

Personal Options

Individual Health
Insurance Plan



Fit for Life

About Unity

Unity Health Plans Insurance Corporation is a managed care organization located in the Madison area (Sauk City, Wisconsin). We are a wholly-owned subsidiary of University Health Care Inc., an affiliate of University of Wisconsin Hospital and Clinics (UWHC) and University of Wisconsin Medical Foundation (UWMF).

Unity provides HMO, Point-of-Service (POS), and Preferred Provider Organization (PPO) plans, including HSA-qualified plan designs, to approximately 86,000 members throughout 20 counties in southwestern and south central Wisconsin.

A local leader in health and wellness, Unity provides programs such as:

- Fitness First
- Fitness First for Kids (available for kids between the ages of 5 and 18)
- Health First
- Wellness First
- Weight Watchers®
- Harbor Weight Loss Institute
- Lifestyle Improvement through Nutrition and Exercise (LINE)

Unity is also committed to quality service. A third Excellent Accreditation from the National Committee for Quality Assurance (NCQA), rated among the Top 50 Health Plans by *U.S. News and World Report*, and high member satisfaction scores demonstrate this commitment.



COMMERCIAL
HMO AND POS



About Personal Options

Personal Options is a health insurance plan for individuals and families who do not qualify for group coverage through an employer, are late enrollees under their group health insurance or are dependents who have reached the limiting age under their parents' policy. Personal Options also offers child-only policies for children between the ages of 2 and 17. Personal Options has several different benefit options, each with different copayments, deductibles and coinsurance levels including high deductible health insurance plans (HDHPs) eligible for a Health Savings Account (HSA). Inside, you will find more information about each plan to help you decide which one is right for you.

Value-Added Programs and Services

Unity's commitment goes beyond helping you access quality health care; we are concerned about your overall health and well-being. That is why we offer a number of wellness programs, including:

- **Fitness First**—This exercise reward program encourages members to lead a healthy lifestyle by working out at a health club or at home.
- **Fitness First for Kids**—This exercise reward program encourages kids between the ages of 5 and 18 to be physically active.
- **Health First**—This program provides discounts on products and services that help you create positive changes in your personal life, such as eyeglasses, contact lenses, massage therapy, and sports equipment.
- **Wellness First**—This program reimburses you for Unity approved health education classes offered by participating hospitals and clinics.
- **Weight Watchers® Reimbursement Program**—This program reimburses you for participating in Weight Watchers meetings.
- **Harbor Weight Loss Institute**—This comprehensive weight management program provides you with lifestyle coaching, a registered dietitian and personal training to help you lose weight.
- **Lifestyle Improvement through Nutrition and Exercise (LINE)**—This program reimburses you for attending a class which includes nutrition, physical activity and behavioral change.

For more information about these wellness programs, please visit unityhealth.com and click on “*Health & Wellness*.”

Unity is also committed to providing excellent customer service to ensure a high level of satisfaction with your health plan. As part of this commitment, we provide a 24-hour call back program.

Outside of normal business hours, you may leave a detailed voicemail message including your name, subscriber number, telephone number where you can be reached, and the best time (any time, day or night) to reach you. A customer service representative will return your call when it is most convenient for you.

Step by Step Guide

Step One—Pick Your Plan

With Personal Options, you have several options to choose from. To help determine which plan is right for you, review the plan information and use the worksheet on the inside back cover to help calculate your premium. Once you find the plan that fits your needs, move on to step two.

Step Two—Enroll

After you have chosen a plan that fits your needs, you can enroll online at unityhealth.com or by filling out the following paper forms:

- Personal Options Application
- Health Questionnaire
- Notice to Applicant
- Conditioned Authorization for Enrollment

Step Three—Mail Your Information

If you have completed the paper forms, mail all the forms to:

Unity Health Insurance
Attn: Personal Options
840 Carolina Street
Sauk City, WI 53583

COMPARISON OF UNITY'S PERSONAL OPTIONS PLANS

The following compares the benefit and coverage information for each of the individual plans offered.

Benefit	HMO 25/50	HMO 500
Lifetime Maximum	\$2 million	\$2 million
Annual Deductible (single/family)	\$500/\$1,000	\$500/\$1,000
Annual Out-of-Pocket Limit (single/family)	\$1,500/\$3,000	\$1,500/\$3,000
Physician Services	\$25 copayment for Primary Care Physicians. \$50 copayment for Specialty Practitioners	Deductible then 20% coinsurance
Diagnostic Services <i>(Radiology and Laboratory)</i>	100% coverage when part of a physical examination except for MRI, MRA, CAT and PET	Deductible then 20% coinsurance
MRI, MRA, PET and CAT scans	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Chiropractor <i>Maintenance care is not covered</i>	\$25 copayment	Deductible then 20% coinsurance
Prescription Drugs	Optional coverage \$10/\$25/\$50	Optional coverage \$10/\$25/\$50
Maternity Care	Maternity Rider available for purchase	Maternity Rider available for purchase
Urgent Care	\$50 copayment	Deductible then 20% coinsurance
Emergency Room Care <i>If admitted to hospital from ER, subject to Hospital benefit</i>	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Hospital	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Ambulance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Therapy <i>40 combined visits for Physical Therapy/Speech Therapy/ Occupational Therapy per benefit year</i>	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Durable Medical Equipment & Supplies <i>Coinsurance does not apply to the Annual Out-of-Pocket Limit</i>	20% coinsurance	20% coinsurance
Home Health <i>50 visits per benefit year</i>	100% coverage	100% coverage
Hospice <i>6 months per member per lifetime</i>	100% coverage	100% coverage
Skilled Nursing <i>30 days per covered confinement</i>	100% coverage	100% coverage
Kidney Disease Treatment <i>Includes dialysis and/or transplantation \$30,000 max per benefit year</i>	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Transplants <i>Lifetime maximum of \$1,000,000; accumulates toward Lifetime Max. Maximum procurement cost per organ is \$10,000</i>	Deductible then 20% coinsurance	Deductible then 20% coinsurance

COMPARISON OF UNITY'S PERSONAL OPTIONS PLANS

HMO 1000	HMO-HSA 1	HMO-HSA 2	HMO-HSA 3
\$2 million	\$2 million	\$2 million	\$2 million
\$1000/\$2000	\$1,250/\$2,500	\$2,000/\$4,000	\$5,000/\$10,000
\$2,000/\$4,000	\$1,250/\$2,500	\$2,000/\$4,000	\$5,000/\$10,000
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Optional coverage \$10/\$25/\$50	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Maternity Rider available for purchase	Not available	Not available	Not available
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
100% coverage	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
100% coverage	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
100% coverage	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage
Deductible then 20% coinsurance	Deductible then 100% coverage	Deductible then 100% coverage	Deductible then 100% coverage

Provider Network

Q: Who are my participating providers?

A: Participating practitioners and providers (doctors, hospitals, and other health care facilities) are listed in *Find A Doctor* at unityhealth.com or in the Unity Network Provider Directory.

Q: What is a primary care physician (PCP)?

A: A primary care physician (PCP) is a doctor who manages your health care so you receive consistent medical care in an effective and efficient manner. Your PCP will coordinate your medical care through the use of participating specialty practitioners.

Q: Do I need to choose a PCP?

A: Unity requires all members have a PCP. To select your PCP, Unity provides you with the following options:

- Choose a PCP from the list of participating providers found in *Find A Doctor* at unityhealth.com, or
- Choose a participating clinic and Unity will assign a PCP at the clinic, or
- Have Unity assign you a PCP and clinic close to your home.

Your PCP will manage your care and coordinate services through the participating specialty care practitioners.

Q: Can I change my PCP?

A: Yes. PCP changes will be effective the first day of the month following Unity's receipt of your request. Changes can be made online at unityhealth.com by logging into *MyUnity*, or by calling 1-800-548-6489.

Q: Do I need to see my PCP for all my health care?

A: You should talk with your PCP before seeing other types of practitioners so he/she may coordinate your health care.

Q: What if I need to see a specialist?

A: You should work with your PCP to determine the appropriate specialist. Unity does not require you to receive a referral prior to accessing specialty care but you must select participating specialists.

Q: Do I need Prior Authorization for certain services?

A: Yes. Specific types of services require Prior Authorization before the services are received. If Prior Authorization is not obtained, Unity will reduce the payment made for these covered services. For a list of services requiring Prior Authorization, please visit unityhealth.com.

Q: Who files claims when I receive health care services?

A: When you receive care from participating practitioners, the practitioner will submit the claim for you. If you receive a bill from a participating practitioner prior to receiving your Explanation of Benefits, please call Unity Customer Service at 1-800-362-3310 for assistance.

Dependents

Q: Who is covered as a dependent under my family plan?

A: Dependents include the subscriber's legal spouse and eligible children. Eligible children are natural children, stepchildren, legally adopted children, or children for whom the subscriber or covered spouse has been appointed the legal guardian. A child is considered an eligible dependent as long as the child is unmarried and under the age of 19 or under age 25 if he/she attends school on a full-time basis. A child may also be considered a dependent if he/she is unmarried, is incapable of self-support because of a mental or physical disability that occurs before the age of 25, and is the legal responsibility of the subscriber. A grandchild is an eligible dependent as long as the parent is under the age of 18 and is an eligible dependent of the subscriber.

Q: Can I add dependents to my policy?

A: As a subscriber, you have the ability to request a dependent be added to your policy. When Unity receives the request, the dependent's application may be subject to the health underwriting process. Unity will send a written notice regarding the acceptance or rejection of the application within 30 days of receiving it. For a child-only policy, new children may be added after being approved through the health underwriting process.

Benefits

Q: Are behavioral (mental) health services covered under the Personal Options plan?

A: Personal Options does not currently offer a plan option with behavioral (mental) health coverage.

Q: What preventive care coverage do I have?

A: Routine physicals, well baby care, lab tests, x-rays, and immunizations are preventive care services covered by your plan. Preventive care services are subject to the plan copayments, deductible and/or coinsurance if applicable. Many immunizations are covered at 100% for all plan designs.

Q: Are maternity services covered under Personal Options?

A: No. However, you have the option of purchasing a maternity rider. The maternity rider may only be purchased at the time you initially enroll in Personal Options or within 31 days of marriage. There is a 270 day waiting period before services are covered. The maternity rider is not available with the HSA-qualified plans.

Q: What is the overall maximum dollar benefit of the plan?

A: There is a \$2 million lifetime benefit maximum per member. In addition, there are maximum benefits for certain services such as (but not limited to):

- Transplant benefits for organ or transplant services have a lifetime maximum (except for kidney)
- Kidney disease services, including dialysis and transplants

For your specific dollar benefit information, please refer to your Schedule of Benefits.

Urgent/Emergency Care

Q: What is considered an emergency or urgent care situation?

A: Emergency care is required when the onset of a sudden or acute illness, accident or injury with symptoms of sufficient severity, including severe pain, would lead a prudent layperson to reasonably conclude that a lack of immediate medical attention will likely result in serious jeopardy to:

- The person's health or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn child;
- Serious impairment to the person's bodily functions; or
- Serious dysfunction of one or more of the person's bodily organs or parts.

Urgent care services are those needed due to illness or symptoms where delay in care could jeopardize your health or result in disability.

Q: What should I do if I need emergency or urgent care?

A: If it is an emergency condition, get help first. These services are covered, subject to the plan copayment, deductible or coinsurance, when provided at the nearest emergency room. Urgent care services are covered (less any copayment, deductible or coinsurance) when provided by the primary care physician. A copayment or deductible

and/or coinsurance may apply when you receive services from an urgent care facility. In addition, you will be responsible for charges above usual, customary and reasonable (UCR) if you receive care from an out-of-plan provider. You must call Unity at 1-800-362-3310, Monday through Friday, within 72 hours or three (3) business days after receiving urgent care or emergency treatment. Failure to meet these requirements within the proper time frame will result in a monetary penalty that does not apply to any deductible, coinsurance or out-of-pocket maximum*.

If you receive covered services from an out-of-plan provider, you are responsible for submitting a claim form or an itemized statement of services received. You must submit the claims to Unity Health Insurance within 90 days from the date the services were provided.

** For the HSA-qualified plan designs, the monetary penalty is applied to the out-of-pocket maximum.*

Q: What are the charges I can expect if I use an emergency room or urgent care facility?

A: You can usually expect to receive anywhere from one to three but sometimes more claims per visit depending on the services provided during your visit. The charges you can expect include but are not limited to:

1. the room/facility charge which is subject to the emergency room or urgent care benefit
2. a charge for the practitioner who saw you which is subject to the physician services benefit and,
3. the lab or x-ray bill(s), if applicable, which is subject to the diagnostic services benefit.

Out-of-Pocket Expense

Q: What is a copayment?

A: A copayment is the dollar amount you are responsible for paying the provider for a service. Based on the service, you pay only the dollar amount shown on your plan's Schedule of Benefits.

Q: What is coinsurance?

A: Coinsurance is the term used to identify the percentage of health care costs you are responsible for paying the provider. You pay the percentage listed on your Schedule of Benefits.

Q: What is a deductible?

A: A deductible is the amount you are required to pay for certain covered medical services before Unity will make a payment. Your deductible is listed on your Schedule of Benefits. Once the deductible is met, you pay a percentage of the cost of the covered medical services. See your Schedule of Benefits for specific details on your chosen plan design.

For the HSA-qualified plan designs, if you have family coverage, the family deductible must be satisfied before Unity will make a payment for covered services.

Q: What is my annual out-of-pocket limit?

A: Your annual out-of-pocket limit is specified in your Schedule of Benefits. Copayments do not apply to your annual out-of-pocket limit, nor do they apply to deductibles. Amounts exceeding usual, customary and reasonable (UCR) charges do not apply to the annual out-of-pocket limit. See your Schedule of Benefits for specific details on your chosen plan design.

Q: What is UCR?

A: UCR is the allowable dollar amount for the same or similar services and supplies provided by health care providers within a geographic area. UCR applies only to services received from an out-of-network provider. Any amount exceeding the maximum allowable fee does not apply to the annual out-of-pocket limit.

Q: How does a copayment plan with a deductible work?

A: Certain services require a copayment while others are subject to deductible and coinsurance. Please refer to your Schedule of Benefits for specific plan information.

Q: How does a deductible plan work*?

A: Before Unity will make a payment toward any services you receive, you must first pay the deductible found on your Schedule of Benefits. After the deductible is met, Unity will pay its percentage of the coinsurance until you have met the dollar amount listed as the annual out-of-pocket limit.

** For the HSA-qualified plan designs, if you have family coverage, the family deductible must be satisfied before Unity will make a payment for covered services.*

Rate Information and Plan Policies

Q: How are the rates determined for Personal Options?

A: The benefits are calculated on a plan year basis. Unity has two anniversary dates associated with this plan—January 1 and July 1.

Effective Date Between	Anniversary Date
January 1 – June 1	January 1
July 1 – December 1	July 1

Your initial premium will be valid for a period of seven to 12 months depending on when your application is approved. Thereafter, your premium may increase on an annual basis on your anniversary date unless we notify you it will increase more frequently.

Your rate will also increase when you change age brackets. You will be notified of a rate increase at least 30 days in advance of the increase.

Please Note: A \$10.00 monthly charge will be applied to your premium if you wish to receive your invoices via mail. To avoid this charge, you will need to sign up for electronic premium invoices within MyUnity at unityhealth.com once your coverage is effective.

Q: If I apply for Personal Options, can my application be denied?

A: Yes. Unlike a group policy, Unity may decline Personal Options applications. Unity puts all Personal Options applications through the health underwriting process.

Q: How long does it take to underwrite an application?

A: Unity will make a decision within 10 business days from receipt of a completed application. To be complete, Unity must receive:

- Personal Options Application
- Health Questionnaire
- Notice to Applicant
- Conditioned Authorization for Enrollment
- Medical records if required

Q: What is the effective date of my policy?

A: If your application is approved by Unity, you will receive a letter informing you of your approval and your effective date. The effective date will always be the 1st of the month.

Q: Can someone under age 18 apply for a Personal Options policy?

A: Yes. Unity offers child-only policies for individuals between the ages of 2 and 17.

Q: Who is the subscriber?

A: If you are applying for family coverage, Unity considers the oldest family member to be the subscriber on the policy. All other members are dependents. For a child-only policy Unity considers the youngest child to be the subscriber. The policyholder is a parent or legal guardian.

Q: Can my spouse and I apply for separate policies?

A: Yes.

Q: I notice Personal Options has tobacco and non-tobacco user rates. How are rates determined if only one member of the family applying for coverage is a tobacco user?

A: Tobacco use affects all members of the family. The entire family is subject to the tobacco user rates.

Q: What is quality improvement and does Unity have a quality improvement program?

A: Quality Improvement (also called Quality Assurance) is a process designed to measure and track the continuous improvement of care and services offered to Unity members. Unity's Quality Improvement processes identify opportunities to improve care and service, identify actual or potential problems, and identify trends which suggest variation in the outcome of care and service received.

The scope of Unity's Quality Improvement Program includes preventive, acute and chronic care services; services received in inpatient and outpatient settings; and PCPs, specialists, and ancillary practitioners involved in delivering care to you and your family. You can obtain more information on Unity's Quality Improvement Program by calling 1-800-362-3308.

Drug Formulary

Q: Does Unity have a prescription drug formulary?

A: Yes. You may find a copy of Unity's Prescription Drug Formulary online at unityhealth.com or by contacting Unity Customer Service at 1-800-362-3310.

Unity does not cover all prescription drugs. In addition, some drugs may require Prior Authorization. In either situation, the ordering physician must submit a request for the drug and a pharmacist within Unity's pharmacy program will make a coverage decision. A member can also begin this request process or check on the status of a request by calling Unity Pharmacy Services at 1-800-788-2949.

Maternity and Three-Tier Prescription Drug Riders

Personal Options has two riders available for purchase—a maternity rider and a three-tier prescription drug rider.

- **Maternity Rider**—The maternity rider covers prenatal and postnatal care and treatment. After you satisfy the separate \$1,000 maternity rider deductible for covered services for each pregnancy, you pay the amount shown on your Schedule of Benefits for inpatient hospital stays, physician office visits, laboratory services and other covered services.

The maternity rider may be added at your initial enrollment or within 31 days of your marriage and there is a 270 day waiting period before services are covered.

Note: The maternity rider is not available with the HSA-qualified plans.

- **Three-Tier Prescription Drug Rider**—The three-tier prescription drug rider provides coverage for prescription drugs prescribed by a practitioner and received from a participating pharmacy. The prescription drug rider has three copayment levels—\$10 for generic, \$25 for brand, and \$50 for non-formulary. There is also a \$100 copayment for specialty pharmaceutical medications. Please see Unity's Prescription Drug Formulary for more details. Some medications may require Prior Authorization.

Note: The three-tier prescription drug rider is not available with the HSA-qualified plans.

Health Savings Accounts

Health Savings Accounts (HSAs) are tax-exempt accounts established for paying qualified medical expenses. HSAs are designed to help individuals save for

qualified medical and retiree health care expenses on a tax-free basis. To establish a HSA, you must be enrolled in a high deductible health plan (HDHP). Personal Options offers several HDHPs that qualify for a HSA.

HSAs provide several benefits for members including:

- Tax deductible deposits
- Deposits can be invested and interest earned is tax-deferred
- HSAs are portable and owned by you; deposits cannot be taken away
- Unspent balances carry over and can accumulate over a lifetime to be used at retirement to pay for uncovered Medicare expenses
- HSAs may be passed on to spousal beneficiaries tax-free if the account holder should die

Please set up your HSA with a qualified HSA trustee.

EXCLUSIONS

This is a summary only. For a complete list of exclusions, please see the Certificate of Coverage.

Surgical Services

- Stomach-limiting and bypass procedures to correct obesity or to treat the complications of obesity (e.g. gastroesophageal reflux); also excluded are complications arising from such procedures and removal of excess skin resulting from weight loss
- Plastic or cosmetic surgery
- Procedures, services and supplies related to sex transformation
- Breast augmentation and any treatment for complications (This does not apply to reconstruction of affected tissue incident to mastectomy)
- Kerato-refractive eye surgery including, but not limited to, tangential or radial keratotomy

Medical Services

- Examinations required for employment, licensing or insurance; or any third party request, including court-ordered treatment that does not otherwise qualify for coverage
- Custodial Care and Maintenance and Supportive Care and/or Therapy and Long-Term Therapy
- Hearing aid examinations
- Sublingual allergy testing and/or treatment
- Services for the treatment of behavioral health/AODA

Ambulance Services

- Travel and transportation for a consultation or to receive treatment

Therapies

- Long-Term Therapy and Maintenance and Supportive Care and/or Therapy for chronic conditions

- Physical, speech and occupational therapy are not covered for the following conditions: learning disabilities; developmental delay; communication delay; perceptual disorders; sensory deficit disorders; mental retardation and related conditions

- Vocational rehabilitation, including work-hardening programs
- Biofeedback
- Massage Therapy
- Prolotherapy

Dental Services/Oral Surgery

- Dental Procedures
- Oral Surgery

Reproductive Services

- Services that treat infertility
- Reversal of voluntary sterilization procedures and related procedures
- Charges related to surrogate mother services
- Home delivery for childbirth

Outpatient Prescription Drugs

- Prescription drugs prescribed for cosmetic purposes or for conditions or treatments that are not covered benefits
- Contraceptive medications or devices that are implanted or that are available without a prescription
- Prescription drugs not approved by the federal Food and Drug Administration

Durable Medical Equipment/Disposable Medical Supplies

- Eyeglasses; contact lenses
- Orthopedic shoes
- Elastic support stockings (unless Medically Necessary), foot pads, bunion covers, batteries, antiseptics, tape, over-the-counter shoe inserts, supports and elastic bandages
- Hearing aids

General

- Hypnotherapy and acupuncture
- Cochlear implants and related services and diagnostic tests
- Nutritional supplements and special feedings
- Services rendered by a masseuse or massage therapist

- Coma stimulation programs
- Orthoptics (eye exercise training programs)
- Experimental or investigational treatment or services
- Any services that is not Medically Necessary
- Services required while incarcerated in a federal, state or local penal institution, or services required while in custody of federal, state or local law enforcement authorities
- Any condition, disability or charge resulting from or sustained as a result of being engaged in an illegal occupation or the commission or attempted commission of an assault or a criminal act
- Services, care and treatment for medical complications resulting from or associated with non-covered services

LIMITATIONS

This is a summary only. For a complete list of limitations, please see the Certificate of Coverage.

Proof of Claim

- A Member must submit proof of claim within 90 days of the date of service. Circumstances beyond the member's control might make this time limit unreasonable. If so, the claim must be filed as soon as possible. Pursuant to s.631.81, Wis. Stats., it cannot be later than one year after the time required under this policy.

Emergency and Urgent Care

- The member is required to notify Unity within 72 hours or three business days after receiving Emergency Care Services or Urgent Care Services. Follow-up services to Emergency and Urgent Care Services are NOT Emergency Care Services or Urgent Care Services. If you fail to provide this notice, you may be held financially responsible for charges that Unity determines are not eligible for payment.

Provider Limitation

- Each member is required to select a PCP found in the Unity Network Provider Directory. Review the directory carefully to determine which specialists are available to you based on your PCP selection.

Vision

- Routine vision exams are only covered for diabetic members.

UNITY SERVICE AREA





840 Carolina Street
Sauk City, WI 53583

unityhealth.com

Unity Customer Service
(800) 362-3310



Commercial
HMO and POS