

# Changes to your health plan on July 1, 2023

For PLUS plan members

This is a list of changes to your health plan effective July 1, 2023. These changes apply to members of UniCare's **PLUS** plan. The changes listed here will be described in detail in the **FY24 PLUS Member Handbook**, available in June 2023 at [unicaremass.com/members/materials](http://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](mailto:contact.us@anthem.com).

Overall / general plan changes effective July 1, 2023	To find out more...
<p><b>Several of our plan partners have new names:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Carelon Behavioral Health</b> (previously <i>Beacon Health Options</i>) administers UniCare's behavioral health network.</li> <li>▪ <b>Carelon Medical Benefits Management</b> (previously <i>AIM Specialty Health</i>) provides support for UniCare's preapproval review process.</li> <li>▪ <b>CarelonRx</b> (previously <i>IngenioRx</i>) provides support for UniCare's preapproval review process.</li> </ul>	<p><a href="http://www.carelon.com">www.carelon.com</a></p>
<p><b>CVS Caremark is the new administrator your pharmacy benefits.</b> As of July 1, 2023, CVS Caremark will take over from Express Scripts to administer your pharmacy benefits. Call 877-876-7214 or visit <a href="http://www.caremark.com">www.caremark.com</a> for more information.</p>	<p>Handbook, chapter 12</p>
<p><b>You now have just one UniCare ID card.</b> There is no longer a separate network ID card for plan members who live outside of Massachusetts. Use your UniCare ID card for services with all providers. You will receive a separate prescription drug ID card from CVS Caremark.</p>	<p>Handbook, chapter 1</p>
<p><b>Some hospital tiers are changing.</b> The tier assignments of some Massachusetts hospitals are changing. The complete list of Massachusetts hospitals and their tier assignments is available on <a href="http://unicaremass.com">unicaremass.com</a>.</p>	<p><a href="#">[link to hospital flier]</a></p>
<p><b>The benefits for office visits are changing.</b></p> <ul style="list-style-type: none"> <li>▪ PLUS primary care providers (PCPs) are now tiered. The copays are \$10 (Tier 1), \$20 (Tier 2), and \$40 (Tier 3). Outside of Massachusetts, you owe a \$20 copay for PLUS PCPs.</li> <li>▪ If you live outside Massachusetts and see a non-PLUS PCP, you owe your non-PLUS deductible and 20% coinsurance.</li> <li>▪ There is no longer a lower copay for Enhanced Personal Health Care PCPs.</li> <li>▪ The copays for PLUS specialists are still \$30 (Tier 1), \$60 (Tier 2), and \$75 (Tier 3). Outside of Massachusetts, you owe a \$60 copay for PLUS specialists.</li> <li>▪ If you go to non-PLUS specialists outside of Massachusetts, you'll owe your non-PLUS deductible and 20% coinsurance.</li> </ul>	<p>Handbook, chapter 3</p>

Overall / general plan changes effective July 1, 2023	To find out more...
<p><b>There are changes to the preapprovals list.</b>                      The following services now require preapproval:</p> <ul style="list-style-type: none"> <li>▫ Non-emergency ambulance transportation</li> <li>▫ All durable medical equipment (DME), including diabetic equipment</li> <li>▫ Hospice services</li> <li>▫ Oxygen and oxygen equipment</li> <li>▫ Prosthetics and orthotics</li> </ul>	<p>Handbook, chapter 3</p>
<p><b>Some coverage for non-PLUS providers is changing.</b>                      For some medical and behavioral health services, the non-PLUS benefit is changing. For the services listed below, if you go to non-PLUS providers, you will owe both the non-PLUS deductible and 20% coinsurance.</p> <ul style="list-style-type: none"> <li>▫ Office visits with both primary care and specialty care providers</li> <li>▫ Telehealth visits</li> <li>▫ Chiropractic care</li> <li>▫ Eye exams</li> <li>▫ Tubal ligation and vasectomy</li> <li>▫ Routine foot care</li> <li>▫ Hearing tests</li> <li>▫ Inpatient hospital admissions for both medical and behavioral health care</li> <li>▫ Occupational therapy and physical therapy</li> <li>▫ Prosthetics and orthotics</li> <li>▫ Outpatient surgery at any location</li> <li>▫ Vision therapy</li> <li>▫ Behavioral health office services, outpatient services, medication management, and therapy</li> </ul>	<p>Handbook, chapter 4</p>

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

Changes to your benefits for medical services	To find out more...
<p><b>Telehealth visits, including LiveHealth Online</b></p> <ul style="list-style-type: none"> <li>▪ All telehealth visits with PLUS providers now have a \$20 copay.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance.</li> </ul>	Handbook, chapter 4
<p><b>Durable medical equipment (DME)</b></p> <p>All DME now requires preapproval.</p>	Handbook, chapter 4
<p><b>Eyeglasses and contact lenses</b></p> <p>You no longer owe coinsurance for medically necessary eyeglasses and contact lenses. Your deductible still applies.</p>	Handbook, chapter 4
<p><b>Family planning</b></p> <ul style="list-style-type: none"> <li>▪ Male sterilization (vasectomy) and voluntary termination of a pregnancy (abortion) are now covered under the family planning benefit. You do not owe any member costs for these services when you use PLUS providers.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% insurance for vasectomy and tubal ligation.</li> </ul>	Handbook, chapter 4
<p><b>Hearing aids</b></p> <p>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><b>Hearing exams</b></p> <ul style="list-style-type: none"> <li>▪ There are no member costs for hearing exams with PLUS providers, but you may owe a copay for the office visit.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance.</li> </ul>	Handbook, chapter 4
<p><b>Hospice and end-of-life care</b></p> <p>You must get preapproval for these services.</p>	Handbook, chapter 4
<p><b>Infertility services</b></p> <ul style="list-style-type: none"> <li>▪ Preimplantation genetic testing (PGT) is now covered under the infertility benefit.</li> <li>▪ There is no longer a limit on the number of IVF attempts.</li> <li>▪ The storage of sperm, eggs, and inseminated eggs is now covered for up to 12 months.</li> </ul>	Handbook, chapter 4
<p><b>Inpatient hospital (medical admissions)</b></p> <ul style="list-style-type: none"> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance, but you no longer owe a copay.</li> <li>▪ You owe only one inpatient copay in a calendar quarter. Both inpatient medical care and inpatient behavioral health care count toward this limit.</li> </ul>	Handbook, chapter 4
<p><b>Occupational therapy</b></p> <p>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.</p>	Handbook, chapter 4
<p><b>Oxygen and oxygen equipment</b></p> <p>You must get preapproval for oxygen and oxygen equipment.</p>	Handbook, chapter 4

Changes to your benefits for medical services	To find out more...
<p><b>Physical therapy</b></p> <p>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.</p>	Handbook, chapter 4
<p><b>Private duty nursing</b></p> <p>Private duty nursing is no longer covered by the Plan.</p>	Handbook, chapter 7
<p><b>Prosthetics and orthotics</b></p> <ul style="list-style-type: none"> <li>▪ You owe your deductible (PLUS or non-PLUS) 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).</li> <li>▪ All prosthetics and orthotics require preapproval.</li> </ul>	Handbook, chapter 4
<p><b>Skilled nursing facilities</b></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><b>Speech therapy</b></p> <ul style="list-style-type: none"> <li>▪ You now owe a \$20 per-visit copay for speech therapy with PLUS providers.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance.</li> <li>▪ Speech therapy no longer has a visit limit.</li> </ul>	Handbook, chapter 4
<p><b>Outpatient surgery</b></p> <p>Copays and deductible now apply to outpatient surgery with PLUS providers at both hospital and non-hospital-owned locations. The benefits for outpatient surgery with PLUS providers are:</p> <ul style="list-style-type: none"> <li>▫ At a hospital, you owe a \$250 quarterly copay and your deductible.</li> <li>▫ 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.</li> <li>▫ If you have surgery at a doctor's office, you owe your deductible and you may also owe an office visit copay.</li> <li>▫ You owe only one outpatient surgery copay in a calendar quarter.</li> </ul> <p>With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance at all locations.</p>	Handbook, chapter 4
<p><b>Tubal ligation</b></p> <ul style="list-style-type: none"> <li>▪ Tubal ligation, which is covered under the family planning benefit, has no member costs with a PLUS provider.</li> <li>▪ With a non-PLUS provider, you owe your non-PLUS deductible and 20% coinsurance.</li> </ul>	Handbook, chapter 4
<p><b>Vasectomy (voluntary male sterilization)</b></p> <ul style="list-style-type: none"> <li>▪ Vasectomy is now covered under the family planning benefit.</li> <li>▪ There are no member costs for vasectomy with PLUS providers.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance.</li> </ul>	Handbook, chapter 4

Changes to your benefits for medical services	To find out more...
<p><b>Vision therapy</b></p> <p>Vision therapy is now a covered service, requiring an office visit copay (with PLUS providers).</p>	<p>Handbook, chapter 4</p>
Changes to your benefits for behavioral health services	To find out more...
<p><b>Inpatient hospital (behavioral health admissions)</b></p> <ul style="list-style-type: none"> <li>▪ When you use a PLUS provider for inpatient behavioral health care, you owe a \$275 quarterly copay and your PLUS deductible.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance.</li> <li>▪ You owe only one inpatient copay in a calendar quarter. Both inpatient medical care and inpatient behavioral health care count toward this limit.</li> </ul>	<p>Handbook, chapter 5</p>
<p><b>Acupuncture withdrawal management (detox)</b></p> <ul style="list-style-type: none"> <li>▪ With PLUS providers, you owe a \$20 per-visit copay for these services.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance.</li> </ul>	<p>Handbook, chapter 5</p>
<p><b>Applied Behavior Analysis (ABA)</b></p> <ul style="list-style-type: none"> <li>▪ With PLUS providers, you owe a \$10 per-visit copay for ABA services.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance.</li> </ul>	<p>Handbook, chapter 5</p>
<p><b>Medication management</b></p> <ul style="list-style-type: none"> <li>▪ With PLUS providers, the copay for medication management has decreased to \$10 per visit.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance.</li> </ul>	<p>Handbook, chapter 5</p>
<p><b>Office services and outpatient services</b></p> <ul style="list-style-type: none"> <li>▪ Because the benefit is now the same for behavioral health office services and outpatient services, all of these services are now listed under <b>Outpatient services</b> in the behavioral health chapter of the member handbook.</li> <li>▪ With PLUS providers, you owe a \$10 per-visit copay for these services.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance.</li> </ul>	<p>Handbook, chapter 5</p>
<p><b>Therapy</b></p> <ul style="list-style-type: none"> <li>▪ With PLUS providers, you owe a \$10 per-visit copay for all types of outpatient therapy.</li> <li>▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance.</li> </ul>	<p>Handbook, chapter 5</p>