

This matrix is intended to help you compare the plan benefits and reflects UniCare's share of costs for covered expenses after you have met any applicable deductibles, unless noted otherwise. When you use UniCare independently contracted in-network (participating) providers, your costs are based on a specially negotiated fee for UniCare that may save you money. When you use out-of-network (nonparticipating) providers, your costs are based on covered expenses and often result in higher costs to you.

This is only a brief description of some plan benefits. For a more detailed description of coverage, benefits, limitations and exclusions, please refer to the applicable Certificate of Coverage. Should there be any conflicts between the information contained in this overview and information contained in your Certificate of Coverage, the terms of your Certificate of Coverage will prevail.

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible per Member Copays do not apply toward satisfying any deductible, but do apply toward your annual out-of-pocket maximum	\$2,000, with a two-deductible family maximum	
Out-of-Network Deductible Applied separately from Annual Deductible	N/A	\$4,000 deductible for out-of-network services per member, per year
Annual Out-of-Pocket Maximum Does not include deductibles or copayments	\$3,000 per member; \$6,000 per family	\$30,000 per member; \$60,000 per family
Office Visits	Member pays a \$35 copay, unlimited visits with deductible waived	60%
Preventive Care for Adults Office visits and examinations associated with the preventive care services listed below	Member pays a \$35 copay, unlimited visits with deductible waived	60%
<ul style="list-style-type: none"> • Colorectal cancer screening • Annual Pap smears • Annual mammograms • PSA screenings 	80%	60%
Preventive Care for Babies and Children (through age 6) • Examinations and office visits related to preventive care	Member pays a \$35 copay, unlimited visits with deductible waived	60%
• Immunizations	80%	60%
• Lab work/x-rays	80%	60%
Other Preventive Care Services (age 7 through adult) Flu shots and routine physical exams that do not directly treat an illness or injury Maximum covered expense of \$200 per member, per year, for participating and nonparticipating providers combined	80% with deductible waived	60%
Professional Services Including surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic X-ray/lab	80%	60%
Lab Work and X-rays	80%	60%
Maternity Provided for groups of 15-99; optional for groups of 2-14	80%	60%
Outpatient Medical Care^{1,5}	80%	60%
Physical/Occupational Therapy, Acupuncture/Acupressure Maximum of 20 visits per member, per year for all of these services, for participating and nonparticipating providers combined	Up to \$30 per visit	

Illinois Flex Advantage 2000 Plan (cont'd.)

Plan Features	Participating Providers	Nonparticipating Providers
Mental, Emotional or Functional Nervous Disorders and Alcoholism Inpatient hospital charges² Maximum payment of up to \$3,000 per member, per year, participating and nonparticipating providers combined Exception: Inpatient treatment of alcoholism is payable as any other medical condition	Up to \$100 per day	
In- or outpatient professional charges Maximum of 12 visits per member, per year, for participating and nonparticipating providers combined	Up to \$30 per visit	
Smoking Cessation	Up to \$50 for pharmaceuticals and \$50 for other covered expenses per member, per lifetime	
Infusion Therapy^{3,4}	80%	60%
Durable Medical Equipment	80%	60%
Inpatient Hospital Services²	80% after member pays a \$500 copay	60% after member pays a \$500 copay, less a \$500 penalty for nonemergency stays
Inpatient Medical Emergency²	80% after member pays a \$500 copay	80% (after member pays a \$500 copay) until transferable to a participating hospital; if stay continues thereafter, 60% of covered expense (after member pays a \$500 penalty)
Ambulatory Surgical Center⁵	80%	60%
Ambulance Service Maximum covered expense of: \$5,000 per trip for air \$1,000 per trip for ground	80%	60%
Home Health Care⁴ Up to 60 visits per member, per year for participating and nonparticipating providers combined	80%	60%
Skilled Nursing Facilities⁴ Maximum covered expense of \$400 per day up to 100 days per member, per year, for participating and nonparticipating providers combined	80%	60%
Hospice⁴ Maximum covered expense of \$10,000 per lifetime for participating and nonparticipating providers combined	80%	60%

Illinois Flex Advantage 2000 Plan (cont'd.)

Plan Features	Participating Providers	Nonparticipating Providers
Prescription Drug Benefits		
Prescription Drug Deductible (Brand name only)	\$500	
Prescription Drugs⁶ Retail Pharmacy Per prescription (up to a 30-day supply)		
Generic Drugs	Member pays a \$15 copay	Member pays 50% of the average wholesale price
Brand Name Formulary Drugs	Member pays a \$35 copay	Member pays 50% of the average wholesale price
Brand Name Nonformulary Drugs	Member pays a \$60 copay	Member pays 50% of the average wholesale price
Self-Injectable Drugs⁷	Member pays 20%	Member pays 40% of the average wholesale price
Mail Order Per prescription (up to a 60-day supply)		
Generic Drugs	Member pays a \$30 copay	Not available
Brand Name Formulary Drugs	Member pays a \$70 copay	Not available
Brand Name Nonformulary Drugs	Member pays a \$120 copay	Not available
Optional Mental Health Rider If chosen, this rider replaces the mental health benefit provided with any of the medical plans Maximum payment of \$10,000 per insured person, per year for inpatient and professional services, for participating and nonparticipating providers combined	50% of inpatient hospital charges 50% of professional charges	

1 Nonemergency outpatient hospital emergency room visits that do not result in inpatient admissions will be subject to a \$60 penalty.

2 Inpatient medical care requires preservice benefit review or you will be subject to a \$500 penalty. This penalty is waived on emergency admissions, however, utilization review is still required.

3 To receive maximum benefits, infusion therapy must be authorized by UniCare. Covered expenses include professional services, compounding fees, incidental supplies, medications, drugs, solutions, durable medical equipment and training related to infusion therapy. Covered expenses will not exceed: total parenteral nutrition (with or without lipids), \$250 per day; antibiotics, average wholesale price (AWP) + \$125 per day; chemotherapy, AWP + \$150 per day; pain management, \$125 per day; aerosol therapy, AWP + \$70 per day; tocolytic therapy, \$250 per day; special items, AWP; intravenous hydration, \$75 per day. Failure to obtain authorization will result in a \$1,000 penalty.

4 In addition to preservice review, certain services require authorization to be eligible for maximum benefits. This applies to organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities, and hospice. Failure to obtain authorization will result in a \$1,000 penalty.

5 All surgical services of an ambulatory surgical center require preservice benefit review or you will be subject to a \$50 penalty. Ambulatory surgical centers must be licensed and accredited, and meet all requirements of state and local laws and agencies.

6 Certain prescription drugs, including self-injectable drugs and injectable drugs administered in an outpatient setting, may require prior authorization. Benefits will be denied if you fail to obtain prior authorization.

7 Self-injectable drugs purchased through Mail Service Participating Pharmacy Program are covered at the same level as self-injectables purchased at a retail pharmacy.

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