

**Unison MedPLUS
Benefit Limits and Co-pays**

Services	Medical Assistance Adult		General Assis
	Limits	Co-Pays	Limits
Outpatient Visits (Including visits to a doctor, hospital outpatient clinic, podiatrist, chiropractor, certified registered nurse practitioner, Federally Qualified Health Center, or Rural Health Center.)	18 per year	N/A	18 per year
Inpatient Medical Rehabilitation Hospital admission	1 per year	\$3.00 per day/up to \$21.00 for the stay	1 per year
Inpatient Medical Hospital admission	N/A	\$3.00 per day/up to \$21.00 for the stay	1 per year
Brand Name Prescriptions (including brand name over the counter medications)	Members in the Medically Needy Category will receive Birth Control Only	\$3.00 for each new prescription or refill	Members in the Medically Needy Category will receive Birth Control Only. Categorically Needy limited to 6 per month (Also can receive OTC Prilosec and Loratadine.
Generic Prescription Drugs (including generic over the counter medications)	Members in the Medically Needy Category will receive Birth Control Only	\$1.00 for each new prescription or refill	Members in the Medically Needy Category will receive Birth Control Only. Categorically Needy limited to 6 per month (Also can receive OTC Prilosec and Loratadine.
Ambulance (non-emergency only)	N/A	\$1.00	N/A
Ambulatory Surgical Center (ASC) or Short Procedure Unit (SPU)	N/A	\$1.00	N/A
Portable x-ray	N/A	\$1.00	N/A
DME	Members in the Medically Needy Category will only be covered if the Member is also receiving medically necessary Home Health Services at the same time.	N/A	Will only be covered if the Member is also receiving medically necessary Home Health Services at the same time.
Medical Supplies	Members in the Medically Needy Category will only be covered if the Member is also receiving medically necessary Home Health Services at the same time.	N/A	Will only be covered if the Member is also receiving medically necessary Home Health Services at the same time or if the supplies are for the purpose of family planning.
Home Health Visits	N/A	N/A	30 per year
Outpatient Therapies (PT, OT, ST)	N/A	\$1.00	N/A

**Co-pays do not apply for members who are under age 18, pregnant or in a nursing home.
There are no iimits or copays for any member that has Medicare as primary coverage.**

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Service	Co-Pays
	N/A
	\$6.00 per day/up to \$42.00
	\$6.00 per day/up to \$42.00
	\$3.00 for each new prescription or refill
	\$1.00 for each new prescription or refill
	\$1.00
	\$1.00
	\$1.00
	\$1.00
	N/A
	N/A
	\$1.00

***Co-pays do not apply for members who are under age 18, pregnant or in a nursing home.
There are no limits or copays for any member that has Medicare as primary coverage.***