# ILLINOIS PATHWAYS PLANS

Groups 2-99 Affordable Plans for Your Business

UNICARE . A Healthy Dose of Innovation<sup>54</sup>

UniCare Life & Health Insurance Company UniCare Health Insurance Company of the Midwest (IL and IN only) Affordable. Choice. Quality Coverage. Pathways. A Smart Choice for Everyone.

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Insurance coverage is offered by UniCare Life & Health Insurance Company or UniCare Health Insurance Company of the Midwest (IL and IN only).

## Finally... Affordable Health Care Coverage

### Pathways Plans Can Help You Recruit and Retain the Best Employees

With our new Pathways Plans, UniCare Health Insurance Company of the Midwest (UniCare) has made health insurance more affordable than ever. If today's rising health care costs and challenging economic times have prevented you from offering health insurance to your employees, consider Pathways as your next destination.

Our low-cost plans offer the flexibility and benefits sought by today's employers and their employees. Health insurance coverage helps protect you and your employees from the high financial exposure for illness and accidents.<sup>1</sup>

UniCare offers Defined Contribution options to help you budget your employees' medical coverage. Defined Contribution options give you the power to control benefit costs and better plan for your growing business. Our Defined Contribution Select 30 option limits your share of monthly premiums to a minimum of \$30 per employee per month.

At UniCare, we're committed to our goal of providing you with superior service and helping you keep health care benefit costs under control.

#### 7 Reasons to Choose Pathways

- Low premiums with Defined Contribution; employer contributes as little as \$30 per employee per month
- Accidental Injury covered 100% up to \$1,000<sup>2</sup>
- Preventive care benefits for adults and children up to age 6<sup>3</sup>
- Pharmacy benefits with no deductible for generic drugs<sup>4</sup>
- Unlimited office visits with \$40 copays, when participating providers are selected
- Premiums paid by the employer are tax deductible
- Inpatient hospital services covered at 60% when using participating providers<sup>5</sup>

<sup>3</sup> UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies. Maximum payment of \$200 for all services combined.

<sup>4</sup>Up to the lifetime maximum as stated in the applicable Certificate of Coverage.

<sup>5</sup> Inpatient medical care requires preservice review or member/insured will be subject to a \$500 penalty. This penalty is waived on emergency admissions; however, utilization review is still required.

<sup>&</sup>lt;sup>1</sup> Pathways Essentials and Pathways Plus Plans have annual maximums for medical and pharmacy.

<sup>&</sup>lt;sup>2</sup>This does not include work-related injuries which are excluded from benefits.

## Choose an Insurance Plan That's Right for You and Your Employees

Pathways Plans are a win-win option for employers and employees, providing low-cost premiums with many benefit features that are important to you and your employees. With our plans, choose from an extensive, independently contracted network of professionals and hospitals. Pathways Plans are an affordable solution to your health insurance needs.

### Why Purchase Group Health Insurance?

### **Pathways Essentials**

Pathways Essentials is a lower priced, higher annual deductible plan that offers vital benefits.

Pathways Essentials coverage options include:

- \$2,500 Annual Deductible per member
- \$25,000 Annual Maximum (medical and pharmacy combined)
- Accidental Injury covered 100% up to \$1,0001
- Unlimited office visits with \$40 copay<sup>2</sup>
- UniCare pays 100% for Preventive Care coverage up to \$200, deductible waived, for Adults, Babies and Children (through age 6)<sup>3</sup>
- Physical Therapy, Occupational Therapy, and Acupuncture up to \$30 per visit<sup>4</sup>

Real Life Example

Steve suffers from seasonal allergies, but rarely gets sick or visits the doctor. By choosing Pathways Essentials, he pays \$20 copays for generic maintenance medication for his allergies.

### Pathways Plus

Pathways Plus offers a lower annual deductible and provides unlimited office visits with copay.

Pathways Plus coverage options include:

- \$1,000 Annual Deductible per member
- \$50,000 Annual Maximum (medical and pharmacy combined)
- Accidental Injury covered 100% up to \$1,0001
- Unlimited office visits with \$40 copay<sup>2</sup>
- UniCare pays 100% for Preventive Care coverage up to \$200, deductible waived, for Adults and Babies and Children (through age 6)<sup>3</sup>
- Physical Therapy, Occupational Therapy and Acupuncture up to \$30 per visit<sup>4</sup>

Real Life Example

Emily is a single mother of a 2-year-old. She appreciates the Preventive Care benefits offered by Pathways Advantage and unlimited office visits with \$40 copay<sup>2</sup>.

1 This does not include work-related injuries which are excluded from benefits.

<sup>2</sup>When participating providers are selected.

<sup>3</sup> After UniCare pays \$200, deductible applies. Maximum payment of \$200 for all services combined.

<sup>4</sup>Maximum of 20 visits per member, per year for all of the services, participating and nonparticipating providers combined.

## Don't let your employees be without health insurance. With Pathways, you can now afford it!

## Pathways Advantage

Pathways Advantage **provides richer benefits with a lower deductible and no annual maximum.** 

Pathways Advantage coverage options include:

- \$1,000 Annual Deductible per member
- No Annual Maximum for medical and pharmacy; a lifetime maximum of \$5,000,000
- Accidental Injury covered 100% up to \$1,0001
- Unlimited office visits with \$40 copay<sup>2</sup>
- UniCare pays 100% for Preventive Care coverage up to \$200, deductible waived, for Adults and Babies and Children (through age 6)<sup>3</sup>
- Physical Therapy, Occupational Therapy and Acupuncture up to \$30 per visit<sup>4</sup>

#### Real Life Example

Kevin loves the outdoors and spends his free time hiking, Jet Skiing and biking. He's healthy and active, and rarely visits the doctor. He wants coverage in case of emergency, but doesn't want to pay for an expensive plan with features he doesn't use.

<sup>1</sup> This does not include work-related injuries which are excluded from benefits.

<sup>2</sup> When participating providers are selected.

<sup>3</sup> After UniCare pays \$200, deductible applies. Maximum payment of \$200 for all services combined. <sup>4</sup> Maximum of 20 visits per member, per year for all of the services, participating and nonparticipating providers combined.

## Pathways One suite. Three Plans. Your choice!



## Healthy Lifestyle Resources That Connect to You



UniCare members receive discounts on fitness and wellness programs and services! UniCare members get more than health care coverage. They become eligible for discounts and programs that put them on the path toward wellness and fitness.

HealthyExtensions<sup>™</sup> is an innovative program that goes beyond traditional health care services, offering UniCare members money-saving discounts on health and wellness products and services<sup>\*</sup>. Gain access to discounts on fitness club memberships and exercise equipment, vitamins and nutrition supplements, eyewear and contact lenses, yoga and massage therapy, all-inclusive Club Med vacations, smoking and alcohol cessation programs and more!

Visit the Discount & Savings link at unicare.com, and save up to 50 percent on wellness products and services. These discounts include alternative health resources, independent practitioners, and fitness products and services.

### Meet Some of Our Vendors\*

- Jenny Craig
- BriteSmile®
- GlobalFit<sup>™</sup>
- drugstore.com

- Club Med
- TruVision<sup>™</sup> (LASIK)
- Massage Therapy Network
- National Allergy Supply

\* Please confirm discounts with vendors at the time of purchase. This program is provided as a service to our members. These are not insurance benefits and are subject to change or cancellation without notice. Services and products are provided by independent vendors not affiliated with UniCare, its affiliates, subsidiaries or parent company. Services and products can also be obtained from vendors, without the purchase of insurance, from the vendors.

## Take the Path to Health and Wellness Discounts\*

### **Gym Memberships**

GlobalFit<sup>™</sup> is the nation's largest fitness club network offering discounted memberships to fitness clubs nationwide, including Gold's Gym, World Gym and Ladies Workout Express locations. As a UniCare member, you may be eligible to:

- Save up to 60 percent on fitness club membership fees
- Choose from over 1,500 fitness clubs nationwide
- Enjoy month-to-month membership with no long-term contract
- Receive family discounts

### Weight Loss Programs

UniCare contracts with a wide range of independent vendors designed for any budget or lifestyle. Members receive discounts toward some of the nation's leading weight-loss programs.

- Receive a 20 percent discount on all weight-control programs and products offered through Lindora Lean for Life<sup>®</sup>.
- Weight Watchers Online<sup>®</sup> offers UniCare members substantial savings for a pre-paid, three-month subscription
- Jenny Craig offers UniCare members a free, 30-day trial membership and discounts on other services and programs.

## Discounts on Eyewear, Contact Lenses, LASIK

UniCare members can save up to 50 percent on vision services using selected independent vendors and providers.

- Use EyeMed Vision Care discount plan and receive up to 30 percent off eyewear including standard plastic lenses (single vision, bifocal and trifocal). Gain access to a network of nearly 10,000 providers and retailers, including independent optometrists, ophthalmologists, opticians and many optical retailers such as LensCrafters<sup>®</sup>, Target Optical and most Sears Optical and Pearle Vision locations.
- Save up to 50 percent with free shipping and handling, when ordering contact lenses through the mail with TruVision<sup>™</sup>.
- Earn substantial discounts on LASIK laser surgery through TruVision, with access to a national LASIK network of independent board-certified ophthalmic surgeons.

### **BriteSmile**<sup>®</sup>

Get whiter teeth in just one hour, with results that can last for years! Who doesn't want a whiter, healthier looking smile? Now UniCare members can save \$100 on the leading professional teeth-whitening treatment, BriteSmile. With over 500,000 satisfied customers, BriteSmile is:

- Safe
- Convenient
- Comfortable
- Clinically proven

\* Please confirm discounts with vendors at the time of purchase. This program is provided as a service to our members. These are not insurance benefits and are subject to change or cancellation without notice. Services and products are provided by independent vendors not affiliated with UniCare, its affiliates, subsidiaries or parent company. Services and products can also be obtained from vendors, without the purchase of insurance, from the vendors.

## **UniCare Membership Offers** Extra Value

### WebMD

UniCare members can access valuable health information and tools to help manage their health through the Healthy Living link at unicare.com. Powered by WebMD, the Web site features information that is up to date and credible, including:

- The latest information on diseases and conditions
- · Timely and trustworthy newsletters and alerts
- Information about clinical trials
- Message boards to connect with others

\*Web sites are provided by independent vendors and/or providers and are not affiliated with UniCare, its affiliates, or parent company.

### **MedCall**<sup>®</sup>

MedCall offers UniCare members toll-free, 24-hour nurse access by phone, to answer many of your questions and provide assistance. Nurse counselors are available day or night to relay customized information about:

- Symptoms
- Medications and their side effects
- Procedures
- Referrals to doctors, hospitals and self-help agencies

### Travel Access

Don't let unexpected medical challenges catch you off-guard. UniCare's Travel Access program helps members use their health plan benefits for covered services while traveling throughout the Continental United States. Travel Access includes:

- Access to independent Platinum Network providers for nonemergency care\*
- Potential cost savings when traveling outside your assigned network
- Toll-free phone referral system available 24 hours a day, 7 days a week
- No additional premium costs

\*In an emergency, seek medical care at the closest medical facility

### **Provider Finder**

Provider Finder is your online resource for finding doctors, hospitals and other health professionals that participate in your current plan or a different UniCare plan. UniCare offers a broad, independently contracted provider network of doctors and hospitals. You can count on convenient access to health care professionals close to work and home.

Follow the step-by-step instructions at unicare.com to find providers that match your custom search criteria.

## **Information and Forms** at Your Fingertips



Instant access to personalized health benefits and claims information.

### **Everything You Need at unicare.com**

When you need up-to-date information, we've simplified the process with online forms, guides and self-service tools.

Busy administrators and employees appreciate having instant access to account, billing and claims status information. Download and complete applications, determine eligibility, request ID cards, and enroll new members – all with the click of a mouse button.

We make it easy to do business with UniCare!

#### Visit www.unicare.com today!

- Online information and forms available include:
- Applications
- Billing services
- Membership inquiries and changes
- Enroll new subscribers
- Request ID cards
- Review Explanation of Benefits

## Pathways... All the Advantages and Peace of Mind



When you need a company you can count on, choose UniCare. The choice is simple.

## Adding health insurance coverage has never been easier or more affordable!

Health insurance is a benefit no business can afford to be without. With Pathways, UniCare has developed affordable coverage for your small business. We're committed to changing the face of health care coverage and helping put members in control of their health care and financial future.

### Choose Pathways Plans for:

- Low-cost monthly premiums with Defined Contribution
- Unlimited office visits with \$40 copay
- Value-added benefits
- Convenient, online support
- Preventive care benefits for Adults, Babies and Children (through age 6)

## **Pathways Plan Comparison and Overview**

Your Plan Features When Choosing Participating Providers	Pathways Essentials	Pathways Plus	Pathways Advantage
Annual Deductible per member	\$2,500, two-deductible family maximum	\$1,000, two-deductible family maximum	\$1,000, two-deductible family maximum
Annual Maximum (Medical and Pharmacy combined. Lifetime maximum applies.)	\$25,000	\$50,000	No annual maximum
Accidental Injury <sup>1</sup>	100% up to \$1,000, deductible waived	100% up to \$1,000, deductible waived	100% up to \$1,000, deductible waived
Office Visits	\$40 copay, unlimited office visits, deductible waived	\$40 copay, unlimited office visits, deductible waived	\$40 copay, unlimited office visits, deductible waived
Preventive Care for Adults Preventive care for: Colorectal cancer screening, annual Pap smears, annual mammograms, PSAs. Office visits and examinations associated with these. (Maximum payment of \$200 for all services combined.)	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.
Preventive Care for Babies and Children (through age 6) Office visits, examinations, lab work/x-rays, and immunizations (Maximum payment of \$200 for all services combined.)	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.
Maternity 15-99 Employees included in plan 2-14 Employees only if Employer offers rider	60%	60%	60%
Outpatient Diagnostic X-ray and Lab Work	60%, deductible waived with a maximum payment of \$300 per member, per year, participating and nonparticipating providers, combined	60%, deductible waived with a maximum payment of \$300 per member, per year, participating and nonparticipating providers, combined	60%, deductible waived with a maximum payment of \$300 per member, per year, participating and nonparticipating providers, combined
Generic Prescription Drugs <sup>2</sup>	Member pays a \$20 copay	Member pays a \$20 copay	Member pays a \$20 copay
Physical Therapy, Occupational Therapy, Acupuncture, Acupresssure <sup>3</sup>	Up to \$30 per visit	Up to \$30 per visit	Up to \$30 per visit
Optional Mental Health Rider <sup>4</sup> If selected, this rider replaces the mental health benefit provided with any of the medical plans. Maximum payment of \$10,000 per insured per person, per year for inpatient and professional services, for participating and nonparticipating providers combined.	50% of Inpatient hospital charges: 50% of Professional charges	50% of Inpatient hospital charges: 50% of Professional charges	50% of Inpatient hospital charges: 50% of Professional charges
Lifetime Maximum	\$5,000,000 per member	\$5,000,000 per member	\$5,000,000 per member

<sup>1</sup> This does not include work-related injuries which are excluded from benefits.

<sup>2</sup> Prescription deductible for Brand Name Drugs is \$2000. For participating providers, member pays 50% for Brand Name Formulary Drugs and Brand Name Nonformulary Drugs.

<sup>3</sup> Maximum of 20 visits per member, per year for all of the services, participating and nonparticipating providers combined.

<sup>4</sup> Inpatient medical care requires preservice review or member/insured will be subject to a \$500 penalty. This penalty is waived on emergency admissions; however, utilization review is still required.

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 Certificate of Coverage ("Certificate") provisions apply. The Certificate set forth, in more detail, the benefits, limitations, and exclusions. If there are any conflicts between the terms of the Certificate and the information in this brochure, the terms of the Certificate will prevail.

## **Pathways** Essentials

Your Plan Features	Pathways Essentials		
	Participating Provider	Nonparticipating Providers	
Annual Deductible per member	\$2,500, two-deductible family maximum	\$5,000	
Annual Maximum (Medical and Pharmacy combined. Lifetime maximum applies.)	\$25,000		
Annual Out of Pocket Maximum	None		
Accidental Injury <sup>1</sup>	100% up to \$1000, deductible waived		
Office Visits	\$40 copay, unlimited office visits, deductible waived	60%	
Preventive Care for Adults Preventive care for: Colorectal cancer screening, annual Pap smears, annual mammograms, PSAs. Office visits and examinations associated with these. (Maximum payment of \$200 for all services combined.)	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	60%	
Preventive Care for Babies and Children (through age 6) Office visits, examinations, lab work/x-rays, and immunizations (Maximum payment of \$200 for all services combined.)	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	60%	
Maternity 15-99 Employees included in plan 2-14 Employees only if Employer offers rider	60%	60%	
Inpatient Hospital Services <sup>2</sup>	60%	60%, less a \$500 penalty for nonemergency stays	
Outpatient Diagnostic X-ray and Lab Work	60%, deductible waived with a maximum payment of \$300 per member, per year, participating and nonparticipating providers, combined	60%, deductible waived with a maximum payment of \$300 per member, per year, participating and nonparticipating providers, combined	
Generic Prescription Drugs <sup>3</sup>	Member pays a \$20 copay	50% of the average wholesale price	
Physical Therapy, Occupational Therapy, Acupuncture, Acupresssure <sup>4</sup>	Up to \$30 per visit		
Lifetime Maximum	\$5,000,000 per member		

<sup>1</sup> This does not include work-related injuries which are excluded from benefits.

<sup>&</sup>lt;sup>2</sup> 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.
<sup>3</sup> Prescription deductible for Brand Name Drugs is \$2000. For participating providers, member pays 50% for Brand Name Formulary Drugs and Brand Name Nonformulary Drugs.
Adviruum of 20 visits for member per very for all of the services, participating providers, member pays 50% for Brand Name Formulary Drugs and Brand Name Nonformulary Drugs.

<sup>&</sup>lt;sup>4</sup> Maximum of 20 visits per member, per year for all of the services, participating and nonparticipating providers combined.

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 Certificate of Coverage ("Certificate") provisions apply. The Certificate set forth, in more detail, the benefits, limitations, and exclusions. If there are any conflicts between the terms of the Certificate and the information in this brochure, the terms of the Certificate will prevail.

## Pathways Plus

Your Plan Features	Pathways Plus		
	Participating Provider	Nonparticipating Providers	
Annual Deductible per member	\$1,000, two-deductible family maximum	\$2,000	
Annual Maximum (Medical and Pharmacy combined. Lifetime maximum applies.)	\$50,000		
Annual Out of Pocket Maximum	None		
Accidental Injury <sup>1</sup>	100% up to \$1000, deductible waived		
Office Visits	\$40 copay, unlimited office visits, deductible waived	60%	
Preventive Care for Adults Preventive care for: Colorectal cancer screening, annual Pap smears, annual mammograms, PSAs. Office visits and examinations associated with these. (Maximum payment of \$200 for all services combined.)	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	60%	
Preventive Care for Babies and Children (through age 6) Office visits, examinations, lab work/x-rays, and immunizations (Maximum payment of \$200 for all services combined.)	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	60%	
Maternity 15-99 Employees included in plan 2-14 Employees only if Employer offers rider	60%	60%	
Inpatient Hospital Services <sup>2</sup>	60%	60%, less a \$500 penalty for nonemergency stays	
Outpatient Diagnostic X-ray and Lab Work	60%, deductible waived with a maximum payment of \$300 per member, per year, participating and nonparticipating providers, combined	60%, deductible waived with a maximum payment of \$300 per member, per year, participating and nonparticipating providers, combined	
Generic Prescription Drugs <sup>3</sup>	Member pays a \$20 copay	50% of the average wholesale price	
Physical Therapy, Occupational Therapy, Acupuncture, Acupresssure <sup>4</sup>	Up to \$30 per visit		
Lifetime Maximum	\$5,000,000 per member		

<sup>1</sup> This does not include work-related injuries which are excluded from benefits.

<sup>2</sup> 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.
 <sup>3</sup> Prescription deductible for Brand Name Drugs is \$2000. For participating providers, member pays 50% for Brand Name Formulary Drugs and Brand Name Nonformulary Drugs.
 <sup>4</sup> Maximum of 20 visits per member, per year for all of the services, participating and nonparticipating providers combined.

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 Certificate of Coverage ("Certificate") provisions apply. The Certificate set forth, in more detail, the benefits, limitations, and exclusions. If there are any conflicts between the terms of the Certificate and the information in this brochure, the terms of the Certificate will prevail.

## Pathways Advantage

Your Plan Features	Pathways Advantage		
	Participating Provider	Nonparticipating Providers	
Annual Deductible per member	\$1,000, two-deductible family maximum	\$2,000	
Annual Maximum (Medical and Pharmacy combined. Lifetime maximum applies.)	No annual maximum		
Annual Out of Pocket Maximum	\$5,000	\$30,000	
Accidental Injury <sup>1</sup>	100% up to \$1000, deductible waived		
Office Visits	\$40 copay, unlimited office visits, deductible waived	60%	
Preventive Care for Adults Preventive care for: Colorectal cancer screening, annual Pap smears, annual mammograms, PSAs. Office visits and examinations associated with these. (Maximum payment of \$200 for all services combined.)	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	60%	
Preventive Care for Babies and Children (through age 6) Office visits, examinations, lab work/x-rays, and immunizations (Maximum payment of \$200 for all services combined.)	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	60%	
Maternity 15-99 Employees included in plan 2-14 Employees only if Employer offers rider	60%	60%	
Inpatient Hospital Services <sup>2</sup>	60%	60%, less a \$500 penalty for nonemergency stays	
Outpatient Diagnostic X-ray and Lab Work	60%, deductible waived with a maximum payment of \$300 per member, per year, participating and nonparticipating providers, combined	60%, deductible waived with a maximum payment of \$300 per member, per year, participating and nonparticipating providers, combined	
Generic Prescription Drugs <sup>3</sup>	Member pays a \$20 copay	50% of the average wholesale price	
Physical Therapy, Occupational Therapy, Acupuncture, Acupresssure <sup>4</sup>	Up to \$30 per visit		
Lifetime Maximum	\$5,000,000 per member		

<sup>1</sup>This does not include work-related injuries which are excluded from benefits.

<sup>&</sup>lt;sup>2</sup> 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. <sup>3</sup> Prescription deductible for Brand Name Drugs is \$2000. For participating providers, member pays 50% for Brand Name Formulary Drugs and Brand Name Nonformulary Drugs.

<sup>&</sup>lt;sup>4</sup>Maximum of 20 visits per member, per year for all of the services, participating and nonparticipating providers combined.

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 Certificate of Coverage ("Certificate") provisions apply. The Certificate set forth, in more detail, the benefits, limitations, and exclusions. If there are any conflicts between the terms of the Certificate and the information in this brochure, the terms of the Certificate will prevail.

## **Enrollment Guidelines–General Policy Information**

## **Enrollment Guidelines**

#### Eligible employees

An eligible employee is a permanent full-time employee, who works at least 30 hours a week in the conduct of your group's business. An eligible employee is not an employee who works on a part-time, temporary or substitute basis.

#### Eligible dependents

An eligible dependent is an eligible employee's lawful spouse or unmarried child who has not reached 19 years of age, or unmarried child from the age of 19 to 23 who is a fulltime student and fully dependent on the employee for support. A child is an employee's or employee's spouse's natural child, adopted child, or stepchild who has not reached age 23. An eligible employee's child or spouse's child of any age, enrolled prior to age 19 who are incapable of self support due to continuing mental retardation or physical handicap and who are chiefly dependent on the eligible employee. UniCare requires written proof of such a handicap and dependency within 31 days of the child's 23rd birthday and annually thereafter. An eligible dependent may not be listed as a dependent for more than one insured employee.

#### Effective date

For new groups, the effective date (the date your coverage becomes effective) may be the first or fifteenth of the month. Subsequent monthly billings will be on the first of each month.

#### Waiting period

You may choose no waiting period or a 0-, 1-, 2-, 3-, or 6-month waiting period. The effective date for new employees is on the first day of the month following the waiting period.

Future employees/dependents The effective date for a new hire will be the first of the month following the waiting period (the initial eligibility date) provided we receive a fully completed application prior to the initial eligibility date. Applications will be accepted up to 30 days after the initial eligibility date. In this case, the effective date will be the first of the month following the date we approve the application. Coverage for newly acquired dependents requires application for the plan within 31 days after the dependent becomes eligible.

#### Late enrollees

A late enrollee is any eligible employee or dependent who submits his or her written application after the expiration of either the initial enrollment period or a special enrollment period or after the expiration of the annual open enrollment period. The late enrollee is eligible only at your group's anniversary date. Please see your Certificate of Coverage for exceptions to late enrollees and other specific details.

Pre-existing conditions A pre-existing condition means a disease or condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 6 months immediately preceding the earlier of either the effective date of coverage, or if there is a waiting period, the first day of the waiting period. Coverage will not be provided for 12 months following the effective date of coverage for pre-existing conditions. For the purpose of this plan, pregnancy is not a pre-existing condition.

Group replacement coverage An individual who was covered under your group's health insurance plan immediately prior to its replacement by this plan and who becomes covered under this plan on your effective date will receive credit for time covered under the previous group plan toward satisfaction of the 12-month preexisting condition waiting period.

With proper documentation, UniCare will also credit an individual's medical and/or dental deductible previously applied by your prior group health insurance plan. To receive this credit, your prior group health insurance plan must have been in effect up to a date not more than 60 days before the effective date of this plan.

#### Creditable coverage

We will credit the time an insured person was covered by creditable coverage provided there is not a lapse of coverage greater than 63 days between the creditable coverage and the effective date of coverage under this plan, excluding the waiting period. Please see your Certificate of Coverage for a complete list of creditable coverage.

#### Individual coverage

Any UniCare Individual medical insurance coverage must be terminated if and when an applicant is approved for any UniCare Group medical insurance plan.

#### Plan options

An employer may choose to offer the entire Pathways Suite or Pathways Advantage Plan only, to full-time employees. The group cannot offer the Pathways Essentials or Pathways Plus Plans as standalone products.

## **Important Things To Know**

## Underwriting

The Underwriting Guidelines have been developed in an effort to offer coverage to all eligible businesses and their employees. UniCare Underwriting uses a point system to evaluate each group. Criteria used in the evaluation process include your contribution, employee participation, group size, industry, the number of COBRA eligible employees, the group's health status, and the group's tobacco usage. If your group is offered a particular rate level, then all of your group's full-time employees will be offered coverage at the same rate level.

### **Employer Contribution**

#### Medical:

Employer must contribute either: a minimum of 50 percent of the employee's monthly health premium (Traditional Contribution); \$30 per employee per month or the employee's actual premium for the month (whichever is less) for the employee's health premium (Defined Contribution) or any fixed dollar amount in \$5 increments greater than \$30 per employee per month or the employees' actual premium for the month (whichever is less) for the employee's health premium (Defined **Contribution Select**). The employer is not required to contribute toward dependent's coverage.

## **Employee Participation**

The standard participation requirement for a group's health insurance plan is a minimum of 75 percent of eligible employees. If an employee or a dependent declines coverage, he or she must complete the section on "Employee Information" and "Coverage Declination," of the Employee Application.

## COBRA/FMLA Eligible Groups

If you qualify for coverage under either COBRA (Consolidated Omnibus Budget Reconciliation Act) or FMLA (Family and Medical Leave Act) you must complete the questionnaire, including the qualifying event and date continuation coverage began for each applicable employee.

### **Medicare**

Based on federal law, if your business employs less than 20 employees in a year, if any of your employees becomes 65 years of age and maintains employment eligibility, his or her primary health carrier must be Medicare. If your business employs 20 or more employees in a year, UniCare will remain the primary carrier if elected by the employee.

## Valid enrollment

False or missing information or lack of any required enrollment material may form the basis for voiding coverage from the date of issue. No benefits will be paid for any claim submitted, and premiums already paid for the time period for which coverage is rescinded will be refunded, less claims paid.

### Changes in Premium Rates

Premium rates for a specific group are established and adjusted in part based upon the actual and expected variation in claims costs and health condition of the enrolled employees and dependents of such employer. Premiums for a specific employer may also be established and adjusted in part based on various other factors which may include, but are not limited to, the group's industry as well as pool rate changes.

Utilization review, preservice review, and benefit authorization program

Sometimes a medical condition may require hospitalization for treatment. UniCare's preservice benefit reviews are designed to determine if hospitalization meets the medical necessity criteria in the applicable Certificate of Coverage. A preservice

benefit review is required for all hospitalizations and for services received from an ambulatory surgical center. These reviews are vital to using the plan properly because UniCare will cover services only if we determine them to meet the medically necessary criteria in the Certificate of Coverage. The benefit authorization program works in a similar fashion. It requires review of certain services to assist our members in receiving the maximum allowable benefit while avoiding unnecessary costs. These services include, for example, organ or tissue transplants, home health services, skilled nursing facility services, hospice services, and infusion therapy services. Preservice benefit reviews and/or authorizations must be received prior to services being rendered.

## **Third Party Liability**

No benefits are payable for any illness, injury, or other condition for which a third party may be liable or legally responsible. The responsible party may be legally obligated to pay for medical expenses related to the illness or injury.

## Important Things To Know (cont.)

### **Renewability**

The group policy and coverage for all insured persons shall terminate for any of the following reasons including, but not limited to:

- failure to provide required information or documentation
- fraud or intentional misrepresentations of a material fact
- nonpayment of premium
- when an insured employee exceeds the maximum number of days of paid personal or medical leave of absence
- failure to meet minimum contribution and participation requirements
- failure to maintain status as a group
- repeated misuse of the provider network provisions
- relocation of more than half of the group's eligible employees to location outside the service area
- relocation of the group to a location outside the service area
- UniCare discontinues all groups with your particular type of employer coverage or cancels all employer group health benefit plans in the state or in a geographic service area

Coverage for an insured employee and insured dependent will terminate for any of the following reasons including, but not limited to:

- when an insured employer/insured dependent no longer meets the definition of an eligible employee/eligible dependent
- nonpayment of premium
- the group policy terminates
- the lifetime maximum benefit of the plan is exhausted
- fraud or material misrepresentation of a material fact
- for an insured dependent when the insured employer's coverage terminates unless due to exhaustion of the lifetime maximum of benefits

## **Medical Insurance Plans Limitations & Exclusions**

The primary limitations and exclusions for each of the plans in this brochure are described below. Please take a few moments to review this information. This list is a representative overview only. A comprehensive list and more details of each plan's limitations and exclusions can be found in the plan-specific Certificate of Coverage. Should there be any discrepancies between this brochure and the terms of your Certificate of Coverage, the terms of your Certificate of Coverage shall govern.

Limitations & Exclusions for Pathways Essentials, Pathways Plus and Pathways Advantage Plans.

- Any amounts in excess of maximum amounts of expenses stated in the plan.
- Services not specifically listed in the plan as covered services.
- Services or supplies that are not medically necessary.
- Services or supplies that UniCare considers to be experimental or investigative.
- Services received before the effective date of coverage or during an inpatient stay that began before that effective date of coverage.
- 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 a health plan or insurance coverage.
- Services for any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any worker's compensation, employer's liability law or occupational disease law, even if you do not claim those benefits.
- Conditions caused by (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such

release of nuclear energy; (c) an insured person participating in the military service of any country; (d) an insured person participating in an insurrection, rebellion, or riot; (e) services received for any condition caused by an insured person's commission of, or attempt to commit a felony or to which a contributing cause was the insured person being engaged in an illegal occupation; (f) an insured person, age 19 or older, being under the influence of illegal narcotics or nonprescribed controlled substances unless administered on the advice of a physician.

- Any services provided by a local, state or federal government agency except to the extent payment under the plan is expressly required by federal or state law.
- Professional services received or supplies purchased from yourself, a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption, or the insured employee's employer.
- Inpatient or outpatient 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; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.

- Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Treatment of drug, or other substance addiction or abuse (except for the treatment of alcohol abuse as specifically provided by the plan).
- Dental services, dentures, bridges, crowns, caps or other dental prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically stated under dental care in the comprehensive benefits section of the plan, including dental services for temporomandibular joint dysfunction.
- Orthodontic services, braces and other orthodontic appliances including orthodontic services for temporomandibular joint dysfunction.
- Dental implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.

- Hearing aids.
- Routine hearing tests, except as provided under well baby and well child care.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in the plan.
- An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- Outpatient speech therapy.
- Any drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in the plan. This includes, but is not limited to, items dispensed by a physician.
- Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to reconstructive surgery to correct the appearance of abnormal looking features or characteristics of the body caused by birth defects, injury, disease, tumors, or infection.

## Medical Insurance Plans Limitations & Exclusions (cont.)

 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 except if this is a result of an accidental injury, organic cause, trauma, infection, or congenital disease or anomalies.
- All services related to the evaluation or treatment of fertility and/or infertility, except as specifically stated under comprehensive benefits, what the plan pays for sterilization and fertility/infertility.
- Cryopreservation of sperm or eggs.
- All noncontraceptive drugs, devices and/or supplies that are available over the counter or with out a prescription. Drugs and medications used to induce nonspontaneous abortions.
- 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.
- Routine physical exams or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority except as specifically stated under the professional and other services,

well baby and well child care, and preventive care section of the plan.

- Charges by a provider for telephone consultations.
- Items which are furnished primarily for your personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
- Educational services except as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements.
- Durable medical equipment not specifically listed as covered services in the covered services or infusion therapy sections of the plan.
   Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
- Any services received on or within twelve months after the eligibility date of coverage if they are related to a preexisting condition as defined in the plan.
- Intentionally self-inflicted injuries or illness.

- Growth hormone treatment except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the insured's condition.
- Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, injury or symptoms involving the feet.
- Charges for which we are unable to determine our liability because you or an insured person failed, within 60 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 or other insurance coverage.
- Charges for animal to human organ transplants.
- Claims received after 15 months from the date service was rendered.

## Pathways: One Suite. Three Plans. Your Choice!

## Helpful Information

## **Important Address**

UniCare Group Membership P.O. Box 5051 Bolingbrook, IL 60440-5051

## **Important Telephone Numbers:**

UniCare Customer Service (888) 742-2505

### Vendors

### **Phone Number**

<ul> <li>Jenny Craig</li> </ul>	800-536-6920
BriteSmile <sup>®</sup>	888-746-7705
• GlobalFit <sup>™</sup>	800-294-1500
• TruVision <sup>™</sup> (LASIK)	877-765-2020
<ul> <li>drugstore.com</li> </ul>	800-378-4786
Massage Therapy Network	888-289-4325
Club Med	800-999-2608
<ul> <li>National Allergy Supply</li> </ul>	800-522-1448

## **Consumer's Guide to Health Insurance Terms**

#### Annual Maximum Benefit

The annual maximum benefit is the maximum dollar amount that a health plan will pay for all health care services for an insured individual during a year. The patient is responsible for paying costs above the annual maximum.

#### **Co-Payment**

A pre-determined, flat fee that an individual pays for health care services, in addition to what the insurance covers.

#### Deductible

The amount an individual must pay for health care expenses before insurance covers the costs. Insurance plans are often based on yearly deductible amounts.

#### **Defined Contribution**

An option that allows an employer to contribute a monthly specific dollar amount toward employees' health premiums. Under Select Contribution, the employer contributes a fixed amount. Under Traditional Contribution, the employer contributes 50 percent or more of employees' monthly premium.

#### In-Network (Participating)

Providers or health care facilities which are part of a health plan's network of providers. Insured individuals usually pay less when using an in-network provider.

#### Lifetime Maximum Benefit

The maximum amount a health plan will pay in benefits to an insured individual during that individual's lifetime.

#### Network

A group of doctors, hospitals and other health care providers who are contracted to provide independently contracted services to insurance companies' customers for less than their usual fees. Insured individuals usually pay less for using an innetwork provider.

#### **Out-of-Network** (Nonparticipating)

Physicians, hospitals or other health care providers who are considered nonparticipants in an insurance plan. Depending on the plan, expenses incurred from these out-of-network health professionals may not be covered, or covered in part by an insurance company.

#### Out-of-Pocket Maximum

A predetermined amount that an individual must pay before an insurance company will pay 100 percent for their health care expenses.

#### Outpatient

An individual who receives health care services (such as surgery) on an outpatient basis, meaning they do not stay overnight in a hospital.

#### Underwriting

The process of selecting applicants for insurance, and classifying them according to degrees of insurability so that the appropriate premium rates may be charged. The process may include rejection of unacceptable risks.

## **Notes:**



UniCare Life & Health Insurance Company Sales Office Bolingbrook, IL

Benefits effective 2/1/06. The benefits listed in this brochure are only a brief description of some plan benefits. Please refer to the applicable Certificate of Coverage for more complete details, including benefits, limitations and exclusions. Not all options available on all plans; contact UniCare for additional details.

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