

UNICARE Texas Consumer Choice 1000 Plan for Groups of 2-99 Employees

This matrix is intended to help you compare the plan benefits and reflects UNICARE's share of costs for covered expenses after you have met any applicable deductible. When you use UNICARE independently contracted in-network (participating) providers, your costs are based on a specially negotiated fee for UNICARE that may save you money. When you use out-of-network (nonparticipating) providers, your costs are based on covered expenses and often result in higher costs to you.

For a more detailed description of coverage, benefits, limitations and exclusions, please refer to the applicable Certificate of Coverage. Should there be any conflicts between the information contained in this overview and information contained in your Certificate of Coverage, the terms of your Certificate of Coverage will prevail.

| Plan Features | Participating | Nonparticipating |
|---|--|--|
| Annual Deductible per Member (copays do not apply toward satisfying any deductible) | \$1,000, two-deductible family maximum | \$2,000 |
| Annual Out-of-Pocket Maximum (does not include deductible) | \$3,000 per member, \$6,000 per family | \$30,000 per member, \$60,000 per family |
| Office Visits | Member pays a \$35 copay; unlimited visits with deductible waived | 50% |
| Preventive Care for Adults Office visits and examinations associated with the preventive care services listed below | Member pays a \$35 copay; unlimited visits with deductible waived | 50% |
| <ul style="list-style-type: none"> Preventive care for colorectal cancer screening Annual PAP smears Annual mammograms PSAs | 80% | 50% |
| Preventive Care for Babies and Children (through age 6) | Member pays a \$35 copay; unlimited visits with deductible waived | 50% |
| <ul style="list-style-type: none"> Examinations and office visits related to preventive care | | |
| <ul style="list-style-type: none"> Immunizations | | |
| Groups of 2-50 | 80% | 50% |
| Groups of 51-99 | 100% with deductible waived | 100% with deductible waived |
| <ul style="list-style-type: none"> Lab work/x-rays | 80% | 50% |
| Other Preventive Care Services (age 7 through adult) | 80% (with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined) deductible waived | 50% (with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined) |
| Professional Services | 80% | 50% |
| Lab Work and X-rays | 80% | 50% |
| Maternity (employee and spouse only) Provided for groups of 15-99; Optional for groups of 2-14 | 80% | 50% |
| Outpatient Medical Care ^{1,5} | 80% | 50% |
| Physical/Occupational Therapy, Acupuncture/Acupressure | Up to \$30 per visit with a maximum of 20 visits per member, per year for all of these services, participating and nonparticipating providers combined | Up to \$30 per visit with a maximum of 20 visits per member, per year for all of these services, participating and nonparticipating providers combined |

Texas Consumer Choice 1000 Plan (cont'd.)

| Plan Features | Participating | Nonparticipating |
|--|--|--|
| Mental, Emotional or Functional Nervous Disorders Inpatient hospital charges² <ul style="list-style-type: none"> Groups of 2-50 employees | Up to \$100 per day with a maximum payment of up to \$3,000 per member, per year, participating and nonparticipating providers combined | Up to \$100 per day with a maximum payment of up to \$3,000 per member, per year, participating and nonparticipating providers combined |
| <ul style="list-style-type: none"> Groups of 51-99 employees | 60% with a maximum of 12 days per member, per year, participating and nonparticipating providers combined | 50% with a maximum of 12 days per member, per year, participating and nonparticipating providers combined |
| In- or outpatient professional charges <ul style="list-style-type: none"> Groups of 2-50 employees | Up to \$30 per visit with a maximum of 12 visits per member, per year, participating and nonparticipating providers combined | Up to \$30 per visit with a maximum of 12 visits per member, per year, participating and nonparticipating providers combined |
| <ul style="list-style-type: none"> Groups of 51-99 employees | 60% with a maximum of 12 visits per member, per year, participating and nonparticipating providers combined | 50% with a maximum of 12 visits per member, per year, participating and nonparticipating providers combined |
| Smoking Cessation | Up to \$50 for pharmaceuticals and \$50 for other covered expenses per member, per lifetime | Up to \$50 for pharmaceuticals and \$50 for other covered expenses per member, per lifetime |
| Infusion Therapy^{3,4} | 80% | 50% |
| Durable Medical Equipment | 80% | 50% |
| Inpatient Hospital Services² | 80% after member pays a \$500 copay | 50% after member pays a \$1,000 copay |
| Inpatient Medical Emergency² | 80% after member pays a \$500 copay | 80% after member pays a \$500 copay until transferable to a participating hospital; if stay continues thereafter, 50% of covered expense after member pays an additional \$500 copay |
| Ambulatory Surgical Center⁵ | 80% | 50% |
| Ambulance Service | 80% up to a maximum covered expense of: \$5,000 per trip for air \$1,000 per trip for ground | 50% up to a maximum covered expense of: \$5,000 per trip, air \$1,000 per trip, ground |
| Home Health Care⁴ | 80% up to 60 visits per member, per year, participating and nonparticipating providers combined | 50% up to 60 visits per member, per year, participating and nonparticipating providers combined |
| Skilled Nursing Facilities⁴ | 80% up to a maximum covered expense of \$400 per day; up to 100 days per member, per year, participating and nonparticipating providers combined | 50% up to a maximum covered expense of \$400 per day; up to 100 days per member, per year, participating and nonparticipating providers combined |
| Hospice⁴ | 80% up to a maximum covered expense of \$10,000 per member, per lifetime, participating and nonparticipating providers combined | 50% up to a maximum covered expense of \$10,000 per member, per lifetime, participating and nonparticipating providers combined |

Texas Consumer Choice 1000 Plan (cont'd.)

| Plan Features | Participating | Nonparticipating |
|--|---------------------------|------------------------------------|
| Prescription Drug Benefits | | |
| Prescription Drug Deductible⁶ (Brand name only) | | \$500 |
| Retail Pharmacy Per prescription (up to a 30-day supply) | | |
| Generic Drugs | Member pays a \$15 copay | 50% of the average wholesale price |
| Brand Name Formulary Drugs | Member pays a \$35 copay | 50% of the average wholesale price |
| Brand Name Nonformulary Drugs | Member pays a \$60 copay | 50% of the average wholesale price |
| Mail Order Per prescription (up to a 60-day supply) | | |
| Generic Drugs | Member pays a \$30 copay | Not available |
| Brand Name Formulary Drugs | Member pays a \$70 copay | Not available |
| Brand Name Nonformulary Drugs | Member pays a \$120 copay | Not available |

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

2 Inpatient medical care requires preservice benefit review or you will be subject to a \$500 penalty. This penalty is waived on emergency admissions; however, utilization review is still required.

3 To receive maximum benefits, infusion therapy must be preauthorized by UNICARE. Covered expenses include professional services, compounding fees, incidental supplies, medications, drugs, solutions, durable medical equipment and training related to infusion therapy. Covered expenses will not exceed: total parenteral nutrition (with or without lipids), \$250 per day; antibiotics, average wholesale price (AWP) + \$125 per day; chemotherapy, AWP + \$150 per day; pain management, \$125 per day; aerosol therapy, AWP + \$70 per day; tocolytic therapy, \$250 per day; special items, AWP; intravenous hydration, \$75 per day. Failure to obtain preauthorization will result in 50% reduction of benefits.

4 In addition to preservice benefit review, certain services require authorization to be eligible for maximum benefits. This applies to organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities, and hospice. Failure to obtain authorization will result in a 50% reduction in benefits.

5 All surgical services of an ambulatory surgical center require preservice benefit review or you will be subject to a \$50 penalty. Ambulatory surgical centers must be licensed and accredited, and meet all requirements of state and local laws and agencies.

6 Certain prescription drugs, including self-administered injectable drugs and injectable drugs administered in an outpatient setting, may require prior benefit authorization.

The Consumer Choice of Benefits Health Insurance Plan(s), either in whole or in part, do not provide some state-mandated health benefits normally required in accident and sickness insurance policies in Texas:

For groups with no more than 50 eligible employees, state-mandated benefits not included are: 1) Serious Mental Illness, 2) Oral contraceptives, prescription contraceptive drugs and devices and related services (unless the plan includes maternity benefits), 3) Chemical Dependency, 4) In Vitro fertilization, and 5) Speech and Hearing. In addition, coinsurance differentials are greater than 30%.

For groups with more than 50 eligible employees, state-mandated benefits not included are: 1) Telemedicine/Telehealth, 2) Chemical Dependency, 3) In Vitro fertilization, and 4) Speech and Hearing. In addition, coinsurance differentials are greater than 30%.