

PLAN BENEFITS – COMMUNITY CHOICE

Effective July 1, 2023







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.

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	\$20 copay
Chemotherapy	Deductible
Chiropractic care	\$20 copay <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 <ul style="list-style-type: none"> ▪ PCP visits ▪ Specialist visits ▪ Virtual care (telehealth) 	<ul style="list-style-type: none"> \$20 copay \$30/60/75 copay \$20 copay
Doctors – other services <ul style="list-style-type: none"> ▪ At an emergency room ▪ Inpatient hospital care ▪ Outpatient hospital care 	<ul style="list-style-type: none"> Deductible ▪ Community Choice – Deductible ▪ Non-Community Choice – Deductible \$30/60/75 copay
Drug screening (lab tests) <ul style="list-style-type: none"> ▪ Outpatient hospital ▪ Non-hospital-owned lab 	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible Deductible

Service	Your member costs
 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 (<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 ▪ Age 22 and over 	No member costs (<i>limited to \$2,000 for each impaired ear every 24 months</i>) No member costs (<i>limited to \$1,700 for each impaired ear every 24 months</i>)
Hearing exams	No member costs (<i>but you may owe a copay for the office visit</i>)
 High-tech imaging (e.g., MRIs, CT and PET scans) <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 – \$100 daily copay and deductible ▪ Non-Community Choice – \$200 daily copay and deductible ▪ \$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>but you may owe a copay for the office visit</i>)
 Inpatient medical care <ul style="list-style-type: none"> ▪ At a hospital or rehab facility (semi-private room) ▪ At a hospital or rehab facility (medically necessary 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 ▪ 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
<p> Inpatient services <i>(continued)</i></p> <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
<p>Lab services</p> <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 – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible
<ul style="list-style-type: none"> ▪ Non-hospital-owned locations 	Deductible
<p> Occupational therapy</p>	\$20 copay <i>(limited to 30 visits in a plan year except with autism diagnosis)</i>
<p>Office visits</p>	See “Doctor visits” on page 1.
<p> Oxygen</p>	<ul style="list-style-type: none"> ▪ Preferred vendors: Deductible ▪ Non-preferred vendors: Deductible and 20% coinsurance
<p>Personal Emergency Response Systems</p>	
<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>
<p> Physical therapy</p>	\$20 copay <i>(limited to 30 visits in a plan year except with autism diagnosis)</i>
<p>Prescription drugs</p>	<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 <p><i>Benefits administered by CVS Caremark. Call 877-876-7214 for information.</i></p>
<p>Preventive care</p>	No member costs
<p> Prosthetics and orthotics</p>	Deductible and 20% coinsurance
<p> Radiation therapy</p>	Deductible
<p>Radiology (e.g., X-rays)</p>	
<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 – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible
<ul style="list-style-type: none"> ▪ Non-hospital-owned locations 	Deductible
<p>Retail health clinic visits</p>	\$20 copay
<p> Skilled nursing and long-term care facilities</p>	Deductible and 20% coinsurance <i>(limited to 100 days in a plan year)</i>
<p> Sleep studies</p>	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible
<p> Speech therapy</p>	\$20 copay
<p> Surgery – inpatient hospital</p>	<ul style="list-style-type: none"> ▪ Community Choice – Deductible <i>(you also have an inpatient copay; see “Inpatient services”)</i> ▪ Non-Community Choice – Deductible and 20% coinsurance <i>(you also have an inpatient copay; see “Inpatient services”)</i>

Service	Your member costs
☎ Surgery – outpatient <ul style="list-style-type: none"> At a hospital <ul style="list-style-type: none"> Community Choice – \$250 quarterly copay and deductible Non-Community Choice – Deductible and 20% coinsurance Eye and GI surgery at a non-hospital-owned facility <ul style="list-style-type: none"> \$150 quarterly copay and deductible All other surgery at a non-hospital-owned facility <ul style="list-style-type: none"> \$250 quarterly copay and deductible At a doctor's office <ul style="list-style-type: none"> Deductible (<i>you may also owe a copay for the office visit</i>) 	
Tobacco cessation counseling	No member costs (<i>limited to 300 minutes in a plan year</i>)
☎ Transplants <ul style="list-style-type: none"> At a Quality Center or Designated Hospital for transplants <ul style="list-style-type: none"> \$275 quarterly copay and deductible 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
Virtual care (telehealth)	\$20 copay
Wigs (after cancer treatment)	20% coinsurance

Benefits for behavioral health care under Community Choice

Service	Your member costs with contracted providers	Your member costs with non-contracted providers
☎ Applied Behavior Analysis (ABA)	\$20 copay	Deductible and 20% coinsurance
Emergency service programs	No member costs	No member costs
☎ Inpatient behavioral health care <ul style="list-style-type: none"> Facility charges <ul style="list-style-type: none"> \$275 quarterly copay and deductible Professional services <ul style="list-style-type: none"> No member costs 		<ul style="list-style-type: none"> \$750 per-admission copay, deductible, and 20% coinsurance
Medication-assisted treatment (MAT)	No member costs	No member costs
☎ Outpatient services	\$20 copay	Deductible and 20% coinsurance
Substance use disorder assessment / referral	No member costs	No member costs
Therapy (outpatient)	\$20 copay	Deductible and 20% coinsurance
Virtual care (telehealth)	\$20 copay <i>You don't owe a copay for the first 3 visits.</i>	Deductible and 20% coinsurance