

PLAN BENEFITS – MEDICARE EXTENSION

Effective July 1, 2022

Summary of Medicare Extension benefits

This summary shows the Medicare Extension plan benefits for many medical and behavioral health services. For a complete and detailed description of benefits and Plan provisions, see your member handbook.

- ❑ **Out-of-pocket cost limits** – If you have Medicare Extension with CIC, the **CIC coinsurance limit** (\$500 for one person) limits the coinsurance you owe for medical services.

All Medicare Extension members also have out-of-pocket maximums that limit costs with in-network (\$1,000) and out-of-network (\$3,000) behavioral health providers.
- ❑ **Allowed amounts** – All benefits shown in this summary are limited to the Medicare-approved amount or UniCare’s allowed amount:
 - The Medicare-approved amount is the most that Medicare pays for a covered service.
 - The UniCare allowed amount is the most that UniCare pays for a covered service when the service is not covered by Medicare.
- ❑ **Preapprovals** – Services marked with a 📞 phone symbol may need preapproval.

Benefits for medical care under Medicare Extension

Service	Your member costs with CIC	Your member costs without CIC
Ambulances	No member costs	All costs over \$25
Anesthesia	No member costs	No member costs
Bereavement counseling	20% coinsurance <i>(limited to \$1,500 for a family in a calendar year)</i>	20% coinsurance <i>(limited to \$1,500 for a family in a calendar year)</i>
Cardiac rehab programs	No member costs	No member costs
Chemotherapy	No member costs	20% coinsurance
Chiropractic care	20% coinsurance <i>(limited to 20 visits in a calendar year)</i>	20% coinsurance <i>(limited to 20 visits in a calendar year)</i>
Diabetic supplies	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance
Dialysis	No member costs	20% coinsurance
Doctor visits (in person or virtual care)	\$10 copay	\$10 copay
Doctors – other services		
<ul style="list-style-type: none"> ▪ At an emergency room 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ Inpatient hospital care 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ Outpatient hospital care 	\$10 copay	\$10 copay




Service	Your member costs with CIC	Your member costs without CIC
Durable medical equipment (DME)	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance
Early intervention programs	No member costs <i>(limited to \$5,200 for each child in a calendar year, with a lifetime limit of \$15,600 for each child)</i>	No member costs <i>(limited to \$5,200 for each child in a calendar year, with a lifetime limit of \$15,600 for each child)</i>
Emergency room visits	\$50 copay	\$50 copay
Enteral therapy	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance
Eye exams (routine)	\$10 copay <i>(limited to one exam every 24 months)</i>	\$10 copay <i>(limited to one exam every 24 months)</i>
Eyeglasses and contact lenses	No member costs <i>(limited to the first lenses within six months after eye injury or cataract surgery)</i>	20% coinsurance <i>(limited to the first lenses within six months after eye injury or cataract surgery)</i>
Family planning services	No member costs	No member costs
Fitness club reimbursement	Reimbursed up to \$100 per member in a calendar year	Reimbursed up to \$100 per member in a calendar year
Hearing aids		
<ul style="list-style-type: none"> ▪ Age 21 and under 	No member costs <i>(limited to \$2,000 for each impaired ear every 24 months)</i>	No member costs <i>(limited to \$2,000 for each impaired ear every 24 months)</i>
<ul style="list-style-type: none"> ▪ Age 22 and over 	No member costs for first \$500, then 20% coinsurance of the next \$1,500 <i>(up to a total benefit limit of \$1,700 every 24 months)</i>	No member costs for first \$500, then 20% coinsurance of the next \$1,500 <i>(up to a total benefit limit of \$1,700 every 24 months)</i>
Hearing exams	\$10 copay	\$10 copay
Home health care	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance
Home infusion therapy	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance
Hospice care	No member costs	No member costs
Immunizations (vaccines)	No member costs <i>(you may have costs for an office visit)</i>	No member costs <i>(you may have costs for an office visit)</i>
Inpatient services		
<ul style="list-style-type: none"> ▪ At a hospital or rehab facility (semi-private room) 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ At a hospital or rehab facility (medically necessary private room) 	The dollar difference between the semi-private room rate and the private room rate	The dollar difference between the semi-private room rate and the private room rate
Lab services		
<ul style="list-style-type: none"> ▪ Inpatient hospital 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ Outpatient hospital and non-hospital-owned locations 	No member costs	20% coinsurance
Occupational therapy	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn't pay: 20% coinsurance 	20% coinsurance

Service	Your member costs with CIC	Your member costs without CIC
Office visits	See “Doctor visits” on page 1.	
Oxygen	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance 	<ul style="list-style-type: none"> ▪ Preferred vendors: No member costs ▪ Non-preferred: 20% coinsurance
Personal Emergency Response Systems (PERS)		
<ul style="list-style-type: none"> ▪ Installation 	20% coinsurance (limited to \$50 each calendar year)	20% coinsurance (limited to \$50 each calendar year)
<ul style="list-style-type: none"> ▪ Rental 	No member costs (limited to \$40 a month)	No member costs (limited to \$40 a month)
Physical therapy	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn’t pay: 20% coinsurance 	\$20% coinsurance
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 <p style="text-align: center;"><i>These benefits are administered by SilverScript. Call 877-876-7214 for information.</i></p>	
Preventive care	No member costs	No member costs
Private duty nursing in a home setting	20% coinsurance (limited to \$8,000 in a calendar year)	20% coinsurance (limited to \$4,000 in a calendar year)
Prosthetics and orthotics		
<ul style="list-style-type: none"> ▪ Breast prosthetics 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ Other prosthetics and orthotics 	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn’t pay: 20% coinsurance 	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn’t pay: 20% coinsurance
Radiation therapy	No member costs	20% coinsurance
Radiology and imaging		
<ul style="list-style-type: none"> ▪ Inpatient hospital 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ Outpatient hospital and non-hospital-owned locations 	No member costs	20% coinsurance
Retail health clinic visits	\$10 copay	\$10 copay and 20% coinsurance
Skilled nursing and long-term care facilities	<ul style="list-style-type: none"> ▪ For days paid by Medicare: No member costs until Plan benefit limit is reached ▪ For days not paid by Medicare: 20% coinsurance until Plan benefit limit is reached <p><i>The benefit limit is \$13,400 in a calendar year</i></p>	
Sleep studies	No member costs	20% coinsurance
Speech therapy	No member costs (limited to \$2,000 in a calendar year)	20% coinsurance (limited to \$2,000 in a calendar year)
Surgery		
<ul style="list-style-type: none"> ▪ In Massachusetts 	No member costs	No member costs
<ul style="list-style-type: none"> ▪ Outside Massachusetts 	<ul style="list-style-type: none"> ▪ Medicare participating: No member costs ▪ Medicare non-participating: 20% of the difference between the Plan’s allowed amount and the provider’s charge 	<ul style="list-style-type: none"> ▪ Medicare participating: No member costs ▪ Medicare non-participating: 100% of the difference between the Plan’s allowed amount and the provider’s charge

Service	Your member costs with CIC	Your member costs without CIC
Tobacco cessation counseling	No member costs <i>(limited to 300 minutes each calendar year)</i>	No member costs <i>(limited to 300 minutes each calendar year)</i>
Transplants		
▪ At Medicare-certified locations	No member costs	No member costs
▪ At other hospitals	20% coinsurance	20% coinsurance
Urgent care center visits	\$10 copay	\$10 copay and 20% coinsurance
Wigs (after cancer treatment)	20% coinsurance <i>(limited to \$350 each calendar year)</i>	20% coinsurance <i>(limited to \$350 each calendar year)</i>

Benefits for behavioral health care under Medicare Extension

Behavioral health benefits are higher when you get your behavioral health care from providers in the Beacon Health Options network.

Service	Your member costs with in-network providers	Your member costs with out-of-network providers
Emergency service programs	No member costs	No member costs
 Inpatient services	No member costs	20% coinsurance
Medication-assisted treatment	No member costs	No member costs
Medication management	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4 visits: \$5 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15 visits: 50% coinsurance
 Office services	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4 visits: \$10 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15 visits: 50% coinsurance
 Outpatient services	No member costs	20% coinsurance
Substance use disorder assessment / referral	No member costs	No member costs
Therapy		
▪ Individual therapy	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4 visits: \$10 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15 visits: 50% coinsurance
▪ Family therapy	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4 visits: \$10 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15 visits: 50% coinsurance
▪ Group therapy	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4 visits: \$5 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15 visits: 50% coinsurance