

UNICARE Texas HSA-Compatible Plan C 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	\$5,000 individual, \$10,000 family	\$10,000 individual, \$20,000 family
Annual Out-of-Pocket Maximum	You pay nothing after your deductible is met	\$15,000 plus deductible per member, \$30,000 plus deductible per family
Office Visits	100%	70%
Preventive Care for Adults Office visits and examinations associated with the preventive care services listed below	100%	70%
<ul style="list-style-type: none"> • Preventive care for colorectal cancer screening • Annual PAP smears • Annual mammograms • PSAs 	100%	70%
Preventive Care for Babies and Children (through age 6)	100%	70%
<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	100%	70%
Groups of 51-99	100% with deductible waived	100% with deductible waived
<ul style="list-style-type: none"> • Lab work/x-rays 	100%	70%
Other Preventive Care Services (age 7 through adult)	100% with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined	70% with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined
Professional Services	100%	70%
Lab Work and X-rays	100%	70%
Maternity (employee and spouse only) Provided for groups of 15-99; Optional for groups of 2-14	100%	70%
Outpatient Medical Care ^{1,5,6}	100%	70%
Mental, Emotional or Functional Nervous Disorders Inpatient hospital charges ²	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 2-50 employees 		
<ul style="list-style-type: none"> • Groups of 51-99 employees 	100% with a maximum of 12 days per member, per year, participating and nonparticipating providers combined	70% with a maximum of 12 days per member, per year, participating and nonparticipating providers combined
In- or outpatient professional charges	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 2-50 employees 		
<ul style="list-style-type: none"> • Groups of 51-99 employees 	100% with a maximum of 12 visits per member, per year, participating and nonparticipating providers combined	70% with a maximum of 12 visits per member, per year, participating and nonparticipating providers combined
Physical/Occupational Therapy, Acupuncture/Acupressure	Up to \$30 per visit UNICARE will allow up to 20 visits per member, per year for all of these services, participating and nonparticipating providers combined	Up to \$30 per visit UNICARE will allow up to 20 visits per member, per year for all of these services, participating and nonparticipating providers combined
Smoking Cessation	\$50 for pharmaceuticals and \$50 for other covered services per member, per lifetime	\$50 for pharmaceuticals and \$50 for other covered services per member, per lifetime

Texas HSA-Compatible Plan C (cont'd.)

Plan Features	Participating	Nonparticipating
Infusion Therapy ^{3,4}	100%	70%
Durable Medical Equipment	100%	70%
Inpatient Hospital Services ²	100%	70%
Inpatient Medical Emergency ²	100%	100% until transferable to a participating hospital; if stay continues thereafter, 70% of covered expense
Ambulatory Surgical Center ⁵	100%	70%
Ambulance Service	100% up to a maximum covered expense of: \$5,000 per trip for air \$1,000 per trip for ground	70% up to a maximum covered expense of: \$5,000 per trip for air \$1,000 per trip for ground
Home Health Care ⁴	100% up to 60 visits per member, per year, participating and nonparticipating providers combined	70% up to 60 visits per member, per year, participating and nonparticipating providers combined
Skilled Nursing Facility ⁴	100% with a maximum expense of \$400 per day; up to 100 days per member, per year, for participating and nonparticipating providers combined	70% with a maximum expense of \$400 per day; up to 100 days per member, per year, for participating and nonparticipating providers combined
Hospice ⁴	100% with a maximum covered expense of \$10,000 per lifetime, for participating and nonparticipating providers combined	70% with a maximum covered expense of \$10,000 per lifetime, for participating and nonparticipating providers combined
Prescription Drug Benefits		
Prescription Drug Deductible (Brand name only)	Included in plan deductible	
Prescription Drugs Retail Pharmacy ⁶ Per prescription (up to a 30-day supply)		
Generic	Member pays nothing	70% of the average wholesale price
Brand Name Formulary Drugs	Member pays nothing	70% of the average wholesale price
Brand Name Nonformulary Drugs	Member pays nothing	70% of the average wholesale price
Mail Order Per prescription (up to a 60-day supply)		
Generic Drugs	Member pays nothing	Not available
Brand Name Formulary Drugs	Member pays nothing	Not available
Brand Name Nonformulary Drugs	Member pays nothing	Not available
Optional In-Vitro Fertilization Rider	100%	70%

UNICARE High-Deductible Health Insurance Plans are not HSAs. The HSA account, which must be established for tax-advantaged treatment, is a separate arrangement between the individual and a bank or other qualified institution. You must be an eligible individual under IRS regulations to receive the tax benefits of an HSA. The IRS has not yet issued HSA high-deductible health insurance plan regulations or formally determined that UNICARE High-Deductible Health Insurance Plans are qualifying high-deductible health plans. Consultation with a tax advisor is recommended. UNICARE does not provide tax or legal advice.

- Emergency room visits that do not result in inpatient admissions will be subject to a \$60 penalty.
- 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.
- To receive maximum benefits, infusion therapy must be authorized 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 authorization will result in 50% reduction of benefits.
- 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.
- 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.
- Certain prescription drugs, including self-administered injectable drugs and injectable drugs administered on an outpatient setting, may require prior benefit authorization.

Insurance coverage underwritten by UNICARE Life & Health Insurance Company.

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