

Individual Health Insurance Plan Limitations & Exclusions

Texas Individual UniCare FIT 500, 1000, 1500, 2000, 3000, and 5000 Plans and the UniCare Saver 2000 Plan

The primary limitations and exclusions for these health insurance plans 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 will apply. If there are any conflicts between the terms of the Plan and this information, 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 only, benefits are limited to a maximum covered expense of \$5,000 per trip for air transport and \$1,000 per trip for ground transport. For the UniCare Saver Plan, benefits are limited to a maximum covered expense of \$750 per trip (air or ground).
- **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.
- **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 only, benefits for eligible treatment are payable up to \$30 per visit, limited 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.
- **Hospice:** Limited to a lifetime maximum payment of \$10,000.
- **Smoking Cessation:** For the FIT 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.
- **Infusion Therapy:** Covered Expenses will not exceed: total parenteral nutrition (with or without lipids), \$250 per day; antibiotics, average wholesale price (AWP)+\$125 per day; chemotherapy, AWP + \$150 per day, pain management \$125 per day; aerosol therapy, AWP + \$70 per day; tocolytic therapy, \$250 per day; special items, AWP; intravenous hydration, \$75 per day.

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 experimental or investigative.
- Services or supplies that are not medically necessary.
- 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 covered by 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's participation in the military of any country; (d) participation in an insurrection, rebellion, or riot; (e) 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, 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 from, or supplies purchased from, an insured person, a person who lives in the insured person's home, 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.

Individual Health Insurance Plan Limitations & Exclusions (continued)

Texas Individual UniCare FIT 500, 1000, 1500, 2000, 3000, and 5000 Plans and the UniCare Saver 2000 Plan

- 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.
- Any drugs, medications, or other substances dispensed or administered in any outpatient setting.
- 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, abnormal craniofacial structure caused by congenital defects or to 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 benefits.)
- 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 under Complications of Pregnancy.
- 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 diabetes self-management training programs, 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 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 specified in the plan.
- Services 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.
- Charges of a standby physician.
- Charges for animal to human organ transplants.
- An insured person must be insured for 6 months under the plan to be eligible for benefits related to: hernia except for strangulated or incarcerated hernia; any disorder of reproductive organs; sterilization; varicose veins; hemorrhoids; any disorder of tonsils or adenoids.
- An insured person must also be insured for 30 days under the plan prior to the inception of pregnancy to be eligible for any benefits for Complications of Pregnancy.

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 programs or pharmaceuticals related to smoking cessation.

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