

Medical Health Insurance Plan Limitations & Exclusions

For Illinois Individual Plans – FIT 500, FIT 1000, FIT 1500, FIT 2000, FIT 3000, FIT 5000 and UniCare Saver 2000 Plan

The primary limitations and exclusions for the FIT 500 Plan, FIT 1000 Plan, FIT 1500 Plan, FIT 2000 Plan, FIT 3000 Plan, FIT 5000 Plan and UniCare Saver 2000 Plan 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 Certificate of Coverage (Certificate). Only the actual Certificate provisions apply. If there are any conflicts between the terms of the Certificate and this listing, the terms of the Certificate will prevail.

Limitations

The following are the primary limitations that apply to these plans:

- **Ambulance Service:** 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 Saver Plan, benefits are limited to a maximum covered expense of \$750 per trip (air or ground).
- **Home Health Care:** 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 and Alcoholism - Inpatient:** Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$3,000 per year. Exception: Inpatient treatment of alcoholism is payable as any other medical condition. Outpatient: For the FIT Plans only, benefits for eligible treatment are payable up to \$30 per visit up to a maximum of 12 visits per year for in- or outpatient professional charges
- **Physical, Occupational Therapy/Medicine and Acupuncture/Acupressure:** For the FIT Plans only, benefits are payable up to \$30 per visit with a combined 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.
- **Diabetes:** Covered expenses for diabetes equipment and diabetes supplies are subject to a maximum of \$500 per year.

Additional Limitations for the UniCare Saver Plan

- **Office Visits:** Limited to two office visits per member, per year.
- **Lab Work 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 name drugs, participating and nonparticipating retail and mail service 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 not medically necessary.
- Services or supplies that UniCare considers to be experimental or Investigative procedures.
- Services received before the effective date of coverage or during an Inpatient stay that began before the 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 a health policy or insurance coverage.
- Any condition covered by workers' compensation or similar laws.
- Any intentionally self-inflicted injury or illness.

- Conditions caused 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) an insured person's participation in an insurrection, rebellion, or riot; (e) services received as a direct result of an insured person's commission of, or attempt to commit a felony, or being engaged in an illegal occupation; (f) an insured person being under the influence of illegal narcotics, alcohol or non-prescribed controlled substances.
- Any services provided by a local, state or federal government agency except Medicaid and when payment under the plan is expressly required by federal or state law. Veterans Administration hospitals and military treatment facilities will be considered for payment according to current law.
- If you are eligible for Medicare, any services covered by Medicare under Part A or B regardless of actual enrollment in Medicare or payment by Medicare for those services.
- Professional services received or supplies purchased from yourself, a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption, or the insured person's employer.
- Services of a private duty nurse.
- 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.
- Dental services.
- Orthodontic services.
- Dental implants or any associated procedure.
- Hearing aids.
- Routine hearing tests except as provided under Well Baby and Well Child Care.
- Optometric services.
- An eye surgery solely for the purpose of correcting refractive defects.
- Outpatient speech therapy.
- 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 reconstructive surgery to restore a bodily function, to correct a deformity caused by injury or congenital defect of a newborn child, or to medically necessary reconstructive surgery performed to restore 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, except as stated in the Certificate.
- All services related to the evaluation or treatment of fertility and/or infertility, including, but not limited to all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures, including sterilization reversals and in vitro fertilization.
- All nonprescription contraceptive drugs, devices, and/or supplies that are available over-the-counter or without a prescription and non-FDA approved prescription contraceptive drugs, devices, and/or supplies.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes.
- 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 any morbid obesity surgery, even if the Insured 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.
- Items which are furnished primarily for your personal comfort or convenience.
- Educational services except for diabetes self-management training and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements.
- Any services received on or within twelve months after the effective date of coverage if they are related to a pre-existing condition.
- Foreign country provider charges except as specified in the Certificate.
- Charges for which we are unable to determine our liability because you or an insured person failed, within 60 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 or other insurance coverage.
- Charges for animal to human organ transplants.
- Incidental supplies used by a provider in the administration of infusion therapy.

- **Growth hormone treatment except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the insured person's condition.**
- **Routine foot care.**
- **Charges for normal pregnancy or maternity care, including normal delivery, elective abortions and elective non-emergency cesarean sections, as long as the services are not due to a complication of pregnancy as defined in the Certificate.**
- **Self-administered injectable drugs and syringes, except as stated in the Prescription Drug benefits section of the Certificate.**
- **Services for which a third party may be liable or legally responsible to pay.**
- **If any insured person is covered by more than one medical health plan, benefits under this plan may be reduced, so that the benefits and services you receive from all the different medical coverage does not exceed 100 percent of the covered expense.**

Additional Exclusions for the UniCare Saver Plan

- **Any services of a physician, except as specifically stated in the Certificate.**
- **Surgical procedures for sterilization.**
- **Acupuncture/acupressure.**
- **Durable medical equipment.**
- **Physical and/or occupational therapy/medicine, except when provided during an inpatient hospital confinement.**
- **Smoking cessation program or pharmaceuticals related to smoking cessation.**
- **Surgical procedures for sterilization.**