

UniCare Saver 2000 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	\$2,000 per member, per year with a two-member family maximum	
Out-of-Network Deductible		Additional \$1,000 out-of-network deductible per member, per year
Member's Annual Out-of-Pocket Maximums	\$3,000 plus deductible per member, \$6,000 plus deductible per family	\$10,000 plus deductible per member, \$20,000 plus deductible 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	\$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.	2 office visits per member, per year, participating and nonparticipating providers combined: UniCare waives the deductible (member pays a \$30 copay) 3+ office visits: Member pays 100% of billed charges	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
Preventive Care		
Immunizations for Babies and Children (through age 6)		Not covered
Adult Preventive Care: Lab/X-ray for routine Pap smear, annual mammogram, colorectal cancer screening or PSA screening	70%	60%
Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests		Not covered
Professional Services Surgery, anesthesia, radiation therapy, and in-hospital doctor visits	70%	60%
Lab Work and X-rays	UniCare pays 70% with a maximum payment of \$300 per member, per year with deductible 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
Inpatient Hospital Services ¹	70%	60% after member pays an additional \$500 deductible for nonemergency stays
Outpatient Medical Care ²	70%	60%
Initial Care for a Medical Emergency Inpatient or Outpatient	70%	70%
Physical/Occupational Therapy and Acupuncture/Acupressure		Not covered

Virginia UniCare Saver 2000 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
Ambulatory Surgical Center ¹	70%	60%
Ambulance Service With a maximum covered expense of \$750 per trip, air or ground	70%	60%
Durable Medical Equipment	Not covered	
Prescription Drugs ³ Retail Pharmacy Per prescription (up to a 30-day supply)	<p>Maximum payment by UniCare of \$500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail service combined.</p> <p>Generic drugs: 100% after member pays a \$10 copay</p> <p>Brand name drugs: After payment of a \$200 deductible per member, per year, UniCare pays 100% after member pays a \$25 copay</p>	<p>Maximum payment by UniCare of \$500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail service combined.</p> <p>Generic drugs: 50% of the average wholesale price</p> <p>Brand name drugs: After payment of a \$200 deductible per member, per year, UniCare pays 40% of the average wholesale price</p>
Mail Service Per prescription (up to a 60-day supply)	<p>Maximum payment by UniCare of \$500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail service combined.</p> <p>Generic drugs: 100% after member pays a \$20 copay</p> <p>Brand name drugs: After payment of a \$200 deductible per member, per year, UniCare pays 100% after member pays a \$50 copay</p>	Not available

¹ Services may require preservice review or authorization by UniCare or you will be required to pay an additional deductible or penalty.

² Emergency room visits that do not result in an inpatient admission will be subject to a \$60 deductible.

³ Certain Prescription Drugs may require prior authorization by UniCare.