Am I eligible for the Community Choice plan?
If you are a Group Insurance Commission (GIC) member who lives in Massachusetts, you can join the Community Choice plan. Your dependents are also eligible if they live in Massachusetts or are full-time students at an out-of-state school.

Exceptions: The following GIC members are not eligible to join Community Choice:
- Members who live on Martha’s Vineyard or Nantucket
- Medicare members, Retired Municipal Teachers (RMTs), and Elderly Governmental Retirees (EGRs)

Why is the plan called Community Choice?
We call this plan Community Choice because we expect members to get care in their local community hospitals.

Which doctors can I see under Community Choice?
You can see any Massachusetts doctor – there is no network of doctors. Office visits for preventive care are covered in full. Other visits are covered in full after the copay and any deductible that may apply. You also don't need referrals for office visits with specialists. See our Plan Comparison Guide at unicarestateplan.com for details.

Do I have to choose a PCP as a Community Choice member?
No, you don’t need to select a primary care provider (PCP), but it’s a smart idea. Primary care is designed to keep people well – not just to deliver care when you're sick or hurt. When you create a relationship with your PCP, you become part of a team that has your good health as its goal.

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 what works for you.

Are physicians tiered under Community Choice?
Yes. Community Choice tiers specialty care physicians (specialists) to help you make informed choices about the specialists you see and to address rising health care costs. Under this program, we assign individual Massachusetts specialists to three tiers based on how they score on quality and/or cost efficiency compared to the other physicians in the same specialty. You pay lower office visit copays when you use Massachusetts Tier 1 and Tier 2 specialists (see chart below).

When you see a nurse practitioner or physician assistant for specialty care, you pay a $60 copay.

UniCare does not tier primary care physicians. For all visits to PCPs, you pay a $20 copay. PCPs include physicians, nurse practitioners and physician assistants whose specialty is family medicine, general medicine, pediatrics, geriatrics or internal medicine.

### Office Visit Copays

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<thead>
<tr>
<th></th>
<th>For Primary Care</th>
<th>For Specialty Care</th>
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</thead>
<tbody>
<tr>
<td>Primary care physicians</td>
<td>$20 copay</td>
<td>$30 copay (Excellent)</td>
</tr>
<tr>
<td>Nurse practitioners and physician assistants</td>
<td>$20 copay</td>
<td>$60 copay (Good)</td>
</tr>
<tr>
<td>Specialty care physicians (specialists):</td>
<td></td>
<td>$90 copay (Standard)</td>
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<tr>
<td>** Tier 1 (Excellent)</td>
<td></td>
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<td>** Tier 2 (Good)</td>
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<tr>
<td>* Tier 3 (Standard)</td>
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</tr>
<tr>
<td>Nurse practitioners and physician assistants</td>
<td>$60 copay</td>
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</tbody>
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(The names and number of tiers have been assigned by the GIC for use uniformly across its plans offered by UniCare State Indemnity Plan, Neighborhood Health Plan, Fallon Health, and Health New England.)
You can also see the following specialists for a $60 copay:

- Massachusetts specialists not included in our online Physician Listing.
- Massachusetts specialists included in our online Physician Listing in the category of Not Tiered/Insufficient Data (NT/ID). This category means that there was not enough information available to assess a specialist’s quality and/or cost efficiency – for example, specialists who are new to practice.
- All non-Massachusetts specialists.

How can I find out more about physician tiering?
Visit our website at unicarestateplan.com to learn more about the program. To check a specialist's tier assignment, go to the Members page at unicarestateplan.com and choose Find a Doctor. You can also call UniCare Customer Service at 800-442-9300.

Which hospitals are included in Community Choice?
There are 58 Community Choice hospitals throughout Massachusetts. Use one of these hospitals to get inpatient care at 100% coverage, after a $275 quarterly copay. You'll find a list of Community Choice hospitals at unicarestateplan.com.

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 can use non-Community Choice hospitals in Massachusetts – also at 100% coverage, after a $275 copay – for neonatal ICU care and certain complex procedures. Studies show that these procedures are most safely performed at hospitals that meet the following two criteria:

1. The facilities have significant experience in performing the procedure.
2. They demonstrate specific clinical practices established by the Leapfrog Group.¹

For the names of these other hospitals and the qualifying procedures, go to the Members page at unicarestateplan.com and select Find a Doctor from the Members drop-down menu. You can also call UniCare Customer Service at 800-442-9300.

You can use non-Community Choice hospitals at a lower level of coverage, after a $750 copay. You'll pay 20% coinsurance (up to a limit of $5,000 per person), in addition to your copay.

Why aren’t all community hospitals part of Community Choice?
Community Choice hospitals were chosen for a variety of reasons, such as cost, available quality assessments, and how accessible they are for members. UniCare reviews this list each year for possible changes.

How can I be sure I’m choosing a hospital and doctor where I’ll have lower copays and full coverage?
UniCare has member care specialists who can help you choose a Community Choice hospital. They can also help you find a primary care provider (PCP) or a Tier 1 or Tier 2 specialist affiliated with a Community Choice hospital.

Member care specialists are specially-trained customer service representatives. These specialists work exclusively with Community Choice members to help them manage their health care choices and expenses. Call 800-442-9300 to speak with a member care specialist.

What will my benefits be if my doctor recommends hospital care?
If your doctor recommends care at a Community Choice hospital, you’ll have lower copays and more coverage – so it’s important to let your doctor know that you’re a Community Choice member. Inpatient care at non-Community Choice hospitals is covered. However, it has a $750 copay and offers a lower level of coverage. This means that in addition to a higher copay, you’ll pay 20% coinsurance (up to a limit of $5,000 per person). Our member care specialists can direct you to doctors who use Community Choice hospitals.

If you’re traveling outside of Massachusetts and need urgent care, you can use UniCare Travel Access providers. That way, you won’t be balance billed. Balance billing occurs when a provider bills a patient for all charges above the allowed amount – charges that are not paid for by the patient’s health plan. For information about Travel Access providers, see, “What if I need urgent care when I’m outside of Massachusetts?” on page 3.

¹ Founded in 2000 by large employers and other purchasers, The Leapfrog Group is a national nonprofit organization driving a movement for giant leaps forward in the quality and safety of American health care. The flagship Leapfrog Hospital Survey collects and transparently reports hospital performance, empowering purchasers to find the highest-value care and giving consumers the lifesaving information they need to make informed decisions. The Leapfrog Hospital Safety Grade, Leapfrog’s other main initiative, assigns letter grades to hospitals based on their record of patient safety, helping consumers protect themselves and their families from errors, injuries, accidents, and infections.
What if my doctor isn't affiliated with a Community Choice hospital?

If your doctor recommends inpatient hospital care or outpatient surgery at a hospital, you must go to a Community Choice hospital to get full coverage (after the copay and any deductible that may apply). You can use a non-Community Choice hospital, but you will pay a higher copay and you owe 20% coinsurance (after the copay and any deductible that may apply). It's best to choose a doctor who is affiliated with a Community Choice hospital. Our member care specialists can guide you to doctors who use Community Choice hospitals. Call 800-442-9300.

If you'd prefer to see a doctor who isn't affiliated with a Community Choice hospital, you may wish to join our PLUS plan. PLUS lets you use all Massachusetts hospitals, with three levels of inpatient copays.

There are no Community Choice hospitals close to my home. What should I do?

If the closest Community Choice hospital is too far for you to get to easily, this may not be the right plan for you. Consider joining UniCare's PLUS plan. PLUS lets you use all Massachusetts hospitals, with three levels of inpatient copays. You can find information about the PLUS plan at unicarestateplan.com. You can also call UniCare Customer Service at 800-442-9300.

What if I need urgent care when I’m outside of Massachusetts?

If you're traveling outside of Massachusetts and need urgent care, you can use a UniCare Travel Access provider. That way, you won't be balance billed for any charges above UniCare's allowed amount. To find a Travel Access provider, go to unicarestateplan.com; on the Members page, select Network providers for travelers and non-Massachusetts residents under Quick Links. You can also call UniCare Customer Service at 800-442-9300.

Is there coverage for my child who goes to school in another state?

Yes. Your dependents who attend school outside of Massachusetts on a full-time basis can use UniCare Travel Access providers for urgent care in the state where they attend school. (This doesn't apply to behavioral health providers; see the next paragraph.) When your dependents use Travel Access providers, you won't be balance billed for the care they get. To find a Travel Access provider, go to unicarestateplan.com; on the Members page, select Network providers for travelers and non-Massachusetts residents under Quick Links. You can also call UniCare Customer Service at 800-442-9300. Note: your dependents must get routine medical care in Massachusetts.

For information about out-of-state behavioral health coverage, please call Beacon Health Options at 855-750-8980 or visit beaconhealthoptions.com/gic.

What if I have emergency treatment at a Massachusetts hospital that isn't a Community Choice hospital?

If you go to the emergency room of a non-Community Choice hospital (for an accident or sudden serious illness), you will owe a $100 copay and any deductible that may apply. If you are admitted to the hospital from the ER, the ER copay is waived, no matter which hospital you visit. Your inpatient care will be covered in full, after a quarterly $275 inpatient care copay.
When do I need to tell UniCare about scheduled or upcoming medical care?

As a Community Choice member, you have to tell UniCare about all elective hospital admissions. (Elective admissions are non-emergency admissions that can be scheduled ahead of time, or those where you can choose the facility.) You must also notify UniCare about certain outpatient procedures and services (see Chapter 1 of your member handbook for a complete list). To notify UniCare, call Customer Service at 800-442-9300. Please have the following information available when you call:

- **Who is having the service** – The name, birth date, and contact information of the person having the service. This may be the Plan enrollee (subscriber) or the enrollee’s dependent.
- **Who the UniCare enrollee is** – The name and UniCare ID number of the Plan enrollee.
- **What the service is** – The service or procedure, the diagnosis, and the scheduled date of the service.
- **Where the service will take place** – The name and contact information of the facility where the service will occur.
- **Who the ordering doctor is** – The name and contact information of the doctor who ordered the service.

If you don't notify UniCare, your benefits may be reduced by up to $500. However, you don't need to call UniCare if you are outside the continental United States (all states but Alaska and Hawaii). Please refer to the Community Choice member handbook for a list of the procedures that require you to notify UniCare. You can also check online at unicarestateplan.com.

Is chiropractic care covered under Community Choice?

Yes. Chiropractic care is covered with 20% coinsurance, after a $15 copay per visit. There is a limit of 20 visits per plan year.

Can I use any provider for outpatient laboratory services?

Yes. Lab services at any Community Choice hospital or non-hospital-based lab are covered in full (after the deductible). However, if you get outpatient lab services at a non-Community Choice hospital, you must pay a $50 copay and the deductible before being covered in full.

Are behavioral health services covered under Community Choice?

Yes. These benefits, which include mental health and substance use disorder services and the Enrollee Assistance Program (EAP), are administered by Beacon Health Options (Beacon). You can contact Beacon toll free at 855-750-8980 or at beaconhealthoptions.com/gic.

Am I covered for prescription drugs under Community Choice?

Yes. This benefit is administered and provided by CVS Caremark. You can contact CVS Caremark toll free at 877-876-7214 or at caremark.com/gic.