



Changes to your PLUS plan on July 1, 2024

For PLUS plan members

This is a list of changes to your health plan effective July 1, 2024. These changes apply to members of Wellpoint's PLUS plan. The changes listed here will be described in detail in the **FY25 Total Choice Member Handbook**, available in June 2024 at wellpointmass.com/members/materials.

If you have any questions, please call Wellpoint Member Services toll free at **833-663-4176** Monday through Thursday from 7:30 a.m. to 6 p.m. and Friday from 7:30 a.m. to 5 p.m. You can also email us at contact.ma@wellpoint.com.

Overall / general plan changes effective July 1, 2024	To find out more...
<p>Several of our plan partners have new names:</p> <ul style="list-style-type: none">▪ Carelon Behavioral Health (previously <i>Beacon Health Options</i>) administers UniCare's behavioral health network.▪ Carelon Medical Benefits Management (previously <i>AIM Specialty Health</i>) provides support for UniCare's preapproval review process.▪ CarelonRx (previously <i>IngenioRx</i>) provides support for UniCare's preapproval review process.	<p>www.carelon.com</p>
<p>CVS Caremark is the new administrator of your pharmacy benefits. As of July 1, 2024, CVS Caremark will take over from Express Scripts to administer your pharmacy benefits. Call 877-876-7214 or visit www.caremark.com for more information.</p>	<p>Handbook, chapter 12</p>
<p>You now have just one UniCare ID card. There is no longer a separate network ID card for plan members who live outside of Massachusetts. Use your UniCare ID card for services with all providers. You will receive a separate prescription drug ID card from CVS Caremark.</p>	<p>Handbook, chapter 1</p>
<p>Some hospital tiers are changing. The tier assignments of some Massachusetts hospitals are changing. The complete list of Massachusetts hospitals and their tier assignments is available on wellpointmass.com</p>	<p>www.wellpointmass.com</p>
<p>The benefits for office visits are changing.</p> <ul style="list-style-type: none">▪ PLUS primary care providers (PCPs) are now tiered. The copays are \$10 (Tier 1), \$20 (Tier 2), and \$40 (Tier 3). Outside of Massachusetts, you owe a \$20 copay for PLUS PCPs.▪ If you live outside Massachusetts and see a non-PLUS PCP, you owe your non-PLUS deductible and 20% coinsurance.▪ There is no longer a lower copay for Enhanced Personal Health Care PCPs.▪ The copays for PLUS specialists are still \$30 (Tier 1), \$60 (Tier 2), and \$75 (Tier 3). Outside of Massachusetts, you owe a \$60 copay for PLUS specialists.▪ If you go to non-PLUS specialists outside of Massachusetts, you'll owe your non-PLUS deductible and 20% coinsurance.	<p>Handbook, chapter 3</p>

Overall / general plan changes effective July 1, 2024	To find out more...
<p>There are changes to the preapprovals list. The following services now require preapproval:</p> <ul style="list-style-type: none"> ▫ Non-emergency ambulance transportation ▫ Hospice services ▫ Prosthetics and orthotics 	Handbook, chapter 3
<p>Some coverage for non-PLUS providers is changing. For some medical and behavioral health services, the non-PLUS benefits are changing. For the services listed below, if you go to non-PLUS providers, you will owe both the non-PLUS deductible and 20% coinsurance.</p> <ul style="list-style-type: none"> ▫ Office visits with both primary care and specialty care providers ▫ Telehealth visits ▫ Chiropractic care ▫ Eye exams ▫ Tubal ligation and vasectomy ▫ Routine foot care ▫ Hearing tests ▫ Inpatient hospital admissions for both medical and behavioral health care ▫ Occupational therapy and physical therapy ▫ Prosthetics and orthotics ▫ Outpatient surgery at any location ▫ Vision therapy ▫ Behavioral health office services, outpatient services, medication management, and therapy 	Handbook, chapter 4

Changes to your benefits for medical services	To find out more...
<p>Ambulance transportation Some non-emergency ambulance transportation may be covered if preapproved.</p>	Handbook, chapter 4
<p>Cardiac rehabilitation programs There is now a \$20 per-visit copay with PLUS providers, but the deductible no longer applies.</p>	Handbook, chapter 4
<p>Chiropractic care The \$20 per-visit copay still applies with PLUS providers, but you no longer owe coinsurance.</p>	Handbook, chapter 4
<p>Telehealth visits, including LiveHealth Online</p> <ul style="list-style-type: none"> ▫ All telehealth visits with PLUS providers now have a \$20 copay. ▫ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance. 	Handbook, chapter 4

Changes to your benefits for medical services	To find out more...
<p>Eyeglasses and contact lenses You no longer owe coinsurance for medically necessary eyeglasses and contact lenses. Your deductible still applies.</p>	Handbook, chapter 4
<p>Family planning</p> <ul style="list-style-type: none"> ▪ Male sterilization (vasectomy) and voluntary termination of a pregnancy (abortion) are now covered under the family planning benefit. You do not owe any member costs for these services when you use PLUS providers. ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% insurance for vasectomy and tubal ligation. 	Handbook, chapter 4
<p>Hearing aids For members age 22 and over, there are no member costs. The benefit is now limited to \$1,700 for each impaired ear every 24 months.</p>	Handbook, chapter 4
<p>Hearing exams</p> <ul style="list-style-type: none"> ▪ There are no member costs for hearing exams with PLUS providers, but you may owe a copay for the office visit. ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance. 	Handbook, chapter 4
<p>Hospice and end-of-life care You must get preapproval for these services.</p>	Handbook, chapter 4
<p>Infertility services</p> <ul style="list-style-type: none"> ▪ Preimplantation genetic testing (PGT) is now covered under the infertility benefit. ▪ There is no longer a limit on the number of IVF attempts. ▪ The storage of sperm, eggs, and inseminated eggs is now covered for up to 12 months. 	Handbook, chapter 4
<p>Inpatient hospital (medical admissions)</p> <ul style="list-style-type: none"> ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance, but you no longer owe a copay. ▪ You owe only one inpatient copay in a calendar quarter. Both inpatient medical care and inpatient behavioral health care count toward this limit. 	Handbook, chapter 4
<p>Occupational therapy Occupational therapy is limited to 30 visits in one plan year. However, if the services are associated with an autism spectrum disorder diagnosis, the limit doesn't apply.</p>	Handbook, chapter 4
<p>Physical therapy Physical therapy is limited to 30 visits in one plan year. However, if the services are associated with an autism spectrum disorder diagnosis, the limit doesn't apply.</p>	Handbook, chapter 4
<p>Private duty nursing Private duty nursing is no longer covered by the Plan.</p>	Handbook, chapter 7

Changes to your benefits for medical services	To find out more...
<p>Prosthetics and orthotics</p> <ul style="list-style-type: none"> ▪ With PLUS providers, you now owe just your PLUS deductible for all prosthetics and orthotics. You do not owe any coinsurance. ▪ With non-PLUS providers, you now owe your non-PLUS deductible and 20% coinsurance for all prosthetics and orthotics, including breast prosthetics and orthopedic shoes with an attached brace. ▪ All prosthetics and orthotics require preapproval. 	Handbook, chapter 4
<p>Skilled nursing facilities</p> <p>The amount of time permitted for a stay at a skilled nursing facility has been increased from 45 days to 100 days.</p>	Handbook, chapter 4
<p>Speech therapy</p> <ul style="list-style-type: none"> ▪ You now owe a \$20 per-visit copay for speech therapy with PLUS providers. ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance. ▪ Speech therapy no longer has a visit limit. 	Handbook, chapter 4
<p>Outpatient surgery</p> <p>Copays and deductible now apply to outpatient surgery with PLUS providers at both hospital and non-hospital-owned locations. The benefits for outpatient surgery with PLUS providers are:</p> <ul style="list-style-type: none"> ▫ At a hospital, you owe a \$250 quarterly copay and your deductible. ▫ At a non-hospital-owned facility, you owe a \$150 quarterly copay for eye and gastrointestinal (GI) procedures, and a \$250 quarterly for all other procedures. In both cases, you also owe your deductible. ▫ If you have surgery at a doctor's office, you owe your deductible and you may also owe an office visit copay. ▫ You owe only one outpatient surgery copay in a calendar quarter. <p>With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance at all locations.</p>	Handbook, chapter 4
<p>Tubal ligation</p> <ul style="list-style-type: none"> ▪ Tubal ligation, which is covered under the family planning benefit, has no member costs with a PLUS provider. ▪ With a non-PLUS provider, you owe your non-PLUS deductible and 20% coinsurance. 	Handbook, chapter 4
<p>Vasectomy (voluntary male sterilization)</p> <ul style="list-style-type: none"> ▪ Vasectomy is now covered under the family planning benefit. ▪ There are no member costs for vasectomy with PLUS providers. ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance. 	Handbook, chapter 4
<p>Vision therapy</p> <p>Vision therapy is now a covered service, requiring a \$20 per-visit copay (with PLUS providers).</p>	Handbook, chapter 4

Changes to your benefits for behavioral health services	To find out more...
<p>Inpatient hospital (behavioral health admissions)</p> <ul style="list-style-type: none"> ▪ When you use a PLUS provider for inpatient behavioral health care, you owe a \$275 quarterly copay and your PLUS deductible. ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance. ▪ You owe only one inpatient copay in a calendar quarter. Both inpatient medical care and inpatient behavioral health care count toward this limit. 	Handbook, chapter 5
<p>Acupuncture withdrawal management (detox)</p> <ul style="list-style-type: none"> ▪ With PLUS providers, you owe a \$20 per-visit copay for these services. ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance. 	Handbook, chapter 5
<p>Applied Behavior Analysis (ABA)</p> <ul style="list-style-type: none"> ▪ With PLUS providers, you owe a \$10 per-visit copay for ABA services. ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance. 	Handbook, chapter 5
<p>Medication management</p> <ul style="list-style-type: none"> ▪ With PLUS providers, the copay for medication management has decreased to \$10 per visit. ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance. 	Handbook, chapter 5
<p>Office services and outpatient services</p> <ul style="list-style-type: none"> ▪ Because the benefit is now the same for behavioral health office services and outpatient services, all of these services are now listed under Outpatient services in the behavioral health chapter of the member handbook. ▪ With PLUS providers, you owe a \$10 per-visit copay for these services. ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance. 	Handbook, chapter 5
<p>Therapy</p> <ul style="list-style-type: none"> ▪ With PLUS providers, you owe a \$10 per-visit copay for all types of outpatient therapy. ▪ With non-PLUS providers, you owe your non-PLUS deductible and 20% coinsurance. 	Handbook, chapter 5