

# UniCare 3000 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](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 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                                                   |
|-----------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Annual Deductible</b>                      | \$3,000 per member, per year with a two-member family maximum             |                                                                             |
| <b>Out-of-Network Deductible</b>              |                                                                           | Additional \$1,000 out-of-network deductible per member, per year           |
| <b>Member's Annual Out-of-Pocket Maximums</b> | \$3,000 plus deductible per member,<br>\$6,000 plus deductible per family | \$10,000 plus deductible per member,<br>\$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                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Lifetime Maximum</b>                                                                                                                                                                                                                                                                                   | \$5,000,000 per member                                                                                                                                                                             |                                                                             |
| <b>Office Visits</b><br>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. | <b>First 4 office visits per member, per year:</b><br>UniCare waives the deductible (member pays a \$30 copay);<br><b>5+ office visits:</b><br>After the deductible is satisfied, UniCare pays 70% | 60%                                                                         |
| <b>Preventive Care</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                    |                                                                             |
| 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                                                                                                                                                                                    | 70%                                                                                                                                                                                                | 60%                                                                         |
| Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests                                                                                                                                                                                                         | 70%                                                                                                                                                                                                | 60%                                                                         |
| With a maximum covered expense of \$200 per member, per year                                                                                                                                                                                                                                              |                                                                                                                                                                                                    |                                                                             |
| <b>Professional Services</b><br>Surgery, anesthesia, radiation therapy, and in-hospital doctor visits                                                                                                                                                                                                     | 70%                                                                                                                                                                                                | 60%                                                                         |
| <b>Lab Work and X-rays</b>                                                                                                                                                                                                                                                                                | 70%                                                                                                                                                                                                | 60%                                                                         |
| <b>Inpatient Hospital Services <sup>1</sup></b>                                                                                                                                                                                                                                                           | 70%                                                                                                                                                                                                | 60% after member pays an additional \$500 deductible for nonemergency stays |
| <b>Outpatient Medical Care <sup>2</sup></b>                                                                                                                                                                                                                                                               | 70%                                                                                                                                                                                                | 60%                                                                         |
| <b>Initial Care for a Medical Emergency</b><br>Inpatient or Outpatient                                                                                                                                                                                                                                    | 70%                                                                                                                                                                                                | 70%                                                                         |
| <b>Physical/Occupational Therapy and Acupuncture/Acupressure</b>                                                                                                                                                                                                                                          | \$30 maximum per visit with a combined maximum of 12 visits per year for all of these services combined                                                                                            |                                                                             |

Virginia UniCare 3000 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 <sup>1</sup>                                                           | 70%                                                                                                                                                                                                   | 60%                                                                                                                                                                                                 |
| Ambulance Service<br>With a maximum covered expense of \$750 per trip,<br>air or ground           | 70%                                                                                                                                                                                                   | 60%                                                                                                                                                                                                 |
| Durable Medical Equipment                                                                         | 70%                                                                                                                                                                                                   | 60%                                                                                                                                                                                                 |
| Prescription Drugs <sup>3</sup><br>Retail Pharmacy<br>Per prescription<br>(up to a 30-day supply) | Generic drugs:<br>100% after member<br>pays a \$10 copay<br><br>Brand name drugs:<br>After payment of a \$300 deductible<br>per member, per year, UniCare pays 100%<br>after member pays a \$25 copay | Generic drugs:<br>50% of the average<br>wholesale price<br><br>Brand name drugs:<br>After payment of a \$300 deductible<br>per member, per year, UniCare pays 40%<br>of the average wholesale price |
| Mail Service<br>Per prescription<br>(up to a 60-day supply)                                       | Generic drugs:<br>100% after member<br>pays a \$20 copay<br><br>Brand name drugs:<br>After payment of a \$300 deductible<br>per member, per year, UniCare pays 100%<br>after member pays a \$50 copay | Not available                                                                                                                                                                                       |

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

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

<sup>3</sup> Certain Prescription Drugs may require prior authorization by UniCare.