

Changes to your health plan on July 1, 2023

For Community Choice plan members

This is a list of changes to your health plan effective July 1, 2023. These changes apply to members of UniCare's **Community Choice** plan. The changes listed here will be described in detail in the **FY24 Community Choice Member Handbook**, available in June 2023 at unicaremass.com/members/materials.

If you have any questions, please call UniCare Member Services toll free at **833-663-4176** Monday through Friday from 8 a.m. to 8 p.m. You can also email us at contact.us@anthem.com.

| Overall / general plan changes effective July 1, 2023 | To find out more... |
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| <p>Several of our plan partners have new names:</p> <ul style="list-style-type: none"> ▪ Carelon Behavioral Health (previously <i>Beacon Health Options</i>) administers UniCare's behavioral health network. ▪ Carelon Medical Benefits Management (previously <i>AIM Specialty Health</i>) provides support for UniCare's preapproval review process. ▪ CarelonRx (previously <i>IngenioRx</i>) provides support for UniCare's preapproval review process. | <p>www.carelon.com</p> |
| <p>CVS Caremark is the new administrator your pharmacy benefits. As of July 1, 2023, CVS Caremark will take over from Express Scripts to administer your pharmacy benefits. Call 877-876-7214 or visit www.caremark.com for more information.</p> | <p>Handbook, chapter 12</p> |
| <p>All primary care providers (PCP) have one copay.</p> <ul style="list-style-type: none"> ▪ The office visit copay is now \$20 for all PCPs. ▪ There is no longer a lower copay for Enhanced Personal Health Care PCPs. | <p>Handbook, chapter 4</p> |
| <p>There are changes to the preapprovals list. The following services now require preapproval:</p> <ul style="list-style-type: none"> ▫ Non-emergency ambulance transportation ▫ All durable medical equipment (DME), including diabetic equipment ▫ Hospice services ▫ Oxygen and oxygen equipment ▫ Prosthetics and orthotics | <p>Handbook, chapter 3</p> |

| Changes to your benefits for medical services | To find out more... |
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| <p>Ambulance transportation Some non-emergency ambulance transportation may be covered if preapproved.</p> | <p>Handbook, chapter 4</p> |
| <p>Cardiac rehabilitation programs There is now a \$20 per-visit copay, but the deductible no longer applies.</p> | <p>Handbook, chapter 4</p> |

| Changes to your benefits for medical services | To find out more... |
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| <p>Chiropractic care The copay has increased to \$20 per visit, but you no longer owe coinsurance.</p> | Handbook, chapter 4 |
| <p>Telehealth visits, including LiveHealth Online All telehealth visits now have a \$20 copay.</p> | Handbook, chapter 4 |
| <p>Durable medical equipment (DME) All DME now requires preapproval.</p> | Handbook, chapter 4 |
| <p>Eyeglasses and contact lenses You no longer owe coinsurance for medically necessary eyeglasses and contact lenses. Your deductible still applies.</p> | Handbook, chapter 4 |
| <p>Family planning Male sterilization (vasectomy) and voluntary termination of a pregnancy (abortion) are now covered under the family planning benefit.</p> | Handbook, chapter 4 |
| <p>Hearing aids For members age 22 and over, there are no member costs. The benefit is now limited to \$1,700 for each impaired ear every 24 months.</p> | Handbook, chapter 4 |
| <p>Hearing exams There are no member costs for hearing exams, but you may owe a copay for the office visit.</p> | Handbook, chapter 4 |
| <p>Hospice and end-of-life care You must get preapproval for these services.</p> | Handbook, chapter 4 |
| <p>Infertility services</p> <ul style="list-style-type: none"> ▪ Preimplantation genetic testing (PGT) is now covered under the infertility benefit. ▪ There is no longer a limit on the number of IVF attempts. ▪ The storage of sperm, eggs, and inseminated eggs is now covered for up to 12 months. | Handbook, chapter 4 |
| <p>Occupational therapy</p> <ul style="list-style-type: none"> ▪ The copay has increased to \$20 per visit. ▪ Occupational therapy is limited to 30 visits in one plan year. However, if the services are associated with an autism spectrum disorder diagnosis, the limit doesn't apply. | Handbook, chapter 4 |
| <p>Oxygen and oxygen equipment You must get preapproval for oxygen and oxygen equipment.</p> | Handbook, chapter 4 |
| <p>Physical therapy</p> <ul style="list-style-type: none"> ▪ The copay has increased to \$20 per visit. ▪ Physical therapy is limited to 30 visits in one plan year. However, if the services are associated with an autism spectrum disorder diagnosis, the limit doesn't apply. | Handbook, chapter 4 |
| <p>Private duty nursing Private duty nursing is no longer covered by the Plan.</p> | Handbook, chapter 7 |

| Changes to your benefits for medical services | To find out more... |
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| <p>Prosthetics and orthotics</p> <ul style="list-style-type: none"> ▪ You owe your deductible and 20% coinsurance for breast prosthetics and orthopedic shoes with an attached brace (that is, they now have the same benefit as all other prosthetics and orthotics). ▪ All prosthetics and orthotics require preapproval. | Handbook, chapter 4 |
| <p>Skilled nursing facilities</p> <p>The amount of time permitted for a stay at a skilled nursing facility has been increased from 45 days to 100 days.</p> | Handbook, chapter 4 |
| <p>Speech therapy</p> <ul style="list-style-type: none"> ▪ You now owe a \$20 per-visit copay for speech therapy. ▪ Speech therapy no longer has a visit limit. | Handbook, chapter 4 |
| <p>Outpatient surgery</p> <p>Copays and deductible now apply to outpatient surgery at both hospital and non-hospital-owned locations. The benefits for outpatient surgery are:</p> <ul style="list-style-type: none"> ▪ At a Community Choice hospital, you owe a \$250 quarterly copay and your deductible. ▪ At a non-Community Choice hospital, you owe your deductible and 20% coinsurance. ▪ At a non-hospital-owned facility, you owe a \$150 quarterly copay for eye and gastrointestinal (GI) procedures, and a \$250 quarterly for all other procedures. In both cases, you also owe your deductible. ▪ If you have surgery at a doctor's office, you owe your deductible and you may also owe an office visit copay. ▪ You owe only one outpatient surgery copay in a calendar quarter. | Handbook, chapter 4 |
| <p>Tubal ligation</p> <ul style="list-style-type: none"> ▪ Tubal ligation is covered under the family planning benefit. ▪ There are no member costs for tubal ligations at Community Choice hospitals or at non-hospital-owned facilities. ▪ At non-Community Choice hospitals, you owe your deductible and 20% coinsurance. | Handbook, chapter 4 |
| <p>Vasectomy (voluntary male sterilization)</p> <ul style="list-style-type: none"> ▪ Vasectomy is now covered under the family planning benefit. ▪ There is no member cost for vasectomies at Community Choice hospitals or at non-hospital-owned facilities. ▪ At non-Community Choice hospitals, you owe your deductible and 20% coinsurance. | Handbook, chapter 4 |
| <p>Vision therapy</p> <p>Vision therapy is now a covered service, requiring an office visit copay.</p> | Handbook, chapter 4 |

| Changes to your benefits for behavioral health services | To find out more... |
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| <p>Inpatient hospital (behavioral health admissions)</p> <ul style="list-style-type: none"> ▪ When you use a contracted provider for inpatient behavioral health care, you owe a \$275 quarterly copay and your deductible. ▪ With non-contracted providers, you owe a \$750 per-visit copay, your deductible, and 20% coinsurance. ▪ You owe only one inpatient copay in a calendar quarter. Both inpatient medical care and inpatient behavioral health care count toward this limit. | <p>Handbook, chapter 5</p> |
| <p>Acupuncture withdrawal management (detox)</p> <ul style="list-style-type: none"> ▪ With contracted providers, you owe a \$20 per-visit copay for these services. ▪ With non-contracted providers, you owe your deductible and 20% coinsurance. | <p>Handbook, chapter 5</p> |
| <p>Applied Behavior Analysis (ABA)</p> <ul style="list-style-type: none"> ▪ With contracted providers, you owe a \$20 per-visit copay for ABA services. ▪ With non-contracted providers, you owe your deductible and 20% coinsurance. | <p>Handbook, chapter 5</p> |
| <p>Medication management</p> <ul style="list-style-type: none"> ▪ With contracted providers, the copay for medication management has increased to \$20 per visit. ▪ With non-contracted providers, you owe your deductible and 20% coinsurance. | <p>Handbook, chapter 5</p> |
| <p>Office services and outpatient services</p> <ul style="list-style-type: none"> ▪ Because the benefit is now the same for behavioral health office services and outpatient services, all of these services are now listed under Outpatient services in the behavioral health chapter of the member handbook. ▪ With contracted providers, you owe a \$20 per-visit copay for these services. ▪ With non-contracted providers, you owe your deductible and 20% coinsurance. | <p>Handbook, chapter 5</p> |
| <p>Therapy</p> <ul style="list-style-type: none"> ▪ With contracted providers, you owe a \$20 per-visit copay for all types of outpatient therapy. ▪ With non-contracted providers, you owe your deductible and 20% coinsurance. | <p>Handbook, chapter 5</p> |