



CHIP Member Handbook

Dear member,

This is your child's Children's Health Insurance Program (CHIP) member handbook, brought to you by Unison Kids. There are many important items in this handbook. Please make sure you read it carefully. This handbook will answer many questions you may have. Also, this handbook will tell you about your responsibilities as a member.

If you haven't received your child's Unison Kids member identification card in the mail, it will arrive shortly. Remember to take this card to all of your child's medical and dental appointments and show your card to your child's doctor. You will also need to take the card to the pharmacy when picking up prescriptions for your child.

If you have any problems reading or understanding this information, please contact Member Services at **1.800.414.9025** (hearing-impaired: 711). We can explain the information or provide the information over the phone, in English or in your primary language. Member Services is available Monday through Friday from 8 a.m. to 5 p.m. except for the following major holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day

You can also visit us online at www.unisonhealthplan.com or write to us at:

**Member Services
Unison Kids
1001 Brinton Road
Pittsburgh, PA 15221**

Welcome to CHIP! We're glad you are a Unison Kids member and look forward to serving you.

Sincerely,
The CHIP Team at Unison Kids

TABLE OF CONTENTS

Member Rights and Responsibilities.....	1	Prescription Drugs.....	9
Helpful Definitions	2	Prior Authorization	10
What is CHIP?	4	Step Therapy	10
How does my child qualify for CHIP?	4	Medical Exceptions	10
Questions About CHIP Eligibility	4	Ongoing Medications	10
CHIP Income Guidelines.....	5	Brand Name Medications	10
Member Identification (ID) Card	6	Informed Consent	10
Who do I call?.....	6	Other Types of Services.....	11
Unison Member Services.....	6	Newborn Services	11
Help in Alternative Languages	6	Women, Infants and Children (WIC)	11
Changes in Family Size	6	Early Intervention	11
CHIP Renewal Information	6	Clinical Case Management	12
Primary Care Physician (PCP).....	6	Special Needs Unit	12
Gold Star Program	7	Specialist as PCP	12
Getting to Know Your PCP	7	Financial Responsibility.....	12
Quality Improvement Program	7	Health Care Benefits.....	13 - 16
Information About Participating Doctors	8	What Unison Kids Doesn't Cover.....	16
How to Get a New PCP	8	Utilization Management Decisions	17
Making Appointments to See the PCP	8	Member Privacy Policy.....	17
After-Hours Care	8	Fraud and Abuse Hotline	17
Behavioral Health Services	8	Complaint Procedures.....	18
Referrals	8	What should I do if I have a complaint?.....	18
When Your Child Needs Other Care	8	What if I am unhappy with Unison's decision?	18
Hospital Care	8	What can I do if I am still unhappy with Unison's decision?.....	19
Urgent Care.....	8	How do I make a grievance?.....	19
Emergency Care.....	9	What can I do if my child's health is at immediate risk?	20
Participating Doctors Not Listed in the Provider Directory.....	9	External Grievance Procedures	20
Out-of-Network Services	9	Grievance and Appeal Form.....	22
Second Opinions	9		
New Services and Procedures	9		



MEMBER RIGHTS AND RESPONSIBILITIES

As a Unison Kids member, you have the following rights:

1. To pick your own participating: routine OB/GYN and prenatal care, chemotherapy, dental, vision, dialysis, radiation therapy and mammograms. You do not need a referral form.
2. To ask for and get information about Unison, information on how to use Unison Kids and member rights and responsibilities.
3. To get good care and to be treated with respect and due consideration for your dignity and privacy.
4. To know the names, titles and education backgrounds of all physicians and others helping you.
5. To understand your medical and health needs, what should be done for you, what choices you have and what risks are involved.
6. To be part of any decisions made about your health.
7. To be told about what you should do after a hospital or office visit.
8. To say that you do not want to take part in any medical research projects.
9. To suggest changes in Unison, including the member rights and responsibilities and tell the Member Services if you are unhappy.
10. To look at all your medical records in accordance with applicable federal and state laws and to have these records kept private.
11. To have an advance directive.
12. To get this list so you know your rights and can share ideas to make Unison better.
13. To file a complaint or grievance regarding any medical or administrative decisions if you disagree. To do this, you need to follow the Unison complaint and grievance procedures.
14. To give your rights to another person. This would be a person who the law says can make decisions for you about your health care.
15. To be sure your primary care physician and the staff of Unison know your rights.
16. To discuss with your provider all information on treatment options/alternatives regardless of cost or benefit coverage.
17. To have these rights with no discrimination of gender, culture, economic, educational, or religious background.
18. Unison Kids members are guaranteed the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
19. You are free to exercise your rights. Exercising these rights will not adversely affect the way Unison, its providers and state agencies may treat you.
20. To be able to choose providers, within the limits of the network, including the right to refuse treatment from specific providers.

As a Unison Kids member, you have the following responsibilities:

1. To understand how Unison Kids works by reading this book.
2. To make appointments with your primary care physician for non-emergency treatment each time you need health care services.
3. To get a referral form to make an appointment with a specialist. You need to get this paper from your primary care physician.
4. To be on time for all appointments.
5. To tell your PCP's office or any medical office if you need to change an appointment.
6. To respect the rights and property of your PCP, other healthcare workers and other patients.
7. To do what your PCP tells you, to ask questions if you don't understand your health problems and to work with your doctor or Unison to make goals about your health when you can.
8. To know when to take your medicine, how to take your medicine and to follow your doctor's instructions.
9. To supply up-to-date medical information about yourself to Unison and all providers in order to provide appropriate care.
10. To take full responsibility and consequences of your decision if you refuse (say no) to treatment.
11. To be sure that your primary care physician has all your medical records, including all medical records from other doctors.
12. To let Unison know if you are in the hospital or in an emergency room within 24 hours or as soon as possible.
13. To consent to the proper use of your health information.

HELPFUL DEFINITIONS

Below are some important words you will see 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.

ASC/SPU: Ambulatory surgical center / short procedure unit.

Authorization: An O.K. or approval for a service.

Benefits: Services, procedures and medications that Unison Kids will cover for you.

Clinical Care Management: One-on-one help by a nurse providing education and coordination of Unison Kids benefits, tailored to your needs.

Disenrollment: To stop your membership in Unison Kids.

Emergency: An emergency condition is 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 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, serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

Fraud: An untruthful act – an example is someone other than you using your Unison Kids member ID card and pretending to be you.

Home Health Agency: A company hired by Unison to provide care for you in your home.

HMO: Health maintenance organization – Unison Family Health Plan is an example of a health maintenance organization.

ID card: Identification card – a card that says you are a Unison Kids member. You should have this card with you at all times.

Informed Consent: That you agree to all medical treatments.

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

MCO: Managed care organization – Unison Family Health Plan is an example of a managed care organization.

Medical Necessity: Whether a treatment, admission, procedure, medical supply, equipment or any otherwise covered service or supply is medically necessary – Unison will decide whether your health care service is medically necessary based on medical information provided by you, your family/caregiver or your PCP, as well as any other provider, program or agency that has evaluated you. Unison will promptly send you our decision in writing.

Determinations of medical necessity will be made by qualified and trained providers and be appropriate and consistent with the diagnosis and in accordance with generally accepted standards of medical practice. If any one of the following standards is satisfied, Unison Kids will cover the care or service:

- the care or service will, or is reasonably expected to, prevent the onset of an illness, condition or disability,
- the care or service will, or is reasonably expected to, reduce or ameliorate (improve) the physical, mental or developmental effects of an illness, condition, injury or disability,
- the care or service will assist you to achieve maximum functional capacity in performing daily activities, taking into account both your functional capacity and those functional capacities that are appropriate for members of the same age, or
- the care or service is one that a prudent physician would provide to a patient for the purpose of diagnosing or treating an illness, injury, disease or its symptoms in a manner that is:

(1) in accordance with generally accepted standards of medical practice;

HELPFUL DEFINITIONS

(2) clinically appropriate in terms of type, frequency, level, site and duration; and

(3) not primarily for the convenience of the patient, physician or other health care provider.

Member: A person who is eligible for Unison Kids.

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

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

Provider Directory: A list of providers who participate with Unison Kids to help take care of your healthcare needs.

Primary Care Physician (PCP): A doctor you choose to be your family physician. They have their own private practices.

Prior Authorization: The process for any service that needs an O.K. from Unison before it can take place.

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

Self-Referred Services: Services for which you do not need to see your PCP for a referral.

Special Needs Unit (SNU): A voluntary service offered by Unison Kids that can give you extra help in understanding and using your benefits 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.

QUALIFYING FOR CHIP

What is CHIP?

Pennsylvania Governor Edward G. Rendell has made the Children's Health Insurance Program (CHIP) available to all uninsured children and teens (up to age 19) through his Cover All Kids initiative.

This initiative expands CHIP regardless of family income. Every uninsured child and teen (up to age 19) who is not eligible for Medical Assistance can now have comprehensive health insurance.

Many families will not have to pay for CHIP. Under the expanded CHIP program, families with higher incomes will have low monthly premiums and copays for some services. It's the same great program, now available to all families with uninsured children and teens. For premium and copay information about Unison Kids, please visit www.unisonhealthplan.com.

Unison has contracted with the Commonwealth of Pennsylvania to provide benefits under the CHIP program to children who qualify. Unison contracts with various provider types. Payment for their services can be reimbursed in the following ways: per member per month, fee-for-service, for unit of time, per case.

We've taken the high standard of service and care that we provide to the more than 200,000 members of our other health plans and combined it with CHIP's comprehensive benefits, like dental care, vision care, prescriptions, immunizations and more.

How does my child qualify for CHIP?

To qualify for CHIP, your child must:

- Be currently uninsured and not eligible for or covered by Medical Assistance.
- Be under age 19.
- Meet the family size and income requirements.
- Be a U.S. citizen or lawfully admitted alien with permanent status.

Questions About CHIP Eligibility

If you have any questions about the determination made by Unison, please feel free to call 1.800.414.9025. If your child's circumstances change, you may reapply.

You may request an impartial review of the determination made by Unison. You may request a copy of the procedures on which the eligibility decision was based. The review will be completed by the Pennsylvania Insurance Department. If a review is requested, an interview will be conducted with you and a representative of Unison to consider the information that was used to determine that your child is not eligible for Unison Kids.

You may submit information to the review officer that explains why you think that the decision made was not correct. You may choose to have someone act as your child's representative. If you request a review, you will receive more detailed information from the Pennsylvania Insurance Department, including the time and date that the interview will be conducted. When possible, the review will be conducted by telephone. You may request a face-to-face interview.

To request a review, you must send a letter and a copy of this notice explaining the reason(s) that you are requesting a review within 30 days. A request for a review is sent to:

**Pennsylvania Insurance Department
CHIP Eligibility Review Unit
333 Market Street, Lobby Level
Harrisburg, PA 17120**

CHIP INCOME GUIDELINES

Income Guidelines based on January 2009 Federal Register

Family Size	Free Coverage			Subsidized Coverage			At Cost
	For Ages 0 to 1	For Ages 1 to 5	For Ages 6 to 18	Group I For Ages 0 to 18	Group II For Ages 0 to 18	Group III For Ages 0 to 18	For Ages 0 to 18
	<i>Income Level</i>	<i>Income Level</i>	<i>Income Level</i>	<i>Income Level</i>	<i>Income Level</i>	<i>Income Level</i>	<i>Income Level</i>
1	\$20,036 - \$21,660	\$14,404 - \$21,660	\$10,830 - \$21,660	\$21,661 - \$27,075	\$27,076 - \$29,783	\$29,784 - \$32,490	\$32,491 - No Limit
2	\$26,955 - \$29,140	\$19,379 - \$29,140	\$14,570 - \$29,140	\$29,141 - \$36,425	\$36,426 - \$40,068	\$40,069 - \$43,710	\$43,711 - No Limit
3	\$33,874 - \$36,620	\$24,353 - \$36,620	\$18,310 - \$36,620	\$36,621 - \$45,775	\$45,776 - \$50,353	\$50,354 - \$54,930	\$54,931 - No Limit
4	\$40,793 - \$44,100	\$29,327 - \$44,100	\$22,050 - \$44,100	\$44,101 - \$55,125	\$55,126 - \$60,638	\$60,639 - \$66,150	\$66,151 - No Limit
5	\$47,712 - \$51,580	\$34,301 - \$51,580	\$25,790 - \$51,580	\$51,581 - \$64,475	\$64,476 - \$70,923	\$70,924 - \$77,370	\$77,371 - No Limit
6	\$54,631 - \$59,060	\$39,275 - \$59,060	\$29,530 - \$59,060	\$59,061 - \$73,825	\$73,826 - \$81,208	\$81,209 - \$88,590	\$88,591 - No Limit
7	\$61,550 - \$66,540	\$44,250 - \$66,540	\$33,270 - \$66,540	\$66,541 - \$83,175	\$83,176 - \$91,493	\$91,494 - \$99,810	\$99,811 - No Limit
8	\$68,469 - \$74,020	\$49,224 - \$74,020	\$37,010 - \$74,020	\$74,021 - \$92,525	\$92,526 - \$101,778	\$101,779 - \$111,030	\$111,031 - No Limit
9	\$75,388 - \$81,500	\$54,198 - \$81,500	\$40,750 - \$81,500	\$81,501 - \$101,875	\$101,876 - \$112,063	\$112,064 - \$122,250	\$122,251 - No Limit
10	\$82,307 - \$88,980	\$59,174 - \$88,980	\$44,490 - \$88,980	\$88,981 - \$111,225	\$111,226 - \$122,348	\$122,349 - \$133,470	\$133,471 - No Limit
11	\$89,226 - \$96,460	\$64,149 - \$96,460	\$48,230 - \$96,460	\$96,461 - \$120,575	\$120,576 - \$132,633	\$132,634 - \$144,690	\$144,691 - No Limit
12	\$96,145 - \$103,940	\$69,124 - \$103,940	\$51,970 - \$103,940	\$103,941 - \$129,925	\$129,926 - \$142,918	\$142,919 - \$155,910	\$155,911 - No Limit
13	\$103,064 - \$111,420	\$74,099 - \$111,420	\$55,710 - \$111,420	\$111,421 - \$139,275	\$139,276 - \$153,203	\$153,204 - \$167,130	\$167,131 - No Limit
14	\$109,983 - \$118,900	\$79,074 - \$118,900	\$59,450 - \$118,900	\$118,901 - \$148,625	\$148,626 - \$163,488	\$163,489 - \$178,350	\$178,351 - No Limit
15	\$116,902 - \$126,380	\$84,049 - \$126,380	\$63,190 - \$126,380	\$126,381 - \$157,975	\$157,976 - \$173,773	\$173,774 - \$189,570	\$189,571 - No Limit

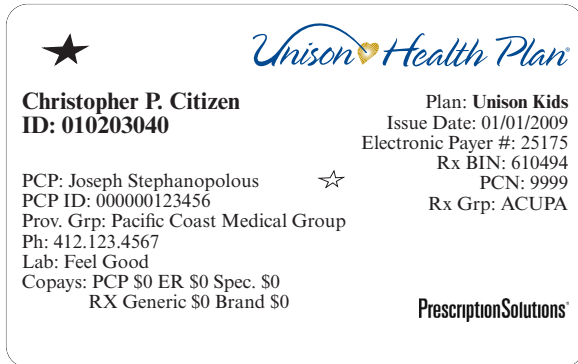
Some families may have one child eligible for Medicaid and another child eligible for the free CHIP program or one child eligible for free CHIP and another child eligible for subsidized CHIP due to the children's ages. Please see the example below.

Example: Family size of four with net earnings of \$19,500 a year

One child is 3 years old and one child is 16 years old. Based upon the chart above, the 3-year old falls below the net income level for someone of his or her age. This child would qualify for Medical Assistance. The child who is 16 years old falls within the eligible income range, which would make this child eligible for CHIP. Therefore, two children in one family may be eligible for two different public health programs.

MEMBER SERVICES

Member Identification (ID) Card



Every member of CHIP, brought to you by Unison Kids, receives a member identification card that shows s/he is part of our plan. If you do not get this card or lose it, please call Member Services to get a new card.

You should carry your Unison member ID card with you at all times. You will need to show it whenever you ask for service from a doctor, pharmacy or hospital.

Who do I call?

For membership help (benefit questions, PCP changes, lost ID cards, change of address, etc.):

Member Services.....1.800.414.9025
Hearing-impaired.....711

For pregnancy help:.....1.800.414.6580

For more information on CHIP, brought to you by Unison Kids, or to join, call 1.800.414.9025.

Unison Member Services

Member Services is ready and waiting to help. We are here Monday through Friday from 8 a.m. to 5 p.m. You can call us when you are unsure of something about your child's health insurance coverage or if you have any questions about the CHIP program. If you wish to obtain a listing of Unison's Board of Directors, Member Services can help you with this request too. Call us at 1.800.414.9025 (hearing-impaired: 711).

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. Your call will not be tape-recorded and is confidential.

Help in Alternative Languages

If you do not speak English, you may contact Member Services and we will connect you with a translator. If you would like your child's member information in a different language, call Member Services at 1.800.414.9025 (hearing-impaired: 711). Member information and literature is available in different formats, including large print, Braille and audio tapes.

Si no habla inglés llame al Departamento de Servicios para Miembros. Si necesita ayuda para traducir esta información, comuníquese con el Departamento de Servicios para Miembros de Unison Kids al 1.800.414.9025 (las personas con problemas de audición, al 711).

Changes in Family Size

If there are any changes in your child's family size (marriage, divorce, birth, adoption, death), please call Member Services at 1.800.414.9025 and tell us.

CHIP Renewal Information

Your child's membership in CHIP will be reviewed annually for renewal. We will contact you before the year is over to review your child's eligibility information. You will receive 90-day, 60-day and 30-day reminder notices by mail to send in your renewal information. If you do not contact us about your child's renewal, your child will automatically be terminated from the CHIP program and Unison aB after twelve months of membership.

Primary Care Physician (PCP)

Your child's primary care physician (PCP) is a pediatrician, family practice, internal medicine or OB/GYN doctor. All eligible children need to have a PCP. Some PCP sites may have medical residents, nurse practitioners and physician assistants who will provide care to your child under the supervision of your PCP.

HEALTH CARE SERVICES

If your PCP stops working with Unison Kids, we will tell you and give you information on other doctors in your area. You can then choose a new physician for your child.

Remember:

- For most of your child's medical needs, you must take your child to his/her participating PCP. If you do not, you may have to pay for the care.
- If you want a new PCP for your child, you need to call or write a letter to Unison stating that you want to make the change, prior to taking your child to the first appointment with the new PCP.
- You do not need a referral from your child's PCP for dental, vision, OB/GYN and prenatal care, emergency care, chemotherapy, dialysis and radiation.
- For routine vision care, you may take your child to any participating vision provider (optometrist) listed in the provider directory. If your child needs to see an ophthalmologist (eye specialist), you need to get a referral from the PCP.
- For dental care, you may take your child to any dental provider listed in the provider directory for covered services.

Gold Star Program

The Unison Gold Star program recognizes the physicians that give the very best care and service. Gold Star physicians have proven their dedication to their patients and Unison. When your doctor earns the Gold Star status it helps you. If your PCP is a Gold Star doctor, you won't need to wait for a referral before seeing a participating specialist. It also means that your doctor won't need to get approval for most of your health care services. In fact, Gold Star doctors will only need approval before you receive the following care:

- Skilled nursing and rehab facility care.
- Admission to hospitals when you don't have an emergency.
- Services from providers who are not in our network.
- Brand name drugs or medications not on our formulary.
- Drugs over \$250 (except cancer agents).

If you choose a Gold Star doctor, you will get a new ID card with a star on it.

Getting to Know Your PCP

Your PCP is your child's family doctor or pediatrician. PCPs either have their own private practices or are members of group practices. They have contracts with Unison Kids, and are not employees of Unison Kids. Unison Kids does not give incentives to (or encourage) doctors or Unison employees when medical decisions are made. All medical decisions are based on medical necessity only.

When you have picked a PCP for your child, it is important to call the PCP's office. Some questions you can ask are:

- When are the office hours?
- What if night or weekend care is needed?
- Who takes calls if your office is closed?
- Do you need an O.K. from me to get my child's records from another office?
- Do I need to come to meet the PCP if my child is a new patient?
- Is it time for my child to get a check-up?

It is important to know all the staff at the PCP's office. You and your child need a PCP that you can know and trust. If you are interested in obtaining a description of Unison's credentialing process for health care providers, please call Member Services at 1.800.414.9025 (hearing-impaired: 711).

Quality Improvement Program

For a description about the Quality Improvement program for Unison, about how we are meeting our goals or about our practice guidelines, please write to:

**Quality Improvement
Unison Kids
1001 Brinton Road
Pittsburgh, PA 15221**

HEALTH CARE SERVICES

Information About Participating Doctors

If you would like to obtain information about your child's PCP, a participating specialist or another participating health care provider, such as his/her schooling, residency or whether or not s/he is accepting new patients, contact Member Services at 1.800.414.9025 (hearing-impaired: 711).

How to Get a New PCP

If you want to choose a new PCP for your child, Unison will send you a provider directory listing our PCPs. The provider directory will also show gynecologists, vision providers, dental providers and pharmacies. You must call or write a letter to Member Services when you want to change your child's PCP **before** your child visits the new PCP. The change will take place immediately. Your child will receive a new ID card that lists the new PCP. You can also see our provider network online at www.unisonhealthplan.com.

Making Appointments to See the PCP

Make an appointment **FIRST** before taking your child to the PCP. When you call or go to the office to make an appointment, be sure to:

- Have your child's Unison Kids ID card ready.
- Tell them your child is a Unison Kids member.
- Tell them your child needs an appointment.

When you go to your child's appointment be sure to take your child's ID card. How long should it take to schedule an appointment?

Emergency:	Immediately
Urgent:	Within 24 hours
Routine symptomatic:	7 business days
Routine asymptomatic:	3 weeks
Preventive:	3 weeks

After-Hours Care

Sometimes your child may need to see the PCP when the office is closed. If your child needs urgent care, call the PCP's office. You will receive directions on how to contact your child's PCP. There is someone to help 24 hours a day, 7 days a week.

Behavioral Health Services

Unison Kids has a network of providers who are licensed to practice Behavioral Health. Members should call 1.800.414.9025 (hearing impaired: 711) or visit www.unisonhealthplan.com to find out what services are covered and what behavioral health providers you can visit.

Referrals

A referral is when you and your PCP agree that your child needs to go to a participating specialist. This is called a medical referral. Medical referrals are good for 60 days or 3 visits (whichever comes first).

Your child has a choice of at least two doctors. You will have a directory that lists Unison Kids specialists. You can call Member Services for another list. If the physician is not a Unison Kids-participating physician, your PCP will need to call Unison to get an authorization prior to your child going to the appointment. Your child does not need a referral for:

- Dental care
- Vision care
- OB/GYN and prenatal care
- Emergency care
- Chemotherapy
- Dialysis
- Radiation therapy
- Mammograms

If you have a Gold Star doctor, your doctor will not have to write any referrals for your child to see a participating specialist.

When Your Child Needs Other Care

Hospital Care

If your child does not have an emergency (life or limb situation), the PCP will make the plans for you to take your child to the hospital. If your child does have an emergency, you or a family member must notify Unison and your PCP within 24 hours, or as soon as possible.

Urgent Care

When your child needs care, treatment or advice within 24 hours, call your PCP's office and explain

HEALTH CARE SERVICES

why your child needs urgent care. The PCP will either see your child or tell you what to do for your child's care if they are not able to be seen in the PCP office.

Emergency Care

An emergency condition is a medical condition that is a life or limb situation such as serious injury, or dysfunction to a bodily organ or part. Some examples of medical emergencies are:

- Broken bones
- Spinal injuries
- Accidents
- Severe bleeding
- Major burns
- Loss of consciousness
- Serious breathing difficulties

Sore throats and colds are usually not emergencies.

If you are not sure your child's condition is an emergency, call your child's PCP. When your child has an emergency, go to the nearest emergency room. If you need emergency transportation, call 911 or your local emergency service. You will need to call the PCP as soon as possible after the emergency is under control.

If your child has treatment, you must call Unison within 24 hours or as soon as possible by calling Member Services at 1.800.414.9025 (hearing-impaired: 711). This number is listed on the back of the Unison Kids ID card. If your child is outside the Unison Kids service area and has an emergency, go to the nearest emergency room. Call Unison within 24 hours or as soon as possible.

You may be responsible for the cost of your child's out-of-network services over and above what Unison pays. You will only be responsible for the cost if the visit is determined not to be urgent or an emergency. Unison will always pay the costs of emergency visits, no matter whether or not you visit a provider that participates with Unison Kids.

Participating Doctors Not Listed in the Provider Directory

You can obtain a list of other participating doctors, such as specialists, home health care and

durable medical equipment suppliers, by contacting Member Services at 1.800.414.9025 (hearing-impaired 711) for your child. You may also view our provider network online at www.unisonhealthplan.com.

Out-of-Network Services

The Unison Kids network includes doctors and hospitals that provide most requested medical services. If necessary, your PCP can request that you receive services from a provider that is not part of the Unison Kids network. If these services are available from providers in our network, you will have to visit one of these providers. You may be responsible for payment of services provided by an out-of-network physician if these services are not prior-authorized or are not covered by Unison Kids.

Second Opinions

If you would like a second opinion from another doctor for your child, contact Member Services or ask your PCP.

New Services or Procedures

We will evaluate all new technologies that are requested by your child's doctor for your child's care. Our medical directors, who consider new medical and scientific information as well as government requirements, review these requests. Any medically necessary treatment that is not considered to be experimental will be reviewed. We will notify you and your child's doctor of the decision. When new services, medical procedures, behavioral health procedures, pharmaceuticals and devices are evaluated and approved as newly covered benefits, we will notify you through our quarterly member newsletter or a special mailing.

Prescription Drugs

You can go to any pharmacy listed in the Unison Kids provider directory for prescription drug coverage. While Unison Kids covers all medically necessary medications, we use a Preferred Drug List (PDL). A PDL is a list of drugs that we prefer your doctor to use. All medications that are on the

HEALTH CARE SERVICES

Unison Kids PDL will be covered when your child's doctor prescribes them within the established dosing limits. You can obtain a list of Unison Kids-participating pharmacies or obtain information about the Unison Kids PDL by calling Member Services at 1.800.414.9025 or visiting www.unisonhealthplan.com.

Prior Authorization

Some medications on the Unison Kids PDL require prior authorization. When a medication requires prior authorization, your child's doctor will need to contact our Pharmacy Department. If the medication that your child is being prescribed needs a Prior Authorization and your child's doctor does not contact our Pharmacy Department to request this, your child will not be able to get the medication. The pharmacist will then notify your child's doctor to contact our Pharmacy Department. We will ask the doctor to submit information to us to explain why a specific medication and /or certain amount of medication are needed.

Our Pharmacy Department will review the information that your doctor provides. The review and decision process is 24 hours. We must approve the request before your child can get the medication. If we do not approve a prior authorization request for a medication, we will send you instructions about appealing our decision.

Step Therapy

Some medications listed on the Unison Kids PDL require specific medications to be used first before you can receive the step therapy medication. The step therapy medications are automatically covered if there is a record that the required medication has been tried first. If there is no record that the required medication has been tried, your child's doctor will need to submit a prior authorization request. We will ask your child's doctor to submit information to us explaining why your child cannot use the required medication first.

Medical Exceptions

If your child's prescription is not on the Unison

Kids PDL, your child's doctor needs to send Unison a medical exception request. If your child's doctor does not do this, you will not be able to get your medication. The pharmacist will call your doctor with a list of alternatives (medications that we prefer you to use).

If the doctor chooses not to change your prescription to a medication on the PDL, your child's doctor will need to submit a medical exception request to the Pharmacy Department. The review process is 24 hours. We must approve the request before you can get the medication. If we do not approve a medical exception request for a medication, we will send you information on how to appeal our decision.

If there is an immediate need for a medication not on the Unison Kids PDL, the pharmacist can give you at least a 72-hour supply of the non-PDL drug.

Ongoing Medications

If your child was taking a prescription before becoming a Unison member and this prescription is not on the Unison Kids PDL, your child may be able to receive a 15-day supply. This will give your child's doctor time to change the prescription to one that is on our PDL or submit a medical exception request. Your child's doctor or pharmacy will need to contact Unison to receive the 15-day supply.

Brand Name Medications

Unison Kids requires that generic medications be given to your child when possible. Generic medications have the same active ingredients as brand name medications. Generic medicines are proven to be as safe and effective as brand name ones. If your child's PCP thinks that you need a brand name medicine instead of the generic version, we will ask your child's PCP to send a medical exception request. This request will say why your child cannot use the generic type.

Informed Consent

Consent means that you say "yes" to all medical treatment for your child. So, informed consent means you say "yes" before your child receives any

HEALTH CARE SERVICES

treatment. Sometimes you may need to say “yes” in writing. If you do not want the medical treatment for your child, the PCP will talk to you and explain other choices. After everything is explained to you and you understand, you then have the right to say “yes” or “no” to each medical treatment for your child.

Other Types of Services

Self-Referred Services

Self-referred services are services that you can get for your child without getting a referral from the PCP. Your child must go to a doctor listed in the provider directory for self-referred services.

Prior Authorization Services

Prior authorization is for services that must be approved by Unison. Your child’s doctor must call Unison before your child can get these services or procedures. Here are some services that need a prior authorization

- Admission to a hospital or facility, when it isn’t an emergency.
- Most ambulatory surgical procedures, including arthroscopy, cardiac catheterization and laparoscopy.
- Any medication (except cancer agents) given in a specialist’s office or outpatient hospital greater than \$250.
- Durable medical equipment (DME) over \$300 and all rental and repair items.
- Home care services.
- MRIs and MRAs, outpatient diagnostic tests and sleep apnea studies.
- Pain management.
- Referrals to non-participating providers.
- Therapy (physical, speech, respiratory and occupational).

PCP-Referred Services

Referred services require a referral form from the PCP. You must take the paper referral with you to your child’s specialist doctor. Here are some services that need a referral:

- Allergy services.
- Ambulatory surgical procedures such as amniocentesis, angiograms and endoscopic surgical procedures, such as colonoscopy, cystoscopy and endoscopy.

- Other surgical procedures that need a referral are ERCP, fracture care and surgical procedures done in a doctor’s office.
- Durable medical equipment (DME) under \$300.
- Outpatient diagnostic tests, CT scans for members up to age 19 and specialist visits.

To obtain durable medical equipment or home health services, call your child’s PCP.

Newborn Services

If you are a Unison Kids member and pregnant, your newborn will be covered under the Unison Kids program for 31 days beginning at birth.

Women, Infants and Children (WIC)

WIC is a 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 a child, ask your child’s PCP to complete an application or call the WIC hotline at 1.800.942.9467.

Early Intervention

As we all know children grow and learn at different rates. Children that develop more slowly than average are eligible for early intervention support. Infants, toddlers and pre-school children who have special needs due to developmental delays or disabilities can receive this support.

At Unison, we work closely with our high-risk pregnancy case manager to identify children who weigh less than 4 pounds when they are born, need special medical treatment after birth or were born to a mother that had medical complications or a drug addiction. We look into these cases to see if these children should be enrolled into the program.

Our well-child program coordinator works with your child’s PCP when an elevated lead screen is noted for possible referral to the program. You may also call directly to the CONNECT Helpline at 1.800.692.7288. They can also answer your

HEALTH CARE SERVICES

questions and tell you about local agencies that can help. We work as a team so that your child receives the best possible care.

Clinical Care Management

Unison has special programs for members with many conditions, including asthma, diabetes and high-risk pregnancies.

These programs, together with your child's PCP, can give you pamphlets, booklets and telephone education from a nurse specializing in your child's condition. Unison will work with your PCP to ensure that your child obtains the best outcome possible.

For help with your child's health care needs, call 1.800.414.9025 and ask for a clinical case manager.

Special Needs Unit

If your child has a disability or other special needs, you can call the Special Needs Unit (SNU) at 1.877.844.8844 (hearing-impaired: 1.800.473.0989) for extra help. You can also call Member Services and ask to be transferred to the SNU. The SNU will help you:

- Get health care for your child.
- Find a PCP.
- Have a specialist serve as your child's PCP if your child qualifies.
- Get other community services to help improve your child's health.

If your child needs extra help to use Unison Kids services, your child may have a special need. Some examples of special needs are if your child uses a wheelchair, cane or walker; has any type of disability or has HIV/AIDS. There are more examples of special needs. If you're not sure if your child has a special need, call the SNU and we'll help you.

Specialist as a PCP

If your child has been receiving very complex, highly specialized health care services over a long period of time or has a degenerative or life-threatening condition, you may be eligible to have a standing referral to a specialist or have a specialist serve as your child's PCP. Call the Special Needs Unit (SNU) at 1.877.844.8844. We will tell you if your child qualifies and how to obtain a standing referral to a specialist or specialist as a PCP. If you would like a directory of specialists, call Member Services at 1.800.414.9025 (hearing-impaired: 711) or visit www.unisonhealthplan.com.

Financial Responsibility

You are responsible for your financial responsibility. That includes making sure premiums, copayments and other charges are paid on time for health care services provided under Unison Kids.

HEALTH BENEFITS

Service*	Coverage*	Limitations
Allergy testing and treatment	covered	none
Ambulance service (emergency)	covered	none
Ambulance service (non-emergency)	covered	covered when determined to be medically necessary
Ambulatory surgical center/short procedure unit services	covered	none
Blood and blood products	covered	Covers whole blood and blood components, such as plasma, platelets, and red packed blood cells. The administration and processing of blood are covered services as part of a covered inpatient hospital stay. The storage of blood when done in preparation for a scheduled surgical procedure and transfusion supplies and equipment are covered when part of a covered inpatient hospital stay.
Dental services - emergency, preventive and routine dental care including root canals, crowns and periodontics	covered	two exams per year; orthodontia and cosmetic surgery excluded
Diabetic retinal eye examinations	covered	one examination per year
Durable medical equipment	covered	includes, at a minimum, equipment that: <ul style="list-style-type: none"> • is primarily and usually used to serve a medical purpose; • is generally not useful in the absence of an illness or injury; • is appropriate for use in the home or school; and • can withstand repeated use.
Eye care - emergency, preventive and routine vision care including the cost of corrective lenses and frames	covered	one exam per year; two sets of lenses per year, maximum \$65 each; one frame per year, maximum \$60 (maximum at Wal-Mart is \$18 per frame); OR one pair soft daily wear contacts for children 13 or older. Annual diabetic retinal examinations are also covered.
Family planning	covered	

* Depending on coverage level, copays may apply for certain services under the subsidized and at-cost plans. This managed care plan may not cover all your health care expenses. Read your information carefully to determine which health care services are covered.

HEALTH BENEFITS

Service*	Coverage*	Limitations
Gynecological examinations	covered	one examination per year
Hearing aids	covered	one hearing aid per ear, per two years
Health/care management	covered	call Member Services at 1.800.414.9025.
Hearing care	covered	emergency, preventive and routine care, including the cost of examinations
Home health care	covered	limited to 60 days per year; includes professional services, intermittent skilled nursing care, physical therapy, speech therapy and other medical services and supplies when provided in conjunction with skilled services
Hospitalization - inpatient	covered	up to 90 days per year, per eligible child in combination with mental health inpatient.
Hospitalization - outpatient	covered	none
Laboratory x-rays and diagnostic tests	covered	none
Maternity visits	covered	none
Medical foods benefits and diabetic supplies	covered	covered when medically necessary
Mental health - partial hospitalization	covered	maximum of 30 days per year; lifetime benefit of 90 days
Mental health services - inpatient	covered	90 days per year for eligible children, in combination with medical inpatient; these days may be exchanged on a 2-to-1 basis for additional partial hospitalization services.
Mental health services - outpatient	covered	50 outpatient visits per year
Newborn care for a period of 31 days	covered	Covers routine nursery care, prematurity services, preventive health care services, as well as coverage for injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

* Depending on coverage level, copays may apply for certain services under the subsidized and at-cost plans. This managed care plan may not cover all your health care expenses. Read your information carefully to determine which health care services are covered.

HEALTH BENEFITS

Service*	Coverage*	Limitations
Oral surgery services	covered	Covers services in connection with: A. Accidental injury to the jaw or structures contiguous to the teeth, provided that care or treatment is sought within 24 hours of accident causing such injury. B. The correction of a non-dental physiological condition which has resulted in severe functional impairment. C. Treatment for tumors and cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof and floor of the mouth. D. Removal of partially- or fully-impacted wisdom teeth.
Organ transplants	covered	when medically necessary
Outpatient services	covered	none
Pharmaceutical services • injectable medications • prescribed drugs and biologicals • over-the-counter drugs	covered covered covered	none formulary applies covered with prescription; limited to formulary items
Physician care - inpatient	covered	none
Primary care physician services	covered	none
Pregnancy-related services and contraceptives	covered	none
Preventive services	covered	Covers services including, but not limited to, well and sick child visits, immunizations, health education, tuberculosis testing and developmental screening in accordance with routine schedule of well child visits
Rehabilitation - inpatient therapy	covered	60 days per service type, per year, as long as there is significant improvement; includes physical, occupational, inhalation and speech therapy.

* Depending on coverage level, copays may apply for certain services under the subsidized and at-cost plans. This managed care plan may not cover all your health care expenses. Read your information carefully to determine which health care services are covered.

HEALTH BENEFITS

Service*	Coverage*	Limitations
Rehabilitation - outpatient therapy	covered	60 days per service type, per year, as long as there is significant improvement; includes physical, speech and occupational therapy
Renal dialysis	covered	none
Skilled nursing facilities (SNF)	covered	up to 90 days per year, per eligible child in combination with mental health inpatient (sum of inpatient SNF cannot exceed 90 days)
Specialist physician services	covered	none
Substance abuse treatment - inpatient detoxification	covered	reimbursement for each admission is limited to seven days of treatment
Substance abuse treatment - non-hospital residential services	covered	maximum of 90 days per year
Substance abuse treatment - outpatient	covered	maximum of 90 outpatient sessions per year; these days may be exchanged on a 2 to 1 basis to secure up to 15 additional non-hospital residential treatment days
Therapy	covered	limited to physical, occupational, inhalation and speech therapy only
Tobacco Cessation Classes	covered	

* Depending on coverage level, copays may apply for certain services under the subsidized and at-cost plans.

This managed care plan may not cover all your health care expenses. Read your information carefully to determine which health care services are covered.

What Unison Kids Doesn't Cover

Listed below are things not covered by Unison Kids. Also, listed below are things that are limited by Unison Kids. Unison is not responsible for the payment of services that are not covered. You will be responsible for the non-covered services that your child receives. Please note that all cases need individual review by the medical director.

- Any health services that are not medically necessary.
- Chiropractic care.
- Any cosmetic surgery **unless** the surgery is to improve the functioning of a malformed body member or to correct a visible disfigurement which would affect the person's ability to obtain

or hold employment or as post-mastectomy breast reconstruction (services to treat the physical complications of all stages of mastectomy, including lymphedemas, are covered). Some examples would be: cleft palate, additional digits (fingers and toes) or malformation of eyes, ears or nose resulting in limited usage.

- Experimental organ transplants.
- Weight loss programs.
- Transportation unless your child needs an ambulance for medical reasons.
- Eyeglasses that are not prescription.
- Any services not prior-authorized (O.K.'d) by Unison.
- Experimental treatments.
- Sterilization.

COMPLAINT PROCEDURES

Utilization Management Decisions

Unison's UM decisions are based on medical necessity and the appropriateness of care and service. We do not offer any rewards for the denial coverage or incentives to encourage inappropriate utilization. If you have a question on the UM process or a denial, please contact Member Services at 1.800.414.9025.

Member Privacy Policy

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

The law says we must help protect our members' privacy. These are the rules that Unison and its affiliates use to do that job. We must follow these rules. We make sure that the providers and everyone else who works with us agree to help protect your privacy and use these rules. We can change our privacy rules. If we do, the new rules will apply to all the information we have about you. If we make changes, we will send you updated information. This notice can also be found on the internet at www.unisonhealthplan.com.

Financial Information

When you join our health plan, we may get information about who you are, where you live and your income. We share that information with the Pennsylvania Insurance Department. We also use it to run our business. We will not share your information with anyone else unless you say we can or the law says we must.

Health Information

We get information about our members' health from providers. When you join one of our health plans, you allow us to use that kind of information. We use it when we pay for and help arrange your health care. We also use it to run our health plans. We will not use your health information to do other things unless you say we can.

How We Use Your Information

We use health information for treatment, payment and health care operations. We use your information to help arrange your care. We may send appointment reminders for you or your children. We also help with care for members who

are hurt, sick or pregnant. We share your information with doctors, hospitals, drugstores and other providers when we pay them for your care. We share information with other companies that also pay for your care. We share your information with various government agencies so they can help with any payment problems.

We tell the Pennsylvania Insurance Department and the Pennsylvania Department of Health about Unison Kids members' health. We can use your information to check how our health plan is doing. We also use it to check on the doctors, hospitals and other providers that work with us. We share your information when we send reports to various government agencies.

We will not share your information with your employer unless you say we can. If you cannot give your O.K., we can get the O.K. from someone who takes care of you or your family.

We may use your health information if the law says we must or we can. We may have to share your information if you are in a lawsuit. We may share your information if there is a serious threat to anyone's health or safety.

Your Privacy Rights

When you join our health plan, you agree that we can use your health information. We use it the way we explained at the time of your enrollment.

You can look at and get copies of the health information that we hold about you. You can give us more information to complete or correct your records. You need to give this information in writing and tell why you want to change the records. You can ask us to change how we use your health information. You need to ask us in writing. We do not have to agree.

We will tell you how and when we shared your health information if you ask. You need to ask for this in writing. You can ask that your health information be sent privately. We can only use your information to do other things if you say we can. You can take back that permission at any time. We will not do anything to punish you if you use your rights, file a complaint or ask us for help with your privacy. You can ask for a separate paper copy of this information and we will send you one.

GRIEVANCE PROCEDURES

Complaints About Privacy Issues

Member Services can answer some of your privacy questions. They also take complaints and grievances. You can reach them at 1.800.414.9025. Or you can write to:

**Member Services
Unison Kids
1001 Brinton Road
Pittsburgh, PA 15221**

Please specify the name of the plan in which you are enrolled.

You may also file a complaint with the Federal government by calling the Office of Civil Rights at 1.866.627.7748 (hearing-impaired: 711) or in writing at:

**Secretary of Health and Human Services
200 Independence Avenue
Washington, D.C. 20201**

You Have the Right to Your Privacy

Unison Health Plan will not give medical information about you to anyone without your O.K. **unless** the law requires it. Of course, we will share information with your PCP.

Fraud and Abuse Hotline

Unison has a hotline if you want to report a medical provider (doctor, dentist, therapist, hospital) or business (medical supplier) for suspected fraud or abuse. The hotline number is 1.877.766.3844. Some common examples of fraud and abuse are:

- Billing or charging you for services that your health plan covers.
- Offering you gifts or money to receive treatment or services.
- Offering you free services, equipment or supplies in exchange for your card number.
- Giving you treatment or services that you don't need.
- Physical, mental or sexual abuse by medical staff.

You can call the hotline and leave a voice message at any time. You do not have to give your name or phone number, but it helps to have a name and phone number if we need to ask more questions.

You can also send a paper or electronic form that can be found at <http://www.unisonhealthplan.com/About/Operations/Pages/FraudWasteAbuse.aspx>.

Complaint Procedures

A complaint is when you are unhappy with Unison or a provider. Examples of complaints:

- You are unhappy with the care your child's provider is giving your child.
- You are unhappy with the services your child is receiving from Unison Kids.
- You are unhappy that payment was denied for a service not included on the Unison Kids program or in your child's benefit package.

What should I do if I have a complaint?

Within 45 days from the incident that you are complaining about, make your complaint by writing to Unison at:

**Grievances and Appeals
Unison Kids
1001 Brinton Road
Pittsburgh, PA 15221**

Unison will investigate and review the complaint within 30 days of receipt. You will be sent a letter from Unison telling you of the decision within five business days after the decision is reached.

You may ask for help. A staff member will help you make your child's complaint or represent your child during the complaint process. This staff member has never made a decision related to any part of your child's care. If you need help filing a complaint, call Unison at 1.800.414.9025 (hearing-impaired: 711).

What if I am unhappy with Unison's decision?

You may make a second level complaint with Unison by sending your complaint within 45 days of your receipt of the first level complaint decision letter. You have the right to meet with the Second Level Complaint Committee and voice your complaint for your child. Unison will conduct the second level review within 45 days from the

GRIEVANCE PROCEDURES

receipt of the request for a second level complaint. You will be sent a letter from Unison within five business days after the Second Level Complaint Committee reaches a decision.

What can I do if I am still unhappy with Unison's decision?

Once you receive a Unison decision letter, you have 15 days to file an appeal of complaint with either the Department of Health or the Insurance Department that handles this complaint.

The Department of Health handles complaints that involve the way a provider gives care or service. The Insurance Department reviews complaints that involve Unison's policies and procedures. If you file your complaint with the wrong department, your complaint will be forwarded for you to the correct department. You must send your complaint in writing to either:

**Pennsylvania Department of Health
Bureau of Managed Care
Room 912 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
1.888.466.2787**

or

**Insurance Department
Bureau of Consumer Services
Room 1321, Strawberry Square
PO Box 90
Harrisburg, Pennsylvania 17120
1.877.881.6388**

You may also send additional information that you feel will help with the complaint. You may be represented by an attorney or other individual before the appropriate department.

How do I make a grievance?

A grievance is when you are unhappy about Unison's decision to deny payment for a service, to approve payment for a decrease in service or to approve payment for a service different than the service requested because Unison feels it is not medically necessary for your child.

When Unison makes a denial, approves payment for a decrease in a service or approves payment for a service different than the service requested, you will receive a letter that tells you about our grievance process. Our grievance process has two steps: first level grievance and second level grievance.

For both the first and second levels of the grievance process, you may send the grievance in letter form or if you have a disability or if you speak a different language you may call Unison at 1.800.414.9025 (hearing-impaired: 711).

Unison will put your grievance into written form for you. If you want your provider to file the grievance for you, you must give your written approval for the provider to do so. You should send your written grievance to:

**Grievances and Appeals
Unison Kids
1001 Brinton Road
Pittsburgh, PA 15221**

You have 45 days from the date when you receive the notice of denial for payment or approval of payment for a decrease or different service to file your grievance.

If payment for services your child is currently receiving is being denied, reduced or approved for a different service, you may want to continue services through the grievance process. To do this, you must file the grievance with Unison within ten days from the date of the denial notice.

You may ask for help. A staff member will help you make the grievance or represent your child during the grievance process. This staff member has never made a decision related to any part of your child's care.

First Level Grievance

Unison will review your first level grievance within 30 days. Within five business days after the first level grievance review is completed, Unison will send you a letter with the decision. This letter will tell you the reason for the decision and, if you want, how to file a second level grievance.

GRIEVANCE PROCEDURES

Second Level Grievance

You may file a second level grievance within 45 days of your receipt of the first level decision letter. Unison will review the second level grievance within 45 days of the receipt of the request for a second level grievance. You may come to the Second Level Grievance Committee meeting. You may bring someone, such as a friend, relative or your child's provider with you to help you with your grievance.

Within five business days after the second level grievance review is completed, Unison will send you a letter with the decision. This letter will tell you the reason for our decision and what to do if you are still not happy with our decision.

Unison's decision will include information regarding the basis of our determination. Please keep in mind that grievance process decisions will be made by qualified doctors with experience in the same or a similar specialty.

What can I do if my child's health is at immediate risk?

You can file an expedited internal grievance with Unison if your child's doctor certifies in writing that your child's health would be jeopardized by the normal grievance process. The grievance will be reviewed within 48 hours. You will receive a call and a letter from Unison with the decision.

External Grievance Procedures

If you are still unhappy with Unison's decision, you may get a review of the grievance by someone other than Unison. The external grievance will take place outside of Unison and can only be used after the internal grievance process is exhausted.

You must send a letter to Unison requesting an external grievance within 15 days of receiving the second level decision letter. You can use the following address for filing a grievance:

**Grievances and Appeals
Unison Kids
1001 Brinton Road
Pittsburgh, PA 15221**

Unison will send your external grievance request to an independent external reviewer assigned by the Pennsylvania Department of Health. You will be notified within two business days of the assignment of the utilization review entity. You may send additional information that helps with the grievance to the external grievance reviewer. You will receive a letter with the external grievance reviewer's decision within 60 days of the filing of the external grievance.

This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. For more information, we are available Monday through Friday from 8 a.m. to 5 p.m. You can reach us at 1.800.414.9025 or 711.

Si necesita ayuda para traducir esta información, comuníquese con el Departamento de Servicios para Miembros de Unison Kids al 1.800.414.9025 (las personas con problemas de audición, al 711).

