

PLAN BENEFITS – MEDICARE EXTENSION

For UniCare State Indemnity Plan/Medicare Extension members

Effective July 1, 2019



Summary of Medicare Extension benefits


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

- ❑ **Allowed amounts** – All benefits shown in this summary are limited to the Medicare-approved amount or UniCare’s allowed amount:
 - The Medicare-approved amount is the most that Medicare pays for a covered service.
 - The UniCare allowed amount is the most that UniCare pays for a covered service if the service is not covered by Medicare.
- ❑ **Preapprovals** – Services marked with a 📞 phone symbol need to be preapproved.

Benefits for medical care under Medicare Extension

Service	Your member costs with CIC	Your member costs without CIC
Ambulances	No member costs	All costs over \$25
Anesthesia	No member costs	No member costs
Bereavement counseling	20% coinsurance <i>(limited to \$1,500 for a family in a calendar year)</i>	20% coinsurance <i>(limited to \$1,500 for a family in a calendar year)</i>
Cardiac rehab programs	No member costs	No member costs
Chemotherapy	No member costs	20% coinsurance
Chiropractic care	20% coinsurance <i>(limited to 20 visits in a calendar year)</i>	20% coinsurance <i>(limited to 20 visits in a calendar year)</i>
Diabetic supplies	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance
Dialysis	No member costs	20% coinsurance
Doctors		
▪ Office visits	\$10 copay	\$10 copay
▪ Emergency room care	No member costs	No member costs
▪ Inpatient hospital care	No member costs	No member costs
▪ Outpatient hospital care	\$10 copay	\$10 copay
Durable medical equipment (DME)	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance

Service	Your member costs with CIC	Your member costs without CIC
Early intervention programs	No member costs <i>(limited to \$5,200 for each child in a calendar year, with a lifetime limit of \$15,600 for each child)</i>	No member costs <i>(limited to \$5,200 for each child in a calendar year, with a lifetime limit of \$15,600 for each child)</i>
Emergency room	\$50 copay	\$50 copay
 Enteral therapy	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance
Eye exams (routine)	\$10 copay <i>(limited to one exam every 24 months)</i>	\$10 copay <i>(limited to one exam every 24 months)</i>
Eyeglasses and contact lenses	No member costs <i>(limited to the first lenses within six months after eye injury or cataract surgery)</i>	20% coinsurance <i>(limited to the first lenses within six months after eye injury or cataract surgery)</i>
Family planning services	No member costs	No member costs
Fitness club reimbursement	Reimbursed up to \$100 per member in a calendar year	Reimbursed up to \$100 per member in a calendar year
Hearing aids		
<ul style="list-style-type: none"> ▪ Age 21 and under 	No member costs <i>(limited to \$2,000 for each impaired ear every 24 months)</i>	No member costs <i>(limited to \$2,000 for each impaired ear every 24 months)</i>
<ul style="list-style-type: none"> ▪ Age 22 and over 	No member costs for first \$500, then 20% coinsurance of the next \$1,500 <i>(up to a limit of \$1,700 every 24 months)</i>	No member costs for first \$500, then 20% coinsurance of the next \$1,500 <i>(up to a limit of \$1,700 every 24 months)</i>
Hearing exams	\$10 copay	\$10 copay
 Home health care	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance
Home infusion therapy	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance
Hospice care	No member costs	No member costs
Immunizations (vaccines)	No member costs <i>(you may have costs for an office visit)</i>	No member costs <i>(you may have costs for an office visit)</i>
Inpatient hospital care		
<ul style="list-style-type: none"> ▪ At a hospital or rehab facility (semi-private room) 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ At a hospital or rehab facility (medically necessary private room) 	The dollar difference between the semi-private room rate and the private room rate	The dollar difference between the semi-private room rate and the private room rate
<ul style="list-style-type: none"> ▪ At a skilled nursing or long-term care facility 	<ul style="list-style-type: none"> ▪ For days paid by Medicare: No member costs until benefit limit is reached ▪ For days not paid by Medicare: 20% coinsurance until benefit limit is reached <i>Benefit limit is \$13,400 in a calendar year</i>	<ul style="list-style-type: none"> ▪ For days paid by Medicare: No member costs until benefit limit is reached ▪ For days not paid by Medicare: 20% coinsurance until benefit limit is reached <i>Benefit limit is \$13,400 in a calendar year</i>
Lab services		
<ul style="list-style-type: none"> ▪ Inpatient hospital 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ Outpatient hospital and non-hospital-owned locations 	No member costs	20% coinsurance

Service	Your member costs with CIC	Your member costs without CIC
Occupational therapy	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn't pay: 20% coinsurance 	20% coinsurance
Office visits	\$10 copay	\$10 copay
Oxygen	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred vendors: 20% coinsurance
Personal Emergency Response Systems (PERS) <ul style="list-style-type: none"> ▪ Installation 	20% coinsurance (limited to \$50 each calendar year)	20% coinsurance (limited to \$50 each calendar year)
<ul style="list-style-type: none"> ▪ Rental 	No member costs (limited to \$40 a month)	No member costs (limited to \$40 a month)
Physical therapy	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn't pay: 20% coinsurance 	\$20% coinsurance
Prescription drugs	Benefits administered by SilverScript. Call 877-876-7214 for information.	
Preventive care	No member costs	No member costs
 Private duty nursing in a home setting	20% coinsurance (limited to \$8,000 in a calendar year)	20% coinsurance (limited to \$4,000 in a calendar year)
Prosthetics and orthotics <ul style="list-style-type: none"> ▪ Breast prosthetics 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ Other prosthetics and orthotics 	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn't pay: 20% coinsurance 	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn't pay: 20% coinsurance
Radiation therapy	No member costs	20% coinsurance
Radiology and imaging <ul style="list-style-type: none"> ▪ Inpatient hospital 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ Outpatient hospital and non-hospital-owned locations 	No member costs	20% coinsurance
Retail health clinic visits	\$10 copay	\$10 copay and 20% coinsurance
Sleep studies	No member costs	20% coinsurance
Speech therapy	No member costs (limited to \$2,000 in a calendar year)	20% coinsurance (limited to \$2,000 in a calendar year)
Surgery <ul style="list-style-type: none"> ▪ In Massachusetts 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ Outside Massachusetts 	<ul style="list-style-type: none"> ▪ Medicare participating: No member costs ▪ Medicare non-participating: 20% of the difference between the Plan's allowed amount and the provider's charge 	<ul style="list-style-type: none"> ▪ Medicare participating: No member costs ▪ Medicare non-participating: 100% of the difference between the Plan's allowed amount and the provider's charge
Tobacco cessation counseling	No member costs (limited to 300 minutes each calendar year)	No member costs (limited to 300 minutes each calendar year)

Service	Your member costs with CIC	Your member costs without CIC
📞 Transplants <ul style="list-style-type: none"> ▪ At a Quality Center or Designated Hospital for transplants 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ At other hospitals 	20% coinsurance	20% coinsurance
Urgent care center visits	\$10 copay	\$10 copay and 20% coinsurance
Wigs (after cancer treatment)	20% coinsurance <i>(limited to \$350 each calendar year)</i>	20% coinsurance <i>(limited to \$350 each calendar year)</i>

Benefits for behavioral health care under Medicare Extension

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	No member costs	20% coinsurance
Emergency care		
<ul style="list-style-type: none"> ▪ Hospital emergency room 	\$50 copay	\$50 copay
<ul style="list-style-type: none"> ▪ Emergency service programs 	No member costs	No member costs
Medication management	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4 visits: \$5 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15 visits: 50% coinsurance
Methadone maintenance	No member costs	No member costs
📞 Outpatient services	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4 visits: \$10 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15 visits: 50% coinsurance
Substance use disorder assessment / referral	No member costs	No member costs
Therapy		
<ul style="list-style-type: none"> ▪ Family therapy 	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4 visits: \$10 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15 visits: 50% coinsurance
<ul style="list-style-type: none"> ▪ Group therapy 	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4 visits: \$5 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15 visits: 50% coinsurance
<ul style="list-style-type: none"> ▪ Individual therapy 	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4 visits: \$10 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15 visits: 50% coinsurance