

## 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 benefits are based on charges that UniCare considers reasonable for that service and area. Using an out-of-network provider may result in higher costs to you because you are responsible for any billed charges in excess of the reasonable charges. Refer to Provider Finder on the UniCare Web site at [www.unicare.com](http://www.unicare.com) or ask your agent how to determine which providers in your area are participating providers 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 Per Member</b> <sup>1</sup>	\$2,000 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> <sup>1</sup>	\$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 for covered expenses after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Provider	Nonparticipating Provider
<b>Lifetime Maximum</b> <sup>1</sup>	\$5,000,000 per member	
<b>Office Visits</b> All medical office visits and exams for any covered illness or injury.	2 office visits per member, per year, participating and nonparticipating providers combined: UniCare waives the deductible (You pay a \$30 copay) 3+ office visits: You pay 100% of billed charges	2 office visits per member, per year, participating and nonparticipating providers combined: UniCare pays 60% (deductible waived) 3+ office visits: You pay 100% of billed charges
<b>Preventive Care</b> Well Baby/Children (through age 6) Office Visit, Immunizations	Not covered	
<b>Adult Preventive Care</b> Office Visit	See 'Office Visits' Benefit	See 'Office Visits' Benefit
Routine Pap smear, annual mammogram, PSA screening, and colorectal cancer screening	70%	60%
<b>Other Preventive Services</b> Such as flu shots or routine physical exams/tests	Not covered	
<b>Professional Services</b> Surgery, anesthesia, radiation therapy, and in-hospital doctor visits	70% For limited professional services	60% For limited professional services
<b>Lab Work and X-rays</b>	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
<b>Inpatient Hospital Services</b> <sup>2</sup>	70%	60% after member pays an additional \$500 deductible for nonemergency stays
<b>Outpatient Medical Care</b> <sup>3</sup>	70%	60%
<b>Initial Care for a Medical Emergency</b> <sup>2,3</sup> Inpatient or Outpatient	70%	70% <sup>4</sup>
<b>Physical/Occupational Therapy and Acupuncture/Acupressure</b>	Not covered	

## Indiana UniCare Saver 2000 Health Insurance Plan (cont'd)

Amounts shown below are UniCare's payment for covered expenses after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Provider	Nonparticipating Provider
<b>Ambulatory Surgical Center</b> <sup>2</sup>	70%	60%
<b>Ambulance Service</b> With a maximum covered expense of \$750 per trip, air or ground	70%	60%
<b>Durable Medical Equipment</b>	Not covered	
<b>Prescription Drugs</b> <sup>5</sup> <b>Retail Pharmacy</b> 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 pharmacies and mail service combined.</p> <p><b>Generic drugs:</b> 100% after you pay a \$10 copay</p> <p><b>Brand name drugs:</b> After payment of a \$200 deductible per member, per year, UniCare pays 100% after you pay a \$25 copay</p>	<p>Maximum payment by UniCare of \$500 per member, per year. Includes generic and brand, participating and nonparticipating retail pharmacies and mail service combined.</p> <p><b>Generic drugs:</b> 50% of the average wholesale price</p> <p><b>Brand name drugs:</b> After payment of a \$200 deductible per member, per year, UniCare pays 40% of the average wholesale price</p>
<b>Mail Service</b> 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><b>Generic drugs:</b> 100% after you pay a \$20 copay</p> <p><b>Brand name drugs:</b> After payment of a \$200 deductible per member, per year, UniCare pays 100% after you pay a \$50 copay</p>	Not available

<sup>1</sup> Copays do not apply toward satisfying any deductible. Pharmacy copays do not apply toward your Annual Deductible and Out-of-Pocket Maximum.

<sup>2</sup> Services may require preservice review or authorization by UniCare or you will be required to pay an additional deductible or penalty.

<sup>3</sup> Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 deductible per visit.

<sup>4</sup> Until transferable to a participating hospital; if stay continues thereafter, then 60% subject to a \$500 deductible.

<sup>5</sup> Certain Prescription Drugs may require prior authorization by UniCare.