

SecurityChoice is a Medicare Advantage Private Fee For Service (PFFS) Plan offered by UniCare Life & Health Insurance Company (UL&H). Prior to providing services to a SecurityChoice member, Providers must agree to the Terms and Conditions of the Plan. When Providers choose to extend services to a SecurityChoice member, they are acknowledging their agreement and are "deemed" to have a contract with UL&H.

Providers who are aware they are treating a SecurityChoice Enrollee and decline to accept the Terms and Conditions of the Plan must only do so if the services are extended on an urgent or emergency basis. Under any other circumstances, Providers who do not agree to accept these Terms and Conditions must not provide services to SecurityChoice Enrollees and they may not bill our Enrollee if they accept Medicare assignment.* If a Provider is unwilling to accept the SecurityChoice Terms and Conditions but renders services for urgent or emergency care, the Provider may collect the applicable copayment from the Enrollee and should submit the remainder of the claim for these services to UL&H at the address provided in this document.

Providers are considered to be deemed when they know in advance of providing services to an Enrollee that the Enrollee is a SecurityChoice Member, and they have reasonable access to the Terms and Conditions of the SecurityChoice Plan.

Federal healthcare providers, including the Veterans Administration, are not eligible for reimbursement under the SecurityChoice Plan, unless the services extended are for urgent or emergency care.

*Providers who do not accept Medicare assignment may balance bill our enrollees up to the Medicare limiting rate of 115%.

Terms and Conditions for Health Care Practitioners and Suppliers

Under the UL&H SecurityChoice Plan, Providers are reimbursed at the equivalent of the current Medicare Allowable amount for all Medicare Covered services. Other than applicable Member cost sharing amounts, reimbursement will be made directly by UL&H. Providers may collect only applicable copayment amounts from SecurityChoice Enrollees and may not otherwise charge or bill the Enrollee. Enrollee balance billing is prohibited by providers who accept Medicare assignment.* Copayments should be collected from the Member at the time of service. If a Provider (either deemed or un-deemed) mistakenly collects more from the Enrollee than the designated copayment amount, the Provider must refund the difference to the Member.

Providers must abide by the UL&H appeal and grievance procedures. Copies of the procedures and the provider manual are available on the internet at www.unicare.com/pffs or upon request by contacting Customer Service at 1-888-445-8916.

UniCare PFFS SecurityChoice Providers are delegated the responsibility to issue Notice of Medicare Non-Coverage (NOMNCs), Detailed Explanation of Non-coverage (DENCs) and Notices of Discharge and Medicare Appeal Rights. Providers that seek deemed status with PFFS plans will thereby be obligated to comply with all notice and case submission requirements effective 1/1/2004. Please visit our Website to download the NOMNC and DENC letter templates.

Providers must also:

- be licensed or certified by the State for the services being provided
- not have opted out of Medicare or be debarred from participation in the Medicare program

- abide by Medicare or other Federal healthcare program laws applicable to the services being provided
- have a Medicare billing number or be eligible to obtain one
- be certified to treat Medicare beneficiaries (if the provider is an institutional provider)
- follow the standards for confidentiality and patient privacy rights outlined in HIPAA regulations
- and, if the provider is a hospital, an advance good faith estimate of the out-of-pocket patient expenses must be provided to our member

In the Event Provider Renders Hospice Services

Providers who render hospice services to Medicare beneficiaries, including SecurityChoice members, should submit claims directly to Medicare through the Regional Home Health Intermediary.

Occasionally, a Provider may inadvertently submit a hospice claim to UL&H for payment and, unaware that the member has enrolled in hospice or that the services rendered were hospice services, UL&H may process and pay the claim. Should this situation occur, and UL&H later determines the claim was paid in error, UL&H will notify Provider that a refund is due and that Provider must bill Medicare for claim(s) payment.

Under the above circumstances, UL&H will expect Provider to issue a full refund within 30 days of notification. Instructions for refund will be included with notification.

If Provider fails to refund the amount due within 60 days of notification, UL&H will withhold all future claim(s) payments due Provider for any and all subsequent services rendered to SecurityChoice members until the refund amount due to UL&H has been satisfied in full.

2005 COPAYMENT SCHEDULE

Claim Submission

Submit bills directly to UL&H at P.O. Box 3897, Scranton, PA 18505. Bills must be submitted within 365 days of providing services to a UL&H SecurityChoice member.

All Medicare billing guidelines must be followed when submitting your bill to UL&H. Physicians and others with Unique Physician Identification Numbers (UPIN) must include this information on all claims and, if applicable, the Clinical Laboratory Improvement Amendments (CLIA) number must also be included. All other types of providers must include their appropriate Medicare number or sub-provider number for the service rendered on each claim. If you have questions about submitting your claim, contact UL&H at 1-888-445-8916 between the hours of 8 am and 6 pm Central Time, Monday through Friday.

If you have any questions or concerns about your payment, UL&H's Terms and Conditions, or, if you would like more information on UL&H's SecurityChoice Plan, please contact the UL&H Customer Service Department at 1-888-445-8916. Representatives are available to assist you Monday through Friday from 8 am to 6 pm Central Time.

To determine the appropriate Member copayment for the type of service being rendered, refer to the copayment schedule at right or contact a UL&H Customer Service representative at 1-888-445-8916.

Basic patient copayment amounts for Medicare Covered services are as follows:

| Physician Services | Michigan | All Other States |
|---|-----------------|--------------------------|
| Office Visits | \$10 | \$10 |
| Hospital Services | | |
| Emergency Room Visits (if not admitted) | \$25 | \$50 |
| Inpatient Hospital (per 365 day benefit period) | \$50 per stay | \$150 per day (days 1-5) |
| IMPORTANT! If UL&H is not notified in advance of a planned inpatient hospital stay, the Member will be responsible for paying this additional amount (\$50 per day, 10-day maximum) | \$50 | \$50 |
| Worldwide Travel Services | | |
| Emergency Services (if not admitted) | \$25 | \$50 |
| Urgently Needed Services | \$10 | \$10 |
| Ancillary Services | | |
| Skilled Nursing Facility (SNF) per day, days 1-20, each benefit period | \$0 | \$0 |
| per day days 21-100, each benefit period (100 day limit each benefit period) | \$0 | \$50 |
| IMPORTANT! If UL&H is not notified in advance of a planned SNF admission, the Member will be responsible for paying this additional amount (\$50 per day, 10-day maximum) | \$50 | \$50 |
| Durable Medical Equipment (DME) | 20% | 35% |
| IMPORTANT! If UL&H is not notified in advance of a DME equipment or device purchase over \$750, the Member will be responsible for this increased percentage (70% of the charge rather than the usual 35% of the charge) | 70% | 70% |
| Prosthetic Devices and Medical Supplies | 20% | 35% |
| IMPORTANT! If UL&H is not notified in advance of a prosthetic device or medical supply purchase over \$750, the Member will be responsible for this increased percentage (70% of the charge rather than the usual 35% of the charge) | 70% | 70% |
| Outpatient Mental Health Services (individual or group visit) | \$25 | 50% |
| Home Health Care Services | \$0 | 15% |