get the medication until your doctor submits a request and it is approved. You can check by contacting our member services or you can also look on our website at www.unisonhealthplan.com.

Unison Health Plan may not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, national origin, veteran status, ancestry, health status, or need for health services in the receipt of health services.

It is important to remember that you must receive all medically-necessary Medicaid-covered health care services from Unison Health Plan facilities and/or providers. You should have received a Provider Directory that lists all of our panel providers, as well as other providers you can see.

New doctors join Unison daily. If you do not see the doctor or healthcare provider you are looking for, call Member Services to find out if they have joined.

The only time you can use providers not on Unison Health Plan is for emergency care or for services provided at federally qualified health centers/rural health clinics, family planning providers listed in your Provider Directory, community mental health centers, and Ohio Department of Alcohol and Drug Addiction Services facilities which are Medicaid providers.



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WHAT IS UNISON HEALTH PLAN

Unison Health Plan is a state-approved healthcare plan.

Unison Health Plan has Primary Care Physicians, also called PCPs. These are doctors that can take care of most of your healthcare needs.

Unison Health Plan has other physicians (doctors) who are specialists; for example, heart doctors or surgeons.

Unison Health Plan checks physicians' records to be sure that you will get quality care.

Unison Health Plan contracts with physicians who meet Unison Health Plan's quality standards.

Unison Health Plan wants the best care for you!

Meet your Unison Health Plan Member Services Team

Your Member Services Team is ready and waiting to help you! You can call us when you are unsure of something, if you have any questions or if you have ideas on how we can make Unison better for you. Call us at 1.800.895.2017 (TTY 1.888.616.0021). We are waiting to hear from you!

We may monitor calls to train new team members or see how our team is doing. This means a supervisor may listen in when you call.

Who Do I Call?

For membership help or for more information on Unison Health Plan: (benefit questions, PCP changes, lost ID cards, change of address, etc.)

Member Services 1.800.895.2017
TTY 1.888.616.0021

For pregnancy help: 1.800.895.2017

For Healthchek help: 1.800.895.2017

For 24/7 Nurse Line: 1.800.542.8630
TTY 1.888.616.0021

HELPFUL DEFINITIONS

Below you will find some words you will come across while reading this handbook.

Advance Directive: A decision about your health care that you make ahead of time in case you are ever unable to speak for yourself. This will let your family and your doctors know what decisions you would make if you were able to.

Authorization: An “OK” or approval for a service

Benefits: Services, procedures and medications that Unison Health Plan will cover for you

Clinical Case Management: One-on-one help by a nurse providing education and coordination of Unison Health Plan benefits, tailored for your individual need

COB: Coordination of benefits - working with any other insurance you may have to make sure your healthcare costs are covered

Disenrollment: To stop your membership in Unison Health Plan

Emergency: When you or a family member are in need of services for a medical problem that you think is so serious that it must be treated right away by a doctor. Further, Unison Health Plan considers emergency services to be those covered inpatient and outpatient services that are: a) furnished by a qualified provider; and b) needed to evaluate or stabilize an Emergency Medical Condition.

Emergency Medical Condition: a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses

an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

Fraud: An untruthful act - an example is someone other than you using your Unison Health Plan Member ID Card and pretending to be you.

Generic Equivalents: Medications that have the same basic chemical composition as a brand name medication

Healthchek: a preventive healthcare program for members from birth until the day before they turn age 21

Home Health Care: Care provided for you in your home

HMO: Health Maintenance Organization - Unison Health Plan is an example of a Health Maintenance Organization.

ID card: Identification card - a card that identifies you as a Unison Health Plan Member. You should have this card and the card for any other insurance you may have with you at all times.

Immunizations: Necessary shots to protect your child from life threatening diseases

Informed Consent: That you agree to all medical treatments

HELPFUL DEFINITIONS

Inpatient: When you are admitted into a hospital for a length of time

MCP: Managed Care Plan - Unison Health Plan is an example of a managed care plan.

Medical Necessity: Medically necessary services are services which are necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort.

Member: A person who is eligible for Unison Health Plan

ODJFS: Ohio Department of Job and Family Services

Outpatient: When you have a procedure done that does not require a hospital stay over night

Preferred Drug List: A list of medications (drugs) that Unison Health Plan will cover for you

Prescription Medicine: Any medication that can not be purchased over the counter and must have a written request from your doctor for you to have it. Over the counter medications may be covered prescription medicines if your doctor has made a written request for you to have the medicine.

Primary Care Physician (PCP): a doctor you choose to be your individual or family physician - they have contracts with Unison Health Plan. They are not employees or agents of Unison Health Plan. Unison Health Plan does not give incentives to (or encourage) doctors or Unison Health Plan staff when medical decisions are made. All medical decisions made

are based on medical necessity only.

Prior Authorization: The process for any service that needs an "OK" from Unison Health Plan before it can take place

Provider: Any medical professional that Unison Health Plan has contracted with to take care of you

Provider Directory: A list of providers who participate with Unison Health Plan to help take care of your healthcare needs. For the most up-to-date list visit www.unisonhealthplan.com or call Member Services at 1.800.895.2017. New doctors join daily.

Referral: When you and your PCP agree you need to see another doctor, your PCP will send you to a Unison Health Plan specialist.

Self Referred Services: Services that you do not need to see your PCP for a referral

Special Needs Unit (SNU): A voluntary service offered by Unison Health Plan that can give you extra help in understanding and using the benefits of Unison Health Plan if you have a disability or other special need.

Specialist: A doctor that has specific detailed training in one certain medical field

Treatment: The care that you may receive from doctors and facilities

Urgent care: When you need care, treatment or medical advice within a 24-hour time period

WIC: Women, Infants and Children Program - a supplemental nutrition program that provides nutritious food, education support and health care referrals for women, infants and children.

YOUR MEMBER ID CARD & PRIMARY CARE PHYSICIAN (PCP)

Identification (ID) Cards

You should have received a Unison Health Plan Membership ID card. Each member of your family who has joined Unison Health Plan will receive their own card. These cards replace your monthly Medicaid card. Each card is good for as long as the person is a member of Unison Health Plan. You will not receive a new card each month as you did with the Medicaid card. Your Member ID card may only be used for your care and should not be given to anyone for their use.

Always Keep Your ID Card(s) With You

You will need your ID card each time you get medical services. This means that you need your Unison Health Plan ID card when you:

- see your Primary Care Physician (PCP)
- see a specialist or other provider
- go to an emergency room
- go to an urgent care facility
- go to a hospital for any reason
- get medical supplies
- get a prescription
- have medical tests
- receive non-emergent transportation service (i.e. trips to and from your PCP)
- get family planning services

- get mental health or substance abuse services.

Call Unison Health Plan Member Services as soon as possible at 1.800.895.2017 (TTY 1.888.616.0021) if:

- you have not received your card(s) yet
- any of the information on the card(s) is wrong
- you lose your card(s).

Choosing a Primary Care Physician (PCP)

Each member of Unison Health Plan must choose a Primary Care Physician (PCP) from Unison Health Plan's Provider Directory. Your PCP is your personal doctor.


Your PCP is trained in family medicine (general practice), internal medicine, or pediatrics. If you are pregnant, you can choose a PCP trained in obstetrics/gynecology (OB/Gyn).

Your PCP will work with you to direct your health care. Your PCP will do your check-ups and shots and treat you for most of your health care needs. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

You can reach your PCP by calling your PCP's office. Your PCP's name and telephone number are printed on your Unison ID card. You can call your PCP 24 hours a day, 7 days a week.

More About Your Primary Care Physician (PCP)


Some Primary Care Physician sites may have medical residents, nurse practitioners and physician assistants who will provide care to you under the supervision of your PCP.



John Q. Sample
ID: 000101111
DOB: 09/22/43
Dr. John Q. Sample
Dr ID: 000000111111
Ph: 610.375.3000

Plan: OH Medicaid
RxBin: 610473
RxGRP: 0742
Eff Date: 09/01/05
Providers: Call 800.600.9007
to submit EDI
emdeon: 25175
MMIS Billing: 123456789123

Member Services:
800.895.2017 or TTY 888.616.0021
7:00 am to 7:00 pm



YOUR MEMBER ID CARD & PRIMARY CARE PHYSICIAN (PCP)

If your Primary Care Physician stops working with Unison Health Plan, we will let you know. We will help you pick a new physician.

Remember:

1. For most of your medical care, you should go to your Primary Care Physician.
2. If you want a new Primary Care Physician, you can call or write a letter to Unison Health Plan. Member Services will be happy to help you pick another Unison Health Plan PCP.
3. Your PCP does not need to refer you to another doctor for:
 - dental
 - vision
 - obstetrical/gynecological and prenatal care;
 - emergency care
 - family planning
 - mental health/substance abuse services;
 - Federally Qualified Health Center (FQHC) and Rural Health Clinic services
 - dialysis
 - radiation therapy
 - mammograms
4. For family planning, you may go to your Primary Care Physician or to another family planning doctor. Treatment for infertility (not able to become pregnant) is not included as part of your Unison Health Plan benefits.

Getting to Know Your Primary Care Physician

When you have picked a Primary Care Physician, it is important to call the PCP's office right away to schedule an appointment, if he or she is new to your family. We can help you schedule your appointment.

Some questions you can ask are:

- What are the office hours?
- What if I need night or weekend care?
- Who takes calls if your office is closed?
- Do you need an "O.K." from me to get my records from another office?
- Am I due for a check-up?

The staff at your PCP's office will help you with medical advice and much more. You need a Primary Care Physician that you can know and trust.

Unison Health Plan: Working Together for Better Health

Your Primary Care Physician and Unison Health Plan will want to:

- know your health history
- know your lifestyle
- know your health.

Your Primary Care Physician and Unison Health Plan will:

- try to stop illness and disease
- give you tips to live a healthy lifestyle
- cover your general health needs.

Information About Participating Doctors

If you would like to obtain information about your Primary Care Physician (PCP), a participating specialist or another participating healthcare provider, such as his/her schooling or residency, or whether or not he/she is accepting new patients, contact Member Services at 1.800.895.2017 (TTY 1.888.616.0021) or visit www.unisonhealthplan.com.

YOUR MEMBER ID CARD & PRIMARY CARE PHYSICIAN (PCP)

Changing Your PCP

If for any reason you want to change your PCP, you must first call the Member Services Department to ask for the change. You can ask to change your PCP to another Unison Health Plan doctor at any time. The change will take place immediately and you may change as often as once a month. You can begin seeing your new PCP on the date you request the change. You do not need to wait to receive your new Unison Member ID card with the updated PCP information to begin seeing your PCP.

Unison Health Plan will send you a new ID card to let you know that your PCP has been changed and the date you can start seeing the new PCP. (This date will be the first day that you request to have your PCP changed.)

For the names of the PCPs in Unison Health Plan, you may look in your Provider Directory or on our web site at www.unisonhealthplan.com, or you can call the Unison Health Plan Member Services Department at 1.800.895.2017 (TTY 1.888.616.0021) for help.

If you did not select a PCP at the time you enrolled with Unison Health Plan, Unison Health Plan will assign a PCP for you. We will notify you that you can change to another PCP if you wish during the first month of your enrollment with Unison Health Plan, or any time thereafter. The change will take place immediately and you may change your PCP as often as once a month. Unison Health Plan will send you a new ID card to remind you that your PCP has been changed.

How to Make an Appointment to See Your PCP

1. Make an appointment **FIRST** before you go to your Primary Care Physician.

2. When you call or go to the office to make an appointment, be sure to:

- have your Unison Health Plan Member ID Card
- tell them you are a Unison Health Plan member
- tell them why you need an appointment.

3. When you go to your appointment, be sure to:

- take your Unison Health Plan Member ID Card
- take your card for any other insurance coverage you may have.

4. What if I need my Primary Care Physician to refer me to a specialist?

If you and your Primary Care Physician agree you need to go to another doctor, your Primary Care Physician will refer you to another doctor.

What is a Referral?

When you and your PCP (Primary Care Physician) agree you need to go to another doctor (specialist), he/she will refer you to that doctor. This is called a medical referral.

Out-of-Network Doctor

If your PCP wants you to see a doctor that does not participate with Unison Health Plan, your PCP will need to call us to get an O.K. Remember that you do not need to get an O.K. from Unison for:

- emergency care;
- services provided by Federally Qualified Health Centers/Rural Health Clinics;
- services provided by family planning providers listed in your Provider Directory;
- services provided by community mental health centers;
- and services provided by the Ohio Department of Alcohol and Drug Addiction Services facilities which are Medicaid providers.

YOUR MEMBER ID CARD & PRIMARY CARE PHYSICIAN (PCP)

Specialists

If you have a complicated illness or condition, frequent visits to a specialist may be necessary. If you require frequent visits to a specialist, Unison Health Plan can help you coordinate your health care. We'll do this by helping you 1) arrange a standing referral to a specialist or 2) arrange to have a specialist serve as your PCP. Both of these ways to coordinate your health care will help make sure you receive the best health care possible.

When you receive a standing referral to a specialist, you may see your specialist as often as needed. A standing referral also helps your PCP stay involved in your health care and helps him or her coordinate your health care. While you may continue to self-refer to a specialist in most circumstances, a standing referral ensures that both your PCP and specialist are involved and aware of the healthcare services you are receiving.

In special situations, a specialist may serve as your PCP. A specialist serves as a PCP for members with very complex healthcare needs. If your medical condition requires a specialist to serve as your PCP, Unison Health Plan will help you find a specialist. The specialist will be able to serve as your PCP and will be available to you 24 hours a day, 7 days a week.

If you have a complicated illness or condition, please call Member Services at 1.800.895.2017 (TTY 1.888.616.0021). We will help you. Member Services can also provide you with a list of specialists.

Second Opinions

If you would like a second opinion from another doctor, contact Member Services at 1.800.895.2017 (TTY 1.888.616.0021). They can help you.

New Services/Procedures

We will evaluate any and all new technologies that are requested by your doctor for your care. Our medical directors, who consider new medical and scientific information, as well as governmental requirements, review these requests. Any medically necessary treatment that is not considered to be experimental, will be reviewed and we will notify you and your doctor of the decision.

As new services/procedures are evaluated and approved as newly covered benefits, you will be notified as a member of Unison Health Plan. We will notify you by way of our quarterly member newsletter or a special mailing.

ADVANCE DIRECTIVES

You Have the Right. Using Advance Directives to State Your Wishes About Your Medical Care

Many people today worry about the medical care they would get if they became too sick to make their wishes known. Some people may not want to spend months or years on life support. Others may want every step taken to lengthen their life.

You have a choice

A growing number of people are acting to make their wishes known. You can state your medical care wishes in writing while you are healthy and able to choose. Your health care facility must explain your right to state your wishes about medical care. It also must ask you if you have put your wishes in writing. This brochure explains your rights under Ohio law to accept or refuse medical care. It will help you choose your own medical care. This brochure also explains how you can state your wishes about the care you would want if you could not choose for yourself. This brochure does not contain legal advice, but will help you understand your rights under the law. For legal advice, you may want to talk to a lawyer. For information about free legal services, call 1-800-589-5888 free, Monday through Friday, 8:30 a.m. to 5 p.m.

What are my rights to choose my medical care?

You have the right to choose your own medical care. If you don't want a certain type of care, you have the right to tell your doctor you don't want it.

What if I'm too sick to decide?

What if I can't make my wishes known?

Most people can make their wishes about their

medical care known to their doctors. Some people become too sick to tell their doctors about the type of care they want. Under Ohio law, you have the right to fill out a form while you're able to act for yourself. The form tells your doctors what you want done if you can't make your wishes known.

What kinds of forms are there?

Under Ohio law, there are three different forms, or *advance directives*, you can use. You can use either a Living Will, a Declaration for Mental Health Treatment, or a Durable Power of Attorney for medical care. You fill out an advance directive while you're able to act for yourself. The advance directive lets your doctor and others know your wishes about medical care.

Do I have to fill out an advance directive before I get medical care?

No. No one can make you fill out an advance directive. You decide if you want to fill one out.

Who can fill out an advance directive?

Anyone 18 years old or older who is of sound mind and can make his or her own decisions can fill one out.

Do I need a lawyer?

No, you don't need a lawyer to fill out an advance directive. You may decide you want to talk with a lawyer.

Do the people giving me medical care have to follow my wishes?

Yes, if your wishes follow state law. However, Ohio law includes a conscience clause. A person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes.

ADVANCE DIRECTIVES

Living Will

This form allows you to put your wishes about your medical care in writing. You can choose what you would want if you were too sick to make your wishes known. You can state when you would or would not want food and water supplied artificially.

How does a Living Will work?

A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

- in a coma that is not expected to end, **OR**
- beyond medical help with no hope of getting better and can't make your wishes known, **OR**
- expected to die and can't make your wishes known.

The people giving you medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes. Only you can change or cancel your Living Will. You can do so at any time.

Do-Not Resuscitate Order

State regulations offer a Do Not Resuscitate (DNR) Comfort Care and Comfort Care Arrest Protocol as developed by the Ohio Department of Health. A **DNR Order** means a directive issued by a physician or, under certain circumstances a certified nurse practitioner or clinical nurse specialist, that identifies a person and specifies that CPR should not be administered to the person so identified. **CPR** means cardiopulmonary resuscitation, or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR.

The DNR Comfort Care and Comfort Care Arrest

Protocol lists the specific circumstances and actions that paramedics, emergency medical technicians, physicians or nurses will take when attending to a DNR Comfort Care or Comfort Care Arrest patient. The protocol also lists what specific actions will not be implemented.

You should talk to your doctor about the DNR Comfort Care and Comfort Care Arrest Order and Protocol options.

Durable Power of Attorney

A Durable Power of Attorney for medical care is different from other types of powers of attorney. This brochure talks only about a Durable Power of Attorney for medical care, not about other types of powers of attorney. A Durable Power of Attorney allows you to choose someone to carry out your wishes for your medical care. The person who acts for you if you can't act for yourself. This could be for a short or long while.

Who should I choose?

You can choose any adult relative or friend you trust to act for you when you can't act for yourself. Be sure to talk with the person about what you want. Then write down what you do or don't want on your form. You should also talk to your doctor about what you want. The person you choose must follow your wishes.

When does my Durable Power of Attorney for medical care take effect?

This form takes effect only when you can't choose your care for yourself, whether for a short or long while. The form only allows your relative or friend to stop life support:

- if you are in a coma that is not expected to end, **OR**
- if you are expected to die.

ADVANCE DIRECTIVES

Declaration For Mental Health Treatment

A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows a person, while capable, to appoint a proxy to make decisions on the person's behalf when they are determined to lack the capacity. In addition, the declaration can set forth certain wishes regarding treatment if lacking capacity. The person can indicate treatment of mental illness with medication and treatment preferences, and preferences concerning admission/retention in a facility.

The Declaration for Mental Health Treatment supercedes a Durable Power of Attorney for Health Care as to mental health treatment, but does not supercede a Living Will.

Advance directives

What is the difference between a Durable Power of Attorney for medical care and a Living Will?

Your Living Will explains, in writing, the type of medical care you would want if you couldn't make your wishes known.

Your Durable Power of Attorney lets you choose someone to carry out your wishes for medical care when you can't act for yourself.

If I have a Durable Power of Attorney for medical care, do I need a Living Will, too?

You may want both. Each addresses different parts of your medical care. A Living Will makes your wishes known directly to your doctors, but only states your wishes about the use of life-support methods. A Durable Power of Attorney for medical care allows a person you choose to carry out your wishes for all of your medical care when you can't act for yourself. A Durable Power of Attorney for medical care does not overrule a Living Will.

Can I change my advance directive?

Yes, you can change your advance directive

whenever you want. If you already have an advance directive, make sure it follows Ohio's law (effective October 10, 1991). You may want to contact a lawyer for help. It is a good idea to look over your advance directives from time to time. Make sure they still say what you want and that they cover all areas.

If I don't have an advance directive, who chooses my medical care when I can't?

Ohio law allows your next-of-kin to choose your medical care if you are expected to die and can't act for yourself. If you are in a coma that is not expected to end, your next-of-kin could decide to stop or not use life support after 12 months. Your next-of-kin may be able to decide to stop or not use artificially-supplied food and water also.

Other matters to think about

What about stopping or not using artificially-supplied food and water?

Artificially-supplied food and water means you are fed and get your water by way of tubes placed inside you. Whether you can decide to stop or not use these depends on your state of health.

- **IF** you are expected to die and can't make your wishes known, **AND** your Living Will simply states you don't want life-support methods used to lengthen your life, **THEN** artificially-supplied food and water can be stopped or not used.
- **IF** you are expected to die and can't make your wishes known, **AND** you don't have a Living Will, **THEN** Ohio law allows your next-of-kin to stop or not use artificially-supplied food and water.
- **IF** you are in a coma that is not expected to end, **AND** your Living Will states you don't want artificially-supplied food and water, **THEN** artificially-supplied food and water may be stopped or not used.
- **IF** you are in a coma that is not expected to end, **AND** you don't have a Living Will, **THEN** Ohio law allows your next-of-kin to stop or not use artificially-supplied food and water. However, he or she must wait 12 months and get approval from a probate court.

ADVANCE DIRECTIVES

By filling out an advance directive, am I taking part in euthanasia or assisted suicide?

No, Ohio law doesn't allow euthanasia or assisted suicide.

Where do I get the advance directive forms?

Many of the people and places that give you medical care have advance directive forms. Ask Member Services for an advance directive form - either a Living Will, a Durable Power of Attorney for medical care, or a DNR Order and Declaration for Mental Health Treatment. A lawyer could also help you.

What do I do with my forms after filling them out?

You should give copies to your doctor and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Durable Power of Attorney for medical care, give that person a copy. Put a copy with your personal papers. You may want to give one to your lawyer or clergy person.

Be sure to tell your family and friends - persons close to you - about what you have done. Don't just put these forms away and forget about them.

Advance Directives are serious decisions that will affect the healthcare you receive. Whether you should use an Advance Directive and, if so, which type is right for you, can be complicated; so we suggest you discuss it with a trusted family member, friend or other advisor. While Unison Health Plan does not endorse any particular Advance Directive form, you can find links to some sample forms at Nlm.nih.gov/medlineplus/advancedirectives, or at Familydoctor.org, or at Uslivingwillregistry.com/forms.

You may also ask your doctor or other medical provider for advice regarding the different kinds of Advance Directives and how they work for people who choose to have one.

Unison Health Plan does not limit the implementation of Advance Directives as a matter of conscience or for any other reason. We provide training to our employees about your right to have an Advance Directive. If the laws about Advance Directives change, we will change our policy to match the change no later than 90 days after the effective date of the change.

Advance Directives are usually implemented by the doctors who are involved in and working with you to handle your healthcare needs. If you have an Advance Directive, you should try to make sure that your doctors and anyone else who is involved in your healthcare knows that you have an Advance Directive, which should be made part of your medical records. The providers who work with Unison Health Plan are not allowed to discriminate against you if you choose to have an Advance Directive. Unison Health Plan will attempt to assist you, to the extent possible, to have an Advance Directive implemented and you can file a complaint if a provider does not comply with an Advance Directive by calling Member Services at 1.800.895.2017 (TTY 1.888.616.0021), or on our website at www.unisonhealthplan.com. You may also file a complaint with the Ohio Department of Health by contacting them at 1.800.342.0553.

HELPFUL INFORMATION

Quality Improvement Program

For a description of the Quality Improvement program for Unison Health Plan, information on how we are meeting our goals or information on our practice guidelines, please write to:

Unison Administrative Services
Department of Quality Improvement
300 Oxford Drive
Monroeville, PA 15146

Other Health Insurance (Coordination of Benefits – COB)

If you or anyone in your family has health insurance with another company, you must let Member Services know. For example, if you work and have health insurance or if your children have health insurance through their other parent, you need to call Member Services to give us the information.

Loss of Medicaid Eligibility

It is important that you keep your appointments with the County Department of Job and Family Services. If you miss a visit or don't give them the information they ask for, you can lose your Medicaid eligibility. If this would happen, Unison Health Plan would be told to stop your membership as a Medicaid member and you would no longer be covered by Unison Health Plan.

If you need assistance with transportation to keep your redetermination visit with the County Department of Job and Family Services, please call Member Services at 1.800.895.2017. (TTY 1.888.616.0021)

Loss of Insurance Notice (Certificate of Creditable Coverage)

Anytime you lose health insurance, you should receive a notice, known as a certificate of creditable coverage, from your old insurance company that says you no longer have insurance. It is important that you keep a copy of this notice for your records because you might be asked to provide a copy.

Medicaid Requirements for Verifying United States Citizenship

The following is important information to keep in mind for the next notice you get from your caseworker that it is time for you to re-apply for Medicaid benefits for you and/or your family members.

United States citizens and nationals who want to get, or keep getting, Medicaid must provide documents to prove United States citizenship. This new requirement only applies to US citizens and nationals. If you or members of your family are US citizens or nationals, you will have to provide this information at your next redetermination for Medicaid benefits.

Where to Get Help

There are different types of documents you can use. You may have already given information when you first applied for Medicaid or at your last redetermination that can be used by your eligibility worker. Your eligibility worker can tell you what kind(s) of information you can use; your eligibility worker can even help you get the required documents if you do not have some of the documents, or you are unable to get the documents without the CDJFS' help.

HELPFUL INFORMATION

If There is a Change in Your Family Size

If any changes occur in your family size (marriage, divorce, birth, adoption and death), call your local County Department of Job and Family Services (CDJFS) to let them know. You should also call Member Services at 1.800.895.2017 (TTY 1.888.616.0021) and let us know.

A newborn baby automatically will be added to the health plan that his or her mother is in and will be covered at the time of birth through the last day of the month in which the newborn reaches 120 days of age. You should call your local CDJFS and Member Services at 1.800.895.2017 (TTY 1.888.616.0021) if you want to continue to have your baby covered by Unison Health Plan.

Informed Consent

Consent means that you say “yes” to all medical treatment. So, informed consent means:

- you say yes before getting any treatment
- sometimes you may need to say yes in writing
- if you do not want the medical treatment, your Primary Care Physician will talk to you and tell you other choices
- you have the right to say yes or no
- the treatment was explained to you and you understand.

Fraud and Abuse Hotline

The Ohio Department of Insurance has a toll free number to call if you want to report a medical provider (for example a doctor, dentist, therapist, hospital) or business (medical

supplier) for suspected fraud or abuse for services provided to anyone with a Unison Health Plan Member ID Card or Medicaid card.

The number is 1.800.686.1527 or, 614.644.2671.

You may also write to ODI at:

Ohio Department of Insurance:
Fraud Unit
2100 Stella Court
Columbus, Ohio 43215

Some common examples of fraud and abuse are:

- billing or charging you for services that your health plan covers
- offering you free services, equipment, or supplies in exchange for your Medicaid number
- giving you treatment or services that you don't need
- physical, mental, or sexual abuse by medical staff
- someone using another person's Medicaid or Unison Member ID card.

You do not have to give your name and if you do, the provider will not be told you called.

You can also report suspected fraud to Unison by calling toll-free at 1.877.766.3844. This also has been set up so you do not have to give your name.

EMERGENCY SERVICES, URGENT CARE OR HOSPITAL CARE

Emergency Services

Emergency services are services for a medical problem that you think is so serious that it must be treated right away by a doctor. We cover care for emergencies both in and out of the county where you live. Further, Unison Health Plan considers emergency services to be those covered inpatient and outpatient services that are: a) furnished by a qualified provider; and b) needed to evaluate or stabilize an Emergency Medical Condition.

Emergency services are needed when you or a family member needs immediate medical care because of the sudden onset of a medical condition or severe pain that the average person feels would:

- place the person's health or the health of an unborn baby at serious risk;
- result in serious harm to bodily functions; and/or,
- result in serious harm to an organ or body part.

Some examples of when emergency services are needed include:

- miscarriage/pregnancy with vaginal bleeding
- heart attacks
- severe chest pain
- severe bleeding
- serious breathing difficulties
- major burns
- loss of consciousness
- spinal injuries
- accidents.

You do not have to contact Unison Health Plan for an okay before you get emergency services. If you have an emergency, call 911 or go to the NEAREST emergency room (ER) or other appropriate setting.

If you are not sure whether you need to go to

the emergency room, call your Primary Care Physician or the 24/7 Nurse Line at 1.800.542.8630 (TTY 1.888.616.0021). Your PCP or the 24/7 Nurse Line Representative can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to tell them that you are a member of Unison Health Plan and show them your ID card.
- If you need emergency transportation, contact 911 or your local emergency service.
- If the provider that is treating you for an emergency takes care of your emergency but thinks that you need other medical care to treat the problem that caused your emergency, the provider must call Unison Health Plan.
- You will need to call your Primary Care Physician as soon as possible after the emergency is under control. Your Primary Care Physician is available 24 hours a day, seven days a week to help you.
- If the hospital has you stay, please make sure that Unison Health Plan is called within 24 hours. Please call Member Services at 1.800.895.2017 (TTY 1.888.616.0021). This number is listed on your Unison Health Plan Member ID Card.

EMERGENCY SERVICES, URGENT CARE OR HOSPITAL CARE

Urgent Care

Urgent care is:

- when you or a family member need care, treatment, or advice within 24 hours.

If you need urgent care, you can visit an urgent care center. You do not need to get prior authorization before you do so. If you need help locating an urgent care center near you, call Member Services at 1.800.895.2017 (TTY 1.888.616.0021) and we will help you.

If you do not know whether you need to visit an urgent care center, you can call your PCP or the 24/7 Nurse Line at 1.800.542.8630 (TTY 1.888.616.0021) and your PCP or Nurse Line Representative will help you. To make sure you receive the best care, tell your PCP about any visits to an urgent care center. By doing this, your PCP can help coordinate your health care.

Hospital Care

When you go to the hospital:

- if your hospital care is not an emergency, your Primary Care Physician (PCP) will make the plans for you to go.
- if your hospital care is an emergency, you, a family member, or a friend must tell Unison Health Plan within 24 hours or as soon as possible.

Why do you need to tell Unison Health Plan if you go to the hospital in an emergency?

- so Unison Health Plan will pay for covered services
- so Unison Health Plan can do follow-up care for you.

MEMBERSHIP INFORMATION

Changes to Your Membership

Please call or write Unison Health Plan if you have changed:

- your address
- your phone number.

Automatic Renewal of MCP Membership

If you lose your Medicaid eligibility but it is started again within 60 days, you will automatically become a Unison Health Plan member again.

Membership Terminations – Getting out of Unison Health Plan

As a member of a managed care plan, you have the right to choose to end (terminate) your membership at certain times during the year. You can choose to end your membership during the first three months of your membership or during the open selection month for your county. ODJFS will send you something in the mail to let you know when your open selection month will be. You will have to choose another managed care plan to receive your health care unless ODJFS tells you differently.

Changing To A New Plan

If you are thinking about ending your membership to change to another health plan, you should learn about your choices. Especially if you want to keep your current doctor(s). Remember, each health plan has its own list of doctors and hospitals that they will allow you to use. Each health plan also has written information which explains the benefits it offers and the rules that it has. If you would like written information about a health plan you are thinking of joining or if you simply would like to ask questions about the health plan, you may either call the plan or call 1.800.605.3040; TTY 1.800.292.3572.

Ending Your MCP Membership

If you want to end your membership you can call 1.800.605.3040; TTY 1.800.292.3572. Most of the time, if you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. ODJFS will send you something in the mail to let you know the day your membership ends.

Just Cause Membership Terminations

Sometimes there may be a special reason that you need to end your health plan membership. This is called a “Just Cause” membership termination. You can ask for a just cause termination at any time if you have one of the following reasons:

1. You move after the first day of the month, the MCP is not available where you now live and you must receive non-emergency medical care before the end of the month.
2. The MCP does not, for moral or religious objections, cover a medical service that you want.
3. Your doctor has said that some of the medical services you need must be received at the same time and all of the services aren't available on your MCP's panel.
4. You have concerns that you are not receiving quality care, can't receive needed services, or your MCP does not have providers that are experienced with dealing with your special health care needs.
5. The primary care doctor that you picked is no longer in your health plan and he/she was the only doctor that spoke your language that you can get to in the plan. Another health plan has

MEMBERSHIP INFORMATION

a doctor that speaks your language that you can get to that will accept you as a patient.

6. Other - If you think staying as a member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership for Just Cause by calling 1.800.605.3040; TTY 1.800.292.3572. ODJFS will review your request to end your membership for just cause and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if ODJFS will end your membership and the date it ends. You will have to choose another managed care plan to receive your health care unless ODJFS tells you differently. If your just cause request is denied, ODJFS will send you information that explains your state hearing right for appealing the decision.

Things to Keep in Mind if You End Your Membership

If you have followed any of the above steps to end your membership, remember:

- Continue to use Unison Health Plan doctors and other providers until the day you are a member of your new health plan or back on regular Medicaid.
- If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan's Member Services Department. If they are unable to help you, call 1.800.605.3040; TTY 1.800.292.3572.
- If you chose to return to the regular Medicaid card and you have not received a new Medicaid card, call your county caseworker.
- If you have chosen a new health plan and have any medical visits scheduled, please call your new plan to be sure that these providers are on

the new plan's list of providers and any needed paperwork is done. Some examples of when you should call your new plan include: when you have an appointment to see a new doctor, a surgery, blood test or x-ray scheduled and especially if you are pregnant.

- If you are going back to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

Optional Membership Terminations

Children under nineteen (19) years of age have the option to be a member of a managed care plan if they are:

- Eligible for Supplemental Security Income (SSI) under Title XVI;
- Receiving foster care or adoption assistance under Title IV-E;
- In foster care or an out of home placement; or
- Receiving services through the Ohio Department of Health's Bureau of Children with Medical Handicaps (BCMh).

If you believe that you/your child meet any of the above criteria and do not want to be a member of a managed care plan, you can call the Ohio Department of Job and Family Services (ODJFS) Selection Services Center at 1.800.605.3040 (TTY 1.800.292.3572). If someone meets the above criteria and does not want to be an MCP member, their membership will be ended.

MEMBERSHIP INFORMATION

Can Unison Health Plan End My Membership?

Unison Health Plan may ask the Ohio Department of Job and Family Services (ODJFS) to end your membership for certain reasons. The ODJFS must okay the request before your membership can be ended. The reasons that Unison Health Plan can ask to end your membership are:

- for fraud or for misuse of your Unison Health Plan Member ID Card
- for disruptive or uncooperative behavior to the extent that it affects the MCP's ability to provide services to you or other members.

Unison Health Plan provides services to our members because of a contract that Unison Health Plan has with the Ohio Department of Job and Family Services (ODJFS). If you want to contact ODJFS you can call or write to:

Ohio Department of Job and Family Services
Bureau of Managed Health Care
30 East Broad Street, 31st Floor
Columbus, Ohio 43215.3414
1.800.605.3040 • 1.800.324.8680
TTY: 1.800.292.3572

You can contact Unison Health Plan to get any other information you want including the structure and operation of Unison Health Plan and how we pay our providers.

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. Please contact Member Services at 1.800.895.2017 (TTY 1.888.616.0021) at least 48 hours in advance for assistance.

If you want to tell us about things you think we should change, please call Member Services at 1.800.895.2017; (TTY 1.888.616.0021).

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.

New Member Information

It is important for any new members that have a health condition that requires on-going care to call our member services department as soon as possible. For example, if you need surgery, are pregnant, have asthma or diabetes, are receiving speech or physical therapy, or have braces, you need to call member services. Also, new members that are currently taking any medication(s) need to check whether their medication(s) must be prior approved as soon as possible. If a medication needs prior approval, you cannot get the medication until your doctor submits a request and it is approved. You can check by contacting our member services or you can also look on our website at www.unisonhealthplan.com.

Important Information from ODJFS for New Members Coming from Fee-For-Service

If you were on Medicaid fee-for-service the month before you became an MCP member, the following information is very important.

For most services you must see providers that are contracted with your MCP. Even if you have already been receiving services or have a visit scheduled, these providers may not be contracted with your MCP and you may not be able to see them. Therefore, you must call your MCP's member services immediately (today or as soon as possible) if you have any of the following services approved and/or scheduled. If you call before the

date of the service, you may be able to continue care with the same providers, but only if you call your MCP's member services before the date of the service.

- Organ, bone marrow, or hematopoietic stem cell transplant
- Prenatal (pregnancy) care in your third trimester if you have already been seeing a doctor and/or have your delivery hospital arranged.
- Inpatient/outpatient surgery
- Appointment in the first month of MCP membership with a specialist.
- Chemotherapy or radiation treatment

If your provider is not contracted with your MCP, and you call before the date of service, your MCP must offer to pay your provider for the above services the same amount they would have received from Medicaid fee-for-service. If your provider agrees to this payment, you can receive the service from your current provider. If the provider will not agree to the payment, then your MCP will help you find a contracted provider to provide the service.

If you are currently taking any medication(s) and your MCP requires prior approval for the medication(s), you cannot get the medication(s) until your doctor submits a request to your MCP and it is approved. You need to call your MCP's member services or look on their website to see if your medication(s) need prior approval.

UNISON HEALTH PLAN & REGULAR MEDICAID COVERED SERVICES

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.

UNISON HEALTH PLAN & REGULAR MEDICAID COVERED SERVICES

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

UNISON HEALTH PLAN & REGULAR MEDICAID COVERED SERVICES

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 healthcare 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).

HOW TO OBTAIN DIFFERENT TYPES OF SERVICES

After-Hours Care or Care Needed When Traveling Outside the Unison Service Area

Sometimes you may need your Primary Care Physician when the office is closed or when you are traveling outside the Unison service area. If you need urgent or non-emergent care, call your PCP's office. You will receive directions on how to access care. There is someone to help you 24 hours a day, seven days a week. If your PCP tells you to go to the nearest emergency room, call Unison within 24 hours or as soon as possible.

You may also call the 24/7 Nurse Line at 1.800.542.8630 (TTY 1.888.616.0021). You can talk to the Nurse Line Representative about your medical problem and he/she will tell you what you should do and/or where you should go to get treatment.

Durable Medical Equipment and Home Health Services

To obtain durable medical equipment (i.e. crutches, wheelchair) or home health services, contact your Primary Care Physician (doctor). Your doctor will contact Unison Health Plan for authorization.

Transportation Services

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 medical provider. You can also use this benefit for transportation assistance to Medicaid redetermination visits. Please contact Unison Health Plan Member Services 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.)

Mental Health and Substance Abuse Services

If you need mental health and/or substance abuse services, please call Member Services at 1.800.895.2017 (TTY 1.888.616.0021). You can also find additional Unison Health Plan providers on our website at www.unisonhealthplan.com and in our provider directory.

Or you may self-refer directly to a Community Mental Health Center or Ohio Department of Alcohol and Drug Addiction Services (ODADAS) facility which is a Medicaid provider. Please see your Provider Directory or call our member services department for the names and telephone numbers of the facilities near you.

Your PCP, the mental health or substance abuse provider must get a prior authorization from Unison before getting services, if you decide to use a non-Community Mental Health Center or non-Ohio Department of Alcohol and Drug Addiction Services (ODADAS) facility.

Accidental Injury or Illness (Subrogation)

If a Unison Health Plan member has to see a doctor for an injury or illness that was caused by another person or business, you must call the Member Services Department to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store, then another insurance company might have to pay the doctor's and/or hospital's bill.

When you call we will need the name of the person at fault, their insurance company and the name(s) of any attorneys involved. Unison Health Plan will then work with your employer or auto insurance company and other health plans to help make sure that the bills are paid.

HOW TO OBTAIN DIFFERENT TYPES OF SERVICES

Health Management Programs

Do you or your family member have asthma or diabetes? Are you a pregnant mom with high risks? Unison Health Plan has great programs created just to help you!

Programs like:

- Miracles Pregnancy Program
- Airways Asthma Program
- Unison Health Plan Diabetes Program
- Children with Special Health Care Needs Program

These, together with your Primary Care Physician, can provide you with:

- education, pamphlets, booklets, and teaching over the telephone with a nurse specializing in your condition
- coordination with your physician and the health plan to obtain the best outcome for your condition
- assistance with obtaining your healthcare needs.

To reach the Clinical Case Management Department, call 1.800.895.2017 (TTY 1.888.616.0021) and ask to speak with a Clinical Case Manager.

If You are Going to Have a Baby

Unison Health Plan wants you to have a healthy baby, so call the Miracles Program at 1.800.895.2017 to say you are going to have a baby.

You can then join the Miracles Program. This is a pregnancy care program. Our goal is to provide you with high quality care while you are pregnant, at delivery and once your baby is born. You are also eligible for a post-natal home visit. Your doctor would need to contact Unison Health Plan to set this up. We will help guide you

to the doctors that best fit your needs. We work closely with your doctor and nurse to arrange the best possible care for you. To reach the Pregnancy Care Coordinator and the Miracles Program personnel after you have joined the Miracles Program, call 1.800.400.4003. It is best for you and your baby to remain a member of Unison Health Plan for your entire pregnancy.

The Miracles Program will give you lots of tips to help you have a healthy baby. Unison rewards its moms-to-be, new moms and babies enrolled in the Miracles Program, with **up to \$175 in gift card rewards** for keeping pregnancy-related and HealthChek appointments during and after the pregnancy. You can join the Miracles Program any time during your pregnancy. Ideally, we'd like you to join in the first trimester or as soon as you become a Unison member! Call the Miracles Program at 1.800.895.2017 for more information or to join the program. Once you join, you will receive a letter welcoming you to the program and more information about how to qualify and receive the gift cards.

Case Management Services/Special Needs Unit

Do you need extra help using the services offered by Unison Health Plan because you have a serious and complex condition, disability or other special need? Unison Health Plan has case management services provided by Registered Nurses and Social Workers to help you better use Unison Health Plan Services. The Case Management Services can help you:

- get health care through Unison Health Plan
- find a Primary Care Physician
- find a specialist
- get other services in the community that help you have better health.

HOW TO OBTAIN DIFFERENT TYPES OF SERVICES

To reach the Special Needs Unit, call toll free, 1.877.844.8844 (TTY 1.800.473.0989).

The Special Needs Unit, or SNU, can help you better use Unison Health Plan services. The SNU can also help you with the services listed above if you qualify.

Not sure if you have a special need? If you need extra help or have some difficult issues, you may have a special need. Some examples of special needs include:

- having complicated medical problems (sickle cell, transplant)
- using medical equipment like a wheelchair or cane
- having a mental health issue
- having problems with drugs and alcohol
- having problems with your sight or hearing
- having problems getting to your doctor appointments.

Children with Special Health Care Needs (CSHCN)

To help children with special health care needs get the best healthcare services, Unison will help identify children with special healthcare needs. Unison will help them access PCPs, specialists, and other providers who can provide them with the best healthcare services that their condition requires.

Examples of children with special healthcare needs include:

- members who are 17 or younger and who are pregnant
- members under age 21 who:
 - have asthma
 - have an ongoing physical, emotional, or mental condition for which they need or are receiving treatment or counseling
 - are receiving Supplemental Security Income (SSI) for a health-related condition

-have a current letter of approval from the Bureau of Children with Medical Handicaps (BCMh).

There are more examples of special needs. If you're not sure if you have a special need, call the Special Needs Unit toll-free at 1.877.844.8844 (TTY 1.800.473.0989). We're here to help you.

Early Intervention Services

Do you know there are early intervention programs that help families develop their child's potential? As we all know children grow and learn at different rates. Those children that are developing more slowly than the average are eligible for early intervention support. Infants, toddlers and pre-school children who have special needs due to development delays or disabilities receive this service.

At Unison Health Plan we work closely with our Pediatric Case Manager to identify children who were born that:

- weighed less than 3½ pounds,
- needed neonatal intensive care, or
- were born to a mother with drug addiction.

Our Special Needs Unit Case Managers work with families to help link them to programs that are designed to meet their special needs. For more information about the programs available, such as Head Start or Help Me Grow, please call Member Services at 1.800.895.2017 (TTY 1.888.616.0021).

Healthchek

Unison Health Plan offers a program called Healthchek at no cost to you. Healthchek is Ohio's Early Periodic, Screening, Diagnosis and Treatment (EPSDT) Program. This is a preventive health care program that provides well-child check-ups for newborns, infants, children, teens, and young adults through age 20.

HOW TO OBTAIN DIFFERENT TYPES OF SERVICES

Preventive health care means visiting the doctor and the dentist regularly rather than waiting until you are sick.

The Healthchek services are focused on providing preventive care and it covers treatment for any illness found during a check-up.

All Unison Health Plan primary care physicians are required to do Healthchek screenings. Some of the screenings included are:

- complete physical exam
- lead testing
- vision check
- dental check
- hearing check
- immunization check

Unison Health Plan will give you the help you need to get a Healthchek screening and any follow-up services. Call Unison Health Plan Member Services at 1.800.895.2017 (TTY 1.888.616.0021) to see if you are eligible for the Healthchek program and to receive information on how to obtain Healthchek services. You can also call your PCP to make an appointment for a Healthchek exam. Please make sure to ask for a Healthchek exam when you call. You may also be eligible to earn gift cards by joining the Miracles Program. We can help you find a doctor, dentist or healthcare specialist. We will call you and send reminders when your child is due for a Healthchek screen. If you need help making your appointments, our representatives will help you. If you do not have a way of getting to your appointments, ask a Unison staff member for help with transportation. If you suspect a problem with your child, schedule a Healthchek checkup even if it is not yet time for one. This will help you detect and treat any problems early.

If you would like more information on the Healthchek or Miracles Program, please contact Member Services at 1.800.895.2017 (TTY 1.888.616.0021).

Women, Infants and Children Program (WIC)

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. The WIC program provides nutritious food at no cost, breast-feeding support, nutrition education and health care referrals. If you are pregnant, ask your doctor to complete a WIC application at your doctor's appointment. If you have an infant or child, ask your doctor to complete a WIC application or call Member Services at 1.800.895.2017 (TTY 1.888.616.0021) for more information about the WIC program. Our Member Services staff can also give you information about the Help Me Grow program.

Prescription Drugs

You can go to any Unison participating pharmacy that is listed in your Provider Directory or on our website at www.unisonhealthplan.com. All prescriptions that are covered by the Ohio Medicaid Fee-For-Service (FFS) Program will be covered when medically necessary. You can obtain a list of Unison participating pharmacies or obtain information about the Unison preferred drug list (PDL) by contacting Member Services at 1.800.895.2017 (TTY 1.888.616.0021).

Prior Authorization

While Unison Health Plan covers all medically necessary Medicaid-covered medications, we use a preferred drug list (PDL). These are the drugs that we prefer that your doctor prescribe. We may also require that your doctor submit information to us (a prior authorization request) to explain why a specific medication and/or certain amount of a medication is needed. We must approve the request before you can get the medication.

HOW TO OBTAIN DIFFERENT TYPES OF SERVICES

Reasons why we may prior authorize a drug include:

- there is a generic or pharmacy alternative drug available.
- the drug can be misused/abused.
- there are other drugs that must be tried first.

Some drugs may also have quantity (amount) limits and some drugs are never covered, such as drugs for weight loss. If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing. You can call member services to request information on our PDL. You can also look on our website at www.unisonhealthplan.com.

When a drug requires Prior Authorization, your doctor will need to contact our Pharmacy Department. Our Pharmacy Department will review the information provided by the doctor. The review and decision process is 24 hours. If this deadline can not be met, the pharmacist can dispense at least a 72-hour supply of the drug. If the drug that you are being prescribed needs a Prior Authorization and your doctor does not call our Pharmacy Department to request this, your drug will be denied. The pharmacist will then notify the doctor to call our Pharmacy Department.

Medical Exceptions - Prior Authorization (PA)

If your prescription is not on the Unison PDL, the doctor needs to send Unison a medical exception request, also called prior authorization (PA). If your doctor does not do this, your prescription will be denied. The pharmacist will call your doctor with a list of PDL alternatives. If the doctor chooses not to change your prescription to a drug on the PDL, your doctor will need to send Unison a medical exception (PA) request. Unison will review the

medical exception (PA) request. The review process is 24 hours. If this deadline can not be met, the pharmacist can dispense at least a 72-hour supply of the drug. If the medical exception is denied, you may file an appeal with Unison or request a state hearing with the Ohio Department of Job and Family Services (ODJFS).

Ongoing Medications

Once prescribed and dispensed, prescriptions that qualify for a medical exception or prior authorization are periodically reviewed. If Unison determines that the information from your prescribing physician does not satisfy the requirements for renewal of a medical exception (PA), the pharmacist may dispense a 15-day supply to permit further review. If the renewal is denied you can file an appeal or request a state hearing.

Extension of pre-approved drugs, prior to becoming a member of Unison

If your medicines are not on the Unison PDL when you sign up for Unison, you can still take them for 15 days after you enroll. During this time a decision will be made about your health needs. Your doctor or pharmacist will need to contact Unison to receive the 15-day supply. Your doctor will change your prescription to a PDL alternative unless he/she sends Unison a medical exception. This will then be reviewed.

Brand name drugs instead of generic equivalents

If a generic drug is available, this is what Unison will pay for. If your doctor wants you to have a brand name drug, he/she will need to provide Unison with a "request for a medical exception" also called a prior authorization request. This will then be reviewed.

RIGHTS AND RESPONSIBILITIES

Your Membership Rights

As a member of Unison Health Plan you have the following rights:

- to receive all services that Unison Health Plan must provide
- to be treated with respect and with regard for your dignity and privacy
- to be sure that your medical record information will be kept private
- to be given information about your health. This information may also be available to someone who you have legally okayed to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you
- to be able to take part in decisions about your health care unless it is not in your best interest
- to get information on any medical care treatment, given in a way that you can follow
- to be sure that others cannot hear or see you when you are getting medical care
- to be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations
- to ask, and get, a copy of your medical records, and to be able to ask that the record be changed/corrected if needed
- to be able to say yes or no to having any information about you given out unless Unison Health Plan has to by law
- to be able to say no to treatment or therapy. If you say no, the doctor or MCP must talk to you about what could happen and they must put a note in your medical record about it
- to be able to file an appeal, a grievance (complaint) or state hearing. See the section called "How to Let Unison Health Plan Know if You Are Unhappy or Do Not Agree With a Decision We Made" in this Member Handbook for information.
- to be able to get all MCP written member information from the MCP
 - at no cost to you
 - in the prevalent non-English languages of members in the MCP's service area
 - in other ways, to help with the special needs of members who may have trouble reading the information for any reason
- to be able to get help free of charge from Unison Health Plan and its providers if you do not speak English or need help in understanding information
- to be able to get help with sign language if you are hearing impaired
- to be told if the health care provider is a student and to be able to refuse his/her care
- to be told of any experimental care and to be able to refuse to be part of the care
- to make advance directives (a living will). See pages 12-15, which explains about advance directives. You can also contact member services for information
- to file any complaint about not following your advance directive with the Ohio Department of Health
- to change your Primary Care Physician (PCP) to another PCP on Unison Health Plan's panel at least monthly. Unison Health Plan must send you something in writing that says who the new PCP is and the date the change began
- to be free to carry out your rights and know that the MCP, the MCP's providers, or ODJFS will not hold this against you
- to know that the MCP must follow all federal and state laws, and other laws about privacy that apply
- to choose the provider that gives you care whenever possible and appropriate
- if you are a female, to be able to go to a woman's health provider on Unison Health Plan's panel for covered woman's health services.

RIGHTS AND RESPONSIBILITIES

- to be able to get a second opinion from a qualified provider on Unison Health Plan's panel. If a qualified provider is not able to see you, Unison Health Plan must set up a visit with a provider not on our panel.
- to get information about Unison Health Plan from us
- to contact the United States Department of Health and Human Services Office of Civil Rights and/or the Ohio Department of Job and Family Services Bureau of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services.

Office of Civil Rights
United States Department of Health
and Human Services
105 W.Adams 16th Floor, Chicago, Illinois 60603
(312) 886.2359 • (312) 353.5693 TTY

Bureau of Civil Rights
Ohio Department of Job and Family Services
150 E. Gay Street, 18th Floor
Columbus, Ohio 43215
614.644.2703 • 1.866.227.6353
1.866.221.6700 TTY

Member Responsibilities

As a member of Unison Health Plan, you have the responsibility:

1. to understand how Unison Health Plan works by reading this book
2. to choose your Primary Care Physician
3. to carry your Unison Health Plan card; (You must show your card when receiving services and to report a stolen or lost card as soon as possible. You also must inform Unison Health Plan of any other insurance you may have, and to present current insurance information to your Primary Care Physician.)
4. to seek medical attention as needed
5. to be on time for all appointments
6. to tell your PCP's office or any medical office if you need to change an appointment
7. to respect the rights and property of your PCP, other healthcare workers, and other patients
8. to know when to take your medicine, how to take your medicine and to follow your doctor's instructions
9. to give the right medical information about yourself
10. to take full responsibility, think about the consequences of your decision if you refuse care (say no) to treatment, and ask questions if you don't understand.
11. to be sure that your Primary Care Physician has all your medical records; (This includes all medical records from other doctors.)
12. to let Unison Health Plan know if you are in the hospital: (Do this in 24 hours or as soon as possible.)
13. to consent to the proper use of your health information
14. to keep your Medicaid eligibility current so you do not lose your Unison membership.

HOW TO LET UNISON HEALTH PLAN KNOW IF YOU ARE UNHAPPY OR DO NOT AGREE WITH A DECISION WE MADE

If you are unhappy with anything about Unison Health Plan or its providers you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you want to speak for you can contact us. If you want someone to speak for you, you will need to let us know this. Unison Health Plan wants you to contact us so that we can help you. To contact us you can:

- call Member Services at 1.800.895.2017 (TTY 1.888.616.0021), or
- fill out the form in your member handbook, or
- call Member Services to request they mail you a form, or
- visit our website at www.unisonhealthplan.com, or
- write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your Unison Health Plan Member ID Card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:

Unison Administrative Services
300 Oxford Drive
Monroeville, PA 15146

Unison Health Plan will send you something in writing if we make a decision to:

- deny a request to cover a service for you,
- reduce, suspend or stop care you are already receiving, or
- deny payment for a service you received that is not covered by Unison Health Plan.

We will also send you something in writing if, by the date we should have, we did not:

- make a decision on whether to okay a request to cover a service for you, or
- give you an answer to something you told us you were unhappy about.

If you do not agree with the decision/action listed in the letter, and you contact us within 90 calendar days to ask that we change our decision/action, this is called an appeal. Unless we tell you a different date, we will give you an answer to your appeal in writing within 15 calendar days from the date you contacted us.

If you contact us because you are unhappy with something about Unison Health Plan or one of our providers, this is called a grievance. Unison Health Plan will give you an answer to your grievance by phone (or by mail if we can't reach you by phone) within the following time frames:

- 2 working days for grievances about not being able to get medical care
- 30 calendar days for all other grievances except grievances that are about getting a bill for care you have received
- 60 calendar days for grievances about getting a bill for care you have received.

You also have the right at anytime to file a complaint by contacting the:

Ohio Department of Job and Family Services
Bureau of Managed Health Care
30 East Broad Street, 31st Floor
Columbus, Ohio 43215-3414
1.800.605.3040 • 1.800.324.8680
TTY: 1.800.292.3572

Ohio Department of Insurance
2100 Stella Court
Columbus, Ohio 43215
1.800.686.1526

State Hearings

If Unison Health Plan has made a decision to deny, reduce, suspend, or stop care for you, or if a provider is billing you because our plan is denying payment to them, you have the right to ask for a state hearing. At the time Unison Health Plan makes the decision, or is aware that the provider is billing you for payment, we will mail you a form. If you want a state hearing, you must sign and return the form to the address listed on the form within 90 calendar days from the mailing date on the form. A state hearing is a meeting with you, someone from the County Department of Job and Family Services, someone from Unison Health Plan and a hearing officer from ODJFS. Unison Health Plan will explain why we made our decision and you will tell why you think we made the wrong decision. The hearing officer will listen and then decide who is right based upon the information given and whether we followed the rules.



We are here to help you.

Unison Member Services

1.800.895.2017 (TTY 1.888.616.0021)

www.unisonhealthplan.com