

PLAN BENEFITS – MEDICARE EXTENSION

Effective July 1, 2023

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** – The **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
Ambulances	No member costs
Anesthesia	No member costs
Bereavement counseling	20% coinsurance <i>(limited to \$1,500 for a family in a calendar year)</i>
Cardiac rehab programs	No member costs
Chemotherapy	No member costs
Chiropractic care	No member costs <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
Dialysis	No member costs
Doctor visits (in person or virtual care)	\$10 copay
Doctors – other services	
<ul style="list-style-type: none"> ▪ At an emergency room 	No member costs
<ul style="list-style-type: none"> ▪ Inpatient hospital care 	No member costs
<ul style="list-style-type: none"> ▪ Outpatient hospital care 	\$10 copay

Service	Your member costs
Durable medical equipment (DME)	<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>
Emergency room visits	\$50 copay
Enteral therapy	<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>
Eyeglasses and contact lenses	No member costs <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 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>
<ul style="list-style-type: none"> ▪ Age 22 and over 	No member costs <i>(limited to \$1,700 for each impaired ear every 24 months)</i>
Hearing exams	\$10 copay
Home health care	<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
Hospice care	No member costs
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) 	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
Lab services <ul style="list-style-type: none"> ▪ Inpatient hospital 	No member costs
<ul style="list-style-type: none"> ▪ Outpatient hospital and non-hospital-owned locations 	No member costs
Occupational therapy	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn't pay: 20% coinsurance

Service	Your member costs
Office visits (in person or virtual care)	\$10 copay
Oxygen	<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 ▪ Rental 	20% coinsurance <i>(limited to \$50 each calendar year)</i> <hr/> No member costs <i>(limited to \$40 a month)</i>
Physical therapy	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn't pay: 20% coinsurance
Prescription drugs <i>These benefits are administered by SilverScript. Call 877-876-7214 for information.</i>	<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
Preventive care	No member costs
Prosthetics and orthotics	<ul style="list-style-type: none"> ▪ If Medicare pays: No member costs ▪ If Medicare doesn't pay: 20% coinsurance
Radiation therapy	No member costs
Radiology and imaging <ul style="list-style-type: none"> ▪ Inpatient hospital ▪ Outpatient hospital and non-hospital-owned locations 	No member costs <hr/> No member costs
Retail health clinic visits	\$10 copay
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 <i>The benefit limit is \$13,400 in a calendar year</i>
Sleep studies	No member costs
Speech therapy	No member costs
Surgery <ul style="list-style-type: none"> ▪ In Massachusetts ▪ Outside Massachusetts 	No member costs <hr/> <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
Tobacco cessation counseling	No member costs <i>(limited to 300 minutes each calendar year)</i>

Service	Your member costs
Transplants	
▪ At Medicare-certified locations	No member costs
▪ At other hospitals	20% coinsurance
Urgent care center visits	\$10 copay
Wigs (after cancer treatment)	20% coinsurance <i>(limited to \$350 each calendar year)</i>

Benefits for behavioral health care under Medicare Extension

Service	Your member costs with in-network providers	Your member costs with out-of-network providers
 Applied Behavior Analysis (ABA)	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4: \$10 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15: 50% coinsurance
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: \$5 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15: 50% coinsurance
 Outpatient – office services	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4: \$10 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15: 50% coinsurance
 Outpatient – other 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: \$10 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15: 50% coinsurance
▪ Family therapy	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4: \$10 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15: 50% coinsurance
▪ Group therapy	<ul style="list-style-type: none"> ▪ Visits 1-4: no member costs ▪ After 4: \$5 copay 	<ul style="list-style-type: none"> ▪ Visits 1-15: 20% coinsurance ▪ After 15: 50% coinsurance