

# HIGH-Deductible Health Savings Account (HSA COMPATIBLE) HEALTH INSURANCE PLAN 2

**This Individual health insurance plan features a \$5,000,000 per member lifetime maximum in benefits.**

This matrix provides a brief description of the plan features and reflects UniCare’s share of costs for covered expenses after 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 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 complete 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 plan summary, the terms of the plan booklet will prevail.

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

Plan Features	Single Party		Family	
	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
<b>Annual Deductible</b>		\$2,600		\$5,200
		Additional \$4,000 out-of-network deductible		Additional \$8,000 out-of-network deductible
<b>Annual Out-of-Pocket Maximums</b> (includes annual deductible and pharmacy copays)	\$5,000	\$15,000	\$10,000	\$20,000

Amounts shown below are UniCare’s payment for covered expenses after applicable deductibles are met.

Plan Features	Participating Provider	Nonparticipating Provider
<b>Lifetime Maximum</b>	UniCare pays up to \$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.	80%	50%
<b>Professional Services</b> Surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic x-ray/lab	80%	50%
<b>Preventive Care</b> Immunizations for babies and children (through age 6)	100% deductible(s) waived	
<b>Adult Preventive Care</b> Lab/x-ray for a routine pap smear, annual mammogram, colorectal cancer screening, or PSA screening	80%	50%
<b>Inpatient Hospital Services</b> <sup>1</sup>	80%	50%
<b>Outpatient Medical Care</b> <sup>2</sup>	80%	50%
<b>Physical/Occupational Therapy and Acupuncture/Acupressure</b>	\$30 maximum per visit with a combined maximum of 12 visits per year	
<b>Ambulatory Surgical Center</b> <sup>1</sup>	80%	50%

## Texas High-Deductible (HSA Compatible) Health Insurance Plan 2 (continued)

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

Plan Features	Participating Provider	Nonparticipating Provider
<b>Ambulance Service</b> With a maximum covered expense per trip: for ground \$1,000; for air \$5,000	80%	50%
<b>Durable Medical Equipment</b>	80%	50%
<b>Initial Care of a Medical Emergency</b> Inpatient or Outpatient	80%	80%
<b>Prescription Drugs<sup>3</sup></b> Deductible(s) apply <b>Retail Pharmacy</b> Per prescription (up to a 30-day supply)	<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> UniCare pays 80%	<b>Generic, brand name and self-injectable drugs:</b> UniCare pays 50% of the average wholesale price
<b>Mail Service</b> Per prescription (up to a 60-day supply)	<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> UniCare pays 80%	Not Available

<sup>1</sup> Services may require reservice 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 inpatient admission will be subject to a \$60 penalty.

<sup>3</sup> Certain prescription drugs may require prior authorization by UniCare.

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