



Sample PLUS ID Card (effective 7/01/2023)




	UniCare State Indemnity Plan	UniCare 
JOHN Q. MEMBER Member ID: <HCID>		833-663-4176 (TTY: 711) unicaremass.com
Plan Group <GROUP_SUBGROUP> Deductible: - PLUS: \$500/ind., \$1,000/fam. - Non-PLUS: \$500/\$1,000 Pharmacy deductible: \$100/\$200	PLUS Office visit (PCP) \$10/\$20/\$40 Office visit (specialist) \$30/\$60/\$75 Emergency room \$100 Out-of-pocket maximums: - PLUS: \$5,000/ind., \$10,000/fam. - Non-PLUS: \$5,000/\$10,000	
Find contracted providers while traveling at unicaremass.com .		

Medical and behavioral health benefits are self-insured and administered by UniCare.
Submit claims to UniCare, P.O. Box 9016, Andover, MA 01810-0916.

Member Services	833-663-4176
Preapprovals for Services	800-442-9300
Provider Services	800-442-9300
24-Hour Nurse Line	800-424-8814
Prescription Drugs Benefits	877-876-7214
Administered by CVS Caremark	
LiveHealth Online	livehealthonline.com

Possession of this card does not guarantee benefits.

Payor # 80314

		
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