EVER FEEL CONFUSED BY YOUR HEALTH PLAN?

For UniCare State Indemnity Plan/Basic members

Effective July 1, 2019

"What's a copay? A deductible? An out-of-pocket maximum? How does my plan work if I have to go to a doctor?" Use this guide for a better idea of how it works and get some peace of mind.

Preventive care

- We cover 100% of the allowed amount for yearly checkups, preventive tests and other things that keep you healthy.[1]

Copay (copayment)

- When you see a doctor, you pay a set amount to the doctor for the visit. A copay is a fixed dollar amount you pay when you get a medical service, such as when you go to your doctor.

- Copays don't count toward your deductible.

Deductible

- You pay a set amount toward certain covered services each year before UniCare begins paying benefits for those services.

- A medical deductible works just like the deductible for your car insurance: it's the fixed amount you have to pay before your insurance kicks in.

- Covered services that the deductible applies to include labs, X-rays and surgeons' fees.

Coinsurance

- Some health care bills are shared between you and UniCare. This is called coinsurance.

- UniCare pays either 80% or 100% of the allowed amount, depending on what the service is.

Out-of-pocket maximum

- To protect you from high costs, your plan has an out-of-pocket maximum. This maximum is the most you could pay for copays, deductible and coinsurance in a year.

- Once you meet your out-of-pocket maximum, we pay 100% of covered services for the rest of the plan year. (Your plan year starts on July 1 and ends on June 30 of the next year.)

- Your out-of-pocket maximum counts toward your member costs (copays, deductible and coinsurance). Your member handbook lists other costs, such as your insurance premiums, that aren't included.

Questions?

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

An example of your plan in action ➜

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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.

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The Basic plan in action: an example situation

John has UniCare State Indemnity Plan/Basic with CIC coverage. His plan includes:

- ❑ $500 medical deductible
- ❑ $20 copay for primary care visits
- ❑ $100 copay per day for high-tech imaging (such as MRIs, CT scans and PET scans)
- ❑ $275 copay for inpatient hospital care
- ❑ 20% coinsurance for inpatient care at a skilled nursing facility
- ❑ $5,000 individual out-of-pocket maximum

After injuring his knee in a soccer game, John calls his doctor. This example explains what happened, what John paid, and what UniCare paid.

Important! The charges below are examples and don't reflect accurate costs for the services listed.

What happened		What John's costs were
John goes to the doctor		
Doctor visit (without insurance):	$200	**$20** – John's copay for a primary care office visit
UniCare's allowed amount:	$120	
John paid:	**$20**	
UniCare paid:	**$100**	
The doctor orders an MRI of John's knee		
MRI cost (without insurance):	$1,500	**$100** – John's copay for the MRI (high-tech imaging)
UniCare's allowed amount:	$1,000	**$500** – John's deductible
John paid:	**$600**	*This satisfies all of John's medical deductible*
UniCare paid:	**$400**	
The doctor recommends surgery		
Hospital/surgery (without insurance):	$64,000	**$275** – John's copay for his hospital stay
UniCare's allowed amount:	$35,000	
John paid:	**$275**	
UniCare paid:	**$34,725**	
John goes to a skilled nursing facility for follow-up care		
Facility cost (without insurance):	$40,000	**$4,105** – John's coinsurance
UniCare's allowed amount:	$32,000	*John's 20% coinsurance would be $6,400, but he has a $5,000 out-of-pocket maximum. Since he has already paid $895 in other costs, he owes $4,105 in coinsurance before hitting his out-of-pocket maximum.*
John paid:	**$4,105**	
UniCare paid:	**$27,895**	
Summary		
Total without insurance:	**$105,700**	
Total John paid:	**$5,000**	
Total UniCare paid:	**$63,120**	