

YOUR MEMBER COSTS AT A GLANCE

For UniCare State Indemnity Plan/Basic members

Effective July 1, 2018

The chart below shows the costs you'll have for some common medical services. Not all covered services are listed. To find out about your costs for services that aren't listed here, see your member handbook.

	Copay	Deductible	Coinsurance	
			with CIC	w/o CIC
At the doctor				
■ Seeing your doctor for a preventive checkup			100% covered ¹	
■ Seeing your doctor when you're sick or injured	✓			✓
■ Seeing a specialist	✓			✓
■ Most other services at the doctor's office		✓		
Other non-hospital services				
■ Going to an urgent care center or retail health clinic	✓			✓
■ Having physical or occupational therapy	✓			
■ Seeing a chiropractor	✓		✓	✓
■ Having an eye exam	✓			
Lab work and radiology				
■ Lab work for a preventive checkup			100% covered ¹	
■ Other lab tests		✓		
■ When you have an X-ray or ultrasound		✓		✓
■ When you have an MRI or CT, PET or SPECT scan	✓	✓		✓
Services at the hospital				
■ Going to the emergency room	✓	✓		
■ When you're admitted to the hospital	✓	✓		†
When you have outpatient surgery				
■ At a hospital or hospital-owned site	✓	✓		✓
■ At a non-hospital-owned site or doctor's office		✓		✓

† If you don't have CIC coverage, you will owe coinsurance if you stay longer than 120 days.

Questions?

Call UniCare Member Services at 833-663-4176
or visit unicarestatplan.com

Some helpful definitions →

¹ Includes preventive services recommended by the U.S. Preventive Services Task Force. Frequency of preventive exams is based on Massachusetts Health Quality Partners (MHQP) guidelines.

Copay

A **copayment** (or **copay**) is a fixed amount you pay when you get some services. For example, you pay a copay when you see your doctor for a sore throat, or when you get outpatient surgery at a hospital. The dollar amount of the copay depends on the service you're getting and what kind of provider you use. Not all services have copays.

Deductible

A **deductible** is a set amount you have to pay toward some services each year before UniCare starts paying benefits for those services. Your deductible works just like the deductible for your car insurance: it's the dollar amount you must pay before your insurance kicks in.

Your Basic plan has a deductible that you owe each plan year (starting on July 1). As UniCare processes your claims, we keep track of the amount you have paid toward your deductible. Once you have paid your whole deductible, you won't owe any more toward the deductible until the next plan year starts.

Coinsurance

For some services, UniCare pays 80% and you pay the other 20%. The 20% that you owe is your **coinsurance**.

Out-of-pocket maximums

To protect you from high costs, the Basic plan has an **out-of-pocket maximum**. The amount you pay in combined member costs (copays, deductible and coinsurance) adds up to your out-of-pocket maximum. Once you reach the maximum, you won't have to pay any more member costs for the rest of the plan year.

A separate out-of-pocket maximum limits your costs for out-of-network behavioral health services.

Find out more ...

To learn more about your member costs and your out-of-pocket maximums, see:

- *Ever feel confused by your health plan?* (flier available at unicarestatplan.com)
- Chapter 2 of your UniCare member handbook

UniCare State Indemnity Plan

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