

Basic Plan | PLUS Plan | Community Choice Plan

3 great health plans —  
which UniCare health plan  
is right for you?

UNICARE STATE INDEMNITY PLAN

# BENEFITS OVERVIEW



# Benefits Overview — February 1, 2010

An Overview of Benefits for the UniCare State Indemnity Plan's Non-Medicare Options. This is a summary of UniCare's Plan benefits only.

Covered Services	Basic Plan		PLUS Plan		Community Choice Plan
	With CIC (Comprehensive Insurance Coverage)	Without CIC (Comprehensive Insurance Coverage)	PLUS Providers	Non-PLUS Providers	All Providers
<b>Physician Office Visits</b> Note: Ancillary services such as lab services, x-rays and injections, performed at the time of the office visit are subject to the \$250 calendar year deductible.	<b>Primary Care Physician:</b> 100% after \$15/30/35 copay per visit  <b>Specialty Care Physician:</b> 100% after \$20/30/40 copay per visit	<b>Primary Care Physician:</b> 80% after \$15/30/35 copay per visit  <b>Specialty Care Physician:</b> 80% after \$20/30/40 copay per visit	<b>Primary Care Physician:</b> 100% after \$15/30/35 copay per visit  <b>Specialty Care Physician:</b> 100% after \$25/30/45 copay per visit	<b>Primary Care Physician:</b> 80% after \$30 copay per visit and after \$100 calendar year deductible  <b>Specialty Care Physician:</b> 80% after \$30 copay per visit and after \$100 calendar year deductible	<b>Primary Care Physician:</b> 100% after \$15/30/35 copay per visit  <b>Specialty Care Physician:</b> 100% after \$25/30/45 copay per visit
<b>Licensed Retail Medical Clinics at Retail Pharmacies</b>	100% after \$20 copay per visit	80% after \$20 copay per visit	100% after \$20 copay per visit	80% after \$20 copay per visit & after \$100 calendar year deductible	100% after \$20 copay per visit
<b>Periodic Preventive Exams</b>	Covered according to preventive care schedule	Covered according to preventive care schedule	Covered annually for all adults and according to preventive care schedule for children	Covered annually for all adults and according to preventive care schedule for children	Covered annually for all adults and according to preventive care schedule for children
	<b>Primary Care Physician:</b> 100% after \$15/30/35 copay per visit  <b>Specialty Care Physician:</b> 100% after \$20/30/40 copay per visit	<b>Primary Care Physician:</b> 100% after \$15/30/35 copay per visit  <b>Specialty Care Physician:</b> 100% after \$20/30/40 copay per visit	<b>Primary Care Physician:</b> 100% after \$15/30/35 copay per visit  <b>Specialty Care Physician:</b> 100% after \$25/30/45 copay per visit	<b>Primary Care Physician:</b> 80% after \$30 copay per visit  <b>Specialty Care Physician:</b> 80% after \$30 copay per visit	<b>Primary Care Physician:</b> 100% after \$15/30/35 copay per visit  <b>Specialty Care Physician:</b> 100% after \$25/30/45 copay per visit
<b>Chiropractic Care</b>	80% after \$20 copay per visit; maximum benefit of \$40 per visit, 20 visits per calendar year	80% after \$20 copay per visit; maximum benefit of \$40 per visit, 20 visits per calendar year	80% after \$20 copay per visit; maximum benefit of \$40 per visit, 20 visits per calendar year	80% after \$20 copay per visit and after \$100 calendar year deductible; maximum benefit of \$40 per visit, 20 visits per calendar year	80% after \$15 copay per visit; maximum benefit of \$40 per visit, 20 visits per calendar year

Benefits Overview — February 2010 *continued*

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Covered Services	Basic Plan		PLUS Plan		Community Choice Plan
	With CIC (Comprehensive Insurance Coverage)	Without CIC (Comprehensive Insurance Coverage)	PLUS Providers	Non-PLUS Providers	All Providers
<b>Non-hospital Outpatient Radiology Services</b>					
High-tech imaging such as MRIs, CT and PET scans	100% after \$100 copay per scan and after \$250 calendar year deductible. Maximum of one copay per day.	80% after \$100 copay per scan and after \$250 calendar year deductible. Maximum of one copay per day.	100% after \$100 copay per scan and after \$250 calendar year deductible. Maximum of one copay per day.	80% after \$75 copay per scan. Maximum of one copay per day.	100% after \$100 copay per scan and after \$250 calendar year deductible. Maximum of one copay per day
All other radiology	100% after \$250 calendar year deductible	80% after \$250 calendar year deductible	100% after \$250 calendar year deductible	80%	100% after \$250 calendar year deductible
<b>Non-Hospital Outpatient Diagnostic Lab Tests</b>	100% after \$250 calendar year deductible	100% after \$250 calendar year deductible	100% after \$250 calendar year deductible	80%	100% after \$250 calendar year deductible
<b>Routine Eye Exams</b> (including refraction)	Covered once every 24 months.  <b>Optometrist:</b> 100% after \$30 copay per visit  <b>Ophthalmologist:</b> 100% after \$20/\$30/\$40 copay per visit	Covered once every 24 months.  <b>Optometrist:</b> 100% after \$30 copay per visit  <b>Ophthalmologist:</b> 100% after \$20/\$30/\$40 copay per visit	Covered once every 24 months.  <b>Optometrist:</b> 100% after \$30 copay per visit  <b>Ophthalmologist:</b> 100% after \$25/\$30/\$45 copay per visit	Covered once every 24 months.  <b>Optometrist:</b> 80% after \$30 copay per visit  <b>Ophthalmologist:</b> 80% after \$30 copay per visit	Covered once every 24 months.  <b>Optometrist:</b> 100% after \$30 copay per visit  <b>Ophthalmologist:</b> 100% after \$25/\$30/\$45 copay per visit
<b>Speech Therapy</b>	100% up to maximum of \$2,000 per calendar year	80% up to maximum of \$2,000 per calendar year	100% up to maximum of \$2,000 per calendar year	80% after \$100 calendar year deductible; up to maximum of \$2,000 per calendar year	100% up to maximum of \$2,000 per calendar year
<b>Physical/Occupational Therapy</b>	100% after \$20 copay per visit	100% after \$20 copay per visit	100% after \$20 copay per visit	100% after \$15 copay per visit and after \$100 calendar year deductible	100% after \$15 copay per visit

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Benefits Overview — February 2010 *continued*

An Overview of Benefits for the UniCare State Indemnity Plan's Non-Medicare Options. This is a summary of UniCare's Plan benefits only.

Covered Services	Basic Plan		PLUS Plan		Community Choice Plan	
	With CIC (Comprehensive Insurance Coverage)	Without CIC (Non-Comprehensive Insurance Coverage)	PLUS Hospitals	Non-PLUS Hospitals	Community Choice Hospitals	Non-Community Choice Hospitals
<b>Outpatient Medical Care at a Hospital</b>	100% after \$250 calendar year deductible	100% after \$250 calendar year deductible	100% after \$250 calendar year deductible	80% after \$100 calendar year deductible	100% after \$250 calendar year deductible	
<b>Outpatient Surgery at a Hospital</b>	100% after \$110 outpatient surgery quarterly copay and after \$250 calendar year deductible	80% after \$110 outpatient surgery quarterly copay and after \$250 calendar year deductible	100% after \$110/110/250 outpatient surgery quarterly copay and after \$250 calendar year deductible	80% after \$100 outpatient surgery quarterly copay	100% after \$110 outpatient surgery quarterly copay and after \$250 calendar year deductible	100% after \$250 outpatient surgery copay per occurrence and after \$250 calendar year deductible
<b>Outpatient Diagnostic Lab Tests at a Hospital</b>	100% after \$250 calendar year deductible	100% after \$250 calendar year deductible	100% after \$250 calendar year deductible	80%	100% after \$250 calendar year deductible	100% after \$50 copay per visit and after \$250 calendar year deductible
<b>Outpatient Radiology Services at a Hospital</b>						
High-tech imaging, such as MRIs, CT and PET scans	100% after \$100 copay per scan and after \$250 calendar year deductible. Maximum of one copay per day	80% after \$100 copay per scan and after \$250 calendar year deductible. Maximum of one copay per day	100% after \$100 copay per scan and after \$250 calendar year deductible. Maximum of one copay per day	80% after \$75 copay per scan; maximum of one copay per day	100% after \$100 copay per scan and after \$250 calendar year deductible. Maximum of one copay per day	100% after \$75 copay per scan and after \$250 calendar year deductible. Maximum of one copay per day
All other radiology services	100% after \$250 calendar year deductible	80% after \$250 calendar year deductible	100% after \$250 calendar year deductible	80%	100% after \$250 calendar year deductible	100% after \$50 copay and after \$250 calendar year deductible
<b>Emergency Room Charge (for an accident/serious illness)</b>	100% after \$100 copay and after \$250 calendar year deductible (copay waived if admitted.)	100% after \$100 copay and after \$250 calendar year deductible (copay waived if admitted.)	100% after \$100 copay and after \$250 calendar year deductible (copay waived if admitted.)	100% after \$75 copay (copay waived if admitted)	100% after \$100 copay and after \$250 calendar year deductible. (copay waived if admitted)	100% after \$100 copay and after \$250 calendar year deductible. (copay waived if admitted)

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Benefits Overview — February 2010 *continued*

An Overview of Benefits for the UniCare State Indemnity Plan's Non-Medicare Options. This is a summary of UniCare's Plan benefits only.

Covered Services	Basic Plan		PLUS Plan		Community Choice Plan	
	With CIC (Comprehensive Insurance Coverage)	Without CIC (Non-Comprehensive Insurance Coverage)	PLUS Hospitals	Non-PLUS Hospitals	Community Choice Hospitals	Non-Community Choice Hospitals
<b>Inpatient Hospital (acute care)</b>	100% coverage after \$200 inpatient quarterly copay and after \$250 calendar year deductible. Quarterly copay waived for re-admissions within 30 days of a hospital discharge, within the same calendar year.	100% coverage after \$300 inpatient quarterly copay and after \$250 calendar year deductible. Quarterly copay waived for re-admissions within 30 days of a hospital discharge, within the same calendar year.	100% coverage after \$250/500/750 inpatient quarterly copay and after \$250 calendar year deductible. Quarterly copay waived for re-admissions within 30 days of a hospital discharge, within the same calendar year.	80% coverage after \$500 inpatient quarterly copay. Quarterly copay waived for re-admissions within 30 days of a hospital discharge, within the same calendar year.	100% coverage after \$250 inpatient quarterly copay and after \$250 calendar year deductible. Quarterly copay waived for re-admissions within 30 days of a hospital discharge, within the same calendar year.	100% coverage after \$750 copay per admission and after \$250 calendar year deductible. Admission copay waived for re-admissions within 30 days of a hospital discharge, within the same calendar year (\$250 deductible if admitted from ER or at designated hospitals for certain complex procedures).
<b>Inpatient Surgery</b>	100% after \$250 calendar year deductible	80% after \$250 calendar year deductible	100% after \$250 calendar year deductible	80%	100% after \$250 calendar year deductible	
<b>Hospice Care</b>	100% after \$250 calendar year deductible	100% after \$250 calendar year deductible	100% after \$250 calendar year deductible	80% after \$100 calendar year deductible	100% after \$250 calendar year deductible	
<b>Sub-Acute and Skilled Nursing Facilities</b>	80% after \$250 calendar year deductible, up to maximum benefit of 45 days per calendar year	80% after \$250 calendar year deductible, up to maximum benefit of 45 days per calendar year	80% after \$250 calendar year deductible, up to maximum benefit of 45 days per calendar year	80% after \$100 calendar year deductible, up to maximum benefit of 45 days per calendar year	80% after \$250 calendar year deductible, up to maximum benefit of 45 days per calendar year	
<b>2010 Calendar Year Deductible</b>	Beginning February 1, 2010, you must meet a calendar year deductible. This is a fixed dollar amount you must pay each calendar year before Plan begins paying benefits for you or your covered dependent(s). The deductible is \$250 per member, up to a maximum of \$750 per family. For members with family coverage, the maximum each person must satisfy is \$250 until the family as a whole reaches the \$750 maximum. Certain services, such as office visits, immunizations and certain screenings do not apply to the calendar year deductible. Note: PLUS members have a separate calendar year deductible for services received from non-PLUS providers.					
<b>Prescription Drugs</b> <small>Administered by Express Scripts</small>	<p><b>Network Pharmacy:</b> Up to a 30-day supply at 100% after a copay of \$10 for generic drugs, \$25 for preferred brand drugs, or \$50 for non-preferred brand drugs.</p> <p><b>Mail Order:</b> Up to a 90-day supply of maintenance drugs at 100% after a copay of \$20 for generic drugs, \$50 for preferred brand drugs, or \$110 for non-preferred brand drugs.</p>					
<b>Mental Health/ Substance Abuse and Employee Assistance</b> <small>Administered by United Behavioral Health</small>	Beginning February 1, 2010, your office visit copays will increase by \$5.					

## Information on Physician Tiering and Physician Office Visit Copays

To help you make more informed choices about your health care options and to control your premium costs, the Group Insurance Commission's (GIC) Clinical Performance Improvement (CPI) Initiative includes a physician tiering program. Under this program, Massachusetts physicians are assigned to tiers based on an evaluation of various quality and cost-efficiency measures for physicians. Based on a comparison of their scores with their peers in the same specialties on these efficiency measures, as well as whether the physician met certain quality benchmarks, individual physicians are assigned to one of three tiers, as described below. The names of the tiers have been assigned by the GIC for use uniformly across all of its participating health plans.

- **Tier 1\*\*\* (Excellent)** – Tier 1 physicians are those who met or exceeded the quality assessment threshold, established for all physicians, and ranked at the highest level of cost-efficiency, as compared to their peers. Tier 1 is designed to acknowledge the high performance of these physicians in terms of both quality and cost-efficiency measures, as determined by the available data.
- **Tier 2\*\* (Good)** – Tier 2 physicians are those who demonstrate good practice patterns. They have met or exceeded the quality assessment threshold established for all physicians and have met the cost-efficiency threshold established by the Plan, but did not achieve scores as high as Tier 1.
- **Tier 3\* (Standard)** – Tier 3 physicians are those who did not meet the quality threshold established for all physicians, or they did not meet the cost-efficiency threshold established by the Plan.

**Note:** For a variety of reasons, many physicians did not have sufficient data available during the data collection period to allow us to assess their quality and/or cost-efficiency. Some may lack sufficient data with regard to the quality measures and/or the cost-efficiency measures. These physicians are placed in the category of Not Tiered/Insufficient Data (NT/ID). You can see these physicians for a \$30 copay.

**For the most current listing of physicians and their tiering assignments, log onto [www.unicarestatementplan.com](http://www.unicarestatementplan.com).**

No matter which UniCare option within the Indemnity Plan you choose, you pay the lowest office visit copay when you visit Tier 1 physicians in Massachusetts. When you use physicians that are not based in Massachusetts, you will pay a \$30 copay.

Note that this is only a summary of physician tiering and office visit copays. For more detailed information on physician tiering, log onto [www.unicarestatementplan.com](http://www.unicarestatementplan.com). Or call UniCare Customer Service at (800) 442-9300 to request materials.

For all questions about Plan benefits, call (800) 442-9300 or check our Member Handbooks on our website, [www.unicarestatementplan.com](http://www.unicarestatementplan.com) > "Forms and Documents."

**For Employee Assistance Program, mental health care or substance abuse treatment services:** Call United Behavioral Health toll free at (888) 610-9039, or visit [www.liveandworkwell.com](http://www.liveandworkwell.com) (access code 10910).

**For information about the UniCare State Indemnity Plan prescription drug program:** Call Express Scripts toll free at (877) 828-9744, or visit their web site: [www.express-scripts.com](http://www.express-scripts.com).