

VIRGINIA PLAN OVERVIEW

Individual and Family Health Insurance Plans

Plan Overview

Individual and Family Medical Insurance Plans Comparison

All plans feature a \$5,000,000 per member lifetime maximum in benefits.

This matrix is intended to help you compare UniCare plan benefits and reflects UniCare's payment 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 providers.

The UniCare 500, 1000, 1500, 2000, 3000, 5000 and Saver plans feature a fourth-quarter carry over for the annual deductible. If your annual deductible is not satisfied in a given year, the covered expenses incurred during the months of October through December and applied to your annual deductible for that year will be applied toward your annual deductible for the following year.

This is only a brief description of various plans available. For a more detailed description of coverage, benefits, limitations and exclusions, preservice and utilization review, the 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 overview, the terms of the Certificate of Coverage will prevail.

Overview of Coverage — Amounts shown below are U

Your Plan Features	UniCare Premier No Deductible		UniCare 500	
	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
Annual Deductible Per Member	None		Your annual deductible is \$500, with a two-member family maximum	
		\$1,000 out-of-network deductible per member, per year		Additional \$1,000 out-of-network deductible per member, per year
Annual Out-of-Pocket Maximums (includes copays, except pharmacy copays)	\$3,000 per member, \$6,000 per family	\$10,000 per member, \$20,000 per family	\$3,000 plus deductible per member, \$6,000 plus deductible per family	\$10,000 plus deductible per member, \$20,000 plus deductible per family
Lifetime Maximum	UniCare pays up to \$5,000,000 per member		UniCare pays up to \$5,000,000 per member	
Office Visits 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.	UniCare pays 100%, (after member pays a \$30 copay); unlimited visits	60%	First 4 office visits per member, per year: UniCare waives the deductible (member pays a \$30 copay); 5+ office visits: UniCare pays 80%, office visits are subject to the deductible	60%
Preventive Care				
Immunizations for Babies and Children (through age 6)	80%	60%	80%	60%
Adult Preventive Care: Lab/X-ray for routine Pap smear, annual mammogram, colorectal cancer screening or PSA screening.	80%	60%	80%	60%
Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests.	80%	60%	80%	60%
	with a maximum covered expense of \$200 per member, per year		with a maximum covered expense of \$200 per member, per year	
Professional Services Surgery, anesthesia, radiation therapy, and in-hospital doctor visits.	80%	60%	80%	60%
Lab Work and X-rays	80%	60%	80%	60%
Inpatient Hospital Services¹	80%	60% after member pays an additional \$500 penalty for nonemergency stays	80%	60% after member pays an additional \$500 deductible for nonemergency stays
Outpatient Medical Care²	80%	60%	80%	60%
Initial Care for a Medical Emergency Inpatient or Outpatient	80%	80%	80%	80%
Physical/Occupational Therapy and Acupuncture/ Acupressure	\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services		\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services	
Ambulatory Surgical Center¹	80%	60%	80%	60%
Ambulance Service (with a maximum covered expense of \$750 per trip, air or ground)	80%	60%	80%	60%
Durable Medical Equipment	80%	60%	80%	60%
Prescription Drugs³ Retail Pharmacy Per prescription (up to a 30-day supply)	Generic drugs: 100% (after member pays a \$10 copay) Brand name drugs: 100% (after member pays a \$25 copay)	Generic drugs: 50% of the average wholesale price Brand name drugs: 40% of the average wholesale price	Generic drugs: 100% (after member pays a \$10 copay) Brand name drugs: 100% (after member pays a \$25 copay; separate \$50 deductible per member, per year applies)	Generic drugs: 50% of the average wholesale price Brand name drugs: 40% of the average wholesale price (separate \$50 deductible per member, per year applies)
Mail Service Per prescription (up to a 60-day supply)	Generic drugs: 100% (after member pays a \$20 copay) Brand name drugs: 100% (after member pays a \$50 copay)	Not available	Generic drugs: 100% (after member pays a \$20 copay) Brand name drugs: 100% (after member pays a \$50 copay; separate \$50 deductible per member, per year applies)	Not available

¹ Services may require preservice review or authorization by UniCare or you will be required to pay out-of-pocket.

² Emergency room visits that do not result in an inpatient admission will be subject to a separate deductible.

³ Certain Prescription Drugs may require prior authorization by UniCare.

UniCare Saver 2000		Your Plan Features
Participating Provider	Nonparticipating Provider	
Your annual deductible is \$2,000, with a two-member family maximum		Annual Deductible Per Member
	Additional \$1,000 out-of-network deductible per member, per year	
Individuals deductible per member, \$6,000 plus \$1,000 per family	\$10,000 plus deductible per member, \$20,000 plus deductible per family	Annual Out-of-Pocket Maximums (includes copays, except pharmacy copays)
Copays up to \$5,000,000 per member		Lifetime Maximum
Office visits per member, participating and nonparticipating providers	2 office visits per member, per year, participating and nonparticipating providers combined; UniCare pays 60% (deductible waived); 3+ office visits: Member pays 100% of billed charges	Office Visits 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.
Not covered		Preventive Care Immunizations for Babies and Children (through age 6)
70%	60%	Adult Preventive Care: Lab/X-ray for routine Pap smear, annual mammogram, colorectal cancer screening or PSA screening.
Not covered		Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests.
70%	60%	Professional Services Surgery, anesthesia, radiation therapy, and in-hospital doctor visits.
Copays 70% with a maximum of \$300 per year with waived, participating and nonparticipating providers combined	UniCare pays 60% with a maximum payment of \$300 per member, per year with deductible waived, participating and nonparticipating providers combined	Lab Work and X-rays
60%	60% after member pays an additional \$500 deductible for nonemergency stays	Inpatient Hospital Services¹
60%	60%	Outpatient Medical Care²
60%	70%	Initial Care for a Medical Emergency Inpatient or Outpatient
Not covered		Physical/Occupational Therapy and Acupuncture/ Acupressure
70%	60%	Ambulatory Surgical Center¹
60%	60%	Ambulance Service (with a maximum covered expense of \$750 per trip, air or ground)
Not covered		Durable Medical Equipment
Maximum payment by UniCare \$500 per year. Includes generic and brand, participating and nonparticipating retail and mail service combined.	Maximum payment by UniCare of \$500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail service combined.	Prescription Drugs³ Retail Pharmacy Per prescription (up to a 30-day supply)
Generic drugs: member pays a copay	Generic drugs: 50% of the average wholesale price	
Brand name drugs: member pays a separate \$200 per member, per applies)	Brand name drugs: 40% of the average wholesale price (separate \$200 deductible per member, per year applies)	
Maximum payment by UniCare \$500 per year. Includes generic and brand, participating and nonparticipating retail and mail service combined.	Not available	Mail Service Per prescription (up to a 60-day supply)
Generic drugs: member pays 100% (after a \$20 copay)		
Brand name drugs: member pays a separate \$200 per member, per applies)		

UniCare offers HSA-Compatible health insurance plans so you can choose the right coverage for you and your family.

An HSA is a Health Savings Account established exclusively to pay for current and future medical expenses of an individual/family who has contributed to the account. In order for individuals or families to qualify for a Health Savings Account (HSA), they must be enrolled in a High-Deductible Health Plan (HDHP). UniCare’s HDHPs are HSA-compatible, designed to meet certain requirements in terms of annual deductibles and annual out-of-pocket expense maximums.

The HDHPs are provided by UniCare Life & Health Insurance Company (UniCare). The HSA is not administered by UniCare, but by a qualified bank or financial institution that is qualified to provide this service.

What is the advantage of an HSA?

- An HSA works in conjunction with your UniCare HDHP. The HDHP provides benefits for covered medical services once applicable deductibles are satisfied. The funds you deposit in your HSA can be used to pay for medical expenses applied to your deductible.
- When HSA funds are used for eligible health care expenses, the savings may be tax deductible.*

*A high-deductible plan is not an HSA. An HSA, which must be established for tax-advantaged treatment, is a separate arrangement between the individual and a bank or other qualified institution. You must be an eligible individual under IRS regulation to receive the tax benefits of an HSA. Consultation with a tax advisor is recommended.

UniCare has designed these plans to meet government requirements for High-Deductible Health Plans to be used in conjunction with establishing eligibility for HSA tax benefits. Although UniCare believes that these plans meet these requirements, the Internal Revenue Service has not ruled on whether these plans are qualified as High-Deductible Health Plans.

Your Plan Features	High-Deductible (HSA-Compatible) Variable-Deductible Plan ⁴	
	Single Party	
	Participating Provider	Nonparticipating Provider
Annual Deductible	\$1,000 ⁴	
Annual Out-of-Pocket Maximums (Includes annual deductible and pharmacy copays)	\$5,000	Additional \$4,000 out-of-network deductible \$15,000
Lifetime Maximum	UniCare pays up to \$5,000,000 per member	
Office Visits 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%	60%
Preventive Care Immunizations for Babies and Children (through age 6)	80%	60%
Adult Preventive Care: Lab/X-ray for routine Pap smear, annual mammogram, colorectal cancer screening or PSA screening.	80%	60%
Professional Services surgery, anesthesia, radiation therapy, in-hospital doctor visits and diagnostic X-ray/lab	80%	60%
Lab Work and X-rays	80%	60%
Inpatient Hospital Services¹	80%	60%
Outpatient Medical Care²	80%	60%
Initial Care for a Medical Emergency Inpatient or Outpatient	80%	80%
Physical/Occupational Therapy and Acupuncture/Acupressure	\$30 maximum per visit, with a combined maximum of 12 visits per year	
Ambulatory Surgical Center¹	80%	60%
Ambulance Service With a maximum covered expense per trip: ground \$1,000; air \$5,000	80%	60%
Durable Medical Equipment	80%	60%
Prescription Drugs³ (applicable deductibles apply) Retail Pharmacy Per prescription (up to a 30-day supply)	Generic drugs: 100% after member pays a \$10 copay Brand name formulary drugs: 100% after member pays a \$30 copay Brand name nonformulary drugs: 100% after member pays a \$50 copay	Generic and brand name drugs: 50% of the average wholesale price
Mail Service Per prescription (up to a 60-day supply)	Generic drugs: 100% after member pays a \$20 copay Brand name formulary drugs: 100% after member pays a \$60 copay Brand name nonformulary drugs: 100% after member pays a \$100 copay	Not available

¹ Services may require preservice review or authorization by UniCare or your health plan.
² Emergency room visits that do not result in an inpatient admission will be billed as outpatient.

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

High-Deductible (HSA-Compatible) Variable-Deductible Plan ⁴		High-Deductible (HSA-Compatible) Plan 2		High-Deductible (HSA-Compatible) Plan 2		High-Deductible (HSA-Compatible) Plan 3		High-Deductible (HSA-Compatible) Plan 3	
Family		Single Party		Family		Single Party		Family	
Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
\$2,000 ⁴		\$2,600		\$5,200		\$5,000		\$10,000	
	Additional \$8,000 out-of-network deductible		Additional \$4,000 out-of-network deductible		Additional \$8,000 out-of-network deductible		Additional \$4,000 out-of-network deductible		Additional \$8,000 out-of-network deductible
\$10,000	\$20,000	\$5,000	\$15,000	\$10,000	\$20,000	\$5,000	\$15,000	\$10,000	\$20,000
UniCare pays up to \$5,000,000 per member		UniCare pays up to \$5,000,000 per member		UniCare pays up to \$5,000,000 per member		UniCare pays up to \$5,000,000 per member		UniCare pays up to \$5,000,000 per member	
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
80%	80%	80%	80%	80%	80%	100%	100%	100%	100%
\$30 maximum per visit, with a combined maximum of 12 visits per year		\$30 maximum per visit, with a combined maximum of 12 visits per year		\$30 maximum per visit, with a combined maximum of 12 visits per year		\$30 maximum per visit, with a combined maximum of 12 visits per year		\$30 maximum per visit, with a combined maximum of 12 visits per year	
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	80%	60%	100%	60%	100%	60%
Generic drugs: 100% after member pays a \$10 copay Brand name formulary drugs: 100% after member pays a \$30 copay Brand name nonformulary drugs: 100% after member pays a \$50 copay	Generic and brand name drugs: 50% of the average wholesale price	Generic drugs: 100% after member pays a \$10 copay Brand name formulary drugs: 100% after member pays a \$30 copay Brand name nonformulary drugs: 100% after member pays a \$50 copay	Generic and brand name drugs: 50% of the average wholesale price	Generic drugs: 100% after member pays a \$10 copay Brand name formulary drugs: 100% after member pays a \$30 copay Brand name nonformulary drugs: 100% after member pays a \$50 copay	Generic and brand name drugs: 50% of the average wholesale price	Generic and brand name drugs: 100%	Generic and brand name drugs: 50% of the average wholesale price	Generic and brand name drugs: 100%	Generic and brand name drugs: 50% of the average wholesale price
Generic drugs: 100% after member pays a \$20 copay Brand name formulary drugs: 100% after member pays a \$60 copay Brand name nonformulary drugs: 100% after member pays a \$100 copay	Not available	Generic drugs: 100% after member pays a \$20 copay Brand name formulary drugs: 100% after member pays a \$60 copay Brand name nonformulary drugs: 100% after member pays a \$100 copay	Not available	Generic drugs: 100% after member pays a \$20 copay Brand name formulary drugs: 100% after member pays a \$60 copay Brand name nonformulary drugs: 100% after member pays a \$100 copay	Not available	Generic and brand name drugs: 100%	Not available	Generic and brand name drugs: 100%	Not available

³ You will be required to pay an additional deductible or penalty. ⁴ The annual deductible on the High-Deductible (HSA-Compatible) Variable-Deductible Plan is subject to change annually to meet future minimum deductible requirements in accordance with the IRS to continue to be an HSA-qualified high-deductible health plan.

³ Certain Prescription Drugs may require prior authorization by UniCare.

⁴ The annual deductible on the High-Deductible (HSA-Compatible) Variable-Deductible Plan is subject to change annually to meet future minimum deductible requirements in accordance with the IRS to continue to be an HSA-qualified high-deductible health plan.

HealthyExtensionsSM

Living a healthy lifestyle contributes to your overall health and well-being. The HealthyExtensions¹ program from UniCare Life & Health Insurance Company can help you and your family take a personal path towards wellness.

HealthyExtensions goes beyond traditional health care services — offering you money-saving discounts on health and wellness products and services offered by independent vendors. Examples of products and services that discounts are available for include:

- Vitamins and nutritional supplements
- Massage therapy and registered dietician network
- Health and fitness clubs
- Weight management
- Hearing aids
- Eyeglasses and contact lenses
- LASIK
- Skin care products
- and more!

As a UniCare member, you are automatically eligible to receive these discounts. Start today by taking an active role in shaping a healthy lifestyle! If you're already on the path to wellness, you may want to see if you can apply any of the HealthyExtensions discounts to your next purchase.

MedCall[®]

UniCare is here to assist you any time, day or night, by phone through MedCall. MedCall is a toll-free health information hotline staffed by nurse counselors who are on call to answer your questions about symptoms, procedures, medications, side effects and diagnoses. They can offer referrals to doctors, medical facilities, and local, state and national self-help agencies.

MedCall nurses can also provide information via mail or fax. In addition to personalized calls, MedCall provides recorded information on more than 200 health topics.

Individual and Family Dental PPO Plan Coverage

Good oral health is a quality of life issue, affecting both your mental and physical wellness. UniCare offers the Individual and Family Dental PPO Plan to provide affordable coverage for regular dental care.

With UniCare's dental coverage you have:

- access to quality care at discounted fees
- a wide range of dental services for preventive, diagnostic, basic and major dental care
- freedom to choose any dentist
- additional savings for visiting an independently contracted, in-network dentist

- an annual deductible of \$50 per person or \$150 per family, waived for preventive and diagnostic services performed by a contracted dentist

For more information about the Individual and Family Dental PPO Plan, please call your UniCare agent or visit the UniCare Web site at www.unicare.com.

Individual Term Life Insurance

For just cents per day, you can enjoy the security and peace of mind of knowing you can help meet your family's financial needs even if you're not there to provide for them.

There are some great reasons to add life insurance to your UniCare Individual medical coverage:

- Life insurance provides a financial safeguard for your family
- No additional forms to fill out
- No medical exams
- One bill for medical and life coverage
- Available with all UniCare medical plans, subject to underwriting
- You may choose life insurance for all of your eligible family members
- Adult coverage is available for as little as \$2.80 per month² (child coverage for as little as \$1.50 per month)

Platinum Network Travel Access — Peace-of-Mind While You Travel

If you get ill or injured while traveling outside of Virginia, the Travel Access program helps you take advantage of your health plan benefits while traveling outside of your local independently contracted provider network, but within the continental United States. After all, you and your family deserve the same great benefits when you travel.

With Travel Access:

- There are no additional premium costs
- Your health care benefits remain the same
- The provider will submit the claim forms to UniCare on your behalf

All you have to do is call your Travel Access representative, should a medical need arise, and you will be provided with contact information for independently contracted network providers in the immediate area in which you are traveling. It's that simple.

¹The HealthyExtensions program is provided as a service to our members. These are not insurance benefits and are subject to change or cancellation without notice. Services and products provided by independent vendors that are not affiliated with UniCare Life & Health Insurance Company, its affiliates, subsidiaries, or parent company.

²The rates for term life insurance will change based on the applicant's age. The rate of \$2.80 per month is based on an adult (male or female) age 19-29. The policy is issued for a one-year term, renewable at the policyholder's option. The rate schedule may be changed at the beginning of any annual term. Term life insurance coverage is subject to the written provisions of the policy issued by UniCare. You should consult with your UniCare agent regarding the specific terms and provisions of the policy.

Limitations and Exclusions

The primary limitations and exclusions for the plans described in this Plan Overview 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. Only the actual Certificate of Coverage provisions apply. If there are any conflicts between the terms of the Certificate of Coverage and this Plan Overview, the terms of the Certificate of Coverage will prevail.

Limitations

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

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.

Ambulance Service

The UniCare Premier and the UniCare 500, 1000, 1500, 2000, 3000, 5000 and Saver 2000 plans are limited to a maximum covered expense of \$750 per trip (air or ground). For the UniCare High-Deductible (HSA-Compatible) Plans, limited to a maximum covered expense of \$5,000 per trip for air transport or \$1,000 per trip for ground transport.

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

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. Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$3,000 per year.

Physical, Occupational Therapy/Medicine and Acupuncture/Acupressure

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

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.

Other Preventive Care Services

For the UniCare Premier and the UniCare 500, 1000, 1500, 2000, 3000, and 5000 plans limited to a maximum covered expense of \$200 per year.

Additional Limitations for the UniCare Saver 2000 Plan

Office Visits

Limited to two office visits per member, per year, for participating and nonparticipating providers combined.

Lab Work and X-Ray

Payment is provided for X-ray and lab work (nonhospital based) up to a maximum payment of \$300 per member, per year, with deductible waived, participating and nonparticipating providers combined.

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.

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 health plan or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any Workers' Compensation, employer's liability law or occupational disease law, even if you do not claim those benefits.
- 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 of illness or injury arising from such release of nuclear energy; (c) an insured person participating in the military service of any country; (d) an insured person participating 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 as a direct result of the Insured person being engaged in an illegal occupation; (f) an insured person, being under the influence of illegal narcotics or non-prescribed controlled substances unless administered on the advice of a physician.
- Any services provided by a local, state or federal government agency except when payment under this plan is expressly required by federal or state law.
- If you are eligible for Medicare, any services covered by Medicare under Part A or B are excluded from consideration of payment regardless of actual enrollment in Medicare or payment by Medicare for those services.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid). Veterans Administration hospitals and military treatment facilities will be considered for payment according to current law.
- 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.
- Inpatient or outpatient 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; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Treatment of drug or other substance addiction or abuse, except for treatment of alcoholism as specifically provided for in the plan
- 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, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in the plan.
- An eye surgery solely for the purpose of correcting refractive defects of the eye.
- Outpatient speech therapy.
- Any drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in the plan. This includes, but is not limited to items dispensed by a physician.
- Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to reconstructive surgery to restore a bodily function or 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.
- 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.
- Cryopreservation of sperm or eggs.
- 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.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- 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.
- 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 (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs, etc.).
- 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.
- Incidental supplies used by a provider in the administration of infusion therapy.
- Foreign country provider charges except as specifically stated in the plan.
- 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 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.
- Charges for normal pregnancy or maternity care, including normal delivery, elective abortions and elective non-emergency cesarean sections, as long as the service is not related to complications of pregnancy.
- Drugs and medications not requiring a prescription, except insulin.
- Drugs and medications to induce nonspontaneous abortions.
- Dietary supplements, cosmetics, health or beauty aids.
- Any vitamin, mineral, herb or botanical product which does not have an FDA (Food and Drug Administration) approved indication to treat, diagnose or cure a medical condition even if it is thought to have health benefits.
- Any expense incurred in excess of the UniCare negotiated rate.
- Any drug labeled "Caution, limited by federal law to investigational use" or non-FDA approved investigational drugs. Any drug or medication prescribed for experimental indications.
- Drugs used for cosmetic purposes.
- Drugs used for the primary purpose of treating infertility or promoting fertility.
- Anorexiant or drugs associated with weight loss.
- Drugs obtained outside the United States.
- Drugs for treatment of a condition, illness, or injury for which benefits are excluded or limited by a waiver, pre-existing condition, or other contract limitation.
- Prescription drugs with a nonprescription (over-the-counter) chemical and dose equivalent.
- Lost or stolen prescriptions.

Additional Exclusions for the UniCare Saver 2000 Plan

- Any services of a physician, except as specifically stated under limited professional and other services.
- 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.

This is only a brief description of the plans. For more complete details including benefits, limitations and exclusions, please refer to the applicable Certificate of Coverage.



UniCare Life & Health Insurance Company
Sales Office
Bolingbrook, IL

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RRGVAPO 11/04