

This plan features a \$2 million per member lifetime maximum in benefits.

This matrix is intended to help you review the Short-Term plan benefits from UNICARE Health Insurance Company of the Midwest (UNICARE) and reflects your share of costs for covered expenses after you have met any applicable deductible. When you use UNICARE participating (in-network) providers, your costs are based on a specially negotiated fee for UNICARE that may 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.

This summary of benefits provides a very brief description of the important features of the plan. This is not the insurance contract and only the actual plan provisions apply. The Certificate of Coverage sets forth, in more detail, the benefits, limitations, and exclusions. If there are any conflicts between the terms of the plan and the information in this overview, the terms of the Certificate of Coverage will prevail.

Amounts shown below are the member's share of covered expenses after any deductibles are met.

Plan Features	Participating	Nonparticipating
Deductible*	\$250, per Insured, per plan.	
Out-of-Pocket Maximum	\$1,000 plus the medical deductible per Insured, per plan.	
Plan Maximum	Once UNICARE has paid \$2 million in claims, benefits cease.	
Professional Services		
<ul style="list-style-type: none"> Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic x-ray and lab work 	20%	40% plus all charges in excess of reasonable charges.
<ul style="list-style-type: none"> Office visits 	20%	40% plus all charges in excess of reasonable charges.
Preventive Care		
<ul style="list-style-type: none"> Babies/children through age 6 (Office visits/examinations, immunizations and lab work) 	20%	40% plus all charges in excess of reasonable charges.
<ul style="list-style-type: none"> Adults (routine pap smears, annual mammograms, colorectal cancer screening, PSA for men and associated office visits/ examinations) 	20%	40% plus all charges in excess of reasonable charges.
Physical Therapy, Occupational Therapy, Acupuncture/Acupressure	Charges over \$30 per visit; six visits per Insured, per policy term.	
Mental, Emotional or Functional Nervous Disorders		
<ul style="list-style-type: none"> Inpatient hospital charges 	Inpatient charges over \$100 per day. UNICARE pays a maximum \$2,500 per Insured during the policy term.	
<ul style="list-style-type: none"> In- or Outpatient professional charges 	In- or outpatient professional charges over \$30 per visit (up to six visits per Insured, per policy).	
Durable Medical Equipment	20%	40% plus all charges in excess of reasonable charges.
Inpatient Hospital Services**	20%	40% plus all charges in excess of reasonable charges. Subject to an additional \$500 deductible per continuing hospital confinement for nonemergency stays.
Medical Emergency	20%	20% until transferable to a participating hospital. Then 40% subject to a \$500 deductible once transferable per continuing hospital confinement.
Outpatient Hospital Services	20%	40% plus all charges in excess of reasonable charges.
Ambulatory Surgical Center	20%	40% plus all charges in excess of reasonable charges.

Illinois Short-Term Plan Overview (cont'd.)

Amounts shown below are the member's share of covered expenses after any deductibles are met.

Plan Features	Participating	Nonparticipating
Ambulance Service Maximum covered expense of \$750 per person per trip (air or ground)	20%	40% plus all charges in excess of reasonable charges.
Home Health Care	20% of covered expenses Maximum 30 visits per Insured, per plan.	40% plus all charges in excess of reasonable charges. Maximum 30 visits per Insured per policy.
Skilled Nursing Facilities	20% Policy maximum of \$200 per day up to 50 days per Insured during the policy term.	40% Policy maximum of \$200 per day up to 50 days per Insured during the policy term.
Hospice	20% UNICARE pays a maximum of \$5,000 per Insured, per policy term.	40% UNICARE pays a maximum of \$5,000 per Insured, per policy term.
Retail Pharmacy (maximum 30 day supply)		50% of the average wholesale price (AWP). Insured is responsible for all charges in excess of the AWP.
Generic Drugs	\$15 copay	
Brand Name Drug Deductible		\$500
Brand Name Drugs	50%	60% of the average wholesale price (AWP). Insured is responsible for all charges in excess of the AWP.
Brand Name Drug Maximum	Once UNICARE has paid \$1,000 for brand name prescription drugs, your brand name drug prescriptions will no longer be covered. However, you may still get the UNICARE network discount when you present your UNICARE ID card at the pharmacy.	
Self-Injectable Drugs	50%	50% of the average wholesale price (AWP). Insured is responsible for all charges in excess of the AWP.

*All benefits are subject to the plan's deductible.

**Services require preservice review or you will be subject to a \$500 penalty. Penalty is waived on emergency admissions; however, utilization review is still required.