

**This 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 the 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 Certificate of Coverage. If there are any conflicts between the terms of the Certificate of Coverage and the information in this plan summary, the terms of the Certificate of Coverage 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> Annual deductible will reflect the U.S. Treasury’s maximum annual contribution limits for Health Savings Accounts. The amount is subject to change annually.	\$2,700 for 2006		\$5,450 for 2006	
		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 routine Pap smear, annual mammogram, or PSA screening.	100%	60%
<b>Professional Services</b> Surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic x-ray/lab	100%	60%
<b>Preventive Care</b> Immunizations for babies and children (through age 6)	100%	60%
<b>Adult Preventive Care</b> Lab/x-ray for a routine Pap smear, annual mammogram, colorectal cancer screening, or PSA screening	100%	60%
<b>Inpatient Hospital Services <sup>1</sup></b>	100%	60%
<b>Outpatient Medical Care <sup>2</sup></b>	100%	60%
<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 <sup>3</sup></b>	100%	60%

\* Once the in-network out-of-pocket maximum has been met, covered services obtained from an in-network provider, including prescription drugs will be covered at 100%. Once the out-of-network out-of-pocket maximum has been met, covered services obtained from an out-of network provider, including prescription drugs will be covered at 100%.

## Illinois HSA Compatible Variable Contribution Plan (cont.)

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	100%	60%
<b>Durable Medical Equipment</b>	100%	60%
<b>Initial Care of a Medical Emergency</b> <sup>1</sup> Inpatient or Outpatient	100%	100%
<b>Prescription Drugs</b> <sup>4</sup> <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 and brand name drugs:</b> UniCare pays 50% of the average wholesale price. <b>Self-administered injectable drugs:</b> UniCare pays 50% of the average wholesale price.
<b>Mail Service Drugs</b> <sup>4</sup> 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> Inpatient medical care is subject to a \$500 penalty when preservice review is not obtained. This penalty is waived on emergency admissions; however, utilization review is still required.

<sup>2</sup> Nonemergency outpatient emergency room visits that do not result in inpatient admissions will be subject to a \$60 penalty.

<sup>3</sup> All surgical services of an Ambulatory Surgical Center require preservice review or you are subject to a \$50 penalty. Ambulatory Surgical Centers must be licensed and accredited and meet all requirements of state and local laws and agencies.

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