UNICARE

A healthy dose of innovation℠

Texas
UNICARE Consumer Choice PPO $2000 Medical Insurance Plan

This plan features a $5,000,000 per member lifetime maximum in benefits.

This matrix provides a brief description of plan features and reflects UNICARE's share of costs for covered expenses after any applicable 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 charges deemed by UNICARE to be reasonable for that service and area. Reasonable charges may be less than your provider's billed charges and often result in higher costs to you. Refer to the UNICARE provider directory or to Provider Finder on the UNICARE Web site at www.unicare.com to determine which providers in your area are participating (in-network) providers. Ask your agent to provide you with a UNICARE provider directory before you sign an application for coverage.

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.

Note: 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; and 5) limited coinsurance differential between participating and nonparticipating providers of no more than 30%.

Amounts shown below are the member's share of costs.

Plan Features	Participating Provider	Nonparticipating Provider
Annual Deductible Per Member (copays do not apply toward satisfying any deductible)	$2,000 with a two-member family maximum	
Annual Out-of-Pocket Maximum (includes copays, except pharmacy copays)	$3,000 plus deductible per member, $6,000 plus deductible per family	No out-of-pocket maximum

Amounts shown below are UNICARE's payment after applicable deductibles are met.

Plan Features	Participating Provider	Nonparticipating Provider
Lifetime Maximum	$5,000,000 per member	
Office Visits	**First 4 office visits per member, per year:** UNICARE pays 100% after member pays a $30 copay (deductible waived) **5+ office visits:** UNICARE pays 75%, subject to the deductible	50%
Professional Services Including surgery, anesthesia, radiation therapy, in-hospital doctor visits and diagnostic X-ray/lab	75%	50%
Preventive Care 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	75%	50%
Other Routine Care Service not outlined above, such as flu shots or routine physical exams/tests	75%	50%
	With a maximum covered expense of $200 per member, per year	
Inpatient Hospital Services [1]	75%	50% less a $500 deductible for nonemergency stays
Outpatient Medical Care [1, 2]	75%	50%
Physical/Occupational and Speech Therapy, Acupuncture/Acupressure [4]	$30 maximum per visit up to a combined maximum of 12 visits per year for all of these services	
Ambulatory Surgical Center [1]	75%	50%

Texas UNICARE Consumer Choice PPO $2000 Medical Insurance Plan (cont'd)

Amounts shown below are UNICARE's payment after applicable deductibles are met.

Plan Features	Participating Provider	Nonparticipating Provider
Ambulance Service With a maximum covered expense per trip: air $2000; ground $750	75%	50%
Durable Medical Equipment	75%	50%
Initial Care of a Medical Emergency Inpatient or outpatient	75%	75%
Prescription Drugs [3] **Retail Pharmacy** Per prescription (up to a 30-day supply)	**Generic drugs:** UNICARE pays 100% after member pays a $10 copay **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.** **Brand name formulary drugs:** UNICARE pays 100% after member pays a $30 copay **Brand name nonformulary drugs:** UNICARE pays 100% after member pays a $50 copay	**Generic drugs:** UNICARE pays 50% of the average wholesale price **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.** **Brand name drugs:** UNICARE pays 50% of the average wholesale price
Mail Service Per prescription (up to a 60-day supply)	**Generic drugs:** UNICARE pays 100% after member pays a $20 copay **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.** **Brand name formulary drugs:** UNICARE pays 100% after member pays a $60 copay **Brand name nonformulary drugs:** UNICARE pays 100% after member pays a $100 copay	Not available

[1] Services may require preservice review or authorization by UNICARE or you will be required to pay an additional penalty.
[2] Emergency room visits that do not result in an inpatient admission will be subject to a $60 penalty.
[3] Certain prescription drugs may require prior authorization by UNICARE.
[4] Additional visits for physical/occupational and speech therapy may be covered following inpatient hospitalization for severe trauma with prior authorization from UNICARE.