

# BENEFIT PLAN SUMMARY

**Member ID #:** \_\_\_\_\_  
**Contract Codes:** 009B \_\_\_\_\_

**Plan:** Michigan UniCare Saver 5000 Health Insurance Plan  
**Name:** UniCare Life & Health Insurance Company  
**Address:** P.O. Box 5061  
Bolingbrook, IL 60446  
**Phone #:** 800-718-9355

## Description of Coverage

This matrix provides a brief description of the plan features and reflects UniCare's share of costs for covered expenses after any applicable deductibles are met. When you use UniCare independently contracted participating (in-network) providers, your costs are based on a specially negotiated rate for UniCare that may often save you money. When you use nonparticipating (out-of-network) providers, your benefits are based on a **maximum allowable amount determined by UniCare as described in your Policy's definition of Reasonable Charge**. Using an out-of-network provider may result in higher costs to you because you are responsible for any billed charges in excess of that amount.\* Refer to ProviderFinder on [unicare.com](http://unicare.com) or ask your agent how to determine which providers in your area are participating providers before you sign an application for coverage.

For a more detailed description of coverage, benefits, limitations and exclusions, preservice and utilization review, preauthorization process, additional deductibles, and penalties that may apply, please refer to the applicable Policy. If there are any conflicts between the terms of the Policy and the information in this plan summary, the terms of the Policy will prevail.

PLAN FEATURES	PARTICIPATING PROVIDER	NONPARTICIPATING PROVIDER
<b>Annual Deductible<sup>1</sup></b> Per member, per year with a two-member family maximum	\$5,000	
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b> Amounts shown plus applicable deductibles	\$3,000 (member) \$6,000 (family)	\$10,000 (member) \$20,000 (family)
<b>Amounts shown below are UniCare's payment for covered expenses after applicable deductibles are met, unless otherwise noted.</b>		
<b>Lifetime Maximum</b>	UniCare pays up to \$5,000,000 per member	
<b>Office Visit</b> All medical office visits and exam for any covered illness or injury. Office visits associated with preventive care for babies and children (through age 6). Office visits associated with Pap smear, annual mammogram, or PSA screening.	\$30 copay; deductible waived <sup>2</sup>	50%; deductible waived <sup>2</sup>
<b>Adult Preventive Care</b> Lab work and X-ray for routine Pap smear, annual mammogram, or PSA screening	70%	50%
<b>Other Routine Care Services</b>	Not covered	Not covered
<b>Preventive Care for Babies and Children</b> (through age 6) Immunizations, lab work and X-rays	70%	50%
<b>Lab Work and X-rays</b> Other than preventive care	70%; deductible waived <sup>3</sup>	50%; deductible waived <sup>3</sup>
<b>Inpatient Hospital Services<sup>4</sup></b>	70%	50% less a \$500 deductible for non-emergency stays

PLAN FEATURES	PARTICIPATING PROVIDER	NONPARTICIPATING PROVIDER
<b>Outpatient Medical Care</b>	70%	50%
<b>Physical/Occupational Therapy, and Acupuncture/Acupressure</b>	Not covered	Not covered
<b>Ambulatory Surgical Center<sup>6</sup></b>	70%	50%
<b>Ambulance Service</b> Maximum covered expense of: \$1,000 per trip for ground \$5,000 per trip for air	70%	50%
<b>Durable Medical Equipment</b>	Not covered	Not covered
<b>Initial Care of a Medical Emergency<sup>4,5</sup></b> Inpatient or outpatient	70%	70%
<b>Prescription Drugs<sup>7</sup></b> <b>Retail Pharmacy</b> Per prescription (up to a 30-day supply) Maximum payment by UniCare \$500 per member, per year. Includes generics and brand, participating and nonparticipating retail and mail service combined.	\$10 copay	UniCare pays 50% of the average wholesale price
<b>Generic Drugs</b> Not subject to deductible(s)		
<b>Brand Name Drugs</b> \$200 brand name deductible applies per member, per year	Formulary: \$30 copay Non-Formulary: \$50 copay	UniCare pays 50% of the average wholesale price
<b>Self-Administered Injectable Drugs</b>	70%	UniCare pays 50% of the average wholesale price
<b>Mail Service</b> Per prescription (up to a 90-day supply) Maximum payment by UniCare \$500 per member, per year. Includes generics and brand, participating and nonparticipating retail and mail service combined.	\$20 copay	Not available
<b>Generic Drugs</b>		
<b>Brand Name Drugs</b> \$200 brand name deductible applies per member, per year	Formulary: \$60 copay Non-Formulary: \$100 copay	Not available
<b>Self-Administered Injectable Drugs</b>	70%	Not available



\* Please reference your Policy for the full definition of Reasonable Charge.

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

2 Two office visits per member, per year, participating and nonparticipating providers combined. 3+ office visits: member pays 100 percent of billed charges.

3 Maximum payment of \$300 per member, per year with deductible waived; participating and nonparticipating providers combined.

4 Inpatient medical care is subject to a \$500 deductible when preservice review is not obtained. This deductible is waived on emergency admissions however utilization review is still required.

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

6 All surgical services of an Ambulatory Surgical Center require preservice review or you are subject to a \$50 penalty.

7 Certain prescription drugs may require prior authorization by UniCare.

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