

ILLINOIS
PLAN OVERVIEW
Individual and Family
Health Insurance Plans



Medical plans offered to Illinois-resident individuals and families are issued under a certificate pursuant to a group trust policy.
UniCare Health Insurance Company of the Midwest

UniCare Health Insurance Company of the Midwest (UniCare) Overview of Health Insurance Plans

UniCare Individual health insurance plans allow you to use any doctor you choose. Participating Providers (Par) benefits in this chart are based on discounted rates that UniCare has negotiated that can save you money. The benefits for Nonparticipating Providers (Nonpar) doctors and hospitals are based on charges that UniCare considers to be reasonable.

Refer to Provider Finder on the UniCare Web site at www.unicare.com or ask your agent how to determine which providers in your area are participating (in-network) providers before you sign an application for coverage.

FIT Medical Plans

FIT Plans are nearly identical. All FIT plans feature “first dollar benefits” – (coverage with no annual deductible amount) for in-network office visits at a copay of \$30, and certain preventive care screenings with a first dollar benefit maximum of \$300 per member. FIT offers additional across-the-board sensible, in-demand benefit features.

Differences among FIT plans are deductible amount, coverage level for in-network doctors and hospitals, and the brand name drug deductible amount.

FIT plans are available with annual deductibles of \$500, \$1,000, \$1,500, \$2,000, \$3,000 and \$5,000. To help you make the right choice, refer to the rate guide. Choose the lowest deductible offered for a monthly premium that fits your budget.

The FIT plans and Saver 2000 plan feature a fourth-quarter carryover for the annual deductible. If your annual deductible is not satisfied in a given year, the covered expenses incurred during the months of October through December and applied to your annual deductible for that year will be applied toward your annual deductible for the following year.

Also from Unicare:

Individual and Family Dental Insurance

Good oral health is a quality of life issue. UniCare dental insurance provides affordable coverage for regular dental care.

Individual Term Life Insurance

For as little as \$3.00* per month you can enjoy the security and peace of mind of knowing you can help meet your family's financial needs even if you're not there to provide for them.

UniCare Has It All

- A nationally recognized carrier, with a record of reliability and financial security
- An extensive selection of independently contracted network doctors, hospitals and surgical centers
- Access to quality medical services at discounted fees
- Higher levels of coverage than most other carriers
- Valuable health and wellness programs at no additional cost
- Convenient online member services

Cost Savings with In-Network Doctors and Hospitals

Par providers are independently contracted doctors and medical facilities that are part of UniCare's network. When you use Par Providers (also known as in-network doctors and contracted hospitals) your costs are reduced in two ways: in-network doctors have agreed to accept lower, negotiated rates for most services, and UniCare shares a higher portion of the costs with you when you use in-network providers.

When you use Nonparticipating (out-of-network) Providers, your benefits are based on charges that UniCare considers reasonable for that service and area. Using an out-of-network provider may result in higher costs to you because you are responsible for any billed charges in excess of the reasonable charges.

10-Day Free Look

Once your Certificate of Coverage arrives, you have 10 full days to examine and either accept or decline coverage by returning the Certificate of Coverage with a written request to cancel. We will then cancel your coverage as of the original effective date and promptly refund any premium you have paid. After 10 days, you may cancel by sending UniCare a written notice. Upon the receipt date of the notice or on a later date specified in the notice, UniCare shall cancel and promptly refund the excess of paid premium.

Learn more about UniCare plans and programs at unicare.com

Illinois FIT and Saver 2000 Plans Benefit Comparison*

Amounts shown are for UniCare's payment of covered expenses **after applicable deductibles are met**, unless otherwise noted. In this chart, "Par" represents Participating Provider and "Nonpar" represents Nonparticipating Provider.

Plan Features	Illinois FIT 500 Plan 1000 Plan	Illinois FIT 1500, 2000 Plans 3000, 5000 Plans	UniCare Saver 2000
Annual Deductible¹ Per member, two member maximum	\$500, \$1,000	\$1,500, \$2,000 \$3,000, \$5,000	\$2,000
Additional Out-of-Network Deductible¹	\$2,000 per member, per year		\$1,000 per member, per year
Annual Out-of-Pocket Maximum¹ (amounts shown plus applicable deductibles)	Par: \$3,000 per member, \$6,000 per family Nonpar: \$10,000 per member, \$20,000 per family		
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member		
Office Visits Exam only for any covered illness or injury, and certain preventive care services for adults.	Par: You pay a \$30 copay, unlimited visits, deductible waived Nonpar: 60%, unlimited visits, deductible applies		Par: You pay a \$30 copay, deductible waived Nonpar: 60%, deductible waived Limited to two office visits per member, per year, par and nonpar combined
Preventive Care Well Baby/Children (through age 6) Immunizations	Par: 100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 80% and deductible applies Nonpar: 60%, deductible applies	Par: 100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 70% and deductible applies Nonpar: 60%, deductible applies	Not Covered
Office Visits	Par: You pay a \$30 copay, unlimited visits, deductible waived Nonpar: 60%, unlimited visits, deductible applies		Not Covered
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screening	Par: 100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 80% and deductible applies Nonpar: 60%, deductible applies	Par: 100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 70% and deductible applies Nonpar: 60%, deductible applies	Par: 70% Nonpar: 60%
Colorectal Cancer Screening	Par: 80% Nonpar: 60%	Par: 70% Nonpar: 60%	Par: 70% Nonpar: 60%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	Par: 80% Nonpar: 60%	Par: 70% Nonpar: 60%	Par: 70% Nonpar: 60% For limited services only
Lab Work and X-rays	Par: 80% Nonpar: 60%	Par: 70% Nonpar: 60%	Par: 70% Nonpar: 60% With a maximum payment of \$300 per member, per year, deductible waived, par and nonpar combined
Ambulance Service	Par: 80% Nonpar: 60% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	Par: 70% Nonpar: 60%	Par: 70% Nonpar: 60% Maximum covered expense of \$750 per trip for Air or Ground
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	Par: 80% Nonpar: 80% ⁴	Par: 70% Nonpar: 70% ⁴	Par: 70% Nonpar: 70% ⁴
Inpatient Hospital Services²	Par: 80% Nonpar: 60%, less a \$500 deductible for non-emergency stays	Par: 70% Nonpar: 60%, less a \$500 deductible for non-emergency stays	Par: 70% Nonpar: 60%, less a \$500 deductible for non-emergency stays
Outpatient Hospital^{2,3} or Surgical Center²	Par: 80% Nonpar: 60%	Par: 70% Nonpar: 60%	Par: 70% Nonpar: 60%
Physical Therapy, Occupational Therapy, and Acupuncture	Maximum payment of \$30 per visit, up to 12 visits per member, per year, for all of these services combined		Not covered
Retail Pharmacy⁵ Per prescription (up to a 30-day supply)	FIT 500/1000 \$250 Brand Name Deductible	FIT 1500/2000 \$250 Brand Name Deductible FIT 3000/5000 \$500 Brand Name Deductible	\$200 Brand Name Deductible UniCare pays a maximum of \$500 per member, per year. Includes generic and brand, participating and nonparticipating pharmacies, retail and mail service combined Par: You pay a \$10 copay Nonpar: UniCare pays 50% of the average wholesale price
Generic Drugs Not subject to deductible(s)	Par: You pay a \$10 copay Nonpar: UniCare pays 50% of the average wholesale price		
Brand Name Drugs Brand Name Deductible applies	Par: You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs. Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$25 copay Nonpar: UniCare pays 40% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	Par: UniCare pays 80% Nonpar: UniCare pays 50% of the average wholesale price	Par: UniCare pays 70% Nonpar: UniCare pays 50% of the average wholesale price	Par: UniCare pays 70% Nonpar: UniCare pays 50% of the average wholesale price

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

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Preservice Review section on back cover.

³ Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 deductible.

⁴ Until transferable to a participating hospital; if stay continues thereafter, then 60% subject to a \$500 deductible.

⁵ Certain prescription drugs may require prior authorization by UniCare.

* Read the applicable Certificate of Coverage 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 actual Certificate of Coverage provisions apply. The plan sets forth, in more detail, the conditions, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Certificate of Coverage and the information in this brochure, the terms of the Certificate of Coverage will prevail.

All UniCare Plans Offer Valuable Health and Wellness Extras— At No Additional Cost

UniCare HealthyExtensions^{SM1}

As a UniCare plan member, you have access to discounts on a variety of alternative health and wellness products and services offered by independent vendors, including:

- Vitamins
- Nutrition and fitness programs
- Health clubs
- Hearing aids
- Eyeglasses and contact lenses
- Skin care products
- Educational materials
- Online resources
- Alternative health practitioners

For a complete list of vendors and discount offers, visit unicare.com.

Talk to a Health Care Professional 24/7 with MedCall[®]

You have access to nurse counselors who can provide you with medical information 24 hours a day, seven days a week. At no additional cost to you, this telephone hotline provides answers to many health questions including symptoms, procedures and alternatives, and medication side effects.

Platinum Network Travel Access – for Peace of Mind When You Travel

Travel Access is available to UniCare plan members at no additional premium cost. When you or one of your family members needs medical care while traveling outside of your local provider network, but within the continental United States, Travel Access can help you get connected.

When you call your Travel Access representative, you will be provided with the name, address and phone number of an independently contracted doctor or hospital that is within the UniCare expanded provider network. The doctor will help address your health concern and submit the claim forms to UniCare on your behalf so that your health care benefits are applied.

Mail Service Prescription Drugs

In addition to filling your prescriptions at a retail pharmacy, you may opt for the convenience of ordering a 60-day supply through PrecisionRx² by mail, phone or online. For mail order prescriptions, your copay will be double that of the retail pharmacy since you are ordering a 60-day supply. Brand name deductibles and pharmacy maximums apply.

HSA Compatible Health Insurance Plans*

High-Deductible Health Plans with HSA Compatibility

Enrolling in a High-Deductible Health Plan (HDHP) and opening a Health Savings Account (HSA) provides you with an optimal environment for premium savings, investment opportunities, and tax advantages, such as payment of eligible medical expenses with pre-tax dollars.

UniCare offers a full portfolio of High-Deductible Health Plans that are compatible with Health Savings Accounts (HSAs). The HDHPs are designed to meet certain U.S. Treasury Department requirements for compatibility with HSA's. Refer to the opposite page for an overview of the plan benefits.

You have the option to open a Health Savings Account with JPMorgan Bank, N.A. (Chase). Through a special arrangement with Chase³, UniCare offers the convenience of applying for both an HSA and a HDHP together. Ask your agent for a Chase bank application.

*A high-deductible health plan is not an HSA. An HSA, which must be established for tax-advantaged treatment, is a separate arrangement between the individual and a bank or other qualified institution. You must be an eligible individual under IRS regulation to receive the tax benefits of an HSA. Consultation with a tax advisor is recommended.

¹ 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 that are not affiliated with UniCare Health Insurance Company of the Midwest, its affiliates, subsidiaries or parent company.

² Pharmacy benefit management services provided by Professional Claim Services, Inc. dba WellPoint Pharmacy Management.

³ JPMorgan Chase Bank, N.A. (Chase). Chase is an independent company that is not affiliated with, or owned or controlled, in whole or part, by UniCare or any of its affiliates, subsidiaries or its parent company. The HSA with Chase is governed by the terms and conditions of the contract that individuals have with Chase regarding those accounts and UniCare has no control, nor does it exercise any control, over the contractual relationship between individuals and Chase.

HSA Compatible Health Plans Benefit Comparison*

Overview of Coverage—Amounts shown are for UniCare’s payment for covered expenses after applicable deductibles are met, unless otherwise noted. In this chart, “Par” represents Participating Provider and “Nonpar” represents Nonparticipating Provider.

Plan Features	High-Deductible (HSA Compatible) Variable Deductible Plan	High-Deductible (HSA Compatible) Plan 2	High-Deductible (HSA Compatible) Variable Contribution Plan**	High-Deductible (HSA Compatible) Plan 3
Annual Deductible (Medical and pharmacy combined)	For 2006 \$1,050 for single party, \$2,100 for family The annual deductible will reflect the U.S. Treasury’s minimum deductible requirements for HSA qualified high-deductible health plans. The amount is subject to change annually.	\$2,600 for single party, \$5,200 for family	For 2006 \$2,700 for single party, \$5,450 for family The annual deductible will reflect the U.S. Treasury’s maximum annual contribution limits for Health Savings Accounts. The amount is subject to change annually.	\$5,000 for single party, \$10,000 for family
Additional Out-of-Network Deductible	\$4,000 for single party, \$8,000 for family			
Annual Out-of-Pocket Maximum¹ (includes annual deductible and pharmacy copays)	Par: \$5,000 (single party), \$10,000 (family) Nonpar: \$15,000 (single party), \$20,000 (family)			
Lifetime Maximum Benefit	UniCare pays up to \$5,000,000 per member			
Office Visits —Exam only for any covered illness, injury or certain preventive care services for adults and children through age 6.	Par: 80% Nonpar: 60%		Par: 100% Nonpar: 60%	
Preventive Care for Babies and Children (through age 6) Immunizations	Par: 80% Nonpar: 60%		Par: 100% Nonpar: 60%	
Adult Preventive Care Screenings Lab work and X-rays for routine Pap smears, annual mammograms, PSA screenings and colorectal cancer screenings	Par: 80% Nonpar: 60%		Par: 100% Nonpar: 60%	
Professional Services Such as surgery, anesthesia, radiation therapy, in-hospital doctor visits and diagnostic X-rays/lab	Par: 80% Nonpar: 60%		Par: 100% Nonpar: 60%	
Ambulance Service	Par: 80% Nonpar: 60%		Par: 100% Nonpar: 60%	
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	Par: 80% Nonpar: 80% ⁴		Par: 100% Nonpar: 100% ⁴	
Inpatient Hospital Services²	Par: 80% Nonpar: 60%		Par: 100% Nonpar: 60%	
Outpatient Hospital^{2,3} or Surgical Center²	Par: 80% Nonpar: 60%		Par: 100% Nonpar: 60%	
Durable Medical Equipment	Par: 80% Nonpar: 60%		Par: 100% Nonpar: 60%	
Physical Therapy, Occupational Therapy and Acupuncture/Acupressure	Maximum payment of \$30 per visit, up to 12 visits per member, per year, for all of these services combined			
Retail Pharmacy⁵ Per prescription, up to a 30-day supply. Deductibles apply Generic Drugs	Par: You pay a \$10 copay Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$10 copay Nonpar: UniCare pays 50% of the average wholesale price	Par: UniCare pays 100% Nonpar: UniCare pays 50% of the average wholesale price
Brand Name Formulary Drugs	Par: You pay a \$30 copay Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$30 copay Nonpar: UniCare pays 50% of the average wholesale price	Par: UniCare pays 100% Nonpar: UniCare pays 50% of the average wholesale price
Brand Name Nonformulary Drugs	Par: You pay a \$50 copay Nonpar: UniCare pays 50% of the average wholesale price		Par: You pay a \$50 copay Nonpar: UniCare pays 50% of the average wholesale price	Par: UniCare pays 100% Nonpar: UniCare pays 50% of the average wholesale price
Self Injectable Drugs	Par: UniCare pays 80% Nonpar: UniCare pays 50% of the average wholesale price		Par: UniCare pays 80% Nonpar: UniCare pays 50% of the average wholesale price	Par: UniCare pays 100% Nonpar: UniCare pays 50% of the average wholesale price

*Read the applicable Certificate of Coverage carefully for a more complete list of coverage, conditions, limitations and exclusions. 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 actual Certificate of Coverage provisions apply. The plan sets forth, in more detail, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Certificate of Coverage and the information in this brochure, the terms of the Certificate of Coverage will prevail.

**The High-Deductible Variable Contribution plan offers prescription drug coverage. Once your annual deductible is satisfied, you only have to pay the appropriate copay for your prescriptions. Once your out-of-pocket maximum is met, you have 100% pharmacy coverage. See the pharmacy benefit for details on the copay amounts.

¹ Once the par out-of-pocket maximum has been met, covered services obtained from an in-network provider, including prescription drugs, will be covered at 100%.

² Once the nonpar out-of-pocket maximum has been met, covered services obtained from an out-of-network provider, including prescription drugs, will be covered at 100%.

³ Services may require preservice review or authorization by UniCare or you will be required to pay an additional deductible.

⁴ Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

⁵ Until transferable to a participating hospital; if stay continues thereafter, then 60% subject to a \$500 deductible.

⁶ Certain prescription drugs may require prior authorization by UniCare.

Limitations and Exclusions

The primary limitations and exclusions for the health insurance plans described in this Plan Overview are listed below. Please take a few moments to review this information. These listings are an overview only. A more detailed list of each plan's limitations and exclusions can be found in the applicable Certificate of Coverage. Only the actual Certificate of Coverage provisions apply. If there are any conflicts between the terms of the Certificate of Coverage and this Plan Overview, the terms of the Certificate of Coverage will prevail.

Limitations

The following are the primary limitations that apply to these plans:

- **Ambulance Services:** For the FIT Plans and the UniCare HSA Compatible Plans only, ambulance services are limited to a maximum covered expense of \$5,000 per trip for air transport or \$1,000 per trip for ground transport. For the UniCare Saver Plan, ambulance services are limited to a maximum covered expense of \$750 per trip (air or ground).
- **Home Health Care:** Limited to a combined maximum of 60 visits each year.
- **Skilled Nursing Facilities:** Limited to a maximum covered expense of \$400 per day, and 100 days per year.
- **Services for Mental, Emotional or Functional Nervous Disorders and Alcoholism – Inpatient:** Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$3,000 per year. **Exception:** Inpatient treatment of alcoholism is payable as any other medical condition. **Outpatient:** For the FIT Plans and the UniCare HSA Compatible Plans only, benefits for eligible treatment are payable up to \$30 per visit up to a maximum of 12 visits per year for in- or outpatient professional charges.
- **Physical, Occupational Therapy/Medicine and Acupuncture/Acupressure:** For the FIT Plans and the UniCare HSA Compatible Plans only, benefits are payable up to \$30 per visit with a combined maximum of 12 visits per year.
- **Hospice:** Limited to a lifetime maximum payment of \$10,000.
- **Smoking Cessation:** For the FIT Plans and the UniCare HSA Compatible Plans only, benefits for any smoking cessation program designed to end the dependency on nicotine are payable up to a maximum of \$50 per lifetime.
- **Diabetes:** Covered expenses for diabetes equipment and diabetes supplies are subject to a maximum of \$500 per year.

Additional Limitations for the UniCare Saver Plan

- **Office Visits:** Limited to two office visits per member, per year.
- **Lab Work and X-ray:** Payment is provided for X-ray and lab work (nonhospital based) up to a maximum payment of \$300 per member, per year.
- **Prescription Drugs:** Limited to a maximum payment of \$500 per member per year. Includes generic and brand name drugs, participating and nonparticipating retail and mail service combined.

Exclusions

These plans do not provide benefits for:

- Services for any condition for which benefits are excluded by a waiver.
- Any amounts in excess of maximum amounts of covered expenses.
- 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 procedures.
- Services received before the effective date of coverage or during an inpatient stay that began before the effective date.
- 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.
- Any condition covered by workers' compensation or similar laws.
- Any intentionally self-inflicted injury or illness.
- Conditions caused by (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment; (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 as a direct result of an insured person's commission of, or attempt to commit a felony; or as a direct result of the insured person being engaged in an illegal occupation; (f) an insured person, being under the influence of illegal narcotics, alcohol or non-prescribed controlled substances.
- Any services provided by a local, state or federal government agency except Medicaid and when payment under the plan is expressly required by federal or state law. Veterans Administration hospitals and military treatment facilities will be considered for payment according to current law.
- If you are eligible for Medicare, any services covered by Medicare under Part A or B are excluded from consideration of payment regardless of actual enrollment in Medicare or payment by Medicare for those services.
- 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 person's employer.
- 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; diagnostic tests which could have been performed safely on an outpatient basis.
- Services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Dental services.
- Orthodontic services.
- Dental implants or any associated procedure.
- Hearing aids.

- Routine hearing tests except as provided under Well Baby and Well Child Care.
 - Optometric services.
 - An eye surgery solely for the purpose of correcting refractive defects.
 - Outpatient speech therapy.
 - Any drugs (including but not limited to drug samples), medications, or other substances dispensed or administered in any outpatient setting unless otherwise covered by the plan.
 - 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 restore a bodily function or to correct a deformity caused by injury or congenital defect of a newborn child, or to medically necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.
 - 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.
 - All services related to the evaluation or treatment of fertility and/or infertility, including, but not limited to all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures, including sterilization reversals and in vitro fertilization.
 - All nonprescription contraceptive drugs, devices, and/or supplies that are available over-the-counter or without a prescription and non-FDA (Food and Drug Administration) approved prescription contraceptive drugs, devices, and/or supplies.
 - Cryopreservation of sperm or eggs.
 - Orthopedic shoes.
 - 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. This includes any morbid obesity surgery, even if the Insured has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
 - Routine physical exams or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority.
 - Charges by a provider for telephone consultations.
 - Items which are furnished primarily for your personal comfort or convenience.
 - Educational services except for diabetes self-management training and as specifically provided or arranged by UniCare.
 - Nutritional counseling or food supplements.
 - Any services received on or within twelve months after the effective date of coverage if they are related to a pre-existing condition.
 - Incidental supplies used by a provider in the administration of infusion therapy.
 - Foreign country provider charges except as specifically stated in the Certificate.
 - 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 person's condition.
 - Routine foot care.
 - 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.
 - Charges for normal pregnancy or maternity care, including normal delivery, elective abortions and elective non-emergency cesarean sections, as long as the service is not related to a complication of pregnancy as defined in the Certificate.
 - Self-administered injectable drugs and syringes, except as stated in the Prescription Drug benefits section of the Certificate.
 - Services for which a third party may be liable or legally responsible to pay.
 - If any insured person is covered by more than one medical health plan, benefits under this plan may be reduced, so that the benefits and services you receive from all the different medical coverage's does not exceed 100 percent of the covered expense.
- Additional Exclusions for the UniCare Saver Plan**
- Any services of a physician, except as specifically stated in the Certificate.
 - Surgical procedures for sterilization.
 - Acupuncture/acupressure.
 - Durable medical equipment.
 - Physical and/or occupational therapy/medicine, except when provided during an inpatient hospital confinement.
 - Smoking cessation program or pharmaceuticals related to smoking cessation.
 - Surgical procedures for sterilization.
- Prescription Drug Exclusions**
- Drugs and medications not requiring a prescription, except insulin.
 - Drugs and medications to induce nonspontaneous abortions.
 - Dietary supplements, cosmetics, health or beauty aids.
 - Any vitamin, mineral, herb or botanical product which does not have an FDA approved indication to treat, diagnose or cure a medical condition even if it is thought to have health benefits.
 - Any expense incurred in excess of the UniCare negotiated rate.

- Any drug labeled “Caution, limited by federal law to investigational use” or non-FDA approved investigational drugs. Any drug or medication prescribed for experimental indications.
- Drugs used for cosmetic purposes.
- Drugs used for the primary purpose of treating infertility or promoting fertility.
- Anorexiant or drugs associated with weight loss.
- Drugs obtained outside the United States.
- Drugs for treatment of a condition, illness, or injury for which benefits are excluded or limited by a waiver, pre-existing condition, or other contract limitation.
- Prescription drugs with a nonprescription (over-the-counter) chemical and dose equivalent.
- Lost or stolen prescriptions.

Prior Authorization Program and Preservice Review

Certain services require preservice review or prior authorization by UniCare to be eligible for maximum benefits. Inpatient medical care requires preservice review or you will pay a \$500 penalty per continuing hospital confinement. This penalty is waived on emergency admissions; however, utilization review is still required. Surgical services of an ambulatory surgical center and specified outpatient surgeries and diagnostic procedures, regardless of place of service, require preservice review or you will pay a \$50 penalty. Organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities and hospice services require prior authorization from UniCare or there will be a \$1,000 penalty for these services.

Terms of Coverage

Coverage under the health insurance plan remains in force as long as the required premiums are paid on time and as long as you remain eligible for coverage. Coverage ceases when you become ineligible because of divorce or a change in dependent status. (In the case of divorce and coverage dependents, UniCare will offer a similar plan.) UniCare may change the premiums of this plan with 30 days advance written notice to you. However, UniCare will not change the premium schedule for this plan on an individual basis, but only for all insureds in the same class and covered under the same benefit plan as you.

Pre-Existing Conditions

Coverage will not be provided for the 12 months following the effective date of this plan for medical conditions that existed in the 12 months prior to the effective date.



UniCare Health Insurance Company of the Midwest
Sales Office
Bolingbrook, Illinois