

PLAN BENEFITS – COMMUNITY CHOICE

For UniCare State Indemnity Plan/Community Choice members

Effective July 1, 2018





Summary of Community Choice benefits








This summary shows Community Choice plan benefits for many medical and behavioral health services. For a complete and detailed description of benefits and Plan provisions, see your member handbook.

- ❑ **Deductible** – The Community Choice plan deductible is \$400 for one person or \$800 for a family each plan year.
- ❑ **Allowed amounts** – All benefits shown in this summary are limited to UniCare’s allowed amounts. The allowed amount is the most that UniCare pays for a covered service.
- ❑ **Preapprovals** – Services marked with a ☎ phone symbol need to be preapproved.

Benefits for medical care under Community Choice

Service	Your member costs
Ambulances	Deductible
Anesthesia	Deductible
Bereavement counseling	Deductible and 20% coinsurance (<i>limited to \$1,500 for a family in a plan year</i>)
Cardiac rehab programs	Deductible
Chemotherapy	Deductible
☎ Chiropractic care	\$15 copay and 20% coinsurance (<i>limited to 20 visits in a plan year</i>)
Diabetic supplies	Preferred vendors: Deductible Non-preferred vendors: Deductible and 20% coinsurance
Dialysis	Deductible
Doctors – office visits	
▪ Patient-centered primary care PCP visits	\$15 copay
▪ Other PCP visits	\$20 copay
▪ Specialist visits	\$30/60/75 copay
▪ LiveHealth Online telehealth	\$15 copay
Doctors – other	
▪ Emergency room care	Deductible
▪ Inpatient hospital care	Deductible
▪ Outpatient hospital care	\$30/60/75 copay
Drug screening (lab tests)	
▪ Hospital outpatient	Community Choice – Deductible Non-Community Choice – \$50 daily copay and deductible
▪ Non-hospital lab	Deductible

Service	Your member costs
 Durable medical equipment (DME)	Preferred vendors: Deductible Non-preferred vendors: Deductible and 20% coinsurance
Early intervention programs	No member costs
Emergency room	\$100 copay and deductible
 Enteral therapy	Preferred vendors: Deductible Non-preferred vendors: Deductible and 20% coinsurance
Eye exams (routine)	\$30/60/75 copay <i>(limited to one exam every 24 months)</i>
Eyeglasses and contact lenses	Deductible and 20% coinsurance <i>(limited to the first lenses within six months after eye injury or cataract surgery)</i>
Family planning services	No member costs
Fitness club reimbursement	Reimbursed up to \$100 for the family in a plan year
Hearing aids <ul style="list-style-type: none"> <li data-bbox="115 730 342 758">▪ Age 21 and under <li data-bbox="115 779 326 806">▪ Age 22 and over 	No member costs <i>(limited to \$2,000 for each impaired ear every 24 months)</i> No member costs for first \$500, then 20% coinsurance of the next \$1,500 <i>(up to a limit of \$1,700 every 24 months)</i>
Hearing exams	\$15/20/30/60/75 copay
 Home health care	Preferred vendors: Deductible Non-preferred vendors: Deductible and 20% coinsurance
Home infusion therapy	Preferred vendors: Deductible Non-preferred vendors: Deductible and 20% coinsurance
Hospice care	Deductible
Immunizations (vaccines)	No member costs <i>(you may have costs for an office visit)</i>
 Inpatient hospital care <ul style="list-style-type: none"> <li data-bbox="115 1203 456 1266">▪ At a hospital or rehab facility (semi-private room) <li data-bbox="115 1325 526 1388">▪ At a hospital or rehab facility (medically necessary private room) <li data-bbox="115 1608 289 1635">▪ Neonatal ICU <li data-bbox="115 1808 380 1871">▪ At a skilled nursing or long-term care facility 	<p>Community Choice – \$275 quarterly copay and deductible Non-Community Choice – \$750 per-admission copay, deductible, and 20% coinsurance</p> <p>Community Choice:</p> <ul style="list-style-type: none"> <li data-bbox="560 1356 1166 1383">▪ First 90 days: \$275 quarterly copay and deductible <li data-bbox="560 1394 1438 1457">▪ After 90 days: Dollar difference between the semi-private room rate and the private room rate <p>Non-Community Choice</p> <ul style="list-style-type: none"> <li data-bbox="560 1499 1450 1526">▪ First 90 days: \$750 per-admission copay, deductible, and 20% coinsurance <li data-bbox="560 1537 1382 1600">▪ After 90 days: 20% coinsurance and the dollar difference between the semi-private room rate and the private room rate <p>Community Choice:</p> <ul style="list-style-type: none"> <li data-bbox="560 1642 997 1669">▪ \$275 quarterly copay and deductible <p>Non-Community Choice</p> <ul style="list-style-type: none"> <li data-bbox="560 1711 1300 1738">▪ At a designated hospital: \$275 quarterly copay and deductible <li data-bbox="560 1749 1503 1776">▪ At other hospitals: \$750 per-admission copay, deductible, and 20% coinsurance
<ul style="list-style-type: none"> <li data-bbox="115 1808 380 1871">▪ At a skilled nursing or long-term care facility 	Deductible and 20% coinsurance <i>(limited to 45 days in a plan year)</i>

Service	Your member costs
Lab services	
<ul style="list-style-type: none"> ▪ Inpatient hospital 	<p>Community Choice – Deductible Non-Community Choice – Deductible and 20% coinsurance</p>
<ul style="list-style-type: none"> ▪ Outpatient hospital 	<p>Community Choice – Deductible Non-Community Choice – \$50 daily copay and deductible</p>
<ul style="list-style-type: none"> ▪ Non-hospital-owned location 	Deductible
 Occupational therapy	\$15 copay
Office visits	
<ul style="list-style-type: none"> ▪ Primary care (PCP) visits 	\$15/20 copay
<ul style="list-style-type: none"> ▪ Specialist visits 	\$30/60/75 copay
<ul style="list-style-type: none"> ▪ LiveHealth Online telehealth 	\$15 copay
Oxygen	<p>Preferred vendors: Deductible Non-preferred vendors: Deductible and 20% coinsurance</p>
Personal Emergency Response Systems (PERS)	
<ul style="list-style-type: none"> ▪ Installation 	Deductible and 20% coinsurance (<i>limited to \$50 in a plan year</i>)
<ul style="list-style-type: none"> ▪ Rental 	Deductible and 20% coinsurance (<i>limited to \$40 a month</i>)
 Physical therapy	\$15 copay
Prescription drugs	Benefits administered by Express Scripts. Call 855-283-7679 for information.
Preventive care	No member costs
 Private duty nursing in a home setting	Deductible and 20% coinsurance (<i>limited to \$8,000 in a plan year</i>)
Prosthetics and orthotics	
<ul style="list-style-type: none"> ▪ Breast prosthetics 	Deductible
<ul style="list-style-type: none"> ▪ Other prosthetics and orthotics 	Deductible and 20% coinsurance
 Radiation therapy	Deductible
Radiology and imaging	
<ul style="list-style-type: none"> ▪ Inpatient hospital 	<p>Community Choice – Deductible Non-Community Choice – Deductible and 20% coinsurance</p>
<ul style="list-style-type: none"> ▪  High-tech imaging – outpatient hospital (MRIs, CT and PET scans) 	<p>Community Choice – \$100 daily copay and deductible Non-Community Choice – \$200 daily copay and deductible</p>
<ul style="list-style-type: none"> ▪ Other radiology – outpatient hospital 	<p>Community Choice – Deductible Non-Community Choice – \$50 daily copay and deductible</p>
<ul style="list-style-type: none"> ▪  High-tech imaging – non-hospital-owned location (MRIs, CT and PET scans) 	\$100 daily copay and deductible
<ul style="list-style-type: none"> ▪ Other radiology – non-hospital-owned location 	Deductible
Retail health clinic visits	\$20 copay
 Sleep studies	<p>Community Choice – Deductible Non-Community Choice – \$50 daily copay and deductible</p>

Service	Your member costs
Speech therapy	No member costs <i>(limited to 20 visits in a plan year)</i>
📞 Surgery	
▪ Inpatient hospital	Community Choice – Deductible <i>(you also have an inpatient hospital copay)</i> Non-Community Choice – Deductible and 20% coinsurance <i>(you also have an inpatient hospital copay)</i>
▪ Outpatient hospital	Community Choice – \$110 quarterly copay and deductible Non-Community Choice – \$250 per-visit copay, deductible, and 20% coinsurance
▪ Non-hospital-owned location	Deductible
Tobacco cessation counseling	No member costs <i>(limited to 300 minutes in a plan year)</i>
📞 Transplants	
▪ At a Quality Center or Designated Hospital for transplants	\$275 quarterly copay and deductible
▪ At other hospitals	Community Choice – \$275 quarterly copay, deductible, and 20% coinsurance Non-Community Choice – \$750 per-admission copay, deductible, and 20% coinsurance
Urgent care center visits	\$20 copay
Wigs (after cancer treatment)	20% coinsurance

Benefits for behavioral health care under Community Choice

Behavioral health benefits are higher when you get your behavioral health care from providers in the Beacon Health Options network.

Service	Your member costs with in-network providers	Your member costs with out-of-network providers
📞 Acute care services	\$200 quarterly copay	\$200 quarterly copay and deductible
Emergency care		
▪ Hospital emergency room	\$100 copay and deductible	\$100 copay and deductible
▪ Emergency service programs	No member costs	No member costs
LiveHealth Online telehealth	\$15 copay	Not covered
Medication management	\$15 copay	\$30 copay and deductible
Methadone maintenance	No member costs	No member costs
📞 Outpatient services	\$20 copay	\$30 copay and deductible
Substance use disorder assessment / referral	No member costs	No member costs
Therapy		
▪ Family therapy	\$20 copay	\$30 copay and deductible
▪ Group therapy	\$15 copay	\$30 copay and deductible
▪ Individual therapy	\$20 copay	\$30 copay and deductible