

UNDERSTANDING YOUR MEMBER COSTS

For Community Choice plan members

Effective July 1, 2022

“What’s a copay? A deductible? An out-of-pocket maximum? How does my plan work if I have to go to a doctor?”
Use this guide for a better idea of how it all works.

Preventive care

- We cover 100% of the allowed amount for yearly checkups, preventive tests and other things that keep you healthy.¹

Copay (copayment)

- When you see a doctor, you pay a set amount to the doctor for the visit. A copay is a fixed dollar amount you pay when you get a medical service, such as when you go to your doctor.
- Copays don’t count toward your deductible.

Deductible

- You pay a set amount toward certain covered services each year before UniCare begins paying benefits for those services.
- A medical deductible works just like the deductible for your car insurance: it’s the fixed amount you have to pay before your insurance kicks in.
- Covered services that the deductible applies to include labs, X-rays and surgeons’ fees.

Coinsurance

- Some health care bills are shared between you and UniCare. This is called coinsurance.
- UniCare pays either 80% or 100% of the allowed amount, depending on what the service is.

Out-of-pocket (OOP) maximum

- To protect you from high costs, your plan has an out-of-pocket maximum. This maximum is the most you could pay for copays, deductible and coinsurance (at Community Choice hospitals) in a year.
- Once you reach your out-of-pocket maximum, we pay 100% of covered services for the rest of the plan year. (Your plan year starts on July 1 and ends on June 30 of the next year.)
- Your member costs – copays, deductible and coinsurance at Community Choice hospitals – count toward reaching your out-of-pocket maximum. (A different limit applies to coinsurance at non-Community Choice hospitals.) Your member handbook lists other costs, such as your insurance premiums, that don’t count.

Questions?

Call UniCare Member Services at 833-663-4176
or visit unicaremass.com

An example of your plan in action →

¹ Includes preventive services recommended by the U.S. Preventive Services Task Force. Frequency of preventive exams is based on Massachusetts Health Quality Partners (MHQP) guidelines.

Community Choice in action: an example situation

John is in UniCare's Community Choice plan. His plan includes:

- \$400 deductible
- \$15 copay for primary care visits (with a Patient-Centered Primary Care provider)
- \$100 copay per day for high-tech imaging (such as MRIs) at Community Choice hospitals
- \$275 copay for inpatient hospital care at Community Choice hospitals
- 20% coinsurance for inpatient care at a skilled nursing facility
- \$5,000 individual out-of-pocket maximum at Community Choice hospitals

After injuring his knee in a soccer game, John calls his doctor who is affiliated with a Community Choice hospital. He makes sure to use Community Choice hospitals because they cost him the least. This example explains what happened, what John paid, and what UniCare paid.

Important! The charges below are examples and don't reflect accurate costs for the services listed.

What happened		What John's costs were
John goes to the doctor		
Doctor visit (without insurance):	\$200	\$15 – John's copay for a primary care office visit <i>John's doctor is a Patient-Centered Primary Care provider; otherwise, his copay would be \$20.</i>
UniCare's allowed amount:	\$120	
John paid:	\$15	
UniCare paid:	\$105	
The doctor orders an MRI of John's knee		
MRI cost (without insurance):	\$1,500	\$100 – John's copay for the MRI (high-tech imaging) \$400 – John's deductible <i>This satisfies all of John's deductible</i>
UniCare's allowed amount:	\$1,000	
John paid:	\$500	
UniCare paid:	\$500	
The doctor recommends surgery		
Hospital/surgery (without insurance):	\$64,000	\$275 – John's copay for his hospital stay at a Community Choice hospital
UniCare's allowed amount:	\$35,000	
John paid:	\$275	
UniCare paid:	\$34,725	
John goes to a skilled nursing facility for follow-up care		
Facility cost (without insurance):	\$40,000	\$4,210 – John's coinsurance <i>John's 20% coinsurance would be \$6,400, but he has a \$5,000 out-of-pocket (OOP) maximum. Since he has already paid \$790 in other costs, he owes \$4,210 in coinsurance before hitting his OOP maximum.</i>
UniCare's allowed amount:	\$32,000	
John paid:	\$4,210	
UniCare paid:	\$27,790	
Summary		
Total without insurance:	\$105,700	
Total John paid:	\$5,000	
Total UniCare paid:	\$63,120	

UniCare State Indemnity Plan

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Claims are administered by UniCare Life & Health Insurance Company.

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