UNICARE®
A Healthy Dose of Innovation®

UniCare Health Insurance Company of the Midwest
Illinois HSA Compatible Plan A
Groups 2-99

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	$1,100 (Individual) $2,200 (Family)	
Out-of-Network Deductible Applied separately from Annual Deductible	N/A	$2,200 (Individual); $4,400 (Family) deductible for out-of-network services per member, per year
Annual Out-of-Pocket Maximum Does not include deductible	$2,000 per member; $4,000 per family	$15,000 per member; $30,000 per family
Office Visits	80%	60%
Preventive Care for Adults Office visits and examinations associated with the preventive care services listed below	80%	60%
▪ 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	80%	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%	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[15]	80%	60%
Mental, Emotional or Functional Nervous Disorders and Alcoholism Inpatient hospital charges[2] Maximum payment of $3,000 per member, per year, participating and nonparticipating providers combined	Up to $100 per day	

Illinois HSA Compatible Plan A (cont'd.)

Plan Features	Participating Providers	Nonparticipating Providers
In- or outpatient professional charges Maximum of 12 visits per member, per year, participating and nonparticipating providers combined	Up to $30 per visit	
Physical/Occupational Therapy, Acupressure/Acupuncture Maximum of 20 visits per member, per year for all of these services, 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 Services[2]	80%	60% less a $500 penalty for nonemergency stays
Inpatient Medical Emergency[2]	80%	80% until transferable to a participating hospital; if stay continues thereafter, 60% of covered expense after member pays a $500 penalty
Ambulatory Surgical Center[5]	80%	60%
Ambulance Service Maximum covered expense of: $5,000 per trip for air $1,000 per trip for ground	80%	60%
Home Health Care[4] Up to 60 visits maximum per member, per year, participating and nonparticipating providers combined	80%	60%
Skilled Nursing Facilities[4] Maximum covered expense of $400 per day; up to 100 days per member, per year, participating and nonparticipating providers combined	80%	60%
Hospice[4] Maximum covered expense of $10,000 lifetime per member, per year, participating and nonparticipating providers combined	80%	60%

Illinois HSA Compatible Plan A (cont'd.)

Plan Features	Participating Providers	Nonparticipating Providers
Prescription Drug Benefits		
Prescription Drug Deductible (Generic and brand name)	Included in plan deductible	
Prescription Drugs[6] **Retail Pharmacy** Per prescription (up to a 30-day supply)		
Generic Drugs	Member pays a $10 copay	Member pays 50% of the average wholesale price
Brand Name Formulary Drugs	Member pays a $25 copay	Member pays 50% of the average wholesale price
Brand Name Nonformulary Drugs	Member pays a $50 copay	Member pays 50% of the average wholesale price
Self-Injectable Drugs[7]	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 $20 copay	Not available
Brand Name Formulary Drugs	Member pays a $50 copay	Not available
Brand Name Nonformulary Drugs	Member pays a $100 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 All 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 self-administered injectable drugs and injectable drugs administered on an outpatient setting, 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 on 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.

UN51037DO 02/08