

PLAN BENEFITS – COMMUNITY CHOICE

Effective July 1, 2021

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 the member handbook.






- ❑ **Deductible** – The Community Choice plan deductible is \$400 for one person or \$800 for a family each plan year.
- ❑ **Out-of-pocket cost limits** – The **out-of-pocket maximum** (\$5,000 for one person and \$10,000 for a family) limits your costs for non-hospital services and services at Community Choice hospitals. The separate **non-Community Choice coinsurance limit** (\$5,000 per person) limits the coinsurance you owe for services at non-Community Choice hospitals.
- ❑ **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.

Telehealth notice

Regulations concerning future telehealth benefits are currently under review in Massachusetts. For updates on telehealth services, requirements, and benefits, check unicaremass.com.

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	<ul style="list-style-type: none"> ▪ Preferred vendors: Deductible ▪ Non-preferred vendors: Deductible and 20% coinsurance
Dialysis	Deductible
Doctor visits – In-person or telehealth	
▪ Enhanced Personal Health Care PCP visits	\$15 copay
▪ Other PCP visits	\$20 copay
▪ Specialist visits	\$30/60/75 copay
▪ LiveHealth Online	\$15 copay
Doctors – other services	
▪ At an emergency room	Deductible
▪ Inpatient hospital care	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – Deductible
▪ Outpatient hospital care	\$30/60/75 copay

Service	Your member costs
Drug screening (lab tests) <ul style="list-style-type: none"> ▪ Outpatient hospital 	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible
<ul style="list-style-type: none"> ▪ Non-hospital-owned lab 	Deductible
 Durable medical equipment (DME)	<ul style="list-style-type: none"> ▪ Preferred vendors: Deductible ▪ Non-preferred vendors: Deductible and 20% coinsurance
Early intervention programs	No member costs
Emergency room visits	<ul style="list-style-type: none"> ▪ Community Choice – \$100 copay and deductible ▪ Non-Community Choice – \$100 copay and deductible
 Enteral therapy	<ul style="list-style-type: none"> ▪ 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"> ▪ Age 21 and under 	No member costs (<i>limited to \$2,000 for each impaired ear every 24 months</i>)
<ul style="list-style-type: none"> ▪ Age 22 and over 	No member costs for first \$500, and 20% coinsurance of the next \$1,500 (<i>up to a total benefit limit of \$1,700 every 24 months</i>)
Hearing exams	\$15/20/30/60/75 copay
 High-tech imaging (e.g., MRIs, CT and PET scans) <ul style="list-style-type: none"> ▪ Inpatient hospital 	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – Deductible and 20% coinsurance
<ul style="list-style-type: none"> ▪ Outpatient hospital 	<ul style="list-style-type: none"> ▪ Community Choice – \$100 daily copay and deductible ▪ Non-Community Choice – \$200 daily copay and deductible
<ul style="list-style-type: none"> ▪ Non-hospital-owned locations 	\$100 daily copay and deductible
 Home health care	<ul style="list-style-type: none"> ▪ Preferred vendors: Deductible ▪ Non-preferred vendors: Deductible and 20% coinsurance
Home infusion therapy	<ul style="list-style-type: none"> ▪ 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 services <ul style="list-style-type: none"> ▪ At a hospital or rehab facility (semi-private room) 	<ul style="list-style-type: none"> ▪ Community Choice – \$275 quarterly copay and deductible ▪ Non-Community Choice – \$750 per-admission copay, deductible, and 20% coinsurance
<ul style="list-style-type: none"> ▪ At a hospital or rehab facility (medically necessary private room) 	<ul style="list-style-type: none"> ▪ Community Choice: <ul style="list-style-type: none"> ▪ First 90 days: \$275 quarterly copay and deductible ▪ After 90 days: Dollar difference between the semi-private room rate and the private room rate ▪ Non-Community Choice: <ul style="list-style-type: none"> ▪ First 90 days: \$750 per-admission copay, deductible, and 20% coinsurance ▪ After 90 days: 20% coinsurance, and the dollar difference between the semi-private room rate and the private room rate

Service	Your member costs
☎ Inpatient services <i>(continued)</i> <ul style="list-style-type: none"> ▪ Neonatal ICU 	<ul style="list-style-type: none"> ▪ Community Choice – \$275 quarterly copay and deductible ▪ Non-Community Choice: <ul style="list-style-type: none"> ▪ At a designated hospital: \$275 quarterly copay and deductible ▪ At other hospitals: \$750 per-admission copay, deductible, and 20% coinsurance
Lab services <ul style="list-style-type: none"> ▪ Inpatient hospital ▪ Outpatient hospital ▪ Non-hospital-owned locations 	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – Deductible and 20% coinsurance ▪ Community Choice – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible Deductible
☎ Occupational therapy	\$15 copay
Office visits	See “Doctor visits – in-person or telehealth” on page 1.
Oxygen	<ul style="list-style-type: none"> ▪ Preferred vendors: Deductible ▪ Non-preferred vendors: Deductible and 20% coinsurance
Personal Emergency Response Systems <ul style="list-style-type: none"> ▪ Installation ▪ Rental 	Deductible and 20% coinsurance <i>(limited to \$50 in a plan year)</i> Deductible and 20% coinsurance <i>(limited to \$40 a month)</i>
☎ Physical therapy	\$15 copay
Prescription drugs	<ul style="list-style-type: none"> ▪ From a network pharmacy (30-day supply): \$10/30/65 copay ▪ By mail order (90-day supply): \$25/75/165 <i>Benefits administered by Express Scripts. Call 855-283-7679 for information.</i>
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 ▪ Other prosthetics and orthotics 	Deductible Deductible and 20% coinsurance
☎ Radiation therapy	Deductible
Radiology (e.g., X-rays) <ul style="list-style-type: none"> ▪ Inpatient hospital ▪ Outpatient hospital ▪ Non-hospital-owned locations 	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – Deductible and 20% coinsurance ▪ Community Choice – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible Deductible
Retail health clinic visits	\$20 copay
☎ Skilled nursing and long-term care facilities	Deductible and 20% coinsurance <i>(limited to 45 days in a plan year)</i>
☎ Sleep studies	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible
☎ Speech therapy <ul style="list-style-type: none"> ▪ With an autism diagnosis ▪ All other speech therapy 	No member costs No member costs <i>(limited to 20 visits in a plan year)</i>

Service	Your member costs
📞 Surgery <ul style="list-style-type: none"> Inpatient hospital 	<ul style="list-style-type: none"> Community Choice – Deductible (you also have an inpatient copay; see “Inpatient services”) Non-Community Choice – Deductible and 20% coinsurance (you also have an inpatient copay; see “Inpatient services”)
<ul style="list-style-type: none"> Outpatient hospital 	<ul style="list-style-type: none"> Community Choice – \$110 quarterly copay and deductible Non-Community Choice – \$250 per-visit copay, deductible, and 20% coinsurance
<ul style="list-style-type: none"> Non-hospital-owned locations 	Deductible
Telehealth	See “Doctor visits – in-person or telehealth” on page 1.
Tobacco cessation counseling	No member costs (limited to 300 minutes in a plan year)
📞 Transplants <ul style="list-style-type: none"> At a Quality Center or Designated Hospital for transplants 	\$275 quarterly copay and deductible
<ul style="list-style-type: none"> At other hospitals 	<ul style="list-style-type: none"> 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

Service – Visits may be in-person or telehealth	Your member costs
Emergency service programs	No member costs
📞 Inpatient services <ul style="list-style-type: none"> At a Quality Center or Designated Hospital for inpatient services 	<ul style="list-style-type: none"> Contracted providers – \$200 quarterly copay Non-contracted providers – \$200 quarterly copay and deductible
Medication-assisted treatment	No member costs
Medication management	\$15 copay
📞 Office services <ul style="list-style-type: none"> Office visits 	\$15/20 copay
📞 Outpatient services <ul style="list-style-type: none"> Outpatient visits 	Deductible
Substance use disorder assessment / referral	No member costs
Telehealth When using LiveHealth Online or a contracted provider, you don't owe a copay for the first three visits.	<ul style="list-style-type: none"> LiveHealth Online – \$15 copay Other providers – Copay of the service being provided
Therapy <ul style="list-style-type: none"> Individual therapy 	\$15/20 copay
<ul style="list-style-type: none"> Family therapy 	\$15/20 copay
<ul style="list-style-type: none"> Group therapy 	\$15 copay