UNICARE STATE INDEMNITY PLAN

PLAN BENEFITS – BASIC

For UniCare State Indemnity Plan/Basic members

Effective July 1, 2019

Summary of Basic plan benefits

This summary shows the Basic plan benefits for many medical and behavioral health services. For a complete and detailed description of benefits and Plan provisions, see your member handbook.

- **Deductible** – The Basic plan deductible is $500 for one person or $1,000 for a family each plan year.
- **Allowed amounts** – All benefits shown in this summary are limited to UniCare's allowed amounts. The allowed amount is the most that UniCare pays for a covered service.
- **Preapprovals** – Services marked with a ☎ phone symbol need to be preapproved.

Benefits for medical care under the Basic plan

Service	Your member costs with CIC	Your member costs without CIC
Ambulances	Deductible	Deductible
Anesthesia	Deductible	Deductible and 20% coinsurance
Bereavement counseling	Deductible and 20% coinsurance *(limited to $1,500 for a family in a plan year)*	Deductible and 20% coinsurance *(limited to $1,500 for a family in a plan year)*
Cardiac rehab programs	Deductible	Deductible
Chemotherapy	Deductible	Deductible and 20% coinsurance
☎ **Chiropractic care**	$20 copay and 20% coinsurance *(limited to 20 visits in a plan year)*	$20 copay and 20% coinsurance *(limited to 20 visits in a plan year)*
Diabetic supplies	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance
Dialysis	Deductible	Deductible and 20% coinsurance
Doctors – office visits		
▪ Primary care (PCP) visits	$20 copay	$20 copay and 20% coinsurance
▪ Specialist visits	$30/60/60 copay	$30/60/60 copay and 20% coinsurance
▪ Telehealth (LiveHealth Online)	$15 copay	$15 copay and 20% coinsurance
Doctors – other		
▪ Emergency room care	Deductible	Deductible and 20% coinsurance
▪ Inpatient hospital care	Deductible	Deductible and 20% coinsurance
▪ Outpatient hospital care	$30/60/60 copay	$30/60/60 copay and 20% coinsurance

Service	Your member costs with CIC	Your member costs without CIC
Drug screening (lab tests)	Deductible	Deductible
☎ **Durable medical equipment (DME)**	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance
Early intervention programs	No member costs	No member costs
Emergency room	$100 copay and deductible	$100 copay and deductible
☎ **Enteral therapy**	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance
Eye exams (routine)	$30/60/60 copay *(limited to one exam every 24 months)*	$30/60/60 copay *(limited to one exam every 24 months)*
Eyeglasses and contact lenses	Deductible and 20% coinsurance *(limited to the first lenses within six months after eye injury or cataract surgery)*	Deductible and 20% coinsurance *(limited to the first lenses within six months after eye injury or cataract surgery)*
Family planning services	No member costs	No member costs
Fitness club reimbursement	Reimbursed up to $100 for the family in a plan year	Reimbursed up to $100 for the family in a plan year
Hearing aids		
▪ Age 21 and under	No member costs *(limited to $2,000 for each impaired ear every 24 months)*	No member costs *(limited to $2,000 for each impaired ear every 24 months)*
▪ Age 22 and over	No member costs for first $500, then 20% coinsurance of the next $1,500 *(up to a limit of $1,700 every 24 months)*	No member costs for first $500, then 20% coinsurance of the next $1,500 *(up to a limit of $1,700 every 24 months)*
Hearing exams	$20/30/60/60 copay	$20/30/60/60 copay and 20% coinsurance
☎ **High-tech imaging (MRIs, CT and PET scans)**		
▪ Inpatient hospital	Deductible	Deductible
▪ Outpatient hospital and non-hospital-owned locations	$100 daily copay and deductible	$100 daily copay, deductible, and 20% coinsurance
☎ **Home health care**	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance
Home infusion therapy	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance
Hospice care	Deductible	Deductible
Immunizations (vaccines)	No member costs *(you may have costs for an office visit)*	No member costs *(you may have costs for an office visit)*
☎ **Inpatient hospital care**		
▪ At a hospital or rehab facility (semi-private room)	$275 quarterly copay and deductible	▪ **First 120 days:** $300 quarterly copay and deductible ▪ **After 120 days:** 20% coinsurance

Service	Your member costs with CIC	Your member costs without CIC
☎ **Inpatient hospital care *(cont.)***		
▪ At a hospital or rehab facility (medically necessary private room)	▪ **First 90 days:** $275 quarterly copay and deductible ▪ **After 90 days:** Dollar difference between the semi-private room rate and the private room rate	▪ **First 90 days:** $300 quarterly copay and deductible ▪ **Days 91 to 120:** Dollar difference between the semi-private room rate and the private room rate ▪ **After 120 days:** 20% coinsurance and the dollar difference between the semi-private room rate and the private room rate
▪ At a skilled nursing or long-term care facility	Deductible and 20% coinsurance *(limited to 45 days in a plan year)*	Deductible and 20% coinsurance *(limited to 45 days in a plan year)*
Lab services	Deductible	Deductible
☎ **Occupational therapy**	$20 copay	$20 copay
Office visits		
▪ Primary care (PCP) visits	$20 copay	$20 copay and 20% coinsurance
▪ Specialist visits	$30/60/60 copay	$30/60/60 copay and 20% coinsurance
▪ Telehealth (LiveHealth Online)	$15 copay	$15 copay and 20% coinsurance
Oxygen	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance	▪ **Preferred vendors:** Deductible ▪ **Non-preferred vendors:** Deductible and 20% coinsurance
Personal Emergency Response Systems (PERS)		
▪ Installation	Deductible and 20% coinsurance *(limited to $50 in a plan year)*	Deductible and 20% coinsurance *(limited to $50 in a plan year)*
▪ Rental	Deductible and 20% coinsurance *(limited to $40 a month)*	Deductible and 20% coinsurance *(limited to $40 a month)*
☎ **Physical therapy**	$20 copay	$20 copay
Prescription drugs	Benefits administered by Express Scripts. Call 855-283-7679 for information.	
Preventive care	No member costs	No member costs
☎ **Private duty nursing in a home setting**	Deductible and 20% coinsurance *(limited to $8,000 in a plan year)*	Deductible and 20% coinsurance *(limited to $4,000 in a plan year)*
Prosthetics and orthotics		
▪ Breast prosthetics	Deductible	Deductible
▪ Other prosthetics and orthotics	Deductible and 20% coinsurance	Deductible and 20% coinsurance
☎ **Radiation therapy**	Deductible	Deductible and 20% coinsurance
Radiology		
▪ Inpatient hospital	Deductible	Deductible
▪ Outpatient hospital and non-hospital-owned locations	Deductible	Deductible and 20% coinsurance
Retail health clinic visits	$20 copay	$20 copay and 20% coinsurance
☎ **Sleep studies**	Deductible	Deductible and 20% coinsurance

Service	Your member costs with CIC	Your member costs without CIC
Speech therapy	No member costs *(limited to 20 visits in a plan year)*	20% coinsurance *(limited to 20 visits in a plan year)*
☎ **Surgery**		
▪ Inpatient hospital	Deductible *(you also have an inpatient hospital copay; see "Inpatient hospital care")*	Deductible and 20% coinsurance *(you also have an inpatient hospital copay; see "Inpatient hospital care")*
▪ Outpatient hospital	$250 quarterly copay and deductible	$250 quarterly copay, deductible, and 20% coinsurance
▪ Non-hospital-owned locations	Deductible	Deductible and 20% coinsurance
Tobacco cessation counseling	No member costs *(limited to 300 minutes in a plan year)*	No member costs *(limited to 300 minutes in a plan year)*
☎ **Transplants**		
▪ At a Quality Center or Designated Hospital for transplants	$275 quarterly copay and deductible	$300 quarterly copay and deductible
▪ At other hospitals	$275 quarterly copay, deductible, and 20% coinsurance	$300 quarterly copay, deductible, and 20% coinsurance
Urgent care center visits	$20 copay	$20 copay and 20% coinsurance
Wigs (after cancer treatment)	20% coinsurance	20% coinsurance

Benefits for behavioral health care under the Basic plan

Behavioral health benefits are higher when you get your behavioral health care from providers in the Beacon Health Options network.

Service	Your member costs with in-network providers	Your member costs with out-of-network providers
☎ **Acute care services**	$150 quarterly copay	$200 quarterly copay and deductible
Emergency care		
▪ Hospital emergency room	$100 copay and deductible	$100 copay and deductible
▪ Emergency service programs	No member costs	No member costs
Medication management	$15 copay	$30 copay and deductible
Methadone maintenance	No member costs	No member costs
☎ **Outpatient services**	$20 copay	$30 copay and deductible
Substance use disorder assessment / referral	No member costs	No member costs
Telehealth (LiveHealth Online)	$15 copay	Not covered
Therapy		
▪ Family therapy	$20 copay	$30 copay and deductible
▪ Group therapy	$15 copay	$30 copay and deductible
▪ Individual therapy	$20 copay	$30 copay and deductible