

Basic Plan | PLUS Plan | Community Choice Plan

3 great health plans –  
Which UniCare plan  
is right for you?



# UNICARE STATE INDEMNITY PLAN PLAN COMPARISON GUIDE

Benefits effective July 1, 2017



# The UniCare State Indemnity Plan

Here's a snapshot of three of our plan options. With all of our plans, you can see any doctor you choose – without referrals for office visits with specialists. For detailed information about benefits, coverage and copays, see the chart inside. Questions? Visit [unicarestatelineplan.com](http://unicarestatelineplan.com) or call UniCare Customer Service at 877-633-6396.

## Basic Plan

### Highest-premium option

*You can live anywhere in the world and enroll in this plan.*

There's nothing bare-bones about Basic. This plan gives you peace of mind knowing you're covered – wherever you live and wherever you get your health care services.

#### A few reasons to choose Basic

- Coverage for office visits and hospital care anywhere in the world
- Freedom to see any doctor – no referrals needed for office visits with specialists
- \$20 copay for all primary care office visits
- Inpatient hospital copay is \$275 with CIC<sup>†</sup>
- Urgent care coverage for covered student dependents who live out of state
- Coverage for emergency and urgent care services when you travel outside your home state

<sup>†</sup> You can enroll in Basic with or without Comprehensive Insurance Coverage (CIC). More than 98% of Basic members choose CIC because it covers most services at 100%. Without CIC, most services are covered at 80%, so your member costs are higher.

## PLUS Plan

### Mid-range premium option

*You can live in Massachusetts, Maine, New Hampshire, Rhode Island or Connecticut and enroll in this plan.*

PLUS gives you great coverage, choice and flexibility.

#### A few reasons to choose PLUS

- Freedom to see any doctor – no referrals needed for office visits with specialists
- \$15 copay for primary care office visits with Patient-Centered Primary Care providers<sup>†</sup>; \$20 copay for all other primary care office visits
- Outpatient hospital medical care covered at 100% when you use any PLUS hospital in MA, CT, ME, NH or RI
- Inpatient hospital copays for Massachusetts hospitals start at \$275
- Urgent care coverage for student dependents who live out of state
- Coverage for emergency and urgent care services when you travel outside your home state

<sup>†</sup> See the information about Patient-Centered Primary Care providers in this brochure

## Community Choice Plan

### Lowest-premium option



*You can live anywhere in Massachusetts (except Martha's Vineyard and Nantucket) and enroll in this plan.*


Community Choice gives you great coverage and provider choices.

#### A few reasons to choose Community Choice

- Freedom to see any doctor – no referrals needed for office visits with specialists
- Access to 58 Community Choice hospitals throughout Massachusetts, including Dana Farber Cancer Institute in Boston and Children's Hospital Boston, at a \$275 inpatient copay
- \$20 copay for all primary care office visits
- Urgent care coverage for student dependents who live out of state
- Coverage for emergency and urgent care services when you travel outside Massachusetts
- 80% coverage at non-Community Choice hospitals (100% coverage for emergencies)

# Comparing Your Benefits

This is a summary of benefits for UniCare's non-Medicare plan options. It shows you what your member costs (deductible, copays and coinsurance) are for certain services, and what UniCare pays. Questions? Call UniCare Customer Service at 877-633-6396.

	Basic		PLUS		Community Choice
	With CIC <sup>1</sup>	Without CIC <sup>1</sup>	PLUS Provider	Non-PLUS Provider	Any Provider  Limited Network Plan
<b>At the doctor's office<sup>2</sup></b>					
PCP visit for preventive care <sup>3</sup>	100%	100%	100%	100%	100%
PCP visit when you're sick or injured	\$20 copay, then 100%	\$20 copay, then 80%	\$15/20 copay, then 100% <sup>4</sup>	\$20 copay plus deductible, then 80%	\$20 copay, then 100%
Specialist visit	\$30/60/90 copay, then 100%	\$30/60/90 copay, then 80%	\$30/60/90 copay, then 100%	\$60 copay plus deductible, then 80%	\$30/60/90 copay, then 100%
Most other services at a doctor's office	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%
<b>Lab work, tests and radiology — at a non-hospital location</b>					
Lab work for a preventive check-up <sup>3</sup>	100%	100%	100%	100%	100%
Lab tests for an illness or injury	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%
X-rays or other radiology	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%
MRIs or CT, PET or SPECT scans <sup>5</sup>	\$100 copay plus deductible, then 100%	\$100 copay plus deductible, then 80%	\$100 copay plus deductible, then 100%	\$100 copay plus deductible, then 80%	\$100 copay plus deductible, then 100%
<b>Other non-hospital services</b>					
Visit to an urgent care center or retail health clinic	\$20 copay, then 100%	\$20 copay, then 80%	\$20 copay, then 100%	\$20 copay, then 100%	\$20 copay, then 100%
Physical or occupational therapy	\$20 copay, then 100%	\$20 copay, then 100%	\$20 copay, then 100%	\$20 copay plus deductible, then 100%	\$15 copay, then 100%
Chiropractic care <sup>6</sup>	\$20 copay, then 80%	\$20 copay, then 80%	\$20 copay, then 80%	\$20 copay plus deductible, then 80%	\$15 copay, then 80%
Routine eye exam from an optometrist <sup>7</sup>	\$60 copay, then 100%	\$60 copay, then 100%	\$60 copay, then 100%	\$60 copay, then 80%	\$60 copay, then 100%
Routine eye exam from an ophthalmologist <sup>7</sup>	\$30/60/90 copay, then 100%	\$30/60/90 copay, then 100%	\$30/60/90 copay, then 100%	\$30/60/90 copay, then 80%	\$30/60/90 copay, then 100%
Speech therapy <sup>6</sup>	100%	80%	100%	Deductible, then 80%	100%

	Basic		PLUS		Community Choice	
	With CIC <sup>1</sup>	Without CIC <sup>1</sup>	PLUS Provider	Non-PLUS Provider	CC Hospital	Non-CC Hospital
<b>Services at the hospital</b>						
Emergency room visit <sup>8</sup>	\$100 copay plus deductible, then 100%	\$100 copay plus deductible, then 100%	\$100 copay plus deductible, then 100%	\$100 copay plus deductible, then 100%	\$100 copay plus deductible, then 100%	\$100 copay plus deductible, then 100%
Inpatient hospital stay <sup>9</sup>	\$275 copay plus deductible, then 100%	\$300 copay plus deductible, then 100%	\$275/500/1,500 copay plus deductible, then 100%	\$500 copay plus deductible, then 80%	\$275 copay plus deductible, then 100%	\$750 copay plus deductible, then 80%
Other outpatient medical care	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%	Deductible, then 100%
<b>Outpatient surgery</b>						
At a hospital or hospital-owned site <sup>10</sup>	\$250 copay plus deductible, then 100%	\$250 copay plus deductible, then 80%	\$110/110/250 copay plus deductible, then 100%	\$110 copay plus deductible, then 80%	\$110 copay plus deductible, then 100%	\$250 copay plus deductible, then 80%
At a non-hospital site or doctor's office	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%	
<b>Lab work, tests and radiology at a hospital</b>						
Lab tests for an illness or injury	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%	\$50 copay plus deductible, then 100%
X-rays or other radiology	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%	\$50 copay plus deductible, then 100%
MRIs or CT, PET or SPECT scans <sup>5</sup>	\$100 copay plus deductible, then 100%	\$100 copay plus deductible, then 80%	\$100 copay plus deductible, then 100%	\$100 copay plus deductible, then 80%	\$100 copay plus deductible, then 100%	\$200 copay plus deductible, then 100%
<b>Deductibles and limits on your costs (per plan year)</b>						
Deductible	\$500 for one person/ \$1,000 for the family	\$500 for one person/ \$1,000 for the family	\$500 for one person/ \$1,000 for the family	\$500 for one person/ \$1,000 for the family	\$500 for one person/ \$1,000 for the family	
Out-of-pocket limit (medical/behavioral health) <sup>11</sup>	\$4,000 for one person/ \$8,000 for the family		\$4,000 for one person/ \$8,000 for the family	\$5,000 for one person/ \$10,000 for the family	\$4,000 for one person/ \$8,000 for the family	\$5,000 coinsurance limit for each person <sup>12</sup>
<b>Coverage for prescription drugs – administered by CVS Caremark</b>						
<b>For more information about the prescription drug program, call CVS Caremark at 877-876-7214, or visit <a href="https://caremark.com/gic">caremark.com/gic</a></b>						
Deductible	\$100 for one person / \$200 for the family		\$100 for one person / \$200 for the family		\$100 for one person / \$200 for the family	
From a network pharmacy (30-day supply)	\$10/30/65 copay, then 100%		\$10/30/65 copay, then 100%		\$10/30/65 copay, then 100%	
By mail order (90-day supply)	\$25/75/165 copay, then 100%		\$25/75/165 copay, then 100%		\$25/75/165 copay, then 100%	
Out-of-pocket limit (prescription drug) <sup>11</sup>	\$1,500 for one person/ \$3,000 for the family		\$1,500 for one person/ \$3,000 for the family		\$1,500 for one person/ \$3,000 for the family	
<b>Coverage for behavioral health services – administered by Beacon Health Options</b>						
<b>For benefits and services, call Beacon at 855-750-8980, or visit <a href="https://beaconhealthoptions.com/gic">beaconhealthoptions.com/gic</a></b>						



## Notes

1. CIC stands for **Comprehensive Insurance Coverage**. When you have Basic coverage with CIC, most benefits are covered at 100%.
2. **Primary care providers (PCPs)** can be physicians, nurse practitioners or physician assistants. **Specialists** are usually physicians.
3. **Preventive care services** are covered according to the schedule recommended by the U.S. Preventive Services Task Force. Periodic preventive examinations are covered according to the schedule issued by Massachusetts Health Quality Partners.
4. In PLUS, when your PCP participates in UniCare's **Patient-Centered Primary Care** program, your copay is \$15. For all other PCPs, your copay is \$20.
5. **Copays for high-tech imaging** (MRIs and PET, CT and SPECT scans) are for each scan. But you'll only owe one copay if you have more than one scan on the same day.
6. **Chiropractic visits** and **speech therapy visits** are both limited to 20 visits each year.
7. **Routine eye exams** (including refraction) are covered once every 24 months.
8. **Emergency room coverage** is for accidents and serious illnesses. If you end up getting admitted to the hospital, you won't owe the emergency room copay.
9. In Basic and PLUS, you owe a **copay for inpatient hospital care** only once each calendar quarter. In Community Choice, the copay is once each quarter when you go to a Community Choice hospital. At non-Community Choice hospitals, you'll owe the copay each time you're admitted to the hospital. In all plans, you won't have to pay another copay if you're readmitted to the hospital within 30 days of being discharged, as long as both hospital stays take place during the same plan year.
10. In Basic and PLUS, you owe a **copay for outpatient surgery** only once each calendar quarter. In Community Choice, you owe the copay once each quarter at Community Choice hospitals. At non-Community Choice hospitals, you'll owe the copay each time you have outpatient surgery.
11. The **out-of-pocket limits** are the most you could pay in member costs (deductible, copays, coinsurance) during the plan year. You have two separate out-of-pocket limits: one for medical and behavioral health costs and the other for prescription drug costs. (Other out-of-pocket limits may apply to your costs for out-of-network services.)
12. The **non-Community Choice coinsurance limit** is the most you could pay during the plan year for coinsurance at non-Community Choice hospitals.

## Patient-Centered Primary Care: How it benefits you



Patient-centered care is based on the simple idea that the best health care starts with having a PCP. UniCare works with primary care practices in Massachusetts, through our **Patient-Centered Primary Care program**, to help them incorporate the key elements of patient-centered care into their practices. These efforts are part of the GIC's **Centered Care initiative** which seeks to improve health care coordination and quality while reducing costs.

Patient-Centered Primary Care practices are those that have integrated systems of care within their practices to foster the relationship between patients and their PCPs. The goal is to provide care that keeps you healthy, motivated and informed. When that relationship works well, the results are better outcomes, lower costs and more patient satisfaction.

Here are some of the things you may notice at Patient-Centered Primary Care practices:

- Expanded hours and walk-in access make getting care easier
- More office contact, like follow-up calls and reminders
- Electronic health records help improve communications and coordinate care
- Email and Internet access so you don't have to wait for test results or return calls
- Provider teams that work together and support each other, to better assess your health needs as a whole

The copay for primary care visits is \$20 in all three plans. If you're a PLUS member, you'll have a \$15 copay when you see a PCP at a participating practice. A PCP can be a nurse practitioner, physician assistant, or physician with specialties in internal medicine, family practice, pediatrics or geriatrics. You'll find these providers in our online physician listing for the new plan year. Go to the *Member's page* at [unicarestateplan.com](http://unicarestateplan.com) and choose *Find a doctor*.

## How to find out more ...

- **About the UniCare State Indemnity Plan and its benefits** – Call UniCare Customer Service at 877-633-6396. Or visit us on the Web at [unicarestateplan.com](http://unicarestateplan.com).
- **About benefits for prescription drugs (CVS Caremark)** – Call CVS Caremark at 877-876-7214, or on the Web at [caremark.com/gic](http://caremark.com/gic).
- **About benefits for behavioral health (Beacon Health Options)** – Call Beacon at 855-750-8980, or on the Web at [beaconhealthoptions.com/gic](http://beaconhealthoptions.com/gic).
- **About member costs (deductible, copays, coinsurance), out-of-pocket limits and the non-Community Choice coinsurance limit** – See Chapter 2 in the UniCare member handbooks.

# We offer 3 comprehensive health plans: **Basic, PLUS and Community Choice.** Each UniCare plan gives you great choices, coverage and customer care.

## What's great about the UniCare State Indemnity Plan?

**Choices:** Keep your current doctor or choose a new one – it's your choice. No matter which UniCare plan you select, you can see any doctor. No referrals needed for office visits to specialists.

**Coverage:** Each UniCare plan provides comprehensive medical coverage for you and your family – even if you need urgent care while traveling out of state.

Our plans cover office visits, emergency care, chiropractic services, inpatient hospital care, eye exams and much more.

**Customer Care:** For over 27 years, UniCare Customer Service (based in Massachusetts) has served only people insured through the Group Insurance Commission (GIC). So our focus is entirely on GIC members. Whether you have a question about your benefits, claims or other health care issues, our experienced staff is here to help.

## Questions?

Call UniCare Customer Service at 877-633-6396 or check the materials on the *Members* page of [unicarestateplan.com](http://unicarestateplan.com).

## Not sure which UniCare option is right for you?

We've created a plan comparison video to help you choose. Just go to the *Members* page of [unicarestateplan.com](http://unicarestateplan.com) and look for the video under *Quick Links*.

### Medicare eligible?

Ask a representative for information about our Medicare Extension plan.



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