UNICARE®
A Healthy Dose of Innovation℠

Illinois
FIT 1500
Health 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 the annual and out-of-network 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 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 Certificate of Coverage. If there are any conflicts between the terms of the Certificate of Coverage and the information in this matrix, the terms of the Certificate of Coverage will prevail.

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

Plan Features	Participating Provider	Nonparticipating Provider
Annual Deductible[1]	$1,500 per member, per year with a two-member family maximum	
Out-of-Network Deductible[1]	Does Not Apply	Additional $2,000 out-of-network deductible per member, per year
Annual Out-of-Pocket Maximum[1] (Amounts shown plus applicable deductibles)	$3,000 per member, $6,000 per family	$10,000 per member, $20,000 per family

Amounts shown below are UniCare's payment after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Provider	Nonparticipating Provider
Lifetime Maximum	UniCare pays up to $5,000,000 per member	
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	$30 copay, unlimited visits deductible waived	60%, unlimited visits deductible applies
Preventive Care Immunizations for babies and children (through age 6)	100%, deductible waived Maximum payment of $300 per member, per year. After maximum payment has been met, 70% and deductible applies.	60%, deductible applies
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100%, deductible waived Maximum payment of $300 per member, per year. After maximum payment has been met, 70% and deductible applies.	60%, deductible applies
Colorectal Cancer Screening	70%	60%
Professional Services Surgery, anesthesia, radiation therapy, and in-hospital doctor visits	70%	60%
Lab Work and X-rays	70%	60%
Inpatient Hospital Services[2]	70%	60%, less a $500 deductible for non-emergency stays
Outpatient Hospital[2, 3] **or Surgical Center**[2]	70%	60%
Initial Care of a Medical Emergency[2, 3] Inpatient or Outpatient Hospital Services	70%	70%[4]
Physical/Occupational Therapy and Acupuncture	$30 maximum payment per visit with a combined maximum of 12 visits per year for all of these services combined	

Illinois FIT 1500 Health Insurance Plan (cont'd)

Amounts shown below are UniCare's payment after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Provider	Nonparticipating Provider
Ambulance Service	70% With a maximum covered expense of $1,000 per trip for Ground; $5,000 per trip for Air	60% With a maximum covered expense of $1,000 per trip for Ground; $5,000 per trip for Air
Durable Medical Equipment	70%	60%
Prescription Drugs[5]		
Retail Pharmacy Per prescription (up to a 30-day supply)		
Generic Drugs Not subject to deductible(s)	You pay a $10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs $250 Brand Name Deductible applies	You pay a $30 copay for formulary drugs, or a $50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	You pay 30%	UniCare pays 50% of the average wholesale price
Mail Service 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.	**Generic Drugs:** You pay a $20 copay **Brand Name Formulary Drugs:** You pay a $60 copay **Brand Name Nonformulary Drugs:** You pay a $100 copay **Self-administered Injectable Drugs:** You pay 30%	Not available

[1]Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

[2]Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty.

[3]Emergency room visits that do not result in an inpatient admission will be subject to a $60 deductible.

[4]Until transferable to a participating hospital; then 60% subject to a $500 deductible per continuing hospital confinement once transferable.

[5]Certain prescription drugs may require prior authorization by UniCare.