

**Universal Health Care, Inc.
2009 Medicaid Benefits**

Service	U - First Benefit	NON REFORM Contract	REFORM Contract
Counties →		Gadsden, Hernando, Hillsborough, Jefferson, Leon, Manatee, Miami-Dade, Pasco, Pinellas, Polk, Sarasota, Wakulla	Duval & Broward
Physician Services	Physician visits, preventive care visits, diagnosis & treatment (unlimited visits)	Members choose a Universal Health Care participating physician for their family. No Copay	No Copay
Outpatient Hospital Services	Emergency room visits; lab tests and x-rays; medical supplies such as casts and splints, oxygen and blood transfusion; outpatient surgical procedures; physical therapy	Requires authorization per Open Access Guidelines No Copay	Requires authorization per Open Access Guidelines No Copay
Inpatient Hospital Services	Full patient care	Limited to 45 days per year from July 1 st (or date of enrollment) until June 30 th No Copay	Limited to 45 days per year. Exception: children, pregnant or emergency admissions = 45 days up to 365 days from July 1 st to June 30 th No Copay
Transportation	Transportation for medical care	Covered by Medicaid Give member the transportation provider phone number for county No Copay	Covered through Universal Call: 1-866-867-0729 Fax: 1-866-318-1154 No Copay
Prescribed Drug Services	Unlimited Generic prescriptions.	No Copay	No Copay
Over-the-Counter Medicines and First Aid Supplies	Over the counter medicines, vitamins and health supplies	Up to \$25 per month per family. Mailed directly to member's home. No cost to member	Same Guidelines
Family Planning Services	Initial visit – One visit annually Annual visit – One visit Supply visit/supplies Unlimited	No prior authorization required for these services, even if non-network provider No Copay	Same Guidelines

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Independent Lab and X-ray Services:	Diagnostic services	Auth required for CT scans, MRI, MRA, PET & nuclear scans. Open access guidelines No Copay	Same Guidelines No Copay
Home Health Care Services	Provided through EMP (60 visits per lifetime)	Provided through EMP No Copay	Provided through EMP No Copay
Therapy	Physical Therapy Occupational Therapy Respiratory Therapy Speech Language Pathology	Therapy at HOME Provided through EMP Outpatient therapy – refer to provider directory No Copay	Same Guidelines No Copay
Durable Medical Equipment (DME) And Prosthetics:	DME provided through EMP Orthotics & Prosthetics – refer to provider directory	DME provided through EMP Orthotics & Prosthetics – refer to provider directory No Copay	Same Guidelines No Copay
Consumable Medical Supplies	Ostomy, trach kits, catheters, etc.	Physicians Medical Supply Fax request to Universal Health Care No Copay	Same Guidelines No Copay
Immunizations	Appropriate immunizations & vaccines	Participation in Vaccine for Children Program (VFC) No Copay	Same Guidelines No Copay
Wellness Program	Following services available to all members at no charge: Domestic Violence, Smoking cessation, Pregnancy preventions, Prenatal/postpartum Pregnancy programs, Child health check-up	No Copay	No Copay
24 Hour Nurse Help Line	Medical advice available 24 hours a day, 7 days a week	No Copay	No Copay
Vision Care (1) Routine Eye Exams (2) Glasses (3) Optometric & Medical Eye Care	(1) Unlimited – when medically necessary. (2) Unlimited – when medically necessary. (3) Covered in Full.	Advantica No Copay	Advantica No Copay

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<p>Hearing Services (1) Hearing Exams (2) Hearing Aids</p>	<p>(1) One exam every 3 years (2) Limited to one every 3 years.</p>	<p>HearX No Copay</p>	<p>Same Guidelines No Copay</p>
<p>Dental Care (Adult) (1) Cleanings (2) Fillings: 1 or 2 Surface(s) (3) Fillings 3 Surfaces (4) Extractions (simple/Surgical) (5) X-rays (6) Dentures/Partial Dentures</p>	<p>(1) 1 every 6 months (2) No charge (3) No charge; one per year (4) No charge; 4/2 per year (5) No charge; limited to med. nec. (6) No Coinsurance; 1 every 3 years</p>	<p>MCNA Dental No Copay on dentures/partials \$300 Limit</p>	<p>Same Guidelines No Copay</p>
<p>Dental Care (Children) Diagnostic services, preventive treatment, restorative treatment, endodontic treatment, periodontal treatment, surgical procedures and/or extractions, orthodontic treatment and complete and partial denture</p>	<p>Covered in full for all Medicaid approved services. Member may go to any Medicaid approved provider.</p>	<p>NOT COVERED</p>	<p>MCNA Dental No Copay</p>
<p>Services that do not require referral (services should be provided through participating providers)</p>	<p>Podiatry, dermatology, expanded adult dental services, chiropractic services, yearly eye exams and glasses, family planning, one (1) annual ob/gyn visit.</p>	<p>No Copay</p>	<p>No Copay</p>
<p>Diabetic Supplies & Education</p>	<p>Supplies are covered through pharmacy benefit</p>	<p>No Copay</p>	<p>No Copay</p>
<p>Transplants</p>	<p>Contact Universal Health Care UM dept. (fax initial request)</p>	<p>Contact Universal Health Care</p>	<p>Same Guidelines</p>

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Pregnancy Related Requirements	<ol style="list-style-type: none"> 1. Healthy Start Prenatal Risk Screen 2. Healthy Start Infant Screen 3. WIC Referral 4. HIV testing & counseling 5. Hepatitis B screening 	Contact Universal Perinatal Case Management 866-690-4842 x2902	Same Guidelines
Hysterectomy, Sterilization & Abortion	Abortions are allowed only when the pregnancy is the result of rape or incest, or the woman is in danger of death	Fax Authorization request to Universal Health Care UM dept. Physician Fax: 866-690-4842 Hosp/SNF Fax: 800-889-6745	Same Guidelines
Continuity of Care – Terminated providers		Up to 6 months Pregnancy= 9 months	Same Guidelines
Child Health Check-Ups	By 1 mo, 2mo, 4 mo, 6mo, 9 mo, 12 mo, 15 mo, 18 mo, 24 mo, and annually thereafter	No Copay	No Copay

**Sample UFirst ID Card
ID Number will begin with “UF” or “UR”**

<p>John Doe UHC ID# UF1234567890 Primary Care Physician: Provider Name: Jane Doe Phone: 813-555-5555 OV: \$0 RX: \$0 ER/Hospital: \$0 Effective Date: 01/01/09 Behavioral Health:1-800-835-2094 Pharmacy Help Desk:1-877-300-5136 UHC Member Services Department:1-866-690-4UHC (4842) TTY (For the Hearing Impaired) 1-800-617-0177 RxBin#: 610014 Group Plan # UNIVERS</p>	 MEDICAID www.UNIVHC.com 
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UNIVERSAL HEALTH CARE, INC.

MEMBER: This card must be presented along with your Gold Card when requesting service. Contact your **Primary Care Physician** for all treatment except Emergencies. For emergencies go to the nearest E.R.; contact your **Primary Care Physician** as soon as possible.

Hospital: All emergencies and/or urgently needed services are to be administered immediately and Universal Health Care, Inc. is to be notified as soon as possible at **1-866-690-4UHC (4842)**.

Provider: send all claims to: **UHC Claims Department**
P.O. Box 3842 • St. Petersburg, FL 33731-3842
1-866-690-4842

This card does not prove membership nor guarantee coverage. For verification of benefits, please call Member Services.

A.H.C.A. HMO Complaint Hotline 1-888-419-3456

UNIVERSAL HEALTH CARE, INC. PO Box 759, Petersburg, FL 33731-0759