

TEXAS
PLAN OVERVIEW

Individual and Family
Health Insurance Plans



UNICARE®

A Healthy Dose of Innovation®

UniCare Life & Health Insurance Company (UniCare)

UniCare Life & Health Insurance Company (UniCare) Overview of Health Insurance Plans for Individuals and Families

UniCare individual health insurance plans with preferred provider (PPO) benefits allow you to use any doctor you choose. Par benefits in this chart are based on discounted rates that UniCare has negotiated that can save you money. The benefits for Nonpar doctors and hospitals are based on charges that UniCare considers to be reasonable.

Refer to Provider Finder on the UniCare Web site at 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.

FIT Health Insurance Plans

FIT plans are nearly identical. All FIT plans feature 'first dollar benefits' – (coverage with no annual deductible amount) for in-network office visits at a copay of \$30, and certain preventive care screenings with a first dollar benefit maximum of \$300 per member. FIT offers additional across-the-board sensible, in-demand benefit features.

Differences among FIT plans are deductible amount, coverage level for in-network doctors and hospitals, and the brand name drug deductible amount.

FIT plans are available with annual deductibles of \$500, \$1,000, \$1,500, \$2,000, \$3,000 and \$5,000. To help you make the right choice, refer to the FIT Plans Rate Guide. Choose the lowest deductible offered for a monthly premium that fits your budget.

Your Annual Deductible Can Be Carried Over

The FIT plans and Saver 2000 plan feature a fourth-quarter carryover for the annual 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 matrix is intended to help you compare UniCare plan benefits and reflects UniCare's payment for covered expenses after any deductibles are met. 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 overview, the terms of the Plan Booklet will prevail. The amount of benefits provided depends upon the plan selected. Your premium will vary with the amount of the benefits selected.

Overview of Coverage—After applicable deductibles are met, amounts shown are for UniCare's payment for covered expenses unless otherwise noted. In this chart, "Par" represents Participating Provider and "Nonpar" represents Nonparticipating Provider.

Plan Features	Texas FIT 500 Plan 1000 Plan	Texas FIT 1500, 2000 Plans 3000, 5000 Plans	UniCare Saver 2000
Annual Deductible¹ Per member, two member maximum	\$500, \$1,000	\$1,500, \$2,000 \$3,000, \$5,000	\$2,000
Additional Out-of-Network Deductible¹	\$2,000 per member, per year		None
Annual Out-of-Pocket Maximum¹ (amounts shown plus applicable deductibles)	Par: \$3,000 per member, \$6,000 per family, Nonpar: \$10,000 per member, \$20,000 per family		
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member		
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	Par: You pay a \$30 copay, unlimited visits, deductible waived. Nonpar: 50%, unlimited visits, deductible applies		Par: You pay a \$30 copay, deductible waived Nonpar: 50% deductible waived Limited to two office visits per member, per year, including preventive care visits.
Preventive Care Well Baby/Children (through age 6) Immunizations	Par/Nonpar: 100%, deductible(s) waived		
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	Par: 100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 80%, deductible applies. Nonpar: 50%, deductible applies	Par: 100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 75%, deductible applies. Nonpar: 50%, deductible applies	Par: 75% Nonpar: 50%
Colorectal Cancer Screening	Par: 80% Nonpar: 50%	Par: 75% Nonpar: 50%	Par: 75% Nonpar: 50%
Professional Services Surgery, anesthesia, radiation therapy, and in-hospital doctor visits	Par: 80% Nonpar: 50%	Par: 75% Nonpar: 50%	Par: 75% Nonpar: 50% For limited services only
Lab Work and X-rays	Par: 80% Nonpar: 50%	Par: 75% Nonpar: 50%	Par: 75% Nonpar: 50% Maximum payment of \$300 per member, per year, deductible waived, par and nonpar combined
Ambulance Service	Par: 80% Nonpar: 50%	Par: 75% Nonpar: 50%	Par: 75% Nonpar: 50% Maximum covered expense of \$750 per trip for Air or Ground
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	Par: 80% Nonpar: 80% ⁴	Par: 75% Nonpar: 75% ⁴	Par: 75% Nonpar: 75% ⁴
Inpatient Hospital Services²	Par: 80% Nonpar: 50%, less a \$500 deductible for non-emergency stays	Par: 75% Nonpar: 50%, less a \$500 deductible for non-emergency stays	Par: 75% Nonpar: 50%, less a \$500 deductible for non-emergency stays
Outpatient Hospital^{2,3} or Surgical Center²	Par: 80% Nonpar: 50%	Par: 75% Nonpar: 50%	Par: 75% Nonpar: 50%
Physical/Occupational/Speech Therapy and Acupuncture	Maximum payment of \$30 per visit, up to 12 visits per member, per year, for all of these services combined		Not covered
Retail Pharmacy⁴ Per prescription (up to a 30-day supply)	FIT 500/1000 \$250 Brand Name Deductible	FIT 1500/2000 \$250 Brand Name Deductible FIT 3000/5000 \$500 Brand Name Deductible	\$200 Brand Name Deductible UniCare pays a maximum of \$500 per member, per year. Includes generic and brand, participating and nonparticipating pharmacies, retail and mail service combined
Generic Drugs Not subject to deductible(s)	Par: You pay a \$10 copay Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$10 copay Nonpar: UniCare pays 50% of the average wholesale price
Brand Name Drugs Brand Name Deductible applies	Par: You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$25 copay Nonpar: UniCare pays 40% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	Par: UniCare pays 80% Nonpar: UniCare pays 50% of the average wholesale price	Par: UniCare pays 75% Nonpar: UniCare pays 50% of the average wholesale price	Par: UniCare pays 75% Nonpar: UniCare pays 50% of the average wholesale price

¹ Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see the Preservice Review Section of this overview.

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

⁴ Until transferable to a participating hospital; then 50% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵ Certain prescription drugs may require prior authorization by UniCare.

Individual High-Deductible Health Savings Account (HSA) Compatible Health Insurance Plans*

Enrolling in a High-Deductible Health Plan (HDHP) and opening a Health Savings Account (HSA) provides you with an optimal environment for premium savings, investment opportunities, and tax advantages, such as payment of eligible medical expenses with pre-tax dollars.

UniCare offers a full portfolio of High-Deductible Health Plans with preferred provider (PPO) benefits that are compatible with Health Savings Accounts (HSAs). The HDHPs are designed to meet certain U.S. Treasury Department requirements for compatibility with HSA's.

You have the option to open a Health Savings Account with JPMorgan Bank, N.A. (Chase). Through a special arrangement with Chase, UniCare offers the convenience of applying for both an HSA and a HDHP together. Ask your agent for a Chase bank application.

Overview of Coverage—After applicable deductibles are met, amounts shown are for UniCare's payment for covered expenses unless otherwise noted. In this chart, "Par" represents Participating Provider and "Nonpar" represents Nonparticipating Provider.

Plan Features	High-Deductible (HSA Compatible) Variable Deductible Plan	High-Deductible (HSA Compatible) Plan 2	High-Deductible (HSA Compatible) Variable Contribution Plan**	High-Deductible (HSA Compatible) Plan 3
Annual Deductible (Medical and pharmacy combined)	For 2006 \$1,050 for single party, \$2,100 for family The annual deductible will reflect the U.S. Treasury's minimum deductible requirements for HSA qualified high-deductible health plans. The amount is subject to change annually.	\$2,600 for single party, \$5,200 for family	For 2006 \$2,700 for single party, \$5,450 for family The annual deductible will reflect the U.S. Treasury's maximum annual contribution limits for Health Savings Accounts. The amount is subject to change annually.	\$5,000 for single party, \$10,000 for family
Additional Out-of-Network Deductible	\$4,000 for single party, \$8,000 for family			
Annual Out-of-Pocket Maximum¹ (includes annual deductible and pharmacy copays)	Par: \$5,000 (Single Party), \$10,000 (Family) Nonpar: \$15,000 (Single Party), \$20,000 (Family)			
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member			
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	Par: 80% Nonpar: 50%		Par: 100% Nonpar: 70%	
Preventive Care For Babies and Children (through age 6) Immunizations	Par/Nonpar: 100%, deductible(s) waived			
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms, colorectal cancer screening or PSA screenings	Par: 80% Nonpar: 50%		Par: 100% Nonpar: 70%	
Professional Services Such as surgery, anesthesia, radiation therapy, in-hospital doctor visits and diagnostic x-ray/lab	Par: 80% Nonpar: 50%		Par: 100% Nonpar: 70%	
Ambulance Service	Par: 80% Nonpar: 50%		Par: 100% Nonpar: 70%	
	With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air			
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	Par: 80% Nonpar: 80% ⁴		Par: 100% Nonpar: 100% ⁴	
Inpatient Hospital Services²	Par: 80% Nonpar: 50%		Par: 100% Nonpar: 70%	
Outpatient Hospital^{2,3} or Surgical Center²	Par: 80% Nonpar: 50%		Par: 100% Nonpar: 70%	
Physical/Occupational Therapy and Acupuncture	Maximum payment of \$30 per visit, up to 12 visits per member, per year, for all of these services combined			
Retail Pharmacy⁵ Per prescription, up to a 30-day supply. Deductibles apply	Par: You pay a \$10 copay Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$10 copay Nonpar: UniCare pays 70% of the average wholesale price	
Generic Drugs			Par: UniCare pays 100% Nonpar: UniCare pays 70% of the average wholesale price	
Brand Name Formulary Drugs	Par: You pay a \$30 copay Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$30 copay Nonpar: UniCare pays 70% of the average wholesale price	
Brand Name Nonformulary Drugs	Par: You pay a \$50 copay Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$50 copay Nonpar: UniCare pays 70% of the average wholesale price	
Self Injectable Drugs	Par: UniCare pays 80% Nonpar: UniCare pays 50% of the average wholesale price		Par: UniCare pays 80% Nonpar: UniCare pays 70% of the average wholesale price	

* A high-deductible plan is not an HSA. An HSA, 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 regulation to receive the tax benefits of an HSA. Consultation with a tax advisor is recommended.

** This High-Deductible Variable Contribution plan offers prescription drug coverage. Once your annual deductible is satisfied, you only have to pay the appropriate copay for your prescriptions. Once your out-of-pocket maximum is met, you have 100% pharmacy coverage. See the pharmacy benefit for details on the copay amounts.

See the applicable Plan Booklet for a complete list of coverage, conditions, limitations and exclusions. Read your plan carefully. This summary of benefits provides a very brief description of the important features of your plan. This is not the insurance contract and only the actual Plan Booklet provisions apply. The plan sets forth, in detail, the benefits, limitations and exclusions. 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.

¹ Once the par out-of-pocket maximum has been met, covered services obtained from an in-network provider, including prescription drugs, will be covered at 100%. Once the nonpar out-of-pocket maximum has been met, covered services obtained from an out-of-network provider, including prescription drugs, will be covered at 100%.

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see the Preservice Review section of this overview.

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

⁴ Until transferable to a participating hospital; then 50% or 70%, depending on the plan, subject to applicable deductibles.

⁵ Certain prescription drugs require prior authorization by UniCare.

UniCare has it all

- A nationally recognized carrier, with a record of reliability and financial security
- An extensive selection of network doctors, hospitals and surgical centers
- Access to quality medical services at discounted fees
- Higher levels of coverage than most other carriers
- Convenient online member services

Cost Savings with in-network Doctors and Hospitals

Par providers are independently contracted doctors and medical facilities that are part of UniCare's network. When you use Par Providers (also known as in-network doctors and contracting hospitals) your costs are reduced in two ways: in-network doctors have agreed to accept lower, negotiated rates for most services, and UniCare shares a higher portion of the costs with you when you use in-network providers.

When you use Nonpar Providers your benefits are based on charges that UniCare considers to be reasonable for that service and area. Reasonable charges may be less than the billed charges from your doctor or hospital, and often results in higher costs to you.

Platinum Network Travel Access—for Peace of Mind when you Travel

Travel Access is available to UniCare plan members at no additional premium cost. When you or one of your family members needs medical care while traveling outside of your local provider network, but within the continental United States, Travel Access can help you get connected.

When you call your Travel Access representative, you will be provided with the name, address and phone number of an independently contracted doctor or hospital that is within the UniCare expanded provider network. The doctor will address your health concern and submit the claim forms to UniCare on your behalf so that your health care benefits are applied.

Mail Service Prescription Drugs

In addition to filling your prescriptions at a retail pharmacy, you may opt for the convenience of ordering a 60-day supply through PrecisionRx¹ by mail, phone, or online at precisionrx.com. One of the advantages of using this program is that you can order a 60-day supply instead of a 30-day supply. For mail order prescriptions, your copay is double that of the retail 30-day supply copay. Brand name drug deductibles and maximums apply.

10-day Free Look

Once your Plan Booklet arrives, you have 10 full days to examine and either accept or decline coverage by returning the Plan Booklet with a written request to cancel. We will then cancel your coverage as of the original effective date and promptly refund any premium you have paid. After 10 days, you may cancel by sending UniCare a written notice. Upon the receipt date of the notice or on a later date specified in the notice, UniCare shall cancel and promptly refund the excess of paid premium.

Also from UniCare:

Individual and Family Dental Insurance

Good oral health is a quality of life issue. UniCare dental insurance provides affordable coverage for regular dental care.

Individual Term Life Insurance

For as little as \$3.00² per month you can enjoy the security and peace of mind of knowing you can help meet your family's financial needs even if you're not there to provide for them.

Learn more about UniCare plans and programs at unicare.com

¹ Pharmacy benefit management services provided by Professional Claim Services, Inc. dba WellPoint Pharmacy Management.

² Premium amounts depend upon the applicant's age. Consult with your UniCare agent regarding specific terms and provisions of the term life policy.

Limitations and Exclusions

The primary limitations and exclusions for the medical plans described in this plan overview 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. Only the actual Plan provisions apply. If there are any conflicts between the terms of the Plan and the information in this Plan Overview, the terms of the Plan will prevail.

Limitations

The following are the primary limitations that apply to these plans:

- **Ambulance Services:** For the FIT Plans and the UniCare HSA Compatible Plans only, ambulance services are limited to a maximum covered expense of \$5,000 per trip for air transport or \$1,000 per trip for ground transport. For the UniCare Saver Plan, ambulance services are limited to a maximum covered expense of \$750 per trip (air or ground).
- **Home Health Care:** 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.
- **Services for Mental, Emotional or Functional Nervous Disorders: Inpatient:** Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$3,000 per year; **Outpatient:** For the FIT Plans and the UniCare HSA Compatible Plans only, benefits for eligible treatment are payable up to \$30 per visit up to a maximum of 12 visits per year for in or outpatient professional charges.
- **Physical, Occupational Therapy/Medicine, Speech Therapy and Acupuncture/Acupressure:** For the FIT Plans only, benefits are payable up to \$30 per visit with a combined total maximum of 12 visits per year.
- **Physical, Occupational Therapy/Medicine and Acupuncture/Acupressure:** For the UniCare HSA Compatible Plans only, 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.
- **Smoking Cessation:** For the FIT Plans and the UniCare HSA Compatible Plans only, benefits for any smoking cessation program designed to end the dependency on nicotine are payable up to a maximum of \$50 per lifetime.
- **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.

Additional Limitations for the UniCare Saver Plan:

- **Office Visits:** Limited to two visits per member per year.
- **Lab and X-ray (nonhospital based):** Limited to a maximum payment of \$300 per member per year.
- **Prescription Drugs:** Limited to a maximum payment of \$500 per member per year. Includes generic and brand, participating and nonparticipating retail and mail order combined.

Exclusions

These plans do not provide benefits for:

- Services for any condition for which benefits are excluded by a waiver.
- Any amounts in excess of maximum amounts of covered expenses.
- Services not specifically listed in the plan as covered services.
- Services or supplies that are not medically necessary.
- Services or supplies that are 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 health insurance coverage.
- Any condition for which benefits are covered under any workers compensation or similar laws.

- Services received for any intentionally self-inflicted injury or illness.
- Services received for any condition caused by, or contributed by: (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment; (c) an insured person participating in the military service of any country; (d) an insured person participating in an insurrection, rebellion, or riot; (e) an insured person's commission of or attempt to commit a felony; (f) an insured person, age 19 or older, being under the influence of illegal narcotics, alcohol or nonprescribed controlled substances.
- Any services for which payment may be obtained from any local, state, or federal government agency except Medicaid and when payment under this Plan is expressly required by federal or state law; or services provided for the treatment of mental or nervous disorders by a tax supported institution of the State of Texas.
- Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid. Veterans Administration hospitals, and military treatment facilities will be considered for payment according to current legislation.
- Professional services received, or supplies purchased from, an insured person, a person who lives in the insured person's home or who is related to the insured person by blood, marriage, or adoption, or is the insured person's employer.
- Services of a private duty nurse.
- Inpatient room and board charges in connection with a hospital stay primarily for: environmental change, physical therapy, or treatment of chronic pain; custodial care, or rest cures; 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 drug, alcohol, or other substance addiction or abuse.
- Dental services.
- Orthodontic services.
- Dental implants or any associated procedures.
- Hearing aids.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions.
- An eye surgery solely for the purpose of correcting refractive defects of the eye.
- Outpatient speech therapy except as specifically provided in the plan.
- Any drugs (including but not limited to drug samples), medications, or other substances dispensed or administered in any outpatient setting unless otherwise covered by plan.
- Cosmetic surgery or other services for beautification. This exclusion does not apply to medically necessary reconstructive surgery to restore a bodily function, to correct a deformity caused by injury or congenital defect of a newborn child, or by breast reconstruction performed to restore or achieve breast symmetry incident to a mastectomy.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical, or psychiatric treatment or study related to sex change.
- Treatment of sexual dysfunction, impotence and/or inadequacy.
- All services related to the evaluation or treatment of fertility and/or infertility.
- All nonprescription contraceptive drugs, devices and supplies and non-FDA-approved prescription contraceptive drugs, devices, and supplies. Prescription contraceptive drugs or devices are covered under the prescription drug benefit of the plan.

- Charges for pregnancy and maternity care, including but not limited to, normal delivery, cesarean sections, and elective abortions, except as specifically provided 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, or any care which involves weight reduction as a main method for treatment. This includes morbid obesity surgery, even if the insured person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
- Routine physical exams or tests that do not directly treat an actual illness, injury, or condition, including those required by employment or government authority.
- Charges by a provider for telephone consultations. (Note: a Telemedicine Medical Service or Telehealth Service will not be excluded solely because the service is not provided through a face-to-face consultation.)
- Items which are furnished primarily for your personal comfort or convenience.
- Educational services except for a 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 on or within 12 months after the effective date of coverage if they are related to a pre-existing condition.
- All incidental supplies used by a provider in the administration of infusion therapy.
- Foreign country provider charges, except as specifically stated in the plan.
- Service for which a third party may be liable or legally responsible to pay.
- 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 or other insurance coverage.
- Charges for the services of a standby physician.
- Charges for animal-to-human organ transplants.

Additional Exclusions for the UniCare Saver Plan

- Any services of a physician, except as specifically stated in the plan.
- Surgical procedures for sterilization.
- Physical and/or occupational therapy/medicine, except when provided during an inpatient hospital confinement.
- Outpatient speech therapy.
- Acupuncture/Acupressure.
- Durable medical equipment.
- Smoking cessation program or pharmaceuticals related to smoking cessation.

Prescription Drug Exclusions

- Drugs and medications not requiring a prescription, except insulin.
- Nonmedical substances or items.
- Drugs and medications used to induce non-spontaneous abortions.
- Dietary supplements, cosmetics, and health or beauty aids.
- Any vitamin, mineral, herb or botanical product.
- Any expense incurred in excess of the UniCare negotiated rate.
- Any drug labeled "Caution, limited by federal law to investigational use" or non-FDA-approved investigational drugs.

- Any drug or medication prescribed for experimental indications.
- Drugs used for cosmetic purposes.
- Drugs used for the primary purpose of treating infertility or promoting fertility.
- Anorexiant or drugs associated with weight loss.
- Drugs obtained outside the United States.
- Drugs for treatment of a condition, illness, or injury for which benefits are excluded or limited by a waiver, pre-existing condition, or other contract limitation.
- Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent.
- Lost or stolen prescriptions.

Terms of Coverage

Coverage under the health insurance plan remains in force as long as the required premiums are paid on time and as long as you remain eligible for coverage. Coverage ceases when you become ineligible because of divorce or a change in dependent status. (In the case of divorce and overage dependents, UniCare will offer a similar plan.) UniCare may change the premiums of this plan with 30 days advance written notice to you. However, UniCare will not change the premium schedule for this plan on an individual basis, but only for all insureds in the same class and covered under the same benefit plan as you.

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.

Preservice Review

Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. Inpatient medical care requires preservice review or you will pay a \$500 penalty per continuing hospital confinement. This penalty is waived on emergency admissions, however, utilization review is still required. Surgical services of an ambulatory surgical center and specified outpatient surgeries and diagnostic procedures, regardless of place of service, require preservice review or you will pay a \$50 penalty. Organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities and hospice services require prior authorization from UniCare or there will be a 50 percent reduction in benefits.

TXIMDEDC0706	TXIND1000
TXIMSVRC0706	TXILCERT0896
TXIMHDHPC0706	



UniCare Life & Health Insurance Company
Sales Office
Dallas, TX

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