

TEXAS

# PLAN OVERVIEW

Individual and Family Health Insurance Plans



UNICARE®

A Healthy Dose of Innovation®

UniCare is a WellPoint Company



## UniCare® Life and Health Insurance Company's Individual health plans allow you to choose the plan that best fits the needs of you and your family.

The Enhanced FIT Plans offer you a wide variety of benefit options with varying deductible levels, while the Solaura and HSA Plans provide you with premium savings, investment opportunities, and tax advantages. Our UniCare Consumer Choice Plans offer you great benefits without adding additional costs to you.

Refer to the information on the following pages to compare the benefits of all of our UniCare plans.

# General Plan Information

## Enhanced FIT Plans

All Enhanced FIT plans feature “first dollar benefits”—(coverage with no annual deductible amount) for in-network office visits with a copay of \$30, and certain preventive care screenings with a first dollar benefit maximum of \$500 per member. Outpatient medical emergency room treatment includes facility charges and staff fees covered at 100% (subject to a \$100 copay.) Enhanced FIT offers additional across-the-board sensible, in-demand benefit features. Differences among Enhanced FIT plans include deductible amounts, coverage amounts for in network doctors and hospitals, and the brand name drug deductible amount. Enhanced FIT plans are available with annual deductibles of \$1,000, \$1,500, \$2,500, \$3,500 and \$5,000. To help you make the right choice contact your UniCare agent or your dedicated UniCare Agent Support Team.

The Enhanced FIT plans and Saver 2000 plan feature a fourth-quarter carry-over for the annual deductible. If your annual deductible is not satisfied in a given year, the covered expenses incurred during the months of October through December will be applied toward your annual deductible for the following year.

## HSA-Compatible Plans

An HSA is a Health Savings Account established exclusively to pay for current and future qualified medical expenses of eligible individuals. In order for individuals or families to qualify for a Health Savings Account (HSA), they must be enrolled in a High Deductible Health Plan (HDHP). UniCare’s HDHPs are HSA-compatible, designed to meet certain requirements in terms of annual deductibles and annual out-of-pocket expense maximums.

The HDHPs are provided by UniCare Life & Health Insurance Company (UniCare). The HSA is not administered by UniCare, but by a qualified bank or financial institution that is qualified to provide this service. Through an arrangement with JPMorgan Bank, N.A. (Chase),<sup>1</sup> UniCare can offer the convenience of applying for both an HSA and HDHP together. Rather than applying for an HDHP, then finding a bank and going through another enrollment process for your HSA, you can take care of both steps at once.

### What is the advantage of an HSA?

- An HSA works in conjunction with your UniCare HDHP. The HDHP provides benefits for covered medical services once applicable deductibles are satisfied. The funds you deposit in your HSA can be used to pay for medical expenses applied to your deductible.
- When HSA funds are used for eligible health care expenses, HSA withdrawals are tax-advantaged.<sup>2</sup>

(1) JPMorgan Chase Bank, N.A. (Chase). Chase is an independent company that is not affiliated with, or owned or controlled, in whole or part, by UniCare or any of its affiliates, subsidiaries or its parent company. The HSA with Chase is governed by the terms and conditions of the contract that individuals have with Chase regarding those accounts and UniCare has no control, nor does it exercise any control, over the contractual relationship between individuals and Chase.

(2) A high-deductible plan is not an HSA. An HSA, which must be established for tax-advantaged treatment, is a separate arrangement between the individual and a bank or other qualified institutions. You must be an eligible individual under IRS regulation to receive the tax benefits of an HSA. Consultation with a tax advisor is recommended.

## Solaura Plans

UniCare's Solaura<sup>SM</sup> plans give you the ability to help better manage and control your health care dollars.

They are designed to help you reduce your out-of-pocket health expenses, while improving your health and well-being. Plus, you have three plan choices and a variety of deductible options, so you can tailor the plan to fit your exact needs and budget.

### **Solaura plans are available in three varying options:**

The Solaura Health Savings Account (HSA) Plan is funded by your own contributions, which may be tax-deductible.<sup>1</sup> You can use the money in your health savings account to pay for medical care and prescriptions. You can also use the money in your HSA to pay for medical expenses that are not covered by the health plan, like contact lenses, over-the-counter medications, and orthodontic braces.

The Solaura Health Incentive Account Plan (HIA) is funded entirely through reward credits you can earn for healthy behaviors. The plan gives you an account called a Health Incentive Account, or HIA, which you can use to help pay for covered medical care and prescriptions, and can lower the amount you have to spend out of your pocket.

The Solaura Health Incentive Account Plus Plan (HIA Plus) is funded by quarterly contributions from UniCare. It gives you an account called a Health Incentive Account, or HIA. You can earn additional reward credits for your account with rewards for healthy behaviors. You use the health credits for covered medical care and prescriptions, and can lower the amount you have to spend out of your pocket.

## Individual Consumer Choice Plans

Consumer Choice benefits from UniCare Life & Health Insurance Company (UniCare) provide you with the benefits you want without the additional cost of benefits you may not need.

UniCare's Consumer Choice plans allow you to choose between three deductible plans with access to emergency care, routine health care services, and preventive and wellness programs to promote good health. With Consumer Choice Plans from UniCare, you have the peace of mind of knowing that you have the protection you need at a price you can afford.

The Consumer Choice plans allow you to use any doctor you choose, but you can save money by using participating (in-network) independently contracted doctors and medical facilities. When you use participating providers, you save money because these providers have agreed to accept lower, negotiated rates for their services. Refer to Provider Finder on the UniCare Web site at [www.unicare.com](http://www.unicare.com) or ask your dedicated UniCare Agent how to determine which providers in your area are participating (in-network) providers before you sign an application for coverage.

(1) The Health Savings Account is a separate arrangement between you and the bank. UniCare does not establish, administer or maintain the savings account.

# Enhanced FIT and Saver 2000 Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted

Your Plan Features	ENHANCED FIT 1000		ENHANCED FIT 1500, 2500 ENHANCED FIT 3500, 5000		UNICARE SAVER 2000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Member <sup>1</sup> (Two member maximum)	Member: \$1,000	Member: \$3,000	Member: \$1,500; \$2,500; \$3,500; \$5,000	Member: \$3,500; \$4,500; \$5,500; \$7,000	\$2,000	\$2,000
Annual Out-of-Pocket Maximum <sup>1</sup> (In addition to deductibles)	Member: \$3,000 Family: \$6,000	Member: \$10,000 Family: \$20,000	Member: \$3,000 Family: \$6,000	Member: \$10,000 Family: \$20,000	Member: \$3,000 Family: \$6,000	Member: \$10,000 Family: \$20,000
Lifetime Maximum	\$5 million per member		\$5 million per member		\$5 million per member	
Adult Preventive Care <sup>6</sup> (18 and over) Lab/X-ray for a routine Pap smear, annual mammogram and PSA screening	100%; deductible waived; max. \$500 then 80% after deductible	50%	100%; deductible waived; max. \$500 then 75% after deductible	50%	75%	50%
Adult Office Visits <sup>6</sup> All medical office visits, exams and diagnostic x-ray and lab work performed on the same date and during the same office visit for any covered illness or injury.	\$30 copay; unlimited visits; deductible waived	50%; unlimited visits; deductible applies	\$30 copay; unlimited visits; deductible waived	50%; unlimited visits; deductible applies	\$30 copay; deductible waived; 2 visits max.	50%; deductible waived; 2 visits max. including preventive care
Child Preventive Care <sup>6</sup> (Well baby/children to age 18) Immunizations	100%; deductible waived		100%; deductible waived	100%; deductible waived	\$30 copay; deductible waived; 2 visits max.	50%; deductible waived; 2 visits max. including preventive care
Routine Care (Other than immunizations)	100%; deductible waived; max \$500; 80% after deductible	50%	100%; deductible waived; max \$500; 75% after deductible	50%	N/A	N/A
Child Office Visits <sup>6</sup>	\$30 copay; unlimited visits; deductible waived		\$30 copay; unlimited visits; deductible waived		\$30 copay; deductible waived; 2 visits max.	50%; deductible waived; 2 visits max. including preventive care
Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits	80%	50%	75%	50%	75% for limited services only	50% for limited services only
Lab Work and X-rays	80%	50%	75%	50%	75%	50%; deductible waived; \$300 max. in- and out-of-network combined
Ambulance Service	80%; max. \$1,000 per trip ground; max. \$5,000 air	50%; max. \$1,000 per trip ground; max. \$5,000 air	75%; max. \$1,000 per trip ground; max. \$5,000 air	50%; max. \$1,000 per trip ground; max. \$5,000 air	75%; max. \$750 per trip ground or air	50%; max. \$750 per trip ground or air
Initial Care of a Medical Emergency <sup>2,3</sup> (Inpatient or Outpatient)	80%	80% <sup>4</sup>	75%	75% <sup>4</sup>	75%	75% <sup>4</sup>
Inpatient Hospital Services <sup>2</sup>	80%	50% after \$500 deductible for non-emergency stays	75%	50% after \$500 deductible for non-emergency stays	75%	50% after \$500 deductible for non-emergency stays
Outpatient Hospital <sup>2,3</sup> or Surgical Center <sup>2</sup>	80%	50%	75%	50%	75%	50%
Medical Emergency Room Treatment <sup>9</sup> (includes facility charges, staff fees billed by a facility or professional services)	100%		100%		N/A	
Physical/Occupational Therapy and Acupuncture	\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year		N/A	
Retail Pharmacy <sup>5</sup> (Per prescription; 30 day supply) Generic Drugs (Deductible waived)	\$10 copay	50% of avg. wholesale price	\$10 copay	50% of avg. wholesale price	10\$ copay; \$500 max.	50% of avg. wholesale price; \$500 max.
Brand Name Drugs	\$250 deductible; Formulary: \$30 copay; Nonformulary: \$50 copay	\$250 deductible; 50% of avg. wholesale price	FIT 1500/2500: \$250 deductible; FIT 3500/5000: \$500 deductible; Formulary: \$30 copay; Nonformulary: \$50 copay	FIT 1500/2500: \$250 deductible; FIT 3500/5000: \$500 deductible; 50% of avg. wholesale price	\$200 deductible; \$25 copay; \$500 max.	\$200 deductible; \$25 copay; 40% of avg. wholesale price; \$500 max.
Self-injectable Drugs	80%	50% of avg. wholesale price	75%	50% of avg. wholesale price	75%	50% of avg. wholesale price

(1) Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum. (2) Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Preservice Review section on back cover. (3) Emergency room visits are subject to a \$100 copay. If emergency room visit results in admission, inpatient deductible and coinsurance apply. (4) Until transferable to a participating hospital; if stay continues thereafter, then 50% subject to a \$500 deductible. (5) Certain prescription drugs may require prior authorization by UniCare. (6) **Please note: Limited to two office visits per member per year including preventive care.**

# HSA-Compatible Health Insurance Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted

Your Plan Features	HIGH DEDUCTIBLE (HSA-COMPATIBLE) <sup>6</sup> VARIABLE DEDUCTIBLE PLAN		HIGH DEDUCTIBLE (HSA-COMPATIBLE) PLAN 2 <sup>7</sup>		HIGH DEDUCTIBLE (HSA-COMPATIBLE) <sup>6</sup> VARIABLE CONTRIBUTION PLAN		HIGH DEDUCTIBLE (HSA-COMPATIBLE) PLAN 3 <sup>7</sup>	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Member (Medical and pharmacy combined)	Member: \$1,100 Family: \$2,200	Member: \$5,100 Family: \$10,200	Member: \$2,600 Family: \$5,200	Member: \$6,600 Family: \$13,200	Member: \$2,850 Family: \$5,650	Member: \$6,850 Family: \$13,650	Member: \$5,000 Family: \$10,000	Member: \$9,000 Family: \$18,000
Annual Out-of-Pocket Maximum <sup>1</sup> (Includes annual deductible and pharmacy copays)	Member: \$5,000 Family: \$10,000	Member: \$15,000 Family: \$20,000	Member: \$5,000 Family: \$10,000	Member: \$15,000 Family: \$20,000	Member: \$5,000 Family: \$10,000	Member: \$15,000 Family: \$20,000	Member: \$5,000 Family: \$10,000	Member: \$15,000 Family: \$20,000
Lifetime Maximum	\$5 million per member		\$5 million per member		\$5 million per member		\$5 million per member	
Child Preventive Care (Well baby/children through age 6) Immunization	100%; deductible(s) waived		100%; deductible(s) waived		100%; deductible(s) waived		100%; deductible(s) waived	
Adult Preventive Care Lab/X-ray for a routine Pap smear, annual mammogram and PSA screening and colorectal cancer screening	80%	50%	80%	50%	100%	70%	100%	70%
Adult Office Visits Exam only for any covered illness or injury, and certain preventive care services for adults and children through age 6	80%	50%	80%	50%	100%	70%	100%	70%
Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits and diagnostic X-rays/labs	80%	50%	80%	50%	100%	70%	100%	70%
Ambulance Service (Maximum \$1,000 per trip ground; \$5,000 air)	80%	50%	80%	50%	100%	70%	100%	70%
Initial Care of a Medical Emergency <sup>2,3</sup> (Inpatient or Outpatient)	80%	80% <sup>4</sup>	80%	80% <sup>4</sup>	100%	100% <sup>4</sup>	100%	100% <sup>4</sup>
Inpatient Hospital Services <sup>2</sup>	80%	50%	80%	50%	100%	70%	100%	70%
Outpatient Hospital <sup>2,3</sup> or Surgical Center <sup>2</sup>	80%	50%	80%	50%	100%	70%	100%	70%
Durable Medical Equipment	80%	50%	80%	50%	100%	70%	100%	70%
Physical/Occupational Therapy and Acupuncture/Acupressure	\$30 max. per visit; 12 visits max.		\$30 max. per visit; 12 visits max.		\$30 max. per visit; 12 visits max.		\$30 max. per visit; 12 visits max.	
Retail Pharmacy <sup>5</sup> (Per prescription; 30 day supply; deductibles apply) Generic Drugs	\$10 copay	50% of avg. wholesale price	\$10 copay	50% of avg. wholesale price	\$10 copay	70% of avg. wholesale price <sup>7</sup>	100%	70% of avg. wholesale price
Brand Name Formulary Drugs	\$30 copay	50% of avg. wholesale price	\$30 copay	50% of avg. wholesale price	\$30 copay <sup>7</sup>	70% of avg. wholesale price <sup>7</sup>	100%	70% of avg. wholesale price
Brand Name Nonformulary Drugs	\$50 copay	50% of avg. wholesale price	\$50 copay	50% of avg. wholesale price	\$50 copay <sup>7</sup>	70% of avg. wholesale price <sup>7</sup>	100%	70% of avg. wholesale price
Self-injectable Drugs	80%	50% of avg. wholesale price	80%	50% of avg. wholesale price	80% <sup>7</sup>	70% of avg. wholesale price	100%	70% of avg. wholesale price

(1) Once the participating out-of-pocket maximum has been met, covered services obtained from an in-network provider, including prescription drugs, will be covered at 100%. Once the nonparticipating out-of-pocket maximum has been met, covered services obtained from an out-of-network provider, will be covered at the maximum allowable amount. (2) Services may require preservice review or authorization by UniCare or you will be required to pay an additional deductible penalty. (3) Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge. (4) Until transferable to a participating hospital; if stay continues thereafter, then 50% or 70%, depending on the plan; subject to applicable deductibles. (5) Certain prescription drugs may require prior authorization by UniCare. (6) The annual deductible will reflect the U.S. Treasury's minimum deductible requirements for HSA qualified high-deductible health plans. The amount is subject to change annually. (7) The High-Deductible Variable Contribution plan offers prescription drug coverage. Once your annual deductible is satisfied, you only have to pay the appropriate copay for your prescriptions. Once your out-of-pocket maximum is met, you have 100% pharmacy coverage. See the pharmacy benefit for details on the copay amounts.

# Solaura Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted

Your Plan Features	HSA PLAN 1A		HSA PLAN 2A		HIA 1		HIA 2	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Member <sup>1</sup> (Shared in and out-of-network)	Single: \$3,000 Family: \$6,000		Single: \$5,000 Family: \$10,000		Single: \$2,500 Family: \$5,000		Single: \$5,000 Family: \$10,000	
Annual Out-of-Pocket Maximum (Both out-of-pockets include the deductible)	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000
Lifetime Maximum	\$5 million per member		\$5 million per member		\$5 million per member		\$5 million per member	
Health Account Contribution by UniCare <sup>2</sup> (Unlimited rollover)	N/A		N/A		N/A		N/A	
Adult Preventive Care Lab/X-ray for a routine Pap smear, annual mammogram, PSA screening and Colorectal cancer screening	100%; deductible waived	60%	100%; deductible waived	70%	100%; deductible waived	60%	100%; deductible waived	70%
Office Visits Diagnostic Radiology and Lab	80%	60%	100%	70%	80%	60%	100%	70%
Baby Preventive Care and Immunizations (Through age 6)	100%; deductible waived		100%; deductible waived		100%; deductible waived		100%; deductible waived	
Child Preventive Care and Immunizations (Well child age 7 through 18)	100%; deductible waived	60% <sup>2</sup>	100%; deductible waived	70% <sup>2</sup>	100%; deductible waived	60% <sup>2</sup>	100%; deductible waived	70% <sup>2</sup>
Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits	80%	60%	100%	70%	80%	60%	100%	70%
Ambulance Service	80%	60%	100%	70%	80%	60%	100%	70%
Initial Care of Medical Emergency (Inpatient or Outpatient)	80%	80% until transferable to a participating hospital; 60% thereafter	100%	100% until transferable to a participating hospital; 70% thereafter	80%	80% until transferable to a participating hospital; 60% thereafter	100%	100% until transferable to a participating hospital; 70% thereafter
Inpatient Hospital Services	80%	60%	100%	70%	80%	60%	100%	70%
Outpatient Hospital or Surgical Center	80%	60%	100%	70%	80%	60%	100%	70%
Physical/Occupational Therapy and Acupuncture	\$30 max per visit; 12 visits max per year		\$30 max per visit; 12 visits max per year		\$30 max per visit; 12 visits max per year		\$30 max per visit; 12 visits max per year	
Retail Pharmacy (Administered by NextRx; 30-day supply)	80%	60%	100%	70%	80%	60%	100%	70%
Mail Service Pharmacy (Administered by NextRx; 90-day supply)	80%	N/A	100%	N/A	80%	N/A	100%	N/A

(1) Once the participating out-of-pocket maximum has been met, covered services obtained from an in-network provider, including prescription drugs, will be covered at 100%. Once the nonparticipating out-of-pocket maximum has been met, covered services obtained from an out-of-network provider, including prescription drugs, will be covered at 100%.

(2) The annual account contribution only applies to the HIA Plus Plans.

(3) Immunizations paid at 100% for out-of-network providers.

# Solaura Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted

HIA PLUS 1		HIA PLUS 2		HIA PLUS 3		Your Plan Features
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
Single: \$5,000 Family: \$10,000		Single: \$5,000 Family: \$10,000		Single: \$10,000 Family: \$20,000		Annual Deductible Per Member <sup>1</sup> (Shared in and out-of-network)
Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$10,000 Family: \$20,000	Single: \$20,000 Family: \$40,000	Annual Out-of-Pocket Maximum (Both out-of-pockets include the deductible)
\$5 million per member		\$5 million per member		\$5 million per member		Lifetime Maximum
Single: \$200 Family: \$400		Single: \$500 Family: \$1000		Single: \$200 Family: \$400		Health Account Contribution by UniCare <sup>2</sup> (Unlimited rollover)
100%; deductible waived	80%	100%; deductible waived	70%	100%; deductible waived	70%	Adult Preventive Care Lab/X-ray for a routine Pap smear, annual mammogram, PSA screening and Colorectal cancer screening
100%	80%	100%	70%	100%	70%	Office Visits Diagnostic Radiology and Lab
100%; deductible waived		100%; deductible waived		100%; deductible waived		Baby Preventive Care and Immunizations (Through age 6)
100%; deductible waived	80% <sup>2</sup>	100%; deductible waived	70% <sup>2</sup>	100%; deductible waived	70% <sup>2</sup>	Child Preventive Care and Immunizations (Well child age 7 through 18)
100%	80%	100%	70%	100%	70%	Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits
100%	80%	100%	70%	100%	70%	Ambulance Service
100%	100% until transferable to a participating hospital; 80% thereafter	100%	100% until transferable to a participating hospital; 70% thereafter	100%	100% until transferable to a participating hospital; 70% thereafter	Initial Care of Medical Emergency (Inpatient or Outpatient)
100%	80%	100%	70%	100%	70%	Inpatient Hospital Services
100%	80%	100%	70%	100%	70%	Outpatient Hospital or Surgical Center
\$30 max per visit; 12 visits max per year		\$30 max per visit; 12 visits max per year		\$30 max per visit; 12 visits max per year		Physical/Occupational Therapy and Acupuncture
100%	80%	100%	70%	100%	70%	Retail Pharmacy (Administered by NextRx; 30-day supply)
100%	N/A	100%	N/A	100%	N/A	Mail Service Pharmacy (Administered by NextRx; 90-day supply)

(1) Once the participating out-of-pocket maximum has been met, covered services obtained from an in-network provider, including prescription drugs, will be covered at 100%. Once the nonparticipating out-of-pocket maximum has been met, covered services obtained from an out-of-network provider, including prescription drugs, will be covered at 100%.

(2) The annual account contribution only applies to the HIA Plus Plans.

(3) Immunizations paid at 100% for out-of-network providers.

# Individual Consumer Choice Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted

Plan Features	CONSUMER CHOICE PPO \$1000		CONSUMER CHOICE PPO \$2000		CONSUMER CHOICE PPO \$5000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible per Member (Two member maximum)	Member: \$1000		Member: \$2000		Member: \$5000	
Annual Out-of-Pocket Maximum (In addition to deductible)	Member: \$3,000 Family: \$6,000	No out-of-pocket maximum	Member: \$3,000 Family: \$6,000	No out-of-pocket maximum	Member: \$3,000 Family: \$6,000	No out-of-pocket maximum
Lifetime Maximum	\$5 million per member		\$5 million per member		\$5 million per member	
Adult Preventive Care Lab/X-ray for routine Pap smear, annual mammogram and PSA screening	80%	50%	75%	50%	75%	50%
Office Visits Exam only for any covered illness or injury, and certain preventive care services for adults	\$30 copay; deductible waived; after 4th visit subject to coinsurance and deductible	50%	\$30 copay; deductible waived; after 4th visit subject to coinsurance and deductible	50%	\$30 copay; deductible waived; after 4th visit subject to coinsurance and deductible	50%
Child Preventive Care (Well baby/children through age 6) Immunizations	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived	100% deductible waived
Colorectal Cancer Screening	80%	50%	75%	50%	75%	50%
Professional Services surgery, anesthesia, radiation therapy, in-hospital doctor visits	80%	50%	75%	50%	75%	50%
Lab Work and X-rays	80%	50%	75%	50%	75%	50%
Ambulance Service	80%; max. \$750 per trip ground; max. \$2000 air	50%; max. \$750 per trip ground; max. \$2000 air	75%; max \$750 per trip ground; max. \$2000 air	50%; max. \$750 per trip ground; max. \$2000 air	75%; max \$750 per trip ground; max. \$2000 air	50%; max \$750 per trip ground; max. \$2000 air
Initial Care of a Medical Emergency (Inpatient or Outpatient)	80%	80%	75%	75%	75%	75%
Inpatient Hospital Services <sup>1</sup>	80%	50% less a \$500 deductible for nonemergency stays	75%	50% less a \$500 deductible for nonemergency stays	75%	50% less a \$500 deductible for nonemergency stays
Outpatient Hospital or Surgical Center <sup>1,2</sup>	80%	50%	75%	50%	75%	50%
Physical/Occupational Therapy and Acupuncture <sup>4</sup>	\$30 max. per visit; 12 visits max. per year		\$30 max. per visit; 12 visits max. per year		\$30 max. per visit; 12 visits max. per year	
Retail Pharmacy <sup>3</sup> (Per prescription; 30 day supply) Generic Drugs (Deductible waived)	\$10 Copay	50% of average wholesale price	\$10 Copay	50% of average wholesale price	\$10 Copay	50% of average wholesale price
Brand Name Drugs	\$1000 deductible. Formulary: \$30 copay; Nonformulary: \$50 copay	\$1000 deductible. 50% of average wholesale price	\$1000 deductible. Formulary: \$30 copay; Nonformulary: \$50 copay	\$1000 deductible. 50% of average wholesale price	\$1000 deductible. Formulary: \$30 copay; Nonformulary: \$50 copay	\$1000 deductible. 50% of average wholesale price
Mail Service	Generic: \$20 copay, deductible waived; Formulary: \$60 copay, \$1000 deductible; Nonformulary: \$100 copay, \$1000 deductible	Not Available	Generic: \$20 copay, deductible waived; Formulary: \$60 copay, \$1000 deductible; Nonformulary: \$100 copay, \$1000 deductible	Not Available	Generic: \$20 copay, deductible waived; Formulary: \$60 copay, \$1000 deductible; Nonformulary: \$100 copay	Not Available

(1) Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. (2) Emergency room visits that do not result in an inpatient admission will be subject of a \$60 penalty. (3) Certain prescription drugs may require prior authorization by UniCare. (4) Additional visits for physical/occupational and speech therapy may be covered following inpatient hospitalization for severe trauma with prior authorization from UniCare.

# Additional Benefits

## UniCare Has It All

- A nationally recognized carrier, with a record of reliability and financial security
- An extensive selection of independently contracted network doctors, hospitals and surgical centers
- Access to quality medical services at discounted fees
- Higher levels of coverage than most other carriers
- Valuable health and wellness programs at no additional cost
- Convenient online member services

## Cost Savings with In-Network Doctors and Hospitals

Participating providers are independently contracted doctors and medical facilities that are part of UniCare's network. When you use participating providers (also known as in-network doctors and contracted hospitals) your costs are reduced in two ways: in-network doctors have agreed to accept lower, negotiated rates for most services, and UniCare shares a higher portion of the costs with you when you use in-network providers.

When you use Nonparticipating (out-of-network) Providers, your benefits are based on charges that UniCare considers reasonable for that service and area. Using an out-of-network provider may result in higher costs to you because you are responsible for any billed charges in excess of the reasonable charges.

## HealthyExtensions<sup>SM.1</sup>

As a UniCare plan member, you have access to discounts on a variety of alternative health and wellness products and services offered by independent vendors, including:

- Vitamins
- Nutrition and fitness programs
- Health clubs
- Hearing aids
- Eyeglasses and contact lenses
- Skin care products
- Educational materials
- Online resources
- Alternative health practitioners

For a complete list of vendors and discount offers, visit [www.unicare.com](http://www.unicare.com).

## Additional Benefits *continued*

### MedCall

MedCall® gives you access to nurse counselors who can provide you with medical information 24-hours a day, seven days a week. At no additional cost to you, this telephone hotline provides answers to many health questions including symptoms, procedures and alternatives, and medication side effects.

### Individual and Family Dental Insurance Plan Coverage

Good oral health is a quality of life issue, affecting both your mental and physical wellness. UniCare offers the Individual and Family Dental PPO Plan to provide affordable coverage for regular dental care. With UniCare's dental coverage you have:

- Access to quality care at discounted fees
- A wide range of dental services for preventive, diagnostic, basic and major dental care
- Freedom to choose any dentist
- Additional savings for visiting an independently contracted, in-network dentist
- An annual deductible of \$50 per person or \$150 per family, waived for preventive and diagnostic services performed by a contracted in-network dentist

For more information about the Individual and Family Dental PPO Plan, please call your UniCare agent or visit the UniCare Web site at [www.unicare.com](http://www.unicare.com).

### 10-Day Free Look

Once your plan booklet arrives, you have 10 full days to examine and either accept or decline coverage. By returning the plan booklet with a written request to cancel, you are notifying UniCare of your request to discontinue coverage. We will proceed to cancel your coverage as of the original effective date and refund any premium you have paid. After 10 days, you may cancel by sending UniCare a written notice. Upon receipt of the request, UniCare will cancel your policy the first of the following month or a later date specified in the notice. UniCare shall cancel and refund the excess of paid premium.

### Mail Service Prescription Drugs

In addition to filling your prescriptions at a retail pharmacy, you may opt for the convenience of ordering a 60-day supply (90 day supply for Solaura) through PrecisionRx®<sup>1</sup> by mail, phone or online. For mail order prescriptions, your copay will be double that of the retail pharmacy since you are ordering a 60-day supply (90 day supply for Solaura). Brand name deductibles and pharmacy maximums apply.

### Individual Term Life Insurance

For as little as \$3.00<sup>2</sup> per month you can enjoy the security and peace of mind of knowing you can help meet your family's financial needs even if you're not there to provide for them. There are some great reasons to add life insurance to your UniCare Individual medical coverage:

- Life insurance provides a financial safeguard for your family
- No additional forms to fill out
- No medical exams
- One bill for medical and life coverage
- Available with all UniCare medical plans, subject to underwriting
- You may choose life insurance for all of your eligible family members

### Platinum Network Travel Access— Peace of Mind While You Travel

Travel Access is available to UniCare plan members at no additional premium cost. When you or one of your family members needs medical care while traveling outside of your local provider network, but within the continental United States, Travel Access can help you get connected.

When you call your Travel Access representative, you will be provided with the name, address and phone number of an independently contracted doctor or hospital that is within the UniCare expanded provider network. The doctor will help address your health concern and submit the claim forms to UniCare on your behalf so that your health care benefits are applied.

(1) Pharmacy benefit management services provided by Professional Claims Services, Inc. dba WellPoint Pharmacy Management.

(2) Premium amounts depend upon the applicant's age and other circumstances. Consult with your agent regarding specific terms and provisions of the term life policy.

# Limitations

## **Ambulance Services**

For the FIT Plans and the UniCare HSA Compatible Plans only, ambulance services are limited to a maximum covered expense of \$5,000 per trip for air transport or \$1,000 per trip for ground transport. For the UniCare Saver Plan, ambulance services are limited to a maximum covered expense of \$750 per trip (air or ground).

## **Home Health Care**

Limited to a combined maximum of 60 visits each year.

## **Skilled Nursing Facilities**

Limited to a maximum covered expense of \$400 per day, and 100 days per year.

## **Services for Mental, Emotional or Functional Nervous Disorders**

- Inpatient: Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$3,000 per year;
- Outpatient: Benefits for eligible treatment are payable up to \$30 per visit up to a maximum of 12 visits per year for in or outpatient professional charges.

## **Physical, Occupational Therapy/Medicine, Speech Therapy and Acupuncture/ Acupressure**

Benefits are payable up to \$30 per visit with a combined total maximum of 12 visits per year.

For the UniCare HSA Compatible Plans only, benefits are payable up to \$30 per visit with a combined total maximum of 12 visits per year.

## **Hospice For Fit and UniCare HSA Compatible Plans**

Limited to a lifetime maximum payment of \$10,000.

## **Smoking Cessation**

For the FIT Plans and the UniCare HSA Compatible Plans only, benefits for any smoking cessation program designed to end the dependency on nicotine are payable up to a maximum of \$50 per lifetime.

## **AIDS/ARC**

Benefits for Acquired Immune Deficiency Syndrome (AIDS) and/or AIDS Related Complex (ARC) are limited to a maximum of \$10,000 per year with a lifetime maximum of \$50,000.

## **Additional Limitations for the UniCare Saver Plan**

### **Office Visits**

Limited to two visits per member per year.

### **Lab and X-ray (non hospital based)**

Limited to a maximum payment of \$300 per member per year.

### **Prescription Drugs**

Limited to a maximum payment of \$500 per member per year. Includes generic and brand, participating and nonparticipating retail and mail order combined.

# Exclusions

- Services for any condition for which benefits are excluded by a waiver.
- Any amounts in excess of maximum amounts of covered expenses.
- Services not specifically listed in the plan as covered services.
- Services or supplies that are not medically necessary.
- Services or supplies that are experimental or investigative.
- Services received before the effective date of coverage or during an inpatient stay that began before that effective date.
- Services received after coverage ends.
- Services for which you have no legal obligation to pay or for which no charge would be made if you did not have health insurance coverage.
- Any condition for which benefits are covered under any workers compensation or similar laws.
- Services received for any intentionally self-inflicted injury or illness.
- Services received for any condition caused by, or contributed by: (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment; (c) an insured person participating in the military service of any country; (d) an insured person participating in an insurrection, rebellion, or riot; (e) an insured person's commission of or attempt to commit a felony; (f) an insured person, age 19 or older, being under the influence of illegal narcotics, alcohol or nonprescribed controlled substances.
- For Solaura Plans, smoking cessation programs, except those specifically provided or arranged by UniCare.
- Any services for which payment may be obtained from any local, state, or federal government agency except Medicaid and when payment under this Plan is expressly required by federal or state law; or services provided for the treatment of mental or nervous disorders by a tax supported institution of the State of Texas.
- Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid. Veterans Administration hospitals, and military treatment facilities will be considered for payment according to current legislation.
- Professional services received, or supplies purchased from, an insured person, a person who lives in the insured person's home or who is related to the insured person by blood, marriage, or adoption, or is the insured person's employer.
- Services of a private duty nurse.
- Inpatient room and board charges in connection with a hospital stay primarily for: environmental change, physical therapy, or treatment of chronic pain; custodial care, or rest cures; diagnostic tests which could have been performed safely on an outpatient basis.
- Services provided by a rest home, a home for the aged, a nursing home, or any similar facility service.

- Treatment of drug, alcohol, or other substance addiction or abuse.
- Dental services.
- Orthodontic services.
- Dental implants or any associated procedures.
- Hearing aids.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions.
- An eye surgery solely for the purpose of correcting refractive defects of the eye.
- Outpatient speech therapy except as specifically provided in the plan.
- Any drugs (including but not limited to drug samples), medications, or other substances dispensed or administered in any outpatient setting unless otherwise covered by plan.
- Cosmetic surgery or other services for beautification. This exclusion does not apply to medically necessary reconstructive surgery to restore a bodily function, to correct a deformity caused by injury or congenital defect of a newborn child, or by breast reconstruction performed to restore or achieve breast symmetry incident to a mastectomy.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical, or psychiatric treatment or study related to sex change.
- Treatment of sexual dysfunction, impotence and/or inadequacy.
- All services related to the evaluation or treatment of fertility and/or infertility.
- All nonprescription contraceptive drugs, devices and supplies and non-FDA-approved prescription contraceptive drugs, devices, and supplies. Prescription contraceptive drugs or devices are covered under the prescription drug benefit of the plan.
- Charges for pregnancy and maternity care, including but not limited to, normal delivery, cesarean sections, and elective abortions, except as specifically provided in the plan.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes morbid obesity surgery, even if the insured person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
- Routine physical exams or tests that do not directly treat an actual illness, injury, or condition, including those required by employment or government authority.
- Charges by a provider for telephone consultations. (Note: a Telemedicine Medical Service or Telehealth Service will not be excluded solely because the service is not provided through a face-to-face consultation.)
- Items which are furnished primarily for your personal comfort or convenience.
- Educational services except for a diabetes self-management training program and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements except for formulas necessary for the treatment of phenylketonuria.
- Any services received on or within 12 months after the effective date of coverage if they are related to a pre-existing condition.
- All incidental supplies used by a provider in the administration of infusion therapy.
- Foreign country provider charges, except as specifically stated in the plan.
- Service for which a third party may be liable or legally responsible to pay.
- Growth hormone treatment.
- Routine foot care.
- Charges for which we are unable to determine our liability because you or an insured person failed within 90 days or as soon as reasonably possible to (a) authorize us to receive all the medical records and information we requested or, (b) provide us with information we requested regarding the circumstances of the claim or other insurance coverage.
- Charges for the services of a standby physician.
- Charges for animal-to-human organ transplants.

## Exclusions *continued*

### Additional Exclusions for the UniCare Saver Plan

- Any services of a physician, except as specifically stated in the plan.
- Surgical procedures for sterilization.
- Physical and/or occupational therapy/medicine, except when provided during an inpatient hospital confinement.
- Outpatient speech therapy.
- Acupuncture/Acupressure.
- Durable medical equipment.
- Smoking cessation program or pharmaceuticals related to smoking cessation.

### Prescription Drug Exclusions

- Drugs and medications not requiring a prescription, except insulin.
- Nonmedical substances or items.
- Drugs and medications used to induce non-spontaneous abortions.
- Dietary supplements, cosmetics, and health or beauty aids.
- Any vitamin, mineral, herb or botanical product.
- Any expense incurred in excess of the UniCare negotiated rate.
- Any drug labeled “Caution, limited by federal law to investigational use” or non-FDA-approved investigational drugs.
- Any drug or medication prescribed for experimental indications.
- Drugs used for cosmetic purposes.
- Drugs used for the primary purpose of treating infertility or promoting fertility.
- Anorexiant or drugs associated with weight loss.
- Drugs obtained outside the United States.
- Drugs for treatment of a condition, illness, or injury for which benefits are excluded or limited by a waiver, pre-existing condition, or other contract limitation.

- Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent.

- Lost or stolen prescriptions.

### Terms of Coverage

Coverage under the health insurance plan remains in force as long as the required premiums are paid on time and as long as you remain eligible for coverage. Coverage ceases when you become ineligible because of divorce or a change in dependent status. (In the case of divorce and coverage dependents, UniCare will offer a similar plan.) UniCare may change the premiums of this plan with 30 days advance written notice to you. However, UniCare will not change the premium schedule for this plan on an individual basis, but only for all insureds in the same class and covered under the same benefit plan as you.

### Pre-Existing Conditions

Coverage will not be provided for the 12 months following the effective date of this plan for medical conditions that existed in the 12 months prior to the effective date. UniCare will, however, give you credit for the time you were covered by other creditable coverage under an employer-sponsored group health, government or church plan if the coverage under the plan ended less than 63 days from the date of application for the UniCare plan.

### Preservice Review

Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. Inpatient medical care requires preservice review or you will pay a \$500 penalty per continuing hospital confinement. This penalty is waived on emergency admissions, however, utilization review is still required. Surgical services of an ambulatory surgical center and specified outpatient surgeries and diagnostic procedures, regardless of place of service, require preservice review or you will pay a \$50 penalty. Organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities and hospice services require prior authorization from UniCare or there will be a 50 percent reduction in benefits.

Notes:

Notes:





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