

PLAN BENEFITS – COMMUNITY CHOICE

Effective July 1, 2022






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	Deductible
Chemotherapy	Deductible
Chiropractic care	\$15 copay and 20% coinsurance <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 (in person or virtual care)	
▪ Enhanced Personal Health Care PCP visits	\$15 copay
▪ Other PCP visits	\$20 copay
▪ Specialist visits	\$30/60/75 copay
▪ LiveHealth Online virtual care	\$15 copay
Doctors – other services	
▪ At an emergency room	Deductible
▪ Inpatient hospital care	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – Deductible
▪ Outpatient hospital care	\$30/60/75 copay
Drug screening (lab tests)	
▪ Outpatient hospital	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible
▪ Non-hospital-owned lab	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 (limited to one exam every 24 months)
Eyeglasses and contact lenses	Deductible and 20% coinsurance (limited to the first lenses within six months after eye injury or cataract surgery)
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 (limited to \$2,000 for each impaired ear every 24 months)
Hearing exams	\$15/20/30/60/75 copay
 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 (you may have costs for an office visit)
 Inpatient services <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 (continued) <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 ▪ Outpatient hospital ▪ Non-hospital-owned locations 	<ul style="list-style-type: none"> ▪ Community Choice – Deductible ▪ Non-Community Choice – Deductible and 20% coinsurance ▪ Community Choice – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible Deductible
☎ Occupational therapy	\$15 copay
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 ▪ Rental 	Deductible and 20% coinsurance <i>(limited to \$50 in a plan year)</i> Deductible and 20% coinsurance <i>(limited to \$40 a month)</i>
☎ Physical therapy	\$15 copay
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 Express Scripts. Call 855-283-7679 for information.</i>
Preventive care	No member costs
☎ Private duty nursing in a home setting	Deductible and 20% coinsurance <i>(limited to \$8,000 in a plan year)</i>
Prosthetics and orthotics <ul style="list-style-type: none"> ▪ Breast prosthetics ▪ Other prosthetics and orthotics 	Deductible Deductible and 20% coinsurance
☎ Radiation therapy	Deductible
Radiology (e.g., X-rays) <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 – Deductible ▪ Non-Community Choice – \$50 daily copay and deductible Deductible
Retail health clinic visits	\$20 copay
☎ Skilled nursing and long-term care facilities	Deductible and 20% coinsurance <i>(limited to 45 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 <ul style="list-style-type: none"> ▪ With an autism diagnosis ▪ All other speech therapy 	No member costs No member costs <i>(limited to 20 visits in a plan year)</i>

Service	Your member costs
📞 Surgery <ul style="list-style-type: none"> Inpatient hospital 	<ul style="list-style-type: none"> Community Choice – Deductible (you also have an inpatient copay; see “Inpatient services”) Non-Community Choice – Deductible and 20% coinsurance (you also have an inpatient copay; see “Inpatient services”)
<ul style="list-style-type: none"> Outpatient hospital 	<ul style="list-style-type: none"> Community Choice – \$110 quarterly copay and deductible Non-Community Choice – \$250 per-visit copay, deductible, and 20% coinsurance
<ul style="list-style-type: none"> Non-hospital-owned locations 	Deductible
Tobacco cessation counseling	No member costs (limited to 300 minutes in a plan year)
📞 Transplants <ul style="list-style-type: none"> At a Quality Center or Designated Hospital for transplants 	\$275 quarterly copay and deductible
<ul style="list-style-type: none"> 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)	See “Doctor visits” on page 1.
Wigs (after cancer treatment)	20% coinsurance

Benefits for behavioral health care under Community Choice

Service	Your member costs
Emergency service programs	No member costs
📞 Inpatient care <ul style="list-style-type: none"> Facility charges 	<ul style="list-style-type: none"> Contracted providers – \$200 quarterly copay Non-contracted providers – \$200 quarterly copay and deductible
<ul style="list-style-type: none"> Professional services 	No member costs
Medication-assisted treatment	No member costs
Medication management	\$15 copay
📞 Office services	\$15/20 copay
📞 Outpatient services	Deductible
Substance use disorder assessment / referral	No member costs
Therapy <ul style="list-style-type: none"> Individual therapy 	\$15/20 copay
<ul style="list-style-type: none"> Family therapy 	\$15/20 copay
<ul style="list-style-type: none"> Group therapy 	\$15 copay
Virtual care (telehealth) When using LiveHealth Online or a contracted provider, you don't owe a copay for the first three visits.	<ul style="list-style-type: none"> LiveHealth Online – \$15 copay Other providers – Copay of the service being provided