

This plan features a \$5,000,000 per member lifetime maximum in benefits.

This matrix provides a brief description of the plan features and reflects UniCare's share of costs for covered expenses after applicable deductibles are met. When you use UniCare independently contracted participating (in-network) providers, your costs are based on a specially negotiated rate for UniCare that may often save you money. When you use nonparticipating (out-of-network) providers, your costs are based on charges deemed by UniCare to be reasonable for that service and area. Reasonable charges may be less than your provider's billed charges and often result in higher costs to you. Refer to the UniCare provider directory or to the UniCare Web site at www.unicare.com to determine which providers in your area are participating (in-network) providers. Ask your agent to provide you with a UniCare provider directory before you complete an application for coverage.

For a more detailed description of coverage, benefits, limitations and exclusions, preservice and utilization review, preauthorization process, additional deductibles, and penalties that may apply, please refer to the applicable plan booklet. If there are any conflicts between the terms of the plan booklet and the information in this plan summary, the terms of the plan booklet will prevail.

Amounts shown below are the member's share of costs.

Plan Features	Single Party		Family	
	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
Annual Deductible		\$5,000		\$10,000
		Additional \$4,000 out-of-network deductible		Additional \$8,000 out-of-network deductible
Annual Out-of-Pocket Maximums (includes annual deductible and pharmacy copays)	\$5,000	\$15,000	\$10,000	\$20,000

Amounts shown below are UniCare's payment for covered expenses after applicable deductibles are met.

Plan Features	Participating Provider	Nonparticipating Provider
Lifetime Maximum	UniCare pays up to \$5,000,000 per member	
Office Visits All medical office visits and exams for any covered illness or injury. Office visits associated with preventive care for babies and children (through age 6). Office visits associated with a routine pap smear, annual mammogram, colorectal cancer screening or PSA screening.	100%	70%
Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic x-ray/lab	100%	70%
Preventive Care Immunizations for Babies and Children (through age 6)	100% deductible(s) waived	
Adult Preventive Care Lab/x-ray for a routine pap smear, annual mammogram, colorectal cancer screening, or PSA screening	100%	70%
Inpatient Hospital Services ¹	100%	70%
Outpatient Medical Care ²	100%	70%
Physical/Occupational Therapy and Acupuncture/Acupressure	\$30 maximum per visit with a combined maximum of 12 visits per year	
Ambulatory Surgical Center ¹	100%	70%

Texas High-Deductible (HSA-Compatible) Plan 3 (cont'd)

Amounts shown below are UniCare's payment for covered expenses after applicable deductibles are met.

Plan Features	Participating Provider	Nonparticipating Provider
Ambulance Service With a maximum covered expense per trip: for ground \$1,000; for air \$5,000	100%	70%
Durable Medical Equipment	100%	70%
Initial Care of a Medical Emergency Inpatient or Outpatient	100%	100%
Prescription Drugs ³ Deductible(s) apply Retail Pharmacy Per prescription (up to a 30-day supply)	Generic and brand name drugs: UniCare pays 100% Self-administered injectable drugs: UniCare pays 100%	Generic, brand name, and self-injectable drugs: UniCare pays 70% of the average wholesale price
Mail Service Per prescription (up to a 60-day supply)	Generic and brand name drugs: UniCare pays 100% Self-administered injectable drugs: UniCare pays 100%	Not Available

¹ Services may require reservice review or authorization by UniCare or you will be required to pay an additional penalty.

² Emergency room visits that do not result in inpatient admission will be subject to a \$60 penalty.

³ Certain prescription drugs may require prior authorization by UniCare.

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