

For UniCare State Indemnity Plan/ Community Choice Members

How Your Medical Plan Benefits Will Change on February 1, 2010

The following chart shows changes to your medical plan benefits for services you receive beginning February 1, 2010. A benefit update to your member handbook will be mailed to you in the near future. **Please note that you pay lower copays at Community Choice hospitals.**

Benefit	How this benefit will change on February 1, 2010	Your benefits beginning February 1, 2010
Calendar Year Deductible	You will have a calendar year deductible. This is a fixed dollar amount you must pay before the Plan begins paying benefits for you or your covered dependent(s). ¹	Individual Calendar Year Deductible: \$250 per calendar year Family Calendar Year Deductible²: \$750 per calendar year
<p>All medical services apply to the calendar year deductible, except for:</p> <ul style="list-style-type: none"> ▪ Office visits to: physicians, nurse practitioners, chiropractors, physical therapists, occupational therapists, speech therapists, and retail medical clinics at retail pharmacies. Note: Ancillary services such as lab services, x-rays and injections, performed at the time of an office visit are subject to the deductible. ▪ Immunizations ▪ Pap smears, mammograms and colonoscopies when performed as preventive screenings ▪ Hearing aids ▪ Wigs <p>¹ Your provider will ask you for your copay at the time of your visit. After services are provided, the Plan will send you and your provider an explanation of benefits (EOB) so you can see which portion of the costs you will be responsible for. These costs include the copay you have paid, as well as the calendar year deductible, if applicable. Your provider will then bill you for any balance you owe.</p> <p>² If you have family coverage, \$750 in deductibles will apply to your family in any calendar year. The deductible for an individual family member will not exceed \$250.</p>		
Physician Office Visits (except for ancillary services such as lab services, x-rays and injections performed at the time of the visit)	Your office visit copays for primary and specialty care physicians will increase by \$5.	Primary Care Physicians: 100% coverage after a copay of \$15 for Tier 1 physicians, \$30 for Tier 2 physicians and \$35 for Tier 3 physicians Specialty Care Physicians: 100% coverage after a copay of \$25 for Tier 1 physicians, \$30 for Tier 2 physicians and \$45 for Tier 3 physicians
<p>You can also see the following physicians for a \$30 copay:</p> <ul style="list-style-type: none"> ▪ All non-Massachusetts physicians ▪ All physicians in the Plan's Provider Listing who are designated as having insufficient data to be evaluated for tiering (NT/ID) ▪ Massachusetts physicians who are not included in the Plan's Provider Listing 		

Note: These changes do not apply to Medicare Extension (OME) Plan members.



For UniCare State Indemnity Plan/Community Choice Members —
 How Your Medical Plan Benefits Will Change on February 1, 2010 *continued*

Benefit	How this benefit will change on February 1, 2010	Your benefits beginning February 1, 2010
Licensed Retail Medical Clinics at Retail Pharmacies	Your copay for visits to retail medical clinics at retail pharmacies will increase by \$5.	100% coverage after a copay of \$20 per visit
Services Provided by Nurse Practitioners	Your copay for visits to nurse practitioners will increase by \$5.	100% coverage after a copay of \$30 per visit
Routine Eye Exams (including refraction)	Your copay for routine eye exams (including refraction) will increase by \$5.	Covered once every 24 months Optometrist: 100% coverage after a copay of \$30 per visit Ophthalmologist: 100% coverage after a copay of \$25 for Tier 1 physicians, \$30 for Tier 2 physicians and \$45 for Tier 3 physicians
Physical/ Occupational Therapy	Your copay for visits to physical therapists and occupational therapists will increase by \$5.	100% coverage after a copay of \$15 per visit
Chiropractic Care	Your copay for chiropractic care will increase by \$5.	80% coverage after a copay of \$15 per visit; maximum benefit of \$40 per visit, 20 visits per calendar year
Emergency Room Charge <i>At a Community Choice hospital</i>	Your copay for emergency room charges will increase by \$25.	Emergency Room Charge: 100% coverage after a copay of \$100 per visit and after the calendar year deductible; copay waived if admitted
Outpatient Surgery <i>At a Community Choice hospital</i>	Your quarterly copay for outpatient surgery will increase by \$10.	Outpatient Surgery: 100% coverage after an outpatient surgery quarterly copay of \$110 and after the calendar year deductible
Outpatient High-tech Imaging (such as MRIs, CT scans and PET scans) <i>At a hospital or freestanding imaging center</i>	Your copay for high-tech imaging services will increase by \$25.	100% coverage after a copay of \$100 per scan and after the calendar year deductible; maximum of one copay per day

Note: These changes do not apply to Medicare Extension (OME) Plan members.

Mental Health/Substance Abuse and Enrollee Assistance Program Benefits: Beginning February 1, 2010, your office visit copays will increase by \$5.

Prescription Drug Benefits: There will be **no** changes to your prescription drug benefits on February 1, 2010.