



TEXAS

# CONSUMER CHOICE

Individual Health Insurance Plans



**UNICARE.**

A Healthy Dose of Innovation™

UniCare Life & Health Insurance Company (UniCare)

# UniCare Individual Consumer Choice PPO Plans — Making Health Insurance More Affordable for You

The Individual Consumer Choice health insurance plans with preferred provider (PPO) benefits from UniCare Life & Health Insurance Company (UniCare) provide you with the benefits you want without the additional cost of benefits you may not need.

Changes in legislation have allowed UniCare to remove certain “mandated” benefits resulting in health insurance plans that may be more tailored to your needs and budget<sup>1</sup>. Eliminating mandated benefits reduces costs and allows UniCare to pass the savings on to you. This provides more affordable health insurance choices for you and your family.

UniCare’s Consumer Choice plans allow you to choose between three deductible plans with access to emergency care, routine health care services, and preventive and wellness programs to promote your good health. With Consumer Choice Plans from UniCare, you have the peace of mind of knowing that you have the protection you need at a price you can afford.

## Using Participating (In-Network) Providers Saves You Money!

UniCare plans allow you to use any doctor you choose, but you can save money by using participating (in-network) independently contracted doctors and medical facilities. When you use participating (in-network) providers, you save money because these providers have agreed to accept lower, negotiated rates for their services.

Refer to Provider Finder on the UniCare Web site at [www.unicare.com](http://www.unicare.com) or ask your agent how to determine which providers in your area are participating (in-network) providers before you sign an application for coverage.



<sup>1</sup>The Consumer Choice PPO Plan(s) do not provide some of the state-mandated health benefits. State-mandated benefits not included are: 1) mental or nervous disorders including those with organic disease; 2) off-label drugs; 3) prescription contraceptive drugs and devices and related services; 4) telemedicine/telehealth; 5) limited coinsurance differential between participating and nonparticipating providers of no more than 30%.

## FamilyFlex® — Customize Your Family's Health Insurance Coverage

With UniCare's FamilyFlex, you have the ability to choose different health insurance plans for each member of your family. You can select a higher deductible and lower premium plan for family members who may only need basic health care insurance coverage. On the same application, you may opt for a lower deductible, higher premium plan for family members who may require more health care services.

Each family member who selects a different health insurance plan must independently satisfy the annual deductible and out-of-pocket maximum for participating providers for the plan he or she selects.

## Affordable Individual Term Life Insurance

It's important that you have the security and peace of mind knowing you can help meet your family's financial needs even if you're not there to provide for them. UniCare Individual Term Life insurance provides:

- A financial safeguard for your family
- No additional forms to fill out
- One bill for health and life insurance coverage
- Coverage available for all eligible family members

## Individual Dental Fee-For-Service Insurance Plan — Good Oral Health Contributes to Your Overall Wellness

Good oral health affects both your mental and physical wellness. UniCare offers an affordable plan with:

- Access to quality care
- A wide range of dental benefits including preventive, diagnostic, and basic and major services
- No waiting period for preventive and diagnostic care
- Freedom to choose any dentist
- Additional savings for visiting an in-network dentist
- A yearly \$50 deductible per person (maximum \$150 per family)

### A Premium Scenario — A Family With One Child in San Leon

Eric (age 32) and Teri (age 28) elect subscriber and spouse coverage. Their rate is based on Eric's age (since he is the older spouse). They select the Consumer Choice PPO \$5000 Plan because they only need basic health care insurance.

Monthly premium (for both): \$176

They also select single child coverage for their 4-year-old son, Jason, and, because he may need more medical attention, they select the Consumer Choice PPO \$2000 Plan.

Monthly premium: \$55

Total Monthly Premium: \$231

### Monthly Rates for Individual Term Life Insurance<sup>1</sup>

Age	\$15,000	\$25,000	\$50,000
Under 1	not available	not available	not available
1-18	\$1.50	\$2.50	not available
19-29	\$2.80	\$4.65	\$9.30
30-39	\$3.25	\$5.40	\$10.80
40-49	\$7.50	\$12.50	\$25.00
50-59	\$20.90	\$34.80	\$69.60
60-64	\$29.40	\$49.00	\$98.00

### Monthly Rates for Individual Dental Fee-For-Service Plan<sup>2</sup>

One adult	\$20.50
Two adults	\$41.50
Adult with 1 child	\$31.50
Adult with 2 children	\$42.50
Adult with 3+ children	\$58.50
Family (1 child)	\$51.50
Family (2 children)	\$62.50
Family (3+ children)	\$79.00
One child	\$11.00
Two children	\$21.50
Three+ children	\$37.50

<sup>1</sup>The rates for Term Life insurance will change based on the applicant's age. The age categories are shown in the chart above. The policy is issued for a one-year term, renewable at the policyholder's option. The rate schedule may be changed at the beginning of any annual term. The rates shown in the matrix above are accurate as of July 2006. Rates are subject to change without notice. Please contact your agent or UniCare for the most current rates. The term life insurance coverage is subject to the written provisions of the policy issued by UniCare. You should consult with your UniCare agent regarding the specific terms and provisions of the policy. Each family member who has elected the term life insurance option will be sent a separate policy. The policy will be canceled on the first of the month of the policyholder's 65th birthday. If that birthday falls on the first of the month, the policy will be canceled on the first day of the month prior to the birth month. Insurance coverage is underwritten by UniCare Life & Health Insurance Company.

<sup>2</sup>Dental rates effective October 1, 2006. Rates are subject to change. Please contact your agent or UniCare for the most current rates.

# Consumer Choice Individual and Family Health Insurance Plan Comparison

All health insurance plans feature a \$5,000,000 per member lifetime maximum in benefits.

This matrix is intended to help you compare UniCare plan benefits and reflects UniCare's share of costs for covered expenses **after any 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 a Medicare level out-of-network fee schedule. The charges may be less than your provider's billed charges and often result in higher costs to you.

Before you sign an application for coverage, ask your Agent how to use ProviderFinder at [www.unicare.com](http://www.unicare.com) to determine which doctors in your area are Participating Providers.

## Your Annual Deductible Can Be Carried Over

All plans with deductibles feature a fourth-quarter carryover for the annual calendar year deductible. If your annual deductible is not satisfied in a given year, the covered expenses incurred during the months of October through December and applied to your annual deductible for that year will be applied toward your annual deductible for the following year.

This is only a brief description of various plans available. 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 brochure, the terms of the Plan Booklet will prevail.

Overview of Coverage — Amounts shown below are UniCare's payment for covered expenses **after any applicable deductibles are met**, unless otherwise noted.

Your Plan Features	Consumer Choice PPO \$1000	
	Participating Provider	Nonparticipating Provider
<b>Annual Deductible per Member<sup>1</sup></b>	Your annual deductible is \$1,000, with a two-member family maximum	
<b>Member's Annual Out-of-Pocket Maximum<sup>1</sup></b>	\$3,000 plus the annual deductible per member; \$6,000 plus the annual deductible per family	No out-of-pocket maximum
<b>Lifetime Maximum</b>	UniCare pays up to \$5,000,000 per member	
<b>Office Visits</b> 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.	<b>First 4 Office Visits per member, per year:</b> UniCare pays 100% after member pays a \$30 copay (deductible is waived) <b>5+ Office Visits:</b> UniCare pays 80% (subject to deductible)	50%
<b>Preventive Care</b> Immunizations for Babies and Children (through age 6)	100%, deductible waived	
Adult Preventive Care: Lab/x-ray for routine Pap smear, annual mammogram, colorectal cancer screening, or PSA screening.	80%	50%
Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests	80%	50%
With a maximum covered expense of \$200 per member per year		
<b>Professional Services</b> Including surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic x-ray/lab	80%	50%
<b>Inpatient Hospital Services<sup>2</sup></b>	80%	50%, less a \$500 deductible for nonemergency stays
<b>Outpatient Medical Care<sup>2,3</sup></b>	80%	50%
<b>Initial Care of a Medical Emergency<sup>2,3</sup></b> Inpatient or outpatient	80%	80%
<b>Physical, Occupational and Speech Therapy, Acupuncture/Acupressure<sup>4</sup></b>	\$30 maximum per visit; up to a combined total of 12 visits per year	
<b>Ambulatory Surgical Center<sup>2</sup></b>	80%	50%
<b>Ambulance Service</b>	80%	50%
With a maximum covered expense per trip: air \$2,000; ground \$750		
<b>Durable Medical Equipment</b>	80%	50%
<b>Prescription Drugs<sup>5</sup></b> Retail Pharmacy per prescription (up to a 30-day supply)	<b>Generic drugs:</b> UniCare pays 100% after member pays a \$10 copay. <b>Brand name drugs are subject to a separate \$1,000 deductible, per member, per year, in- and out-of-network, retail and mail service combined.</b> <b>Brand name formulary drugs:</b> UniCare pays 100% after member pays a \$30 copay <b>Brand name nonformulary drugs:</b> UniCare pays 100% after member pays a \$50 copay	<b>Generic drugs:</b> UniCare pays 50% of the average wholesale price. <b>Brand name drugs are subject to a separate \$1,000 deductible, per member, per year, in- and out-of-network, retail and mail service combined.</b> <b>Brand name drugs:</b> UniCare pays 50% of the average wholesale price
<b>Mail Service</b> per prescription (60-day supply)	<b>Generic drugs:</b> UniCare pays 100% after member pays a \$20 copay. <b>Brand name drugs are subject to a separate \$1,000 deductible, per member, per year, in- and out-of-network, retail and mail service combined.</b> <b>Brand name formulary drugs:</b> UniCare pays 100% after member pays a \$60 copay <b>Brand name nonformulary drugs:</b> UniCare pays 100% after member pays a \$100 copay	Not available

Your Plan Features	Consumer Choice PPO \$2000		Consumer Choice PPO \$5000	
	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
<b>Annual Deductible per Member<sup>1</sup></b>	Your annual deductible is \$2,000, with a two-member family maximum		Your annual deductible is \$5,000, with a two-member family maximum	
<b>Member's Annual Out-of-Pocket Maximum<sup>1</sup></b>	\$3,000 plus the annual deductible per member; \$6,000 plus the annual deductible per family	No out-of-pocket maximum	\$3,000 plus the annual deductible per member; \$6,000 plus the annual deductible per family	No out-of-pocket maximum
<b>Lifetime Maximum</b>	UniCare pays up to \$5,000,000 per member		UniCare pays up to \$5,000,000 per member	
<b>Office Visits</b> 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.	<b>First 4 Office Visits per member, per year:</b> UniCare pays 100% after member pays a \$30 copay (deductible is waived) <b>5+ Office Visits:</b> UniCare pays 75% (subject to deductible)	50%	<b>First 4 Office Visits per member, per year:</b> UniCare pays 100% after member pays a \$30 copay (deductible is waived) <b>5+ Office Visits:</b> UniCare pays 75% (subject to deductible)	50%
<b>Preventive Care</b> Immunizations for Babies and Children (through age 6)	100%, deductible waived		100%, deductible waived	
Adult Preventive Care: Lab/x-ray for routine Pap smear, annual mammogram, colorectal cancer screening, or PSA screening.	75%	50%	75%	50%
Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests	75%	50%	75%	50%
	With a maximum covered expense of \$200 per member per year		With a maximum covered expense of \$200 per member per year	
<b>Professional Services</b> Including surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic x-ray/lab	75%	50%	75%	50%
<b>Inpatient Hospital Services<sup>2</sup></b>	75%	50%, less a \$500 deductible for nonemergency stays	75%	50%, less a \$500 deductible for nonemergency stays
<b>Outpatient Medical Care<sup>2,3</sup></b>	75%	50%	75%	50%
<b>Initial Care of a Medical Emergency<sup>2,3</sup></b> Inpatient or outpatient	75%	75%	75%	75%
<b>Physical, Occupational and Speech Therapy, Acupuncture/Acupressure<sup>4</sup></b>	\$30 maximum per visit; up to a combined total of 12 visits per year		\$30 maximum per visit; up to a combined total of 12 visits per year	
<b>Ambulatory Surgical Center<sup>2</sup></b>	75%	50%	75%	50%
<b>Ambulance Service</b>	75%	50%	75%	50%
	With a maximum covered expense per trip: air \$2,000; ground \$750		With a maximum covered expense per trip: air \$2,000; ground \$750	
<b>Durable Medical Equipment</b>	75%	50%	75%	50%
<b>Prescription Drugs<sup>5</sup></b> Retail Pharmacy per prescription (up to a 30-day supply)	<b>Generic drugs:</b> UniCare pays 100% after member pays a \$10 copay. <b>Brand name drugs are subject to a separate \$1,000 deductible, per member, per year, in- and out-of-network, retail and mail service combined.</b> <b>Brand name formulary drugs:</b> UniCare pays 100% after member pays a \$30 copay <b>Brand name nonformulary drugs:</b> UniCare pays 100% after member pays a \$50 copay	<b>Generic drugs:</b> UniCare pays 50% of the average wholesale price. <b>Brand name drugs are subject to a separate \$1,000 deductible, per member, per year, in- and out-of-network, retail and mail service combined.</b> <b>Brand name drugs:</b> UniCare pays 50% of the average wholesale price	<b>Generic drugs:</b> UniCare pays 100% after member pays a \$10 copay. <b>Brand name drugs are subject to a separate \$1,000 deductible, per member, per year, in- and out-of-network, retail and mail service combined.</b> <b>Brand name formulary drugs:</b> UniCare pays 100% after member pays a \$30 copay <b>Brand name nonformulary drugs:</b> UniCare pays 100% after member pays a \$50 copay	<b>Generic drugs:</b> UniCare pays 50% of the average wholesale price. <b>Brand name drugs are subject to a separate \$1,000 deductible, per member, per year, in- and out-of-network, retail and mail service combined.</b> <b>Brand name drugs:</b> UniCare pays 50% of the average wholesale price
Mail Service per prescription (60-day supply)	<b>Generic drugs:</b> UniCare pays 100% after member pays a \$20 copay. <b>Brand name drugs are subject to a separate \$1,000 deductible, per member, per year, in- and out-of-network, retail and mail service combined.</b> <b>Brand name formulary drugs:</b> UniCare pays 100% after member pays a \$60 copay <b>Brand name nonformulary drugs:</b> UniCare pays 100% after member pays a \$100 copay	Not available	<b>Generic drugs:</b> UniCare pays 100% after member pays a \$20 copay. <b>Brand name drugs are subject to a separate \$1,000 deductible, per member, per year, in- and out-of-network, retail and mail service combined.</b> <b>Brand name formulary drugs:</b> UniCare pays 100% after member pays a \$60 copay <b>Brand name nonformulary drugs:</b> UniCare pays 100% after member pays a \$100 copay	Not available

<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.

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

<sup>4</sup> Additional visits for physical/occupational and speech therapy may be covered following inpatient hospitalization for severe trauma with prior authorization from UniCare.

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

# Limitations and Exclusions

The primary limitations and exclusions for the health insurance plans described in this brochure are listed below. Please take a few moments to review this information. These listings are an overview only. A more detailed list of each plan's limitations and exclusions can be found in the applicable Plan Booklet.

## Limitations

**Ambulance Services:** Limited to a maximum covered expense of \$2,000 per trip for air transport or \$750 for ground transport.

**Home Health:** 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.

**Physical, Occupational Therapy/Medicine, Speech Therapy and Acupuncture/Acupressure:** Benefits are payable up to \$30 per visit with a combined total maximum of 12 visits per year.

**Hospice:** Limited to a lifetime maximum payment of \$10,000.

**AIDS/ARC:** Benefits for Acquired Immune Deficiency Syndrome (AIDS) and/or AIDS Related Complex (ARC) are limited to a maximum of \$10,000 per Year with a lifetime maximum of \$50,000.

**Other Routine Care Services:** Limited to a maximum covered expense of \$200 per member, per year.

## Exclusions

- Services for any condition for which benefits are excluded by a waiver.
- Any amounts in excess of maximum amounts of covered expenses stated in this plan.
- Services not specifically listed in this plan as covered services.
- Services or supplies that are not medically necessary, experimental, or investigative.
- Services received before the effective date of coverage or during an inpatient stay that began before that 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 or contributed by: (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy; (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 for any condition caused by an insured person's commission of, or attempt to commit a felony; or (f) an insured person, age 19 or older, being under the influence of illegal narcotics or nonprescribed controlled substances unless administered on the advice of a physician.

- Any services for which payment may be obtained from any local, state, or federal government agency, except when payment under this plan is expressly required by federal or state law.
- Any services for which you are entitled to receive Medicare benefits. Veterans Administration Hospitals and military treatment facilities will be considered for payment according to current legislation.
- Professional services received from or supplies purchased from a person who lives in your home or who is related to you by blood, marriage, or adoption, or is your employer.
- Inpatient or outpatient services of a private duty nurse.
- Inpatient room and board charges in connection with a hospital stay primarily for environmental change, physical therapy, treatment of chronic pain, custodial care, rest cures, or for 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.
- Treatment of mental, emotional, or functional nervous disorders (including a smoking cessation program) including any mental, emotional, or functional nervous disorder with demonstrable organic disease, or psychological testing, except as specifically stated in this plan.
- Treatment of drug, alcohol, or other substance addiction or abuse.
- Dental services, including dental services for temporomandibular joint dysfunction.
- Orthodontic services, braces, and other orthodontic appliances, including orthodontic services for temporomandibular joint dysfunction.
- Dental implants or any associated procedures.
- Hearing aids.
- Routine hearing tests except as specifically stated in the plan.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions.
- Certain eye surgeries, including those solely for the purpose of correcting refractive defects.
- Any drugs (including but not limited to drug samples), medications, or other substances dispensed or administered in any outpatient setting unless otherwise covered under the plan.
- Cosmetic surgery or other services for beautification. This exclusion does not apply to medically necessary reconstructive surgery to restore a bodily function or to correct a deformity caused by injury or congenital defect of a newborn child, to breast reconstruction performed to restore or achieve breast symmetry incident to a mastectomy and abnormal craniofacial structure caused by congenital defects.

# Limitations and Exclusions (cont.)

- Sex change operations or related treatment and study.
- Treatment of sexual dysfunction, impotence, and/or inadequacy.
- All services related to the evaluation or treatment of fertility and/or infertility.
- All contraceptive services and supplies including but not limited to all consultations, examinations, evaluations, medications, medical, laboratory, devices, prescription drugs or surgical procedures.
- Charges for pregnancy and maternity care including, but not limited to, normal delivery, Cesarean sections and elective abortions except as specifically stated in the plan.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for weight reduction or treatment of obesity, including morbid obesity.
- Charges by a provider for telephone consultations or for telemedicine or telehealth services.
- Items which are furnished primarily for your personal comfort or convenience.
- Educational services, except for diabetes self-management training program and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements, except for formulas necessary for the treatment of phenylketonuria.
- Any services received within 12 months of the effective date of coverage if they are related to a pre-existing condition.
- All foreign country provider charges, except as specifically stated in the plan.
- Growth hormone treatment.
- Routine foot care.
- Charges for which we are unable to determine our liability because you or an insured person failed, within 90 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.
- Charges for the services of a standby physician.
- Charges for animal-to-human organ transplants.
- Charges for any smoking cessation program or pharmaceuticals related to smoking cessation.
- Self-administered injectable drugs, except as stated in the prescription drug benefits section of the plan.
- Syringes, except as stated in the prescription drug benefits section of the plan.

## Waivers of Coverage

If you have a condition, illness or injury that can be identified as one that does not necessarily affect your overall good health, but could affect the risk balance of all insureds, we will waive that condition from coverage. This means that expenses for treatment of that condition or any other condition related to it will not be covered for a specified period of time.

Waived conditions and the period for which coverage is waived will be clearly identified upon acceptance. Waivers will be reviewed periodically if you request the review in writing and forward the medical records from your attending physician.

## 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. UniCare will, however, give you credit for the time you were covered by other creditable coverage under an employer-sponsored group health, government or church plan if the coverage under the plan ended less than 63 days from the date of application for the UniCare plan.

## Rates

Medical rates are calculated based on the age of the applicant or spouse, whoever is older, and the residence address. Rates are age-banded. Any initial rate guarantees offered under these plans do not include age-banded rate changes. Rates are recalculated at each billing period based on the age and the residence address. Refer to the Texas Consumer Choice Rate Guide for medical coverage rates.

For certain medical conditions, an applicant's rates may be assessed at a premium that is 20% or 40% higher than Level 1 rates.

Tobacco users pay an additional 40% premium. If any family member who is to be insured uses tobacco, the entire family pays an additional 40% premium.

## Nonrefundable \$25 Application Fee

- Must be submitted with the completed application and first month's premium
- May be paid by a separate credit card charge, a separate paper check or an electronic check
- Only one fee is required for families submitting separate applications in the same envelope
- No fee is required for applications submitted online, if available and through a UniCare-supported online process

See application instructions for specifics.





UniCare Life & Health Insurance Company  
Sales Office  
Dallas, Texas

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