

UNICARE Texas Performance Choice Saver 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	\$10,000 per member, \$20,000 per family
Office Visits	Member pays a \$35 copay for the first 4 visits per year (deductible waived); participating and nonparticipating providers combined; after 4 visits, a \$5,000 deductible applies*	50% for the first 4 visits per year (deductible waived); participating and nonparticipating providers combined; after 4 visits, a \$5,000 deductible applies*
Preventive Care for Adults Office visits and examinations associated with the preventive care services listed below	Member pays a \$35 copay for the first 4 visits per year (deductible waived); participating and nonparticipating providers combined; after 4 visits, a \$5,000 deductible applies*	50% for the first 4 visits per year (deductible waived); participating and nonparticipating providers combined; after 4 visits, a \$5,000 deductible applies*
<ul style="list-style-type: none"> • Preventive care for colorectal cancer screening • Annual PAP smears • Annual mammograms • PSAs 	70%	50%
Preventive Care for Babies and Children (through age 6)	Member pays a \$35 copay for the first 4 visits per year (deductible waived); participating and nonparticipating providers combined; after 4 visits, a \$5,000 deductible applies*	50% for the first 4 visits per year (deductible waived), participating and nonparticipating providers combined; after 4 visits, a \$5,000 deductible applies*
<ul style="list-style-type: none"> • Examinations and office visits related to preventive care 		
<ul style="list-style-type: none"> • Immunizations 	70%	50%
Groups of 2-50		
Groups of 51-99	100% with deductible waived	100% with deductible waived
<ul style="list-style-type: none"> • Lab work/x-rays 	70%	50%
Other Preventive Care Services (age 7 through adult)	70% deductible waived (with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined)	50% (with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined)
Professional Services	70%	50%
Outpatient Diagnostic X-ray and Lab Work	70% with a maximum payment of \$300 per member, per year, participating and nonparticipating providers combined with deductible waived	50% with a maximum payment of \$300 per member, per year, participating and nonparticipating providers combined with deductible waived
Maternity (employee and spouse only)	70%	50%
Eligible Outpatient Medical Care ^{1,5}	70%	50%
Physical/Occupational Therapy, Acupuncture/Acupressure	Not covered	Not covered

*Includes all office visits combined except those associated with "Other Preventive Care Services." After 4 visits a \$5,000 deductible and coinsurance applies.

Texas Performance Choice Saver 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 \$3,000 per member, per year, participating and nonparticipating providers combined	Up to \$100 per day, with a maximum payment of \$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
Outpatient professional charges	Not covered	Not covered
Smoking Cessation	Not covered	Not covered
Infusion Therapy^{3,4}	70%	50%
Durable Medical Equipment	Not covered	Not covered
Inpatient Hospital Services²	70%	50%
Inpatient Medical Emergency²	70%	70% until transferable to a participating hospital; if stay continues thereafter, 50% of covered expense
Ambulatory Surgical Center⁵	70%	50%
Ambulance Service	70% 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 for air \$1,000 per trip for ground
Home Health Care⁴	70% 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 Facility⁴	70% with a maximum covered expense of \$400 per day; up to 100 days per member, per year, participating and nonparticipating providers combined	50% with a maximum covered expense of \$400 per day; up to 100 days per member, per year, participating and nonparticipating providers combined
Hospice⁴	70% with a maximum covered expense of \$10,000 per member, per lifetime, participating and nonparticipating providers combined	50% with a maximum covered expense of \$10,000 per member, per lifetime, participating and nonparticipating providers combined

Texas Performance Choice Saver 1000 Plan (cont'd.)

Plan Features	Participating	Nonparticipating
Prescription Drug Benefits		
Prescription Drug Deductible (Brand name only)		\$500
Prescription Drugs⁶ Retail Pharmacy Per prescription (up to a 30-day supply) Generic Drugs	Member pays a \$10 copay*	50% of the average wholesale price*
Brand Name Formulary Drugs	Member pays a \$25 copay*	50% of the average wholesale price*
Brand Name Nonformulary Drugs	Member pays a \$50 copay*	50% of the average wholesale price*
Mail Order Per prescription (up to a 60-day supply) Generic Drugs	Member pays a \$20 copay*	Not available
Brand Name Formulary Drugs	Member pays a \$50 copay*	Not available
Brand Name Nonformulary Drugs	Member pays a \$100 copay*	Not available
Optional In-Vitro Fertilization Rider	70%	50%

* Maximum payment by UNICARE of \$500 per member, per year, generic, formulary and nonformulary, participating and nonparticipating pharmacies combined.

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 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.

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 on an outpatient setting, may require prior benefit authorization.