

ILLINOIS

# PLAN OVERVIEW

Individual and Family Health Insurance Plans



UNICARE®

A Healthy Dose of Innovation®

UniCare is a WellPoint Company

UniCare Individual health plans allow you to choose the plan that best fits the needs of you and your family.

The FIT medical plans offer you a wide variety of benefit options with varying deductible levels, while the HSA plan provides you with premium savings, investment opportunities, and tax advantages.

Refer to the charts on the following pages to compare the benefits of all plans.

# Plan Overview

## FIT Health Insurance Plans

All FIT plans feature “first dollar benefits”—(coverage with no annual deductible amount) for in-network office visits at a copay of \$30, and certain preventive care screenings with a first dollar benefit maximum of \$300 per member. FIT offers additional across-the-board sensible, in-demand benefit features. Differences among FIT plans are deductible amount, coverage level for in-network doctors and hospitals, and the brand name drug deductible amount. FIT plans are available with annual deductibles of \$500, \$1,000, \$1,500, \$2,000, \$3,000 and \$5,000. To help you make the right choice contact your UniCare agent or your dedicated UniCare Agent Support Team.

The 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 Health Insurance 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>

<sup>1</sup>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.

<sup>2</sup>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.

# 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  | FIT 500<br>FIT 1000   |   | FIT 1500, 2000<br>FIT 3000, 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><br>(Two member maximum)   | Member: \$500<br>Family: \$1,000  | Member: \$2,500<br>Family: \$3,000                        | Member:<br>\$1,500; \$2,000<br>\$3,000; \$5,000<br>Family:<br>\$3,000; \$4,000<br>\$6,000; \$10,000                                 | Member:<br>\$3,500; \$4,000<br>\$5,000; \$7,000<br>Family:<br>\$5,000; \$6,000<br>\$8,000; \$12,000          | \$2,000  | \$3,000   |
| Annual Out-of-Pocket Maximum <sup>1</sup><br>(in addition to deductibles)   | Member: \$3,000<br>Family: \$6,000  | Member: \$10,000<br>Family: \$20,000                      | Member: \$3,000<br>Family: \$6,000  | Member: \$10,000<br>Family: \$20,000   | Member: \$3,000<br>Family: \$6,000   | Member: \$10,000<br>Family: \$20,000  |
| Lifetime Maximum  | \$5 million   |   | \$5 million   |  | \$5 million  |   |
| Adult Preventive Care<br>Lab/X-ray for a routine Pap smear,<br>annual mammogram and PSA<br>screening                      | 100%; deductible<br>waived; max. \$300<br>then 80% after<br>deductible        | 60%   | 100%; deductible<br>waived; max. \$300<br>then 70% after<br>deductible  | 60%  | 70%  | 60%   |
| Adult Office Visits<br>Exam only for any covered illness<br>or injury, and certain preventive<br>care services for adults | \$30 copay;<br>unlimited visits;<br>deductible waived                         | 60%;<br>unlimited visits                                  | \$30 copay;<br>unlimited visits;<br>deductible waived   | 60%;<br>unlimited visits   | \$30 copay;<br>deductible waived;<br>2 visits max. in- and<br>out-of-network<br>combined; 3+ visits<br>not covered | 60%;<br>deductible waived;<br>2 visits max. in- and<br>out-of-network<br>combined; 3+ visits<br>not covered |
| Child Preventive Care<br>(well baby/children through age 6)<br>Immunizations  | 100%; deductible<br>waived; max. \$300<br>then 80% after<br>deductible        | 60%   | 100%; deductible<br>waived; max. \$300<br>then 70% after<br>deductible  | 60%  | Not Covered  |   |
| Child Office Visits<br>(well baby/children through age 6)   | \$30 copay; unlimited visits;<br>deductible waived                            |   | \$30 copay; unlimited visits;<br>deductible waived  |  | Not Covered  |   |
| Colorectal Cancer Screening   | 80%   | 60%   | 70%   | 60%  | 70%  | 60%   |
| Professional Services<br>Surgery, anesthesia, radiation<br>therapy, in-hospital doctor visits                             | 80%   | 60%   | 70%   | 60%  | 70% for limited<br>services only   | 60% for limited<br>services only  |
| Lab Work and X-rays   | 80%   | 60%   | 70%   | 60%  | 70%  | 60%; deductible<br>waived; \$300 max.<br>in- and out-of-<br>network combined                                |
| Ambulance Service   | 80%; max. \$1,000<br>per trip ground;<br>max. \$5,000 air                     | 60%; max. \$1,000<br>per trip ground;<br>max. \$5,000 air | 70%; max. \$1,000<br>per trip ground;<br>max. \$5,000 air   | 60%; max. \$1,000<br>per trip ground;<br>max. \$5,000 air  | 70%; max. \$750 per<br>trip ground or air  | 60%; max. \$750 per<br>trip ground or air   |
| Initial Care of a Medical Emergency <sup>2,3</sup><br>(Inpatient or Outpatient)   | 80%   | 80% <sup>4</sup>  | 70%   | 70% <sup>4</sup>   | 70%  | 70% <sup>4</sup>  |
| Inpatient Hospital Services <sup>2</sup>  | 80%   | 60% after \$500<br>deductible for<br>non-emergency stays  | 70%   | 60% after \$500<br>deductible for<br>non-emergency stays   | 70%  | 60% after \$500<br>deductible for<br>non-emergency stays  |
| Outpatient Hospital <sup>2,3</sup><br>Or Surgical Center <sup>2</sup>   | 80%   | 60%   | 70%   | 60%  | 70%  | 60%   |
| Physical/Occupational Therapy and<br>Acupuncture  | \$30 max. per visit<br>12 visits max. per year                                |   | \$30 max. per visit<br>12 visits max. per year  |  | Not Covered  |   |
| Retail Pharmacy <sup>5</sup><br>(Per prescription; 30 day supply)<br>Generic Drugs<br>(Deductible waived)                 | \$10 copay  | 50% of avg.<br>wholesale price                            | \$10 copay  | 50% of avg.<br>wholesale price   | 10\$ copay;<br>\$500 max. per year <sup>6</sup>  | 50% of avg.<br>wholesale price;<br>\$500 max. per year <sup>6</sup>   |
| Brand Name Drugs  | \$250 deductible;<br>Formulary:<br>\$30 copay;<br>Nonformulary:<br>\$50 copay | \$250 deductible;<br>50% of avg.<br>wholesale price       | FIT 1500/2000:<br>\$250 deductible;<br>FIT 3000/5000:<br>\$500 deductible;<br>Formulary: \$30<br>copay; Nonformulary:<br>\$50 copay | FIT 1500/2000:<br>\$250 deductible;<br>FIT 3000/5000:<br>\$500 deductible;<br>50% of avg.<br>wholesale price | \$200 deductible;<br>\$25 copay;<br>\$500 max. per year <sup>6</sup>   | \$200 deductible;<br>\$25 copay; 40% of<br>avg. wholesale price;<br>\$500 max. per year                     |
| Self-injectable Drugs   | 80%   | 50% of avg.<br>wholesale price                            | 70%   | 50% of avg.<br>wholesale price   | 70%  | 50% of avg.<br>wholesale price  |

<sup>1</sup>Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

<sup>2</sup>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.

<sup>3</sup>Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 deductible.

<sup>4</sup>Until transferable to a participating hospital; if stay continues thereafter, then 60% subject to a \$500 deductible.

<sup>5</sup>Certain prescription drugs may require prior authorization by UniCare.

<sup>6</sup>Includes generic and brand, participating and non-participating pharmacies, retail and mail service combined.

# 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>3</sup><br>VARIABLE DEDUCTIBLE PLAN |                                      | HIGH DEDUCTIBLE (HSA-COMPATIBLE)<br>PLAN 2     |                                      | HIGH DEDUCTIBLE (HSA-COMPATIBLE) <sup>3</sup><br>VARIABLE CONTRIBUTION PLAN |  | HIGH DEDUCTIBLE (HSA-COMPATIBLE)<br>PLAN 3     |                                      |
|---|---|--------------------------------------|--|--------------------------------------|---|--|--|--------------------------------------|
|   | 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><br>(Medical and pharmacy combined)  | Member: \$1,050<br>Family: \$2,100  |                                      | Member: \$2,600<br>Family: \$5,200             |                                      | Member: \$2,850<br>Family: \$5,650  |  | Member: \$5,000<br>Family: \$10,000            |                                      |
| Annual Out-of-Pocket Maximum <sup>1</sup><br>(in addition to deductibles)   | Member: \$5,000<br>Family: \$10,000                                       | Member: \$15,000<br>Family: \$20,000 | Member: \$5,000<br>Family: \$10,000            | Member: \$15,000<br>Family: \$20,000 | Member: \$5,000<br>Family: \$10,000   | Member: \$15,000<br>Family: \$20,000           | Member: \$5,000<br>Family: \$10,000            | Member: \$15,000<br>Family: \$20,000 |
| Lifetime Maximum  | \$5 million   |                                      | \$5 million                                    |                                      | \$5 million   |  | \$5 million                                    |                                      |
| Adult Preventive Care<br>Lab/X-ray for a routine Pap smear,<br>annual mammogram and PSA<br>screening and colorectal cancer<br>screening                 | 80%   | 60%                                  | 80%  | 60%                                  | 100%  | 60%  | 100%   | 60%                                  |
| Adult Office Visits<br>Exam only for any covered illness<br>or injury, and certain preventive<br>care services for adults and<br>children through age 6 | 80%   | 60%;                                 | 80%  | 60%                                  | 100%  | 60%  | 100%   | 60%                                  |
| Professional Services<br>Surgery, anesthesia, radiation<br>therapy, in-hospital doctor visits<br>and diagnostic X-rays/labs                             | 80%   | 60%                                  | 80%  | 60%                                  | 100%  | 60%  | 100%   | 60%                                  |
| Ambulance Service<br>(Maximum \$1,000 per trip ground,<br>\$5,000 air)  | 80%   | 60%                                  | 80%  | 60%                                  | 100%  | 60%  | 100%   | 60%                                  |
| Initial Care of a Medical Emergency <sup>2,3</sup><br>(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%   | 60%                                  | 80%  | 60%                                  | 100%  | 60%  | 100%   | 60%                                  |
| Outpatient Hospital <sup>2,3</sup><br>Or Surgical Center <sup>2</sup>   | 80%   | 60%                                  | 80%  | 60%                                  | 100%  | 60%  | 100%   | 60%                                  |
| Durable Medical Equipment   | 80%   | 80%                                  | 80%  | 80%                                  | 100%  | 60%  | 100%   | 60%                                  |
| Physical/Occupational Therapy and<br>Acupuncture/Acupressure  | \$30 max. per visit<br>12 visits max. per year                            |                                      | \$30 max. per visit<br>12 visits max. per year |                                      | \$30 max. per visit<br>12 visits max. per year                              |  | \$30 max. per visit<br>12 visits max. per year |                                      |
| Retail Pharmacy <sup>5</sup><br>(Per prescription; 30 day supply)<br>Generic Drugs  | \$10 copay  | 50% of avg.<br>wholesale<br>price    | \$10 copay                                     | 50% of avg.<br>wholesale<br>price    | \$10 copay  | 50% of avg.<br>wholesale<br>price <sup>7</sup> | 100%   | 50% of avg.<br>wholesale<br>price    |
| Brand Name Formulary Drugs  | \$30 copay  | 50% of avg.<br>wholesale<br>price    | \$30 copay                                     | 50% of avg.<br>wholesale<br>price    | \$30 copay <sup>7</sup>   | 50% of avg.<br>wholesale<br>price <sup>7</sup> | 100%   | 50% of avg.<br>wholesale<br>price    |
| Brand Name Nonformulary Drugs   | \$50 copay  | 50% of avg.<br>wholesale<br>price    | \$50 copay                                     | 50% of avg.<br>wholesale<br>price    | \$50 copay <sup>7</sup>   | 50% of avg.<br>wholesale<br>price <sup>7</sup> | 100%   | 50% of avg.<br>wholesale<br>price    |
| Self-injectable Drugs   | 80% <sup>7</sup>  | 50% of avg.<br>wholesale<br>price    | 80%  | 50% of avg.<br>wholesale<br>price    | 80% <sup>7</sup>  | 50% of avg.<br>wholesale<br>price <sup>7</sup> | 100%   | 50% of avg.<br>wholesale<br>price    |

<sup>1</sup>Once the par 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 nonpar out-of-pocket maximum has been met, covered services obtained from an out-of-network provider, including prescription drugs, will be covered at 100%.

<sup>2</sup>Services may require preservice review or authorization by UniCare or you will be required to pay an additional deductible.

<sup>3</sup>Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

<sup>4</sup>Until transferable to a participating hospital; if stay continues thereafter, then 60% subject to a \$500 deductible.

<sup>5</sup>Certain prescription drugs may require prior authorization by UniCare.

<sup>6</sup>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.

<sup>7</sup>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.

# 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

Par providers are independently contracted doctors and medical facilities that are part of UniCare's network. When you use Par 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).

<sup>1</sup>This program is provided as a service to our members. These are not insurance benefits and are subject to change or cancellation without notice. Services and products are provided by independent vendors that are not affiliated with UniCare Health Insurance Company of the Midwest, its affiliates, subsidiaries or parent company.

## 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 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. 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.

<sup>1</sup>Pharmacy benefit management services provided by Professional Claims Services, Inc. dba WellPoint Pharmacy Management.

<sup>2</sup>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 and Alcoholism:**

- Inpatient: Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$3,000 per year. Exception: Inpatient treatment of alcoholism is payable as any other medical condition.

Outpatient: For the FIT Plans and the UniCare HSA Compatible Plans only, benefits for eligible treatment are payable up to \$30 per visit up to a maximum of 12 visits per year for in- or out-patient professional charges.

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

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

## **Hospice**

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.

## **Diabetes**

Covered expenses for diabetes equipment and diabetes supplies are subject to a maximum of \$500 per year.

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

### **Office Visits**

Limited to two office visits per member, per year.

### **Lab Work and X-ray**

Payment is provided for X-ray and lab work (non-hospital based) up 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 name drugs, participating and nonparticipating retail and mail service 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 UniCare considers to be experimental or investigative procedures.
- Services received before the effective date of coverage or during an inpatient stay that began before the 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 a health plan or insurance coverage.
- Any condition covered by workers' compensation or similar laws.
- Any intentionally self-inflicted injury or illness.
- Conditions caused 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) services received as a direct result of an insured person's commission of, or attempt to commit a felony; or as a direct result of the insured person being engaged in an illegal occupation; (f) an insured person, being under the influence of illegal narcotics, alcohol or non-prescribed controlled substances.
- Any services provided by a local, state or federal government agency except Medicaid and when payment under the plan is expressly required by federal or state law. Veterans Administration hospitals and military treatment facilities will be considered for payment according to current law.
- If you are eligible for Medicare, any services covered by Medicare under Part A or B are excluded from consideration of payment regardless of actual enrollment in Medicare or payment by Medicare for those services.
- Professional services received or supplies purchased from yourself, a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption, or 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.
- Dental services.
- Orthodontic services.
- Dental implants or any associated procedure.
- Hearing aids.
- Routine hearing tests except as provided under Well Baby and Well Child Care.
- Optometric services.
- An eye surgery solely for the purpose of correcting refractive defects.
- Outpatient speech therapy.
- Any drugs (including but not limited to drug samples), medications, or other substances dispensed or administered in any outpatient setting unless otherwise covered by the plan.
- Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to reconstructive surgery to restore a bodily function or to correct a deformity caused by injury or congenital defect of a newborn child, or to medically necessary reconstructive surgery performed to restore 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.

## Exclusions *continued*

- All services related to the evaluation or treatment of fertility and/or infertility, including, but not limited to all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures, including sterilization reversals and in vitro fertilization.
- All nonprescription contraceptive drugs, devices, and/or supplies that are available over-the-counter or without a prescription and non-FDA (Food and Drug Administration) approved prescription contraceptive drugs, devices, and/or supplies.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes.
- 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 any morbid obesity surgery, even if the Insured 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.
- Items which are furnished primarily for your personal comfort or convenience.
- Educational services except for diabetes self-management training and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements.
- Any services received on or within twelve months after the effective date of coverage if they are related to a pre-existing condition.
- Incidental supplies used by a provider in the administration of infusion therapy.
- Foreign country provider charges except as specifically stated in the Certificate.
- Growth hormone treatment except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for

patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the insured person's condition.

- Routine foot care.
- Charges for which we are unable to determine our liability because you or an insured person failed, within 60 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 animal to human organ transplants.
- Charges for normal pregnancy or maternity care, including normal delivery, elective abortions and elective non-emergency cesarean sections, as long as the service is not related to a complication of pregnancy as defined in the Certificate.
- Self-injectable drugs and syringes, except as stated in the Prescription Drug benefits section of the Certificate.
- Services for which a third party may be liable or legally responsible to pay.
- If any insured person is covered by more than one medical health plan, benefits under this plan may be reduced, so that the benefits and services you receive from all the different medical coverage's does not exceed 100 percent of the covered expense.

## Additional Exclusions for the UniCare Saver Plan

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

## Prescription Drug Exclusions

- Drugs and medications not requiring a prescription, except insulin.
- Drugs and medications to induce non-spontaneous abortions.
- Dietary supplements, cosmetics, health or beauty aids.
- Any vitamin, mineral, herb or botanical product which does not have an FDA approved indication to treat, diagnose or cure a medical condition even if it is thought to have health benefits.
- 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 nonprescription (over-the-counter) chemical and dose equivalent.
- Lost or stolen prescriptions.

## Terms of Coverage

Coverage under the health insurance plan will remain in force at the option of the policyholder. Coverage will be canceled when you do not pay the required premiums on time; when you move out of the state; or when you, your spouse or dependent become ineligible because of a divorce or a change in dependent status. In the case of divorce and over-age dependents, UniCare will offer a similar plan.

Coverage will cease, and coverage may be rescinded back to the original effective date, in the case of fraud, misrepresentation of material fact, or if UniCare no longer offers plans of this type.

Rates are based on the age of the applicant or spouse, whoever is older, and your home address, and will be recalculated at each billing period. Any initial rate guarantees offered under these plans do not include age-banded or area rate changes. UniCare may change the premiums of this plan with prior written notice to you. UniCare will only change the premium schedule for this plan for all insureds in the same class and covered under the same benefits plan, and not just you on an individual basis.

## 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.

## Prior Authorization Program and Pre-service Review

Certain services require pre-service review or prior authorization by UniCare to be eligible for maximum benefits. Inpatient medical care requires pre-service 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 pre-service 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 \$1,000 penalty for these services.

**These listings are an overview only. A more detailed list of each plan's limitations and exclusions can be found in the applicable Certificate of Coverage. Only the actual Certificate of Coverage provisions apply. If there are conflicts between the terms of the Certificate of Coverage and this Plan Overview, the terms of the Certificate of Coverage will prevail.**



UniCare Life & Health Insurance Company  
Sales Office  
Chicago, IL

Medical plans offered to Illinois resident individuals and families are issued under a certificate pursuant to a group trust policy.

Insurance coverage is underwritten by UniCare Life & Health Insurance Company® Registered Mark and SM Service Mark of WellPoint, Inc. © 2007 WellPoint, Inc.

Tel. (877) UNICARE [www.unicare.com](http://www.unicare.com)

10/07 12806IL