

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 |
|---|--|
| ☎ 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 | <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 |
| ☎ Occupational therapy | \$20 copay <i>(limited to 30 visits in a plan year except with autism diagnosis)</i> |
| Office visits | See “Doctor visits” 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 | 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> |
| ☎ Physical therapy | \$20 copay <i>(limited to 30 visits in a plan year except with autism diagnosis)</i> |
| 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 CVS Caremark. Call 877-876-7214 for information.</i> |
| Preventive care | No member costs |
| ☎ Prosthetics and orthotics | Deductible |
| ☎ Radiation therapy | Deductible |
| Radiology (e.g., X-rays) | |
| <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 |
| Retail health clinic visits | \$20 copay |
| ☎ Skilled nursing and long-term care facilities | Deductible and 20% coinsurance <i>(limited to 100 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 | \$20 copay |
| ☎ Surgery – inpatient hospital | <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 |