UNICARE STATE INDEMNITY PLAN

COMMUNITY CHOICE

A limited network plan that gives you the freedom to choose
(for Massachusetts enrollees only)

Benefits effective July 1, 2017
“I want to choose my own doctors.”
“I don’t want to bother with referrals for office visits.”
“I want access to quality hospital care.”

Do you want to keep your premiums low without giving up the freedom to choose the health care you want?

Then Community Choice may be right for you. It’s a different kind of limited network plan, designed especially for Group Insurance Commission (GIC) members in 2004. In fact, Community Choice has been so popular that its membership has more than doubled since 2010.

Why do GIC enrollees consistently choose Community Choice?

Other limited network plans have networks of doctors, which can limit your choices. With Community Choice, you can see any doctor you want, and you don't need referrals for office visits with specialists. And with its network of 58 hospitals throughout Massachusetts, it's likely there's a Community Choice hospital near you.

When you use a Community Choice hospital – and doctors and services associated with those hospitals – your plan coverage is just as comprehensive as UniCare’s premier indemnity plan (Basic). And you'll pay a much lower premium.

What Community Choice offers you

- **The lowest premiums.** Community Choice has the lowest individual and family premiums of all the non-Medicare plans offered by the GIC this year.
- **See the doctors you want.** You can go to any doctor without a referral for office visits with specialists. You pay $20 for all primary care office visits. And you don't have to worry about balance billing from any Massachusetts providers.
- **Choose from among 58 Community Choice hospitals.** Community Choice hospitals – including Children's Hospital Boston and Dana-Farber Cancer Institute in Boston – can be found throughout Massachusetts. (See the complete list on the back of this brochure.)
- **The ability to get care at non-Community Choice hospitals.** If you seek care at a non-Community Choice hospital, you'll pay higher copays and 20% coinsurance of up to $5,000 per person.
- **Urgent care coverage for your dependents attending out-of-state schools on a full-time basis.**
- **In an emergency, you’re covered.** You can go to any hospital for emergency care.
- **LiveHealth Online telehealth option.** All you need to see a U.S. board-certified doctor is a mobile device or a computer with a webcam. Your visits are secure and private and are covered by UniCare; you pay a $15 copay.
- **UniCare’s dedicated customer service center.** Our team – which serves GIC members only – is committed to answering all customer calls within 30 seconds and processing all claims in under 10 days. We're here to help.
- **Up to $100 toward a fitness club membership for your family, plus member discounts on health-related products and services.**

How does Community Choice work?

Most limited network plans lower health care costs by having fewer doctors and fewer hospitals in their network. From the beginning, Community Choice has taken a different approach: it does not limit the number of doctors. Instead, Community Choice takes advantage of the quality and value of local community-based hospitals – hospitals shown to provide the same level of quality care as larger, more expensive hospitals. When you get care in your own community, you benefit from the convenience, and UniCare is able to keep costs down.

You get the highest level of benefits when you receive care at a Community Choice hospital. Unlike most limited network plans, however, Community Choice allows you to get care outside the network at a higher out-of-pocket cost.

To get the most from your Community Choice membership, you should use doctors who are affiliated with Community Choice hospitals. That way, you know you'll get the highest level of benefits when your doctor recommends hospital services. As always, you're not required to use the hospital network. You choose.

Although it’s not required, we encourage you to select a PCP (primary care provider). Your PCP can help you stay healthy and learn about possible health issues at an early stage. He or she can coordinate services if you need more extensive care. Because your PCP knows you and your health history, he or she can make decisions and offer guidance based on what’s best and works for you.
An Overview of Community Choice Plan Benefits

<table>
<thead>
<tr>
<th>Services</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>PCP visit for preventive care</td>
<td>100% (covered according to the MHQP Adult Preventive Care Guidelines)</td>
</tr>
<tr>
<td>PCP visit when you’re sick or injured</td>
<td>$20 copay, then 100%</td>
</tr>
<tr>
<td>Telehealth visit (LiveHealth Online)</td>
<td>$15 copay, then 100%</td>
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<tr>
<td>Specialty care doctor visit</td>
<td>$30/60/90 copay (copay varies by tier), then 100%</td>
</tr>
<tr>
<td>Most other services at a doctor’s office</td>
<td>Deductible, then 100%</td>
</tr>
<tr>
<td>Chiropractic care</td>
<td>$15 copay, then 80% (limit of 20 visits per plan year)</td>
</tr>
<tr>
<td>X-rays or other radiology at a non-hospital site</td>
<td>Deductible, then 100%</td>
</tr>
<tr>
<td>MRIs or CT, PET or SPECT scans at a non-hospital site</td>
<td>$100 copay, then deductible, then 100% (limit of one copay per day)</td>
</tr>
<tr>
<td>Non-hospital outpatient lab tests</td>
<td>For a preventive care checkup: 100%</td>
</tr>
<tr>
<td></td>
<td>For an illness or injury: Deductible, then 100%</td>
</tr>
<tr>
<td>Routine eye exams (covered once every 24 months, including refraction)</td>
<td>Optometrist: $60 copay, then 100%</td>
</tr>
<tr>
<td></td>
<td>Ophthalmologist: $30/60/90 copay, then 100%</td>
</tr>
<tr>
<td>Physical or occupational therapy</td>
<td>$15 copay, then 100%</td>
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</tbody>
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<table>
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<tr>
<th>Services</th>
<th>Community Choice Hospital</th>
<th>Non-Community Choice Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient medical care at a hospital or hospital-owned site</td>
<td>Deductible, then 100%</td>
<td></td>
</tr>
<tr>
<td>Outpatient surgery at a hospital or hospital-owned site</td>
<td>$110 outpatient surgery copay plus deductible, then 100%</td>
<td>$250 outpatient surgery copay per occurrence plus deductible, then 80%</td>
</tr>
<tr>
<td>Outpatient diagnostic lab tests at a hospital</td>
<td>Deductible, then 100%</td>
<td>$50 copay plus deductible, then 100%</td>
</tr>
<tr>
<td>Outpatient radiology (such as X-rays) at a hospital or hospital-owned site</td>
<td>Deductible, then 100%</td>
<td>$50 copay plus deductible, then 100%</td>
</tr>
<tr>
<td>Outpatient high-tech imaging (MRIs and CT, PET, and SPECT scans) at a hospital or hospital-owned site</td>
<td>$100 copay plus deductible, then 100% (limit of one copay per day)</td>
<td>$200 copay plus deductible, then 100% (limit of one copay per day)</td>
</tr>
<tr>
<td>Emergency room visit</td>
<td>$100 copay plus deductible, then 100% (copay waived if admitted)</td>
<td>$100 copay plus deductible, then 100% (copay waived if admitted)</td>
</tr>
<tr>
<td>Inpatient hospital stay (Copay waived for readmission within 30 days of a hospital discharge, if readmission occurs within the same plan year)</td>
<td>$275 inpatient quarterly copay plus deductible, then 100%</td>
<td>$750 copay per admission plus deductible, then 80%. (100% coverage after $275 copay if admitted from ER, or at designated hospitals for certain complex procedures)</td>
</tr>
<tr>
<td>Deductible (per plan year)</td>
<td>$500/individual, $1,000/family</td>
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<tr>
<td>Limits on member costs</td>
<td>Out-of-pocket limit: $4,000/individual, $8,000/family (medical and behavioral health)</td>
<td>Non-Community Choice hospital coinsurance limit: $5,000/individual</td>
</tr>
</tbody>
</table>

The out-of-pocket limit is the most you could pay in member costs (deductible, copays, and/or coinsurance) during the plan year for in-network services. After you reach this limit, the Plan begins to pay 100% of the allowed amount. The non-Community Choice hospital coinsurance limit is the most you could pay during the plan year for coinsurance at non-Community Choice hospitals.

Prescription Drugs

| Network Pharmacy: $10/$30/$65 copay, then 100% (up to a 30-day supply) |
| Mail Order or CVS Pharmacy: $25/$75/$165 copay, then 100% (up to a 90-day supply of maintenance drugs) |
| Prescription drug deductible (per plan year): $100/individual, $200/family |
| Prescription drug out-of-pocket limit (per plan year): $1,500/individual, $3,000/family |

This is a summary of benefits only. If you have questions, please call UniCare Customer Service at 877-633-6396. You can also review the Community Choice member handbook at unicarestateplan.com.

For behavioral health (Enrollee Assistance Program, mental health and substance use disorder) services: Call Beacon Health Options toll free at 855-750-8980 or visit beaconhealthoptions.com/gic.

For information about the prescription drug program: Call CVS Caremark toll free at 877-876-7214 or visit caremark.com/gic.
Community Choice Hospitals

Addison Gilbert Hospital
Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Medical Center
Berkshire Medical Center
Beth Israel Deaconess Medical Center – Boston
Beverly Hospital
Brockton Hospital
Burbank Hospital (UMass Memorial)
Cambridge Hospital
Cape Cod Hospital
Carney Hospital
Charlestown Neighborhood Health Center
Children's Hospital Boston
Cooley Dickinson Hospital
Dana-Farber Cancer Institute – Boston
Emerson Hospital
Everett Hospital
Fairview Hospital
Framingham Union Hospital
Good Samaritan Medical Center
Harrington Memorial Hospital
Heywood Hospital
Holy Family Hospital – Methuen
Holyoke Medical Center
Lahey Hospital & Medical Center – Burlington
Lahey Medical Center – Peabody
Lawrence General Hospital
Lawrence Memorial Hospital
Leominster Hospital
(Massachusetts Eye and Ear)
Leonard Morse Hospital
Lowell General Hospital
Mary Lane Hospital (Baystate)
Massachusetts Eye and Ear
Melrose-Wakefield Hospital
Mercy Medical Center
Merrimack Valley Hospital
Milford Regional Medical Center
Milton Hospital
(Beth Israel Deaconess)
Morton Hospital
Mount Auburn Hospital
Nashoba Valley Medical Center
Needham Hospital
(Beth Israel Deaconess)
New England Baptist Hospital
Noble Hospital (Baystate)
Norwood Hospital
Plymouth Hospital
(Beth Israel Deaconess)
Saint Vincent Hospital
Saints Medical Center
South Shore Hospital
St. Anne's Hospital
St. Elizabeth's Medical Center
St. Luke's Hospital
Sturdy Memorial Hospital
Tobey Hospital
Winchester Hospital
Wing Hospital (Baystate)

*Dana-Farber often admits patients to Brigham & Women's Hospital for inpatient care. If you are admitted to the Brigham directly from Dana-Farber, please contact UniCare to avoid paying the non-Community Choice copay and coinsurance.

Have questions about enrollment?

For enrollment information – including your enrollment deadline and how to enroll – please check your GIC Benefit Decision Guide.

Please note – If you’re already enrolled in Community Choice and would like to stay in this plan, you don’t have to take any action. Your Community Choice coverage will continue automatically.

Need more information to help you decide?

We can help. During your enrollment period, experienced UniCare representatives are here to answer your questions about the Community Choice plan.

• Call toll free at 877-633-6396 from 7:30 a.m. to 6:00 p.m. Monday through Thursday, and from 7:30 a.m. to 5:00 p.m. on Fridays.

• Visit our website at unicarestateplan.com for more in-depth benefits information, provider listings, healthy living resources and much more.