



TEXAS

FIT INDIVIDUAL
Health Insurance Plans



UNICARE®

A Healthy Dose of InnovationSM

UniCare Life & Health Insurance Company (UniCare)

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- **Individual Enrollment Application**
- **Written Plan Descriptions (FIT and Saver Combined)**
- **Notice to Applicant Regarding Replacement of Accident and Sickness Insurance**

This is only a brief description of the plans. For complete details including benefits, limitations and exclusions, please refer to the Plan Booklet.

TXILCERT0896, TXIMDEDC0706, TXIMSVRC0706, TXIND1000

The UniCare Difference

Who We Are

UniCare Life & Health Insurance Company (UniCare) is a WellPoint company. WellPoint, Inc. is the largest health benefits company in the nation. WellPoint and its family of companies provide health coverage for over 34 million people. It is the top medical membership carrier in the United States.

What We Deliver

- Coverage You Can Count On
A nationally recognized health insurance carrier with long established reliability and financial security¹
- Access To Care
An expansive network of independently contracted doctors, hospitals, and surgical centers offering quality professional medical services at UniCare's negotiated discounted fees
- The Benefits You Want
Superior coverage for sensible everyday health care needs; first-rate protection for vital medical services, and a wealth of programs to promote your health and wellness
- Practical Plan Designs
A choice of affordable health insurance plans with coverage levels and pricing adaptable to your needs, budget and lifestyle



¹ UniCare Life & Health Insurance Company is rated A+ by Standard and Poor's for financial strength and A- by A.M. Best for claims-paying ability in recognition of both outstanding operating performance and financial stability. Standard and Poor's rating affirmed 5/22/06. A.M. Best rating affirmed 12/20/05.

Health Coverage

Health Insurance in Today's Economy – It's a Fact of Life

Health coverage protects your health and shields you from severe financial loss. With the current high costs of medical exams, treatment and prescription drugs, health coverage cost protection has become essential to our wellbeing.

What Coverage Provides

- Access to emergency and routine care
- Preventive health screenings and programs
- Access to quality care and financial protection in the event of serious illness or injury

Health Insurance can significantly reduce your cost of care for illnesses and accidents.



Consider the following example: Ryan goes bicycling weekly. On one particular ride, the bike slides through a patch of gravel; Ryan takes a fall and breaks his arm. Ryan is hospitalized for three days and has two follow-up doctor visits. Let's compare the price of Ryan's cost of care with and without coverage from UniCare:

Cost of Care	Charges	Cost With UniCare*
\$18,657	Hospital Charges	\$2,979
\$3,462	Physician Charges	\$353
\$221	Follow-Up Care	\$27
\$22,340	Total	\$3,359

* The example above is based on UniCare's claims data for the 12 month period through December 2005 and represents a 3-day inpatient hospital stay with two follow-up visits. Prices indicate services covered for a member in Texas. (In this case, \$3,359 represents 20% of negotiated fees for services plus \$1,000 deductible.) For specific costs and further details of coverage (including exclusions, any reductions or limitations and the terms under which the policy may be continued in force), see your agent or write to UniCare. Actual costs may vary based on providers, rates and location.

Cost Savings With Participating Providers

UniCare Individual health insurance plans with preferred provider benefits allow you to use any doctor you choose, but you can save money by using independently contracted doctors and medical facilities that are part of UniCare's network. When you use Participating Providers (also known as in-network doctors and contracting hospitals) your costs are reduced in two ways:

- In-network doctors have agreed to accept lower, negotiated rates for most services. This means your costs will be automatically reduced by having a UniCare PPO plan.
- Your plan benefits are richer when you use a Participating Provider, meaning UniCare will share a higher portion of the costs with you.

In contrast, when you use an out-of-network doctor or hospital, UniCare will share a smaller portion of the costs with you, based on amounts determined by UniCare to be reasonable for that service in that area.

You will then be responsible for the remainder of that reasonable amount, plus any amount above the reasonable charges.

To choose a doctor, ask your Agent how to use Provider Finder at unicare.com to determine which doctors in your area are Participating Providers.

Platinum Network Travel Access – for peace of mind when you travel

Travel Access is available to UniCare plan members at no additional premium cost. When you or one of your family members needs medical care while traveling outside of your local provider network, but within the continental United States, Travel Access can help you get connected.

When you call your Travel Access representative, you will be provided with the name, address and phone number of an independently contracted doctor or hospital that is within the UniCare expanded provider network. The doctor will address your health concern and submit the claim forms to UniCare on your behalf so that your health care benefits are applied.



Helpful Definitions

- **Provider**
a doctor, health professional, hospital or medical facility you go to for health care services.
- **In-Network Provider/Participating Provider (Par)**
a doctor, hospital or other provider who has a contract with UniCare to provide health care at negotiated fees.
- **Out-of-Network Provider/Nonparticipating Provider (Nonpar)** a doctor, hospital or other provider that is not contracted with UniCare to provide health care at negotiated fees; you pay more for health services received from these providers. Note: These plans utilize a Medicare level out-of-network fee schedule.

UniCare FIT Plans

Health insurance coverage is a key factor in securing your health and maintaining your lifestyle. It's important to select an insurance carrier you can count on for stability, service and a selection of substantial, affordable health insurance plans. UniCare has it all.

Coverage You Can Rely On

- A recognized record of reliability and financial security
- An extensive selection of in-network doctors, hospitals and surgical centers
- Provides access to quality medical services at discounted fees
- Higher levels of coverage than most other carriers
- Convenient online member services

Benefits¹ to FIT Your Lifestyle

- Vital doctor, hospital and surgical coverage with every plan
- Superior, first-dollar benefits for sensible everyday health care services such as office visits², immunizations, and certain preventive care screenings
- Unlimited drug benefits
- \$5 million lifetime benefit maximum
- Smoking cessation benefits

Fourth Quarter Carryover of Your Annual Deductible

If your annual deductible is not met at the end of the year, amounts applied toward your annual deductible during October, November and December of that year are carried over to the first quarter of the following calendar year.

Plan members can order prescriptions by mail, phone, or online with Mail Service Prescription Drugs

In addition to prescription refills at a retail pharmacy, you may opt for the convenience of filling your prescription through **PrecisionRx³** by mail, phone, or online. One of the advantages of using this program is that you can order a 60-day supply instead of a 30-day supply at retail pharmacies. When you order a 60-day supply, your copay is double that of your retail 30-day supply copay. Brand name drug deductibles and maximums apply.

► Learn More

About formulary and nonformulary drug listings online at unicare.com. Choose Texas, then go to the pharmacy link under Individuals and Families.

Helpful Definitions



- **First-Dollar Benefits** – coverage from the first dollar you spend for this health care service. No annual deductible amounts you have to pay before UniCare shares in the cost
- **Benefits Subject to Annual Deductible** - the amount you pay each year before your plan begins paying part of the cost for this covered health care service
- **Brand Name Drugs** - the trademark name of a particular drug that sets it apart from other similar drugs on the market and connects it with the company that developed it
- **Generic Drugs** - drugs that are equivalent to their brand name counterparts because they contain the same active ingredients. Generic drugs are usually offered at a lower cost than the brand-name versions
- **Drug Formulary** - a list of brand name and generic prescription drugs that are preferred by UniCare for treating various medical conditions
- **Brand Formulary** – brand name drug listed in the formulary
- **Brand Nonformulary** – brand name drug not listed in the formulary

¹ A summary of benefits for each plan is provided in the back of this brochure. All summaries are removable for your convenience and future reference. For a complete description of coverage, benefits, limitations and exclusions, please refer to the applicable Plan Booklet.

² Office visit benefits do not include the cost of lab work, x-rays or other diagnostic tests.

³ Pharmacy benefit management services provided by Professional Claim Services, Inc. dba WellPoint Pharmacy Management.

Dental Fee-For-Service Insurance Plan

Keep Your Teeth Healthy and Your Smile Bright

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

With UniCare's dental coverage you have:

- Access to quality care
- A wide range of services for preventive, diagnostic, basic and major dental care
- No waiting period for preventive and diagnostic care
- Freedom to choose any dentist
- Additional savings for visiting an independently contracted, in-network dentist
- A yearly deductible of \$50 per person or \$150 per family

A schedule of dental benefits is provided in the back of this brochure. The summary is removable for your convenience and future reference.

For complete details including benefits, limitations and exclusions, please refer to the Dental Fee-For-Service Plan Booklet.

UniCare Individual Dental Fee-For-Service Plan Monthly Rates*	
One adult	\$20.50
Two adults	\$41.50
Adult with 1 child	\$31.50
Adult with 2 children	\$42.50
Adult with 3+ children	\$58.50
Family (1 child)	\$51.50
Family (2 children)	\$62.50
Family (3+ children)	\$79.00
One child	\$11.00
Two children	\$21.50
Three+ children	\$37.50

* Rates effective October 1, 2006. Rates are subject to change without notice. Please contact your agent or UniCare for the most current rates.

Dental Fee-For-Service Insurance Plan (cont.)

UniCare Fee-For-Service Dental offers you the option of going to any dentist you choose.

UniCare has a network of contracting professionals who provide a wide range of dental services such as routine check-ups, cleaning, fillings, crowns and dental surgery. When you choose a contracting dentist, you will receive care at a negotiated discounted rate.

With the Fee-For-Service Dental Plan, UniCare pays a set amount for a specified dental procedure, and you are responsible for any charges beyond the benefit amount.

When you use a contracting dentist, your balance, if any, is based on negotiated fees. Be sure to call (888) 209-7852 for provider information before you choose a dentist.

The Individual Dental Fee-For-Service Insurance Plan is available in combination with your UniCare health insurance plan or as a stand-alone insurance plan.



This chart illustrates how choosing a contracting dentist can save you money.

Contracting Dentist		Noncontracting Dentist ¹	
\$905	If the billed charges are	\$905	
\$625	And UniCare's negotiated rate is	No Discount	
\$170 ²	UniCare will pay the amount specified in the benefit schedule	\$170 ²	
Therefore, you pay the difference between the negotiated rate and the scheduled benefit		Therefore, you pay the difference between the billed amount and the scheduled benefit	
\$455	You Pay	\$735	

► Learn More

Before you sign an application for coverage, ask your agent how to use Provider Finder at www.unicare.com to determine which dentists in your area are contracting dentist.

¹ In counties with limited network access, UniCare plan members may visit contracting dentists outside of their local area and still receive the benefits of the in-network negotiated rates. Benefits are still available for noncontracting dentists, as specified by the plan.

² This assumes any deductible has been met and you have not reached your annual maximum.

Individual Term Life Insurance

Is Your Family Prepared for the Unexpected?

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. Here 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
- One bill for medical and life coverage
- Available with all UniCare medical plans
- You may choose life insurance for all of your eligible family members



Monthly Rates*			
Age	\$15,000	\$25,000	\$50,000
Under 1	Not available	Not available	Not available
1-18	\$1.50	\$2.50	Not available
19-29	2.80	4.65	9.30
30-39	3.25	5.40	10.80
40-49	7.50	12.50	25.00
50-59	20.90	34.80	69.60
60-64	29.40	49.00	98.00

To apply for enrollment, check the Life box in Section 2 and complete the Term Life portion in Section 5 on the Individual Enrollment Application.

* The rates for term life insurance will change based on the applicant's age. The age categories are shown in the chart above. 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. The rates shown in the matrix above are accurate as of July 2006. Rates are subject to change without notice. Please contact your agent or UniCare for the most current rates.

The 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. Each family member who has elected the term life insurance option will be sent a separate policy.

The policy will be canceled automatically on the first of the month of the policyholder's 65th birthday. If that birthday falls on the first of the month, the policy will be canceled on the first day of the month prior to the birth month.

Insurance coverage is underwritten by UniCare Life & Health Insurance Company.

Texas FIT and Saver 2000 Individual Health Insurance Plans Comparison*

Amounts shown are for UniCare's payment of covered expenses after applicable deductibles are met, unless otherwise noted. In this chart, "Par" represents Participating Provider and "Nonpar" represents Nonparticipating Provider.

Plan Features	Texas FIT 500 Plan 1000 Plan	Texas FIT 1500, 2000 Plans 3000, 5000 Plans	UniCare Saver 2000
Annual Deductible¹ Per member, two member maximum	\$500, \$1,000	\$1,500, \$2,000 \$3,000, \$5,000	\$2,000
Additional Out-of-Network Deductible¹	\$2,000 per member, per year		None
Annual Out-of-Pocket Maximum¹ (amounts shown plus applicable deductibles)	Par: \$3,000 per member, \$6,000 per family Nonpar: \$10,000 per member, \$20,000 per family		
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member		
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	Par: You pay a \$30 copay, unlimited visits, deductible waived. Nonpar: 50%, unlimited visits, deductible applies		Par: You pay a \$30 copay, deductible waived Nonpar: 50%, deductible waived Limited to two office visits per member, per year, par and nonpar combined, including preventive care visits.
Preventive Care Well Baby/Children (through age 6) Immunizations	Par/Nonpar: 100%, deductible(s) waived		
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	Par: 100%, deductible waived. Maximum payment of \$300 per member, per year. After maximum payment has been met, 80%, and deductible applies. Nonpar: 50%, deductible applies	Par: 100%, deductible waived. Maximum payment of \$300 per member, per year. After maximum payment has been met, 75%, and deductible applies. Nonpar: 50%, deductible applies	Par: 75% Nonpar: 50%
Colorectal Cancer Screening	Par: 80% Nonpar: 50%	Par: 75% Nonpar: 50%	Par: 75% Nonpar: 50%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	Par: 80% Nonpar: 50%	Par: 75% Nonpar: 50%	Par: 75% Nonpar: 50% For limited services only
Lab Work and X-rays	Par: 80% Nonpar: 50%	Par: 75% Nonpar: 50%	Par: 75% Nonpar: 50% Maximum payment of \$300 per member, per year, deductible waived, par and nonpar combined
Ambulance Service	Par: 80% Nonpar: 50% With a maximum covered expense of \$1000 per trip for Ground, \$5000 per trip for Air	Par: 75% Nonpar: 50% With a maximum covered expense of \$1000 per trip for Ground, \$5000 per trip for Air	Par: 75% Nonpar: 50% With a maximum covered expense of \$750 per trip for Air or Ground
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	Par: 80% Nonpar: 80% ⁴	Par: 75% Nonpar: 75% ⁴	Par: 75% Nonpar: 75% ⁴
Inpatient Hospital Services²	Par: 80% Nonpar: 50%, less a \$500 deductible for non-emergency stays	Par: 75% Nonpar: 50%, less a \$500 deductible for non-emergency stays	Par: 75% Nonpar: 50%, less a \$500 deductible for non-emergency stays
Outpatient Hospital^{2,3} or Surgical Center²	Par: 80% Nonpar: 50%	Par: 75% Nonpar: 50%	Par: 75% Nonpar: 50%
Physical Therapy, Occupational Therapy, Speech Therapy and Acupuncture	Maximum payment of \$30 per visit, up to 12 visits per member, per year, for all of these services combined		Not covered
Retail Pharmacy⁵ Per prescription (up to a 30-day supply)	FIT 500/1000 \$250 Brand Name Deductible	FIT 1500/2000 \$250 Brand Name Deductible FIT 3000/5000 \$500 Brand Name Deductible	\$200 Brand Name Deductible UniCare pays a maximum of \$500 per member, per year. Includes generic and brand, participating and nonparticipating pharmacies, retail and mail service combined
Generic Drugs Not subject to deductible(s)	Par: You pay a \$10 copay Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$10 copay Nonpar: UniCare pays 50% of the average wholesale price
Brand Name Drugs Brand Name Deductible applies	Par: You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs. Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$25 copay Nonpar: UniCare pays 40% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	Par: UniCare pays 80% Nonpar: UniCare pays 50% of the average wholesale price	Par: UniCare pays 75% Nonpar: UniCare pays 50% of the average wholesale price	Par: UniCare pays 75% Nonpar: UniCare pays 50% of the average wholesale price

¹ Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 18 of this brochure.

³ Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

⁴ Until transferable to a participating hospital; then 50% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵ Certain prescription drugs may require prior authorization by UniCare.

* Read your plan carefully. This summary of benefits provides a very brief description of the important features of your plan. This is not the insurance contract and only the actual Plan Booklet provisions apply. The plan sets forth, in detail, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Plan Booklet and the information in this brochure, the terms of the Plan Booklet will prevail.

Texas FIT 500 Individual Health Insurance Plan*

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

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible ¹	\$500 per member, two member maximum	
Additional Out-of-Network Deductible ¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum ¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$10,000 per member; \$20,000 per family
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member	
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	50%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100% deductible waived	
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100% deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 80% and deductible applies.	50%, deductible applies
Colorectal Cancer Screening	80%	50%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	80%	50%
Lab Work and X-rays	80%	50%
Ambulance Service	80% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	50% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency ^{2,3} Inpatient or outpatient	80% ⁴	80% ⁴
Inpatient Hospital Services ²	80%	50%, less a \$500 deductible for non-emergency stays
Outpatient Hospital ^{2,3} or Surgical Center ²	80%	50%
Physical Therapy, Occupational Therapy, Speech Therapy and Acupuncture	Maximum payment of \$30 per visit, up to 12 visits per member, per year for all of these services combined	
Retail Pharmacy ⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$250 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 80%	UniCare pays 50% of the average wholesale price

¹Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 18 of this brochure.

³ Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

⁴ Until transferable to a participating hospital; then 50% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵ Certain prescription drugs may require prior authorization by UniCare.

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Texas FIT 1000 Individual Health Insurance Plan*

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

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible ¹	\$1,000 per member, two member maximum	
Additional Out-of-Network Deductible ¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum ¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$10,000 per member; \$20,000 per family
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member	
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	50%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100% deductible waived	
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100% deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 80% and deductible applies.	50%, deductible applies
Colorectal Cancer Screening	80%	50%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	80%	50%
Lab Work and X-rays	80%	50%
Ambulance Service	80% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	50% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency ^{2,3} Inpatient or outpatient	80% ⁴	80% ⁴
Inpatient Hospital Services ²	80%	50%, less a \$500 deductible for non-emergency stays
Outpatient Hospital ^{2,3} or Surgical Center ²	80%	50%
Physical Therapy, Occupational Therapy, Speech Therapy and Acupuncture	Maximum payment of \$30 per visit, up to 12 visits per member, per year for all of these services combined	
Retail Pharmacy ⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$250 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 80%	UniCare pays 50% of the average wholesale price

¹Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 18 of this brochure.

³ Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

⁴ Until transferable to a participating hospital; then 50% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵ Certain prescription drugs may require prior authorization by UniCare.

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Texas FIT 1500 Individual Health Insurance Plan*

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

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible ¹	\$1,500 per member, two member maximum	
Additional Out-of-Network Deductible ¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum ¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$10,000 per member; \$20,000 per family
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member	
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	50%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100% deductible waived	
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100% deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 75% and deductible applies.	50%, deductible applies
Colorectal Cancer Screening	75%	50%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	75%	50%
Lab Work and X-rays	75%	50%
Ambulance Service	75% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	50% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency ^{2,3} Inpatient or outpatient	75% ⁴	75% ⁴
Inpatient Hospital Services ²	75%	50%, less a \$500 deductible for non-emergency stays
Outpatient Hospital ^{2,3} or Surgical Center ²	75%	50%
Physical Therapy, Occupational Therapy, Speech Therapy and Acupuncture	Maximum payment of \$30 per visit, up to 12 visits per member, per year for all of these services combined	
Retail Pharmacy ⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$250 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 75%	UniCare pays 50% of the average wholesale price

¹Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 18 of this brochure.

³ Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

⁴ Until transferable to a participating hospital; then 50% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵ Certain prescription drugs may require prior authorization by UniCare.

* Read your plan carefully. This summary of benefits provides a very brief description of the important features of your plan. This is not the insurance contract and only the actual Plan Booklet provisions apply. The plan sets forth, in detail, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Plan Booklet and the information in this brochure, the terms of the Plan Booklet will prevail.

Texas FIT 2000 Individual Health Insurance Plan*

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

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible ¹	\$2,000 per member, two member maximum	
Additional Out-of-Network Deductible ¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum ¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$10,000 per member; \$20,000 per family
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member	
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	50%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100% deductible waived	
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100% deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 75% and deductible applies.	50%, deductible applies
Colorectal Cancer Screening	75%	50%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	75%	50%
Lab Work and X-rays	75%	50%
Ambulance Service	75% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	50% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency ^{2,3} Inpatient or outpatient	75% ⁴	75% ⁴
Inpatient Hospital Services ²	75%	50%, less a \$500 deductible for non-emergency stays
Outpatient Hospital ^{2,3} or Surgical Center ²	75%	50%
Physical Therapy, Occupational Therapy, Speech Therapy and Acupuncture	Maximum payment of \$30 per visit, up to 12 visits per member, per year for all of these services combined	
Retail Pharmacy ⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$250 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 75%	UniCare pays 50% of the average wholesale price

¹Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 18 of this brochure.

³ Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

⁴ Until transferable to a participating hospital; then 50% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵ Certain prescription drugs may require prior authorization by UniCare.

* Read your plan carefully. This summary of benefits provides a very brief description of the important features of your plan. This is not the insurance contract and only the actual Plan Booklet provisions apply. The plan sets forth, in detail, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Plan Booklet and the information in this brochure, the terms of the Plan Booklet will prevail.

Texas FIT 3000 Individual Health Insurance Plan*

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

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible ¹	\$3,000 per member, two member maximum	
Additional Out-of-Network Deductible ¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum ¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$10,000 per member; \$20,000 per family
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member	
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	50%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100% deductible waived	
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100% deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 75% and deductible applies.	50%, deductible applies
Colorectal Cancer Screening	75%	50%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	75%	50%
Lab Work and X-rays	75%	50%
Ambulance Service	75% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	50% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency ^{2,3} Inpatient or outpatient	75% ⁴	75% ⁴
Inpatient Hospital Services ²	75%	50%, less a \$500 deductible for non-emergency stays
Outpatient Hospital ^{2,3} or Surgical Center ²	75%	50%
Physical Therapy, Occupational Therapy, Speech Therapy and Acupuncture	Maximum payment of \$30 per visit, up to 12 visits per member, per year for all of these services combined	
Retail Pharmacy ⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$500 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 75%	UniCare pays 50% of the average wholesale price

¹Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 18 of this brochure.

³ Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

⁴ Until transferable to a participating hospital; then 50% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵ Certain prescription drugs may require prior authorization by UniCare.

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Texas FIT 5000 Individual Health Insurance Plan*

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

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible ¹	\$5,000 per member, two member maximum	
Additional Out-of-Network Deductible ¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum ¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$10,000 per member; \$20,000 per family
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member	
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	50%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100% deductible waived	
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100% deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 75% and deductible applies.	50%, deductible applies
Colorectal Cancer Screening	75%	50%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	75%	50%
Lab Work and X-rays	75%	50%
Ambulance Service	75% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	50% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency ^{2,3} Inpatient or outpatient	75% ⁴	75% ⁴
Inpatient Hospital Services ²	75%	50%, less a \$500 deductible for non-emergency stays
Outpatient Hospital ^{2,3} or Surgical Center ²	75%	50%
Physical Therapy, Occupational Therapy, Speech Therapy and Acupuncture	Maximum payment of \$30 per visit, up to 12 visits per member, per year for all of these services combined	
Retail Pharmacy ⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$500 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 75%	UniCare pays 50% of the average wholesale price

¹Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 18 of this brochure.

³ Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

⁴ Until transferable to a participating hospital; then 50% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵ Certain prescription drugs may require prior authorization by UniCare.

* Read your plan carefully. This summary of benefits provides a very brief description of the important features of your plan. This is not the insurance contract and only the actual Plan Booklet provisions apply. The plan sets forth, in detail, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Plan Booklet and the information in this brochure, the terms of the Plan Booklet will prevail.

Texas Saver 2000 Individual Health Insurance Plan*

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

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible ¹	\$2,000 per member, two member maximum	
Annual Out-of-Pocket Maximum ¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$10,000 per member; \$20,000 per family
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member	
Office Visits Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, deductible waived Limited to two office visits, per member, per year, par and nonpar combined, including preventive care visits	50%, deductible waived Limited to two office visits, per member, per year, par and nonpar combined, including preventive care visits
Preventive Care Well Baby/Children (through age 6) Immunizations	100% deductible waived	
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	75%	50%
Colorectal Cancer Screening	75%	50%
Limited Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	75%	50%
Lab Work and X-rays	75%, deductible waived Maximum payment of \$300 per member, per year, par and nonpar combined	50%, deductible waived Maximum payment of \$300 per member, per year, par and nonpar combined
Ambulance Service	75% With a maximum covered expense of \$750 for Ground or Air	50% With a maximum covered expense of \$750 for Ground or Air
Initial Care of a Medical Emergency ^{2,3} Inpatient or outpatient	75% ⁴	75% ⁴
Inpatient Hospital Services ²	75%	50%, less a \$500 deductible for nonemergency stays
Outpatient Hospital ^{2,3} or Surgical Center ²	75%	50%
Physical Therapy, Occupational Therapy, Speech Therapy and Acupuncture	Not Covered	
Retail Pharmacy ⁵ Per prescription (up to a 30-day supply)	UniCare pays a maximum of \$500 per member, per year. Includes generic and brand, participating and nonparticipating pharmacies, retail and mail services combined.	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$200 Brand Name Deductible applies	You pay a \$25 copay	UniCare pays 40% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 75%	UniCare pays 50% of the average wholesale price

¹Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

²Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 18 of this brochure.

³Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

⁴Until transferable to a participating hospital; then 50% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵Certain prescription drugs may require prior authorization by UniCare.

* Read your plan carefully. This summary of benefits provides a very brief description of the important features of your plan. This is not the insurance contract and only the actual Plan Booklet provisions apply. The plan sets forth, in detail, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Plan Booklet and the information in this brochure, the terms of the Plan Booklet will prevail.

Individual Dental Insurance Plan Benefit Schedules

The following dental schedules show a brief overview of benefits available to you. The dental insurance plan pays either the specified amount or the actual amount charged by your dentist, whichever is lower. You are responsible for any charges in excess of the stated benefit.

EXAMPLE: My contracting dentist charges \$35 for a routine cleaning. The dental benefit is \$28, so I will pay my dentist \$7 to have my teeth cleaned after I've paid my annual \$50 deductible.

Preventive & Diagnostic Care¹ — Coverage begins upon approval of your application.	
Procedure	The Plan Pays
Periodic Oral Exam, limited to 2 per member, per year	\$13
Bitewing X-rays – 1 film ²	\$6
Bitewing X-rays – 2 films ²	\$11
Single (periapical) X-rays – first film ²	\$7
Single X-rays – additional films ²	\$7
Bitewing X-rays – 4 films ²	\$16
Full mouth X-rays, limited to 1 set every 3 years ²	\$31
Routine cleaning, limited to 2 per adult per year ³	\$28
Routine cleaning, limited to 2 per child per year ⁴	\$21
Cleaning with fluoride, limited to 2 per child per year ⁴	\$28
Topical fluoride only, limited to 2 per child per year ⁴	\$9

Basic Dental Care¹ — Coverage begins after the plan has been in effect for six continuous months.	
Procedure	The Plan Pays
Filling – 1 surface/2 surfaces/3 surfaces/4 or more surfaces	\$28/\$38/\$45/\$55
Extraction – erupted tooth or root	\$31
Surgical removal of erupted tooth	\$55
Removal of impacted tooth – soft tissue/partial bony/complete bony	\$75/\$95/\$115

Major Dental Care¹ — Coverage begins after the plan has been in effect for 12 continuous months.	
Procedure	The Plan Pays
Scaling/root planning per quadrant	\$37
Gingivectomy – 1 to 3 teeth per quadrant/4 or more contiguous teeth per quadrant	\$27/\$100
Root canal – 1 canal/2 canals/3 canals	\$110/\$135/\$170
Crown (except stainless steel)	\$170
Stainless steel crown	\$38
Pontic	\$170
Partial or Complete denture (upper or lower)	\$205
Denture reline (chairside)/(lab)	\$44/\$60

¹ All dental benefits are limited to a maximum payment of \$1,000 for expenses incurred by each enrolled member during a calendar year.

² Total benefit for single and bitewing X-rays not to exceed cost of full mouth - \$31.

³ Adult – Any person or dependent 19 years or older covered by this plan.

⁴ Child – Any person or dependent 18 years or younger covered by this plan.

* Read your Plan Booklet carefully. This summary of benefits provides only a brief description of certain features of the Plan. This is not the insurance contract and only the actual plan provisions apply. The plan sets forth, in more detail, the benefits, limitations, and exclusions. If there are any conflicts between the terms of the Plan and the information in this brochure, the terms of the Plan Booklet will prevail.

All Things Legal

Balanced Risk Keeps Your Costs Down

UniCare believes in fairness, and the cost of covering someone with minimal health care needs should not be unfairly offset by someone whose health can be predicted to require costly care.

UniCare maintains this risk balance by requiring medical underwriting review for each applicant. If an applicant does not qualify for the particular coverage applied for, the application will be rejected.

Waivers of Coverage

If you have a condition, illness or injury that can be identified as one that does not necessarily affect your overall good health but could affect the risk balance of all insureds, we will waive that condition from coverage. This means that expenses for treatment of that condition or any other condition related to it will not be covered for a specified period of time.

Waived conditions will be clearly identified in your insurance plan. The period for which coverage is waived will also be stated. Waivers will be reviewed periodically if you request the review in writing and forward the medical records from your attending physician. If you are accepted, carefully read your UniCare plan. This document lists, in detail, all the benefits and requirements of your insurance plan.

Terms of Coverage

Coverage under the health insurance plan remains in force as long as the required premiums are paid on time and as long as you remain eligible for coverage. Coverage ceases when you become ineligible because of divorce or a change in dependent status. (In the case of divorce and overage dependents, UniCare will offer a similar plan.) UniCare may change the premiums of this plan with 30 days advance written notice to you. However, UniCare will not change the premium schedule for this plan on an individual basis, but only for all insureds in the same class and covered under the same benefit plan as you.

Rates

Medical rates are calculated based on the age of the applicant or spouse, whoever is older, and the residence address. Rates are age-banded. Any initial rate guarantees offered under these plans do not include age-banded rate changes. Rates are recalculated at each billing period based on the age and the residence address.

Refer to the UniCare Texas FIT and Saver Individual and Family Plans Monthly Rate Guide for medical coverage rates.

Certain Medical Conditions

For certain medical conditions, an applicant's rates qualify the applicant for the plan at a premium that is 20% or 40% higher than Level 1 rates.

Tobacco Users

Tobacco users pay an additional 40 percent premium. If any family member who is to be insured uses tobacco, the family pays the additional 40 percent premium.

Nonrefundable \$25 Application Fee

- Must be submitted with the completed application and first month's premium
- May be paid by a separate credit card charge, a separate paper check or an electronic check
- Only one fee is required for families submitting separate applications, at the same time, in the same envelope
- No fee is required for applications submitted online, if available and through a UniCare-supported online process

See application instructions for specifics.

Emergency

If a medical emergency exists, no utilization or authorization is required. A medical emergency is an unexpected acute illness, injury, or condition that could endanger your health if not treated immediately. Once your condition is stabilized, it is important for the hospital, you, or your family member to contact UniCare for authorization of additional services.

10-Day Free Look

Once your Plan Booklet arrives, you have 10 full days to examine and either accept or decline coverage by returning the Plan Booklet with a written request to cancel. We will then cancel your coverage as of the original effective date and promptly refund any premium you have paid. After 10 days, you may cancel by sending UniCare a written notice. Upon the receipt date of the notice or on a later date as specified in the notice, UniCare shall cancel and promptly refund the excess of paid premium.

All Things Legal (cont.)

Facts About Your UniCare Individual Health Insurance Plan

Waiting Periods

An insured person must be covered by one of these UniCare insurance plans for six consecutive months to be eligible for benefits concerning all services related to:

- Hernia except for strangulated or incarcerated hernia
- Any disorder of reproductive organs
- Sterilization
- Varicose veins
- Hemorrhoids
- Any disorder of tonsils or adenoids

This includes, but is not limited to, all tests, consultations, examinations, medications, and invasive medical, laboratory or surgical procedures that are related to the evaluation or treatment of the above items.

These waiting periods apply regardless of other creditable coverage.

Pre-Existing Conditions

Coverage will not be provided for the 12 months following the effective date of this plan for medical conditions that existed in the 12 months prior to the effective date. UniCare will, however, give you credit for the time you were covered by other creditable coverage.

Utilization Management

UniCare uses a process called Utilization Management to help you receive coverage for appropriate treatment in the correct setting and helps you avoid both unexpected out-of-pocket costs and unnecessary procedures.

Preservice review is performed before services are provided. All inpatient medical care requires preservice review or you will be subject to a \$500 penalty per continuing hospital confinement. All surgical services of an ambulatory surgical center and specified outpatient surgeries and diagnostic procedures, regardless of place of service, require preservice review or you will be subject to a \$50 penalty. This review must be initiated at least three working days prior to admission to a licensed and accredited hospital or ambulatory surgical center.

Authorization Program

Certain services require prior authorization to be eligible for maximum benefits. There will be a 50 percent reduction in benefits for these services unless UniCare authorizes benefits in advance for: organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities and hospice.

Other services require authorization to be eligible for maximum benefits. Please see your Plan Booklet for additional details on preservice review and utilization review, penalties, the preauthorization process, covered services, and limitations and exclusions.

Utilization Management and the Authorization Program are not the practice of medicine or the provision of medical care to you. Remember, only your doctor can provide you with medical advice and care.

All Things Legal (cont.)

UniCare Member Confidentiality Statement

In order to provide you with health care insurance benefits, UniCare must access certain personal information. UniCare views its duty to maintain the confidentiality of this information as an important responsibility.

To protect the privacy and retain the trust of its members, UniCare provides or obtains personal health information only when it is needed for underwriting, claims adjudication, utilization review, quality management, governmental inquiries, or coordination of benefits or as required by law.

Your routine consent, provided as part of the enrollment process, or applicable law, allows release of this information for these purposes.

If UniCare receives special requests for an individual's identifiable information for another purpose, including employment, you are given the right to consent or deny the release of this information, except where required by law.

You may have access to your medical records. To access records, follow the established procedures of the institution involved. In cases where you are unable to provide consent, your legally designated individual will provide consent and have access to medical records.

In all settings, member information and medical records are protected internally within UniCare's administrative functions.

Enrollment Guidelines

Eligibility for Coverage

To be eligible for enrollment, you must be:

- Age 64^{1/2} or younger;
- The applicant's spouse, age 64^{1/2} or younger;
- The applicant's unmarried child or stepchild who has not yet reached age 25;
- The applicant's unmarried grandchild who qualifies as a dependent of the applicant for federal income tax purposes at the time of application and who has not yet reached age 25;
- A resident of the United States for at least six months;
- Able to meet UniCare's underwriting requirements;
- Not eligible for Medicare; and
- Not enrolled under any other individual or group health plan or insurance policy.

How to Enroll

An individual and/or family who applies for coverage in any of the UniCare plans must submit an individual application for UniCare medical underwriting review.

If any applicant does not qualify based on UniCare's medical underwriting standards, the application may not be approved. Certain conditions, subject to UniCare's medical underwriting guidelines, may qualify the applicant for the plan at a premium that is higher than the Level 1 (preferred) premium and/or coverage for a particular medical condition may be excluded from coverage by a waiver.

Please follow the instructions on the Individual Enrollment Application form. If you are accepted, please read your Plan Booklet carefully. This document lists, in more detail, all the benefits, conditions, limitations, exclusions, and requirements of your plan.

Limitations and Exclusions

Medical

The primary limitations and exclusions for these Individual health insurance plans 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 Plan Booklet. Only the actual plan provisions will apply. If there are any conflicts between the terms of the Plan and this information, the terms of the Plan will prevail.

Limitations & Exclusions for the UniCare FIT 500, 1000, 1500, 2000, 3000, and 5000 Deductible Plans, and the UniCare Saver 2000 Plan:

Limitations

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

- **Ambulance Services:** For the FIT Plans only, benefits are limited to a maximum covered expense of \$5,000 per trip for air transport and \$1,000 per trip for ground transport. For the UniCare Saver Plan, benefits are limited to a maximum covered expense of \$750 per trip (air or ground).
- **Home Health:** 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 – Inpatient:** Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$3,000 per year. Outpatient: For the FIT Plans only, benefits for eligible treatment are payable up to \$30 per visit, limited to a maximum of 12 visits per year for in or outpatient professional charges.
- **Physical, Occupational Therapy/Medicine, Speech Therapy and Acupuncture/Acupressure:** For the FIT Plans only, benefits are payable up to \$30 per visit with a combined total maximum of 12 visits per year.
- **Hospice:** Limited to a lifetime maximum payment of \$10,000.
- **Smoking Cessation:** For the FIT Plans only, benefits for any smoking cessation program designed to end the dependency on nicotine are payable up to a maximum of \$50 per lifetime.
- **AIDS/ARC:** Benefits for Acquired Immune Deficiency Syndrome (AIDS) and/or AIDS Related Complex (ARC) are limited to a maximum of \$10,000 per year with a lifetime maximum of \$50,000.

Additional Limitations for the UniCare Saver 2000 Plan:

- **Office Visits:** Limited to two visits per member per year.
- **Lab and X-ray (nonhospital based):** Limited to a maximum payment of \$300 per member per year.
- **Prescription Drugs:** Limited to a maximum payment of \$500 per member per year. Includes generic and brand, participating and nonparticipating retail and mail order 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 experimental or investigative.
- Services or supplies that are not medically necessary.
- 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 insurance coverage.
- Any condition covered by workers' compensation or similar laws.
- Services received for any intentionally self-inflicted injury or illness.

Limitations and Exclusions (cont.)

Medical

- Services received for any condition caused by or contributed by: (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment; (c) an insured person's participation in the military of any country; (d) participation in an insurrection, rebellion, or riot; (e) an insured person's commission of or attempt to commit a felony; or (f) an insured person age 19 or older being under the influence of illegal narcotics, alcohol or nonprescribed controlled substances.
- Any services for which payment may be obtained from any local, state, or federal government agency except Medicaid and when payment under this Plan is expressly required by federal or state law; or services provided for the treatment of mental or nervous disorders by a tax supported institution of the State of Texas.
- Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid. Veterans Administration hospitals, and military treatment facilities will be considered for payment according to current legislation.
- Professional services received from, or supplies purchased from, an insured person, a person who lives in the insured person's home, who is related to the insured person by blood, marriage, or adoption, or is the insured person's employer.
- 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; diagnostic tests which could have been performed safely on an outpatient basis.
- Services provided by a rest home, a home for the aged, a nursing home, or any similar facility service.
- Treatment of drug, alcohol, or other substance addiction or abuse.
- Dental services.
- Orthodontic services.
- Dental implants or any associated procedures.
- Hearing aids.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions.
- An eye surgery solely for the purpose of correcting refractive defects.
- Any drugs (including, but not limited to drug samples), medications, or other substances dispensed or administered in any outpatient setting unless otherwise covered under the Plan.
- Cosmetic surgery or other services for beautification. This exclusion does not apply to medically necessary reconstructive surgery to restore a bodily function, to correct a deformity caused by injury or congenital defect of a newborn child, abnormal craniofacial structure caused by congenital defects or to breast reconstruction performed to restore or achieve breast 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.
- All nonprescription contraceptive drugs, devices, and supplies and non-FDA approved prescription contraceptive drugs, devices, and supplies. (Prescription contraceptive drugs or devices are covered under the prescription benefits.)
- Charges for pregnancy and maternity care including, but not limited to, normal delivery, Cesarean sections, and elective abortions except as specifically stated in the plan under Complications of Pregnancy.
- Cryopreservation of sperm or eggs.
- 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. This includes morbid obesity surgery, even if the insured person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
- 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. (Note: a Telemedicine Medical Service or Telehealth Service will not be excluded solely because the service is not provided through a face to face consultation.)

Limitations and Exclusions (cont.)

Medical

- Items which are furnished primarily for your personal comfort or convenience.
- Educational services, except for diabetes self-management training programs, and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements except for formulas necessary for the treatment of phenylketonuria.
- Any services received within 12 months after the effective date of coverage if they are related to a pre-existing condition.
- All incidental supplies used by a provider in the administration of infusion therapy.
- Foreign country provider charges, except as specified in the Plan.
- Services for which a third party may be liable or legally responsible to pay.
- Growth hormone treatment.
- Routine foot care.
- Charges for which we are unable to determine our liability because you or an insured person failed, within 90 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.
- Charges of a standby physician.
- Charges for animal to human organ transplants.
- An insured person must be insured for 6 months under the Plan to be eligible for benefits related to: hernia except for strangulated or incarcerated hernia; any disorder of reproductive organs; sterilization; varicose veins; hemorrhoids; any disorder of tonsils or adenoids.
- An insured person must also be insured for 30 days under the Plan prior to the inception of pregnancy to be eligible for any benefits for Complications of Pregnancy.

Additional Exclusions for the UniCare Saver 2000 Individual Health Insurance Plan

- Any services of a physician, except as specifically stated in the Plan.
- Surgical procedures for sterilization.
- Physical and/or occupational therapy/medicine, except when provided during an inpatient hospital confinement.
- Outpatient speech therapy.
- Acupuncture/acupressure.
- Durable medical equipment.
- Smoking cessation programs or pharmaceuticals related to smoking cessation.

Limitations and Exclusions*

Dental

The UniCare Individual Dental Fee-For-Service Insurance Plan does not provide benefits for:

- Services not specifically listed in the benefit schedule of the policy.
- Any amounts in excess of the maximum amount stated in the “yearly maximum benefit” section or listed in the benefit schedule.
- Services or supplies that UniCare considers to be not medically necessary, experimental, or investigative.
- Services received before your effective date or after your coverage ends.
- Services for which no charge would be made to you in the absence of insurance coverage or services for which you are not legally obligated to pay.
- Any condition for which benefits could 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.
- Disease contracted or injuries sustained as a result of declared or undeclared war and/or conditions caused by the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy.
- Any services provided by a local, state, county, or federal government agency including any foreign government.
- Professional services received from a person who lives in the insured person’s home or who is related to the insured person by blood, marriage, or adoption.
- Any services performed for cosmetic purposes unless they are for the correction of functional disorders or as a result of an accidental injury occurring while you were covered under the policy.
- Charges for treatment by other than a licensed dentist or physician, except charges for dental prophylaxis performed by a licensed dental hygienist, under the supervision and direction of a dentist.
- Replacement of an existing prosthesis which has been lost, stolen, or which, in the opinion of the dentist is or can be made satisfactory.
- Replacement of a fixed or removable prosthesis if such replacement occurs within five years of the original placement.
- Orthodontic services, braces, appliances, and all related services.
- Diagnosis or treatment of the joint of the jaw and/or occlusion services, supplies, or appliances provided in connection with:
 - (a) any treatment to alter, correct, fix, improve, remove, replace, reposition, restore, or otherwise treat the joint of the jaw (temporomandibular joint).
 - (b) any treatment, including crowns, caps, and/or bridges to change the way the upper and lower teeth meet (occlusion);
 - (c) treatment to change vertical dimension (the space between the upper and lower jaw).
- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore, or maintain occlusions.
- Oral examinations exceeding two visits per insured per year.
- Prophylaxis treatments exceeding two treatments per insured per year.
- Fluoride applications for patients over 18 years of age or applications exceeding two visits per year.
- More than one set of full-mouth x-rays or its equivalent per insured in a three-year period.
- Correction of congenital or developmental malformation.
- Adjustment, repairs, or relines to prosthesis, except following six months from initial placement and if the prosthesis was paid for under this plan.
- Fixed bridges, removable cast partials, and/or cast crown with or without veneers for patients under 16 years of age.
- Replacement of crowns and cast restorations, including porcelain crowns, if such replacement occurs within five years of the original placement.

* See your Plan Booklet for a complete listing of exclusions and limitations. Only the actual Plan provisions apply. If there are any conflicts between the terms of the Plan and the information in this brochure, the terms of the Plan will prevail.

Limitations and Exclusions^{*} (cont.)

Dental

- **If a policyholder transfers from the care of one dentist to that of another dentist during the course of treatment or if more than one dentist renders services for one dental procedure, UniCare shall be liable only for the amount it would have been liable for had one dentist rendered the services.**
- **Prescribed drugs, premedication, or analgesia.**
- **Oral hygiene instruction.**
- **Services for treatment of malignancies and neoplasms.**
- **All hospital costs and any additional fees charged by the dentist for hospital treatment.**
- **Implants (materials implanted into or on bone or soft tissue) or the removal of implants.**
- **Replacement of teeth missing prior to the effective date of coverage.**
- **Services for periodontics and fixed or removable prosthodontics within the first 12 months of the insured person's effective date.**

