



FREEDOM TO CHOOSE




UNICARE[®]
An Anthem Company

UNICARE STATE INDEMNITY PLAN

COMPARE OUR PLANS

Benefits effective July 1, 2020



Commonwealth of Massachusetts
Group Insurance Commission

UniCare ... Your doctor, your plan, your choice

There's a lot to consider when you choose a health plan. Is it available where you live?

Are your dependents covered? Is your doctor or pediatrician covered?

Here's a chart to help you 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 don't want restrictions on which doctors or hospitals I can use I use – or expect to use – many different types of doctors and hospitals, and in multiple locations 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 Unless it's an emergency, I usually use the local hospital near my home when I need hospital services I want the option to use other hospitals, but understand I will have to pay more 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 high quality 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 with a Community Choice hospital near my home I'm prepared to pay higher out-of-pocket costs if I use non-Community Choice hospitals

What's so special about UniCare? Freedom to choose your plan, your doctor...

UniCare offers three health plans for non-Medicare GIC members – there's a UniCare plan that makes sense for you and your family. You have the freedom to choose your doctor under any UniCare plan, without referrals for specialty office visits.

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

What's special about *all* the UniCare plans?

- See any doctor you want – 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 dependents are covered when they need care

What's unique 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 this much freedom.

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 enjoy lower premiums without compromising 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 great about Community Choice?

Get your hospital services at a Community Choice hospital near your home in Massachusetts, and your premiums will be the lowest of any GIC health plan.

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

Coverage and member costs: comparison guide

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

Deductibles and limits on out-of-pocket costs						
Basic		PLUS		Community Choice		
With CIC ¹	Without CIC ¹	PLUS Provider	Non-PLUS Provider	CC Hospital	Non-CC Hospital	
Your deductibles and limits on your member 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) ²	\$5,000 for one person / \$10,000 for the family		\$5,000 for one person / \$10,000 for the family	<i>See next row</i>	\$5,000 for one person / \$10,000 for the family	<i>See next row</i>
Other limits on out-of-pocket costs	N/A		N/A	\$5,000 for one person / \$10,000 for the family	N/A	\$5,000 coinsurance limit for each person ³
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 ⁴	\$20 copay, deductible, and 20% coinsurance	\$15/20 copay ⁴	
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	
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	

	Non-hospital medical services					
	Basic		PLUS		Community Choice	
	With CIC ¹	Without CIC ¹	PLUS Provider	Non-PLUS Provider	Any Provider	
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 (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)⁵

	Basic		PLUS		Community Choice	
	With CIC ¹	Without CIC ¹	PLUS Provider	Non-PLUS Provider	Contracted Provider	Non-contracted Provider

Behavioral health inpatient care

Inpatient services	\$150 quarterly copay	\$150 quarterly copay	\$200 quarterly copay	\$200 quarterly copay, deductible, and 20% coinsurance	\$200 quarterly copay	\$200 quarterly copay and deductible
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Other behavioral health services

Individual therapy	\$20/30 copay	\$20/30 copay	\$15 copay	\$20 copay and deductible	\$15/20 copay	
Family therapy	\$20/30 copay	\$20/30 copay	\$15 copay	\$20 copay and deductible	\$15/20 copay	
Group therapy	\$15 copay	\$15 copay	\$15 copay	\$20 copay and deductible	\$15 copay	
Medication management	\$15 copay	\$15 copay	\$15 copay	\$20 copay and deductible	\$15 copay	
Medication-assisted treatment (MAT)	No member cost	No member cost	No member cost	No member cost	No member cost	
Office services	\$20/30 copay	\$20/30 copay	\$15 copay	\$20 copay and deductible	\$15/20 copay	
Outpatient services	Deductible	Deductible	Deductible	Deductible and 20% coinsurance	Deductible	
Telehealth through LiveHealth Online	\$15 copay	\$15 copay	\$15 copay	Not covered	\$15 copay	

Prescription drugs (administered by Express Scripts)

	Basic		PLUS		Community Choice	
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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. Out-of-pocket maximums** limit how much you could pay in member costs (deductible, copays, coinsurance) during the plan year.
- 3.** 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.
- 4.** 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.
- 5. Behavioral health coverage** is administered by UniCare in partnership with Beacon Health Options. You have a lower copay for therapy and office services with Beacon-contracted providers. Non-contracted providers may balance bill you both in Massachusetts and elsewhere.

Massachusetts Hospitals (Medical)	Basic	PLUS Tier	Cmty. Choice
Addison Gilbert Hospital	✓	1	✓
Anna Jaques Hospital	✓	1	✓
Athol 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 Children's Hospital	✓	2	✓
Boston Medical Center	✓	3	
Brigham and Women's Hospital	✓	3	
Brockton Hospital (Signature Healthcare)	✓	1	✓
Burbank Hospital (UMass Memorial HealthAlliance)	✓	2	✓
Cambridge Hospital (Cambridge Health Alliance)	✓	1	✓
Cape Cod Hospital	✓	1	✓
Carney Hospital	✓	1	✓
Charlton Memorial Hospital (Southcoast)	✓	1	✓
Clinton Hospital (UMass Memorial HealthAlliance)	✓	2	
Cooley Dickinson Hospital	✓	2	✓
Dana-Farber Cancer Institute – Boston	✓	2	✓
Emerson Hospital	✓	1	✓
Everett Hospital – Whidden (Cambridge Health Alliance)	✓	1	✓
Fairview Hospital	✓	1	✓
Falmouth Hospital	✓	2	
Faulkner Hospital (Brigham and Women's)	✓	3	
Floating Hospital for Children at Tufts Medical Center	✓	3	
Framingham Union Hospital (Metrowest)	✓	1	✓
Good Samaritan Medical Center	✓	1	✓
Harrington Memorial Hospital	✓	1	✓
Heywood Hospital	✓	1	✓
Holy Family Hospital – Merrimack Valley	✓	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 (Hallmark Health)	✓	1	✓

Massachusetts Hospitals (Medical)	Basic	PLUS Tier	Cmty. Choice
Leominster Hospital (UMass Memorial HealthAlliance)	✓	2	✓
Lowell General Hospital	✓	1	✓
Marlborough Hospital (UMass Memorial)	✓	2	
Martha's Vineyard Hospital	✓	2	
Massachusetts Eye and Ear	✓	2	✓
Massachusetts General Hospital	✓	3	
MassGeneral for Children at North Shore Medical Center	✓	3	
Melrose-Wakefield Hospital	✓	1	✓
Mercy Medical Center	✓	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	✓	3	
Norwood Hospital	✓	1	✓
Plymouth Hospital (Beth Israel Deaconess)	✓	2	✓
Saint Vincent Hospital	✓	1	✓
Saints Medical Center (Lowell General)	✓	1	✓
Salem Hospital (North Shore Medical Center)	✓	3	
Shriner's Hospital for Children – Boston	✓	2	✓
Shriner's Hospital for Children – Springfield	✓	2	✓
South Shore Hospital	✓	1	✓
St. Anne's Hospital	✓	1	✓
St. Elizabeth's Medical Center	✓	1	✓
St. Luke's Hospital (Southcoast)	✓	1	✓
Sturdy Memorial Hospital	✓	1	✓
Tobey Hospital (Southcoast)	✓	1	✓
Tufts Medical Center	✓	3	
UMass Memorial Medical Center	✓	2	
Winchester Hospital	✓	1	✓
Wing Hospital (Baystate)	✓	1	✓

UniCare's health plans give you the freedom to choose your plan and your doctor:
Basic, PLUS and Community Choice for non-Medicare GIC members.

Not sure which one is right for you?

We've created a plan comparison video to help you choose. Click on the *Learn More* button at unicarestateplan.com and look for *Four plans to choose from*.

Questions about UniCare's plans?

Call UniCare Member Services at **877-633-6396** or check the materials on the *Members* page at unicarestateplan.com.

Medicare eligible?

Ask a UniCare representative about our Medicare Extension plan.

Questions about enrolling?

Please see your *GIC Benefit Decision Guide* for information about deadlines and how to enroll. You can now enroll online from the GIC's website. Use **myGICLink** to complete and submit your digital enrollment form.

If you're a current Medicare Extension member and would like to stay in this plan, you don't have to take any action. Your coverage will continue automatically.



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106191MAMENUNC Rev. 03/20