

## UniCare Premier No Deductible 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. 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>	None	
<b>Out-of-Network Deductible</b>		\$1,000 out-of-network deductible per member, per year
<b>Member's Annual Out-of-Pocket Maximums</b>	\$3,000 per member, \$6,000 per family	\$10,000 per member, \$20,000 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> 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%
<b>Preventive Care</b>		
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%
Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests	80%	60%
With a maximum covered expense of \$200 per member, per year		
<b>Professional Services</b> Surgery, anesthesia, radiation therapy, and in-hospital doctor visits	80%	60%
<b>Lab Work and X-rays</b>	80%	60%
<b>Inpatient Hospital Services</b> <sup>1</sup>	80%	60% after member pays an additional \$500 penalty for nonemergency stays
<b>Outpatient Medical Care</b> <sup>2</sup>	80%	60%
<b>Initial Care for a Medical Emergency</b> Inpatient or Outpatient	80%	80%
<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 Premier No Deductible 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
<b>Ambulatory Surgical Center</b> <sup>1</sup>	80%	60%
<b>Ambulance Service</b> With a maximum covered expense of \$750 per trip, air or ground	80%	60%
<b>Durable Medical Equipment</b>	80%	60%
<b>Prescription Drugs</b> <sup>3</sup> <b>Retail Pharmacy</b> Per prescription (up to a 30-day supply)	<b>Generic drugs:</b> 100% after member pays a \$10 copay  <b>Brand name drugs:</b> 100% after member pays a \$25 copay	<b>Generic drugs:</b> 50% of the average wholesale price  <b>Brand name drugs:</b> 40% of the average wholesale price
<b>Mail Service</b> Per prescription (up to a 60-day supply)	<b>Generic drugs:</b> 100% after member pays a \$20 copay  <b>Brand name drugs:</b> 100% 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.