

**This Individual health insurance 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](http://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.

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

Plan Features	Participating Provider	Nonparticipating Provider
<b>Annual Deductible</b> (copays do not apply toward satisfying any deductible)	\$2,000 per member, per year with a two-member family maximum	
<b>Out-of-Network Deductible</b>		Additional \$2,000 out-of-network deductible per member, per year
<b>Annual Out-of-Pocket Maximums</b> (includes copays, except pharmacy copays)	\$3,000 plus deductible per member, \$6,000 plus deductible per family	\$10,000 plus deductible per member, \$20,000 plus deductible per family

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

Plan Features	Participating Provider	Nonparticipating Provider
<b>Lifetime Maximum</b>	\$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 screening.	\$30 copay, deductible waived for unlimited visits	50%
<b>Professional Services</b> Including surgery, anesthesia, radiation therapy, and in-hospital doctor visits	75%	50%
<b>Preventive Care for Babies and Children (through age 6)</b> Immunizations	100%, deductible waived	
Preventive Lab work	100%, deductible waived	50%
<b>Adult Preventive Care</b> Routine Pap smears, annual mammograms and PSA screenings	100%, deductible waived, \$300 maximum payment. After maximum has been met, 75% and deductible applies	50%
Colorectal Cancer Screenings	75%	50%
<b>Lab Work and X-rays</b>	75%	50%
<b>Inpatient Hospital Services</b> <sup>1</sup>	75%	50% less a \$500 deductible for nonemergency stays
<b>Outpatient Medical Care</b> <sup>1,2</sup>	75%	50%
<b>Physical/Occupational and Speech Therapy, Acupuncture/Acupressure</b>	\$30 maximum per visit with a combined maximum of 12 visits per year for all of these services	
<b>Ambulatory Surgical Center</b> <sup>1</sup>	75%	50%

## Texas FIT 2000 Health Insurance Plan (continued)

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

Plan Features	Participating Provider	Nonparticipating Provider
<b>Ambulance Service</b>	75%, with a \$1,000 maximum covered expense for Ground; 75%, with a \$5,000 maximum covered expense for Air.	50%, with a \$1,000 maximum covered expense for Ground; 50%, with a \$5,000 maximum covered expense for Air.
<b>Durable Medical Equipment</b>	75%	50%
<b>Initial Care of a Medical Emergency</b> <sup>2</sup> Inpatient or outpatient	75%	75% <sup>3</sup>
<b>Prescription Drugs</b> <sup>4</sup> <b>Retail Pharmacy</b> Per prescription (up to a 30-day supply)  Brand name drugs are subject to a separate \$250 deductible per member, per year including Brand name Self-administered Injectable Drugs.	<b>Generic Drugs:</b> You pay a \$10 copay <b>Brand Name Formulary Drugs:</b> You pay a \$30 copay <b>Brand Name Nonformulary Drugs:</b> You pay a \$50 copay <b>Self-administered Injectable Drugs:</b> You pay 25%	<b>Generic Drugs:</b> You pay 50% of the Average Wholesale Price of the Drug <b>Brand Name Formulary Drugs:</b> You pay 50% of the Average Wholesale Price of the Drug <b>Brand Name Nonformulary Drugs:</b> You pay 50% of the Average Wholesale Price of the Drug <b>Self-administered Injectable Drugs:</b> You pay 50% of the Average Wholesale Price of the Drug
<b>Mail Service</b> Per prescription (up to a 60-day supply)  Brand name drugs are subject to a separate \$250 deductible per member, per year including Brand name Self-administered Injectable Drugs.	<b>Generic Drugs:</b> You pay a \$20 copay <b>Brand Name Formulary Drugs:</b> You pay a \$60 copay <b>Brand Name Nonformulary Drugs:</b> You pay a \$100 copay <b>Self-administered Injectable Drugs:</b> You pay 25%	Not available

<sup>1</sup> Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty.

<sup>2</sup> Emergency room visits that do not result in an inpatient admission will be subject to a \$60 penalty.

<sup>3</sup> Until transferable to a participating hospital, then 50% subject to a \$500 deductible per continuing hospital confinement once transferable.

<sup>4</sup> Certain prescription drugs may require prior authorization by UniCare.