

Basic Plan | PLUS Plan | Community Choice Plan

3 great health plans – Which UniCare plan is right for you?



UNICARE STATE INDEMNITY PLAN

COMPARE OUR PLANS

Benefits effective July 1, 2019



Which UniCare option fits your needs best?

There's a lot to consider when you choose a health plan. Is it available where you live? Are your dependents covered? What kind of access to doctors and hospitals is most important to you? Here's a chart to help you put your needs in perspective and find the UniCare plan that works best for you.

	Basic	PLUS	Community Choice
Your home	<ul style="list-style-type: none"> I can live anywhere I live part of the year in another state 	<ul style="list-style-type: none"> I live in a New England state (Massachusetts, New Hampshire, Maine, Rhode Island, Connecticut or Vermont) 	<ul style="list-style-type: none"> I live in Massachusetts (but not in Martha's Vineyard or Nantucket)
Your travel	<ul style="list-style-type: none"> I often travel outside the state where I live 	<ul style="list-style-type: none"> I travel for vacation, but otherwise I spend most of my time near home 	<ul style="list-style-type: none"> I travel for vacation, but otherwise I spend most of my time in Massachusetts
Your family	<ul style="list-style-type: none"> I have dependents who live and get health care in other states 	<ul style="list-style-type: none"> My dependents get their health care in New England 	<ul style="list-style-type: none"> My dependents get their health care in Massachusetts
Your access to doctors and hospitals	<ul style="list-style-type: none"> I use — or expect to use — many different types of doctors and hospitals, and in multiple locations I want to be able to use any provider without restrictions or coverage differences I have complex medical needs 	<ul style="list-style-type: none"> I get most medical services near where I live When I need services at a hospital, I may want to use different hospitals As long as the providers I like are available, I don't mind using PLUS providers I want the freedom to use non-PLUS providers, just in case 	<ul style="list-style-type: none"> I get most medical services near my home in Massachusetts Unless it's an emergency, I usually use the local hospital near my home when I need hospital services I want the freedom to use other hospitals, even if they're not Community Choice
Your premiums	<ul style="list-style-type: none"> I would choose a higher premium to make sure I have unrestricted access to medical care 	<ul style="list-style-type: none"> I'm comfortable using a plan with contracted providers if that helps keep my premiums lower I'm willing to pay a little higher premium to ensure I've got broad access to providers 	<ul style="list-style-type: none"> I would like to keep my premiums as low as possible I'm comfortable with a plan that offers better benefits to stay within the hospital network I'm prepared to pay a bit more out-of-pocket to use non-Community Choice hospitals

What's so special about UniCare's plans?

UniCare offers three health plan options for non-Medicare GIC members – there's a UniCare plan that makes sense for you and your family. All of the UniCare plans let you see any doctor you choose, without referrals for specialty office visits. Here's a snapshot of what's special about our plans.

Questions? Visit unicarestateline.com or give UniCare Member Services a call at 877-633-6396.

What's special about all the UniCare plans?

- See any doctor you choose – you don't have to worry about referrals for specialty office visits
- You're covered for care when you travel outside your home state
- Your out-of-state dependent is covered when she (or he) needs care

What's special about Basic?

With Basic, you can live anywhere, you can see any doctor, and you can use any hospital – no other GIC health plan offers as much.

What to know about Basic

- Basic is our highest premium choice
- Coverage for office visits and hospital care anywhere in the world
- Basic covers you no matter where in the U.S. – or in the world – you live
- Your out-of-state dependents are covered too
- When you enroll in Basic with CIC (comprehensive coverage), you'll have 100% coverage for most covered services – that's why 98% of Basic members choose CIC. Without CIC, many services are covered at 80%, so your member costs are higher

What's special about PLUS?

Use PLUS providers in New England and you'll keep your premiums lower without giving up coverage, flexibility or choice.

What to know about PLUS

- PLUS is our mid-range premium choice
- Available to GIC members living in any New England state
- PLUS providers include all doctors and hospitals in Massachusetts, along with UniCare-contracted doctors and hospitals throughout New England
- When you use PLUS providers, you'll have 100% coverage for most covered services. If you want to use a non-PLUS provider, you can do that at the non-PLUS 80% benefit level
- Your dependents living in New England are covered too

What's special about Community Choice?

Get your hospital services at a Community Choice hospital near where you live in Massachusetts, and your premiums will be among the lowest available through the GIC.



What to know about Community Choice

- Our lowest premium plan, and among the lowest available to GIC members
- Available to GIC members who live in Massachusetts (but not including Nantucket or Martha's Vineyard)
- With 58 Community Choice hospitals across Massachusetts – including Dana-Farber Cancer Institute in Boston and Children's Hospital Boston – there's a Community Choice hospital near you
- You have the freedom to use a non-Community Choice hospital at the 80% benefit level

How your coverage and your member costs compare

This chart compares the coverage and costs of UniCare's three non-Medicare options. Questions? Call UniCare Member Services at 877-633-6396.

	Non-hospital medical services				
	Basic		PLUS		Community Choice
	With CIC ¹	Without CIC ¹	PLUS Provider	Non-PLUS Provider	Any Provider
With the doctor					
PCP visit for preventive care	No member cost	No member cost	No member cost	No member cost	No member cost
PCP visit when you're sick or injured	\$20 copay	\$20 copay and 20% coinsurance	\$15/20 copay ²	\$20 copay, deductible, and 20% coinsurance	\$15/20 copay ²
Specialist visit	\$30/60/60 copay	\$30/60/60 copay and 20% coinsurance	\$30/60/75 copay	\$60 copay, deductible, and 20% coinsurance	\$30/60/75 copay
Most other services at a doctor's office	Deductible	Deductible	Deductible	Deductible and 20% coinsurance	Deductible
Telehealth through LiveHealth Online	\$15 copay	\$15 copay and 20% coinsurance	\$15 copay	Not covered	\$15 copay
Lab work, tests and X-rays at a non-hospital-owned location					
Lab work for a preventive check-up	No member cost	No member cost	No member cost	No member cost	No member cost
Lab tests for an illness or injury	Deductible	Deductible	Deductible	Deductible and 20% coinsurance	Deductible
X-rays or other radiology	Deductible	Deductible and 20% coinsurance	Deductible	Deductible and 20% coinsurance	Deductible
MRIs or CT, PET or SPECT scans	\$100 copay and deductible	\$100 copay, deductible, and 20% coinsurance	\$100 copay and deductible	\$100 copay, deductible, and 20% coinsurance	\$100 copay and deductible
Other non-hospital services					
Visit to an urgent care center or retail health clinic	\$20 copay	\$20 copay and 20% coinsurance	\$20 copay	\$20 copay	\$20 copay
Physical or occupational therapy	\$20 copay	\$20 copay	\$20 copay	\$20 copay and deductible	\$15 copay
Chiropractic care (limit of 20 visits)	\$20 copay and 20% coinsurance	\$20 copay and 20% coinsurance	\$20 copay and 20% coinsurance	\$20 copay, deductible, and 20% coinsurance	\$15 copay and 20% coinsurance
Routine eye exam from an optometrist (limit of 1 exam every 24 months)	\$60 copay	\$60 copay	\$60 copay	\$60 copay and 20% coinsurance	\$60 copay

	Non-hospital medical services					
	Basic		PLUS		Community Choice	
	With CIC ¹	Without CIC ¹	PLUS Provider	Non-PLUS Provider	Any Provider	
Routine eye exam from an ophthalmologist (limit of 1 exam every 24 months)	\$30/60/60 copay	\$30/60/60 copay	\$30/60/60 copay	\$60 copay and 20% coinsurance	\$30/60/75 copay	
Speech therapy (limit of 20 visits)	No member cost	20% coinsurance	No member cost	Deductible and 20% coinsurance	No member cost	
	Medical services at a hospital					
	Basic		PLUS		Community Choice	
	With CIC ¹	Without CIC ¹	PLUS Provider	Non-PLUS Provider	CC Hospital	Non-CC Hospital
Services at a hospital						
Emergency room	\$100 copay and deductible	\$100 copay and deductible	\$100 copay and deductible	\$100 copay and deductible	\$100 copay and deductible	\$100 copay and deductible
Inpatient hospital stay	\$275 quarterly copay and deductible	\$300 quarterly copay and deductible	\$275/500/1,500 quarterly copay and deductible	\$500 quarterly copay, deductible, and 20% coinsurance	\$275 quarterly copay and deductible	\$750 per-visit copay, deductible, and 20% coinsurance
Other outpatient medical care	Deductible	Deductible	Deductible	Deductible and 20% coinsurance	Deductible	Deductible
Outpatient surgery						
At a hospital or hospital-owned site	\$250 quarterly copay and deductible	\$250 quarterly copay, deductible, and 20% coinsurance	\$110/110/250 quarterly copay and deductible	\$110 quarterly copay, deductible, and 20% coinsurance	\$110 quarterly copay and deductible	\$250 per-visit copay, deductible, and 20% coinsurance
At a non-hospital-owned site	Deductible	Deductible and 20% coinsurance	Deductible	Deductible and 20% coinsurance	Deductible	
Outpatient lab work, tests and radiology at a hospital						
Lab tests for an illness or injury	Deductible	Deductible	Deductible	Deductible and 20% coinsurance	Deductible	\$50 copay and deductible
X-rays or other radiology	Deductible	Deductible and 20% coinsurance	Deductible	Deductible and 20% coinsurance	Deductible	\$50 copay and deductible
MRIs or CT, PET or SPECT scans	\$100 copay and deductible	\$100 copay, deductible, and 20% coinsurance	\$100 copay and deductible	\$100 copay, deductible, and 20% coinsurance	\$100 copay and deductible	\$200 copay and deductible

	Behavioral health services (mental health and substance use disorder) ³					
	Basic		PLUS		Community Choice	
	In-network providers	Out-of-network providers	In-network providers	Out-of-network providers	In-network providers	Out-of-network providers
Behavioral health acute care (including inpatient hospital care)						
Acute care services	\$150 quarterly copay	\$200 quarterly copay and deductible	\$200 quarterly copay	\$200 quarterly copay, deductible, and 20% coinsurance	\$200 quarterly copay	\$200 quarterly copay and deductible
Emergency care	No member cost	No member cost	No member cost	No member cost	No member cost	No member cost
Outpatient therapy						
Family therapy	\$20 copay	\$30 copay and deductible	\$20 copay	\$30 copay and deductible	\$20 copay	\$30 copay and deductible
Group therapy	\$15 copay	\$30 copay and deductible	\$15 copay	\$30 copay and deductible	\$15 copay	\$30 copay and deductible
Individual therapy	\$20 copay	\$30 copay and deductible	\$20 copay	\$30 copay and deductible	\$20 copay	\$30 copay and deductible
Other outpatient services						
Medication management	\$15 copay	\$30 copay and deductible	\$15 copay	\$30 copay and deductible	\$15 copay	\$30 copay and deductible
Methadone maintenance	No member cost	No member cost	No member cost	No member cost	No member cost	No member cost
Outpatient services	\$20 copay	\$30 copay and deductible	\$20 copay	\$30 copay and deductible	\$20 copay	\$30 copay and deductible
Telehealth through LiveHealth Online	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay	Not covered
Deductibles and out-of-pocket maximums						
	Basic		PLUS		Community Choice	
	With CIC ¹	Without CIC ¹	PLUS Provider	Non-PLUS Provider	CC Hospital	Non-CC Hospital
Your deductibles and maximums on your costs (each plan year)						
Deductible (medical and behavioral health)	\$500 for one person / \$1,000 for the family		\$500 for one person / \$1,000 for the family	\$500 for one person / \$1,000 for the family	\$400 for one person / \$800 for the family	
Deductible (pharmacy)	\$100 for one person / \$200 for the family		\$100 for one person / \$200 for the family		\$100 for one person / \$200 for the family	
Out-of-pocket maximum (medical, behavioral health and pharmacy) ⁴	\$5,000 for one person / \$10,000 for the family		\$5,000 for one person / \$10,000 for the family	\$5,000 for one person / \$10,000 for the family	\$5,000 for one person / \$10,000 for the family	\$5,000 coinsurance limit for each person ⁵

Prescription drugs (administered by Express Scripts)

Basic

PLUS

Community Choice

Prescription drug coverage is administered by Express Scripts. Call 855-283-7679 or visit www.express-scripts.com/gicrx

From a network pharmacy (30-day supply)

\$10/30/65 copay

\$10/30/65 copay

\$10/30/65 copay

By mail order (90-day supply)

\$25/75/165 copay

\$25/75/165 copay

\$25/75/165 copay

Notes

1. **CIC** stands for **Comprehensive Insurance Coverage**. When you have Basic coverage with CIC, most benefits are covered at 100%.
2. In PLUS and Community Choice, when your PCP participates in UniCare's **Patient-Centered Primary Care program**, your copay is \$15. For all other PCPs, your copay is \$20.
3. **Behavioral health coverage** is administered by UniCare in partnership with Beacon Health Options. Network providers are those who participate in Beacon's provider network.
4. **Out-of-pocket maximums** limit how much you could pay in member costs (deductible, copays, coinsurance) during the plan year. (Other out-of-pocket maximums may apply to your costs for out-of-network services.)
5. The **\$5,000 non-Community Choice coinsurance limit** is the most you could pay during the plan year for coinsurance at non-Community Choice hospitals. Coinsurance at non-Community Choice hospitals doesn't count toward your out-of-pocket maximum.

Massachusetts Hospitals	Basic	PLUS Tier	Cmty. Choice
Addison Gilbert Hospital	✓	1	✓
Anna Jaques Hospital	✓	1	✓
Athol Memorial Hospital	✓	1	✓
Baystate Franklin Medical Center	✓	1	✓
Baystate Medical Center	✓	1	✓
Berkshire Medical Center	✓	1	✓
Beth Israel Deaconess Medical Center – Boston	✓	2	✓
Beverly Hospital	✓	1	✓
Boston Medical Center	✓	3	
Brigham and Women's Hospital	✓	3	
Brockton Hospital	✓	1	✓
Burbank Hospital (UMass Memorial)	✓	2	✓
Cambridge Hospital	✓	1	✓
Cape Cod Hospital	✓	1	✓
Carney Hospital	✓	1	✓
Charlton Memorial Hospital	✓	1	✓
Children's Hospital Boston	✓	2	✓
Clinton Hospital (UMass Memorial)	✓	2	
Cooley Dickinson Hospital	✓	1	✓
Dana-Farber Cancer Institute – Boston	✓	2	✓
Emerson Hospital	✓	1	✓
Everett Hospital (formerly Whidden Hospital)	✓	1	✓
Fairview Hospital	✓	1	✓
Falmouth Hospital	✓	2	
Faulkner Hospital (Brigham and Women's)	✓	3	
Framingham Union Hospital	✓	1	✓
Good Samaritan Medical Center	✓	1	✓
Harrington Memorial Hospital	✓	1	✓
Heywood Hospital	✓	1	✓
Holy Family Hospital – Methuen	✓	1	✓
Holyoke Medical Center	✓	1	✓
Lahey Hospital & Medical Center – Burlington	✓	3	✓
Lahey Medical Center – Peabody	✓	3	✓
Lawrence General Hospital	✓	1	✓
Lawrence Memorial Hospital	✓	1	✓
Leominster Hospital (UMass Memorial)	✓	2	✓
Leonard Morse Hospital	✓	1	✓

Massachusetts Hospitals	Basic	PLUS Tier	Cmty. Choice
Lowell General Hospital	✓	1	✓
Marlborough Hospital	✓	2	
Mary Lane Hospital (Baystate)	✓	1	✓
Martha's Vineyard Hospital	✓	2	
Massachusetts Eye and Ear	✓	2	✓
Massachusetts General Hospital	✓	3	
Melrose-Wakefield Hospital	✓	1	✓
Mercy Medical Center	✓	1	✓
Merrimack Valley Hospital	✓	1	✓
Milford Regional Medical Center	✓	1	✓
Milton Hospital (Beth Israel Deaconess)	✓	2	✓
Morton Hospital	✓	1	✓
Mount Auburn Hospital	✓	1	✓
Nantucket Cottage Hospital	✓	2	
Nashoba Valley Medical Center	✓	1	✓
Needham Hospital (Beth Israel Deaconess)	✓	2	✓
New England Baptist Hospital	✓	2	✓
Newton-Wellesley Hospital	✓	3	
Noble Hospital (Baystate)	✓	1	✓
North Shore Medical Center – MassGeneral for Children	✓	3	
Norwood Hospital	✓	1	✓
Plymouth Hospital (Beth Israel Deaconess)	✓	2	✓
Saint Vincent Hospital	✓	1	✓
Saints Medical Center	✓	1	✓
Salem Hospital	✓	3	
South Shore Hospital	✓	1	✓
St. Anne's Hospital	✓	1	✓
St. Elizabeth's Medical Center	✓	1	✓
St. Luke's Hospital	✓	1	✓
Sturdy Memorial Hospital	✓	1	✓
Tobey Hospital	✓	1	✓
Tufts Medical Center and Floating Hospital for Children	✓	3	
UMass Memorial Medical Center	✓	2	
Union Hospital	✓	3	
Winchester Hospital	✓	1	✓
Wing Hospital (Baystate)	✓	1	✓

We've got three health plans for non-Medicare GIC members: **Basic, PLUS and Community Choice.** And all three give you great choices, coverage and customer care.

Questions?

Check out our annual enrollment guide. (Select the annual enrollment button for non-Medicare members.) Or call UniCare Member Services at 877-633-6396.

Medicare eligible?

Ask a UniCare representative about our Medicare Extension plan.



An Anthem Company

UniCare State Indemnity Plan
P.O. Box 9016
Andover, MA 01810
877-633-6396
unicarestatement.com

Prescription drug coverage is administered by Express Scripts.
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