



UniCare Life & Health Insurance Company

Texas Pathways Essentials Plan for Groups of 2-99 Employees

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 deductible. 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.

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	Nonparticipating
Annual Deductible per Member (copays do not apply toward satisfying any deductible)	\$2,500, two-deductible family maximum	\$5,000
Annual Maximum (medical and pharmacy combined)	\$25,000	
Annual Out-of-Pocket Maximum (does not include deductibles)	None	
Accidental Injury	100%, up to \$1,000, deductible waived	
Office Visits	Member pays \$40 copay, unlimited visits, (deductible waived)	50%
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.	50%
Preventive Care for Babies and Children (through age 6) Office visits, examinations, lab work/x-rays, and immunizations* related to preventive care. (Maximum payment of \$200 for all services combined.)	UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies.	50%
Professional Services	60%	50%
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	50%, deductible waived with a maximum payment of \$300 per member, per year, participating and nonparticipating providers combined
Maternity (employee and spouse only) Provided for groups of 15-99; Optional for groups of 2-14	60%	50%
Eligible Outpatient Medical Care	60%	50%
Physical/Occupational Therapy, Acupuncture/Acupressure Maximum of 20 visits per member, per year for all of the services, participating and nonparticipating providers combined	Up to \$30 per visit	

*Immunizations for Groups of 51-99 are paid at 100%. The \$200 maximum payment and deductible does not apply.

Texas Pathways Essentials Plan (cont.)

Plan Features	Participating	Nonparticipating
Mental, Emotional or Functional Nervous Disorders Inpatient hospital charges² •Groups of 2-50 employees	Up to \$100 per day with a maximum payment of up to \$3,000 per member, per year, participating and nonparticipating providers combined.	Up to \$100 per day with a maximum payment of up to \$3,000 per member, per year, participating and nonparticipating providers combined.
•Groups of 51-99 employees	60% with a maximum of 12 days per member, per year, participating and nonparticipating providers combined.	50% with a maximum of 12 days per member, per year, participating and nonparticipating providers combined.
Outpatient professional charges •Groups of 2-50 employees	Not covered	Not covered
•Groups of 51-99 employees	Not covered	Not covered
Smoking Cessation	\$50 for pharmaceuticals and up to \$50 for other covered expenses related to nicotine dependency per member, per lifetime	
Infusion Therapy³	60%	50%
Durable Medical Equipment	Not covered	
Inpatient Hospital Services²	60%	50%
Inpatient Medical Emergency²	60%	60% until transferable to a participating hospital; if stay continues thereafter, 50% of covered expense
Ambulatory Surgical Center⁴	60%	50%
Ambulance Service	60% up to a maximum covered expense of: \$5,000 per trip, air \$1,000 per trip, ground	50% up to a maximum covered expense of: \$5,000 per trip, air \$1,000 per trip, ground
Home Health Care³	60% up to 60 visits per member, per year, participating and nonparticipating providers combined	50% up to 60 visits per member, per year, participating and nonparticipating providers combined
Skilled Nursing Facilities³	60% up to a maximum covered expense of \$400 per day; up to 100 days per member, per year, participating and nonparticipating providers combined	50% up to a maximum covered expense of \$400 per day; up to 100 days per member, per year, participating and nonparticipating providers combined
Hospice³	60% up to a maximum covered expense of \$10,000 per member, per lifetime, participating and nonparticipating providers combined	50% up to a maximum covered expense of \$10,000 per member, per lifetime, participating and nonparticipating providers combined

Texas Pathways Essentials Plan (cont.)

Plan Features	Participating	Nonparticipating
Prescription Drug Benefits		
Brand Name Prescription Drug Deductible⁵		\$2,000
Retail Pharmacy Per prescription (up to a 30-day supply) Generic Drugs	Member pays a \$20 copay	50% of the average wholesale price
Brand Name Formulary Drugs	Member pays 50%	50% of the average wholesale price
Brand Name Nonformulary Drugs	Member pays 50%	50% of the average wholesale price
Mail Order Per prescription (up to a 60-day supply) Generic Drugs	Member pays a \$40 copay	Not available
Brand Name Formulary Drugs	Member pays 50%	Not available
Brand Name Nonformulary Drugs	Member pays 50%	Not available

1 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 In addition to preservice benefit review, certain services require preauthorization 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 preauthorization will result in a 50% reduction in benefits.

4 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.

5 Certain prescription drugs, including self-administered injectable drugs and injectable drugs administered in an outpatient setting, may require prior benefit authorization. Benefits will be reduced by 50 percent if you fail to obtain prior authorization.

The Pathways Health Insurance Plan(s), either in whole or in part, do not provide some state-mandated health benefits normally required in accident and sickness insurance policies in Texas: For groups of with no more than 50 eligible employees, state-mandated benefits not included are: 1) serious mental illness, 2) oral contraceptives, prescription contraceptive drugs and devices and related services (unless the plan includes maternity benefits), 3) chemical dependency, 4) In Vitro fertilization, and 5) speech and hearing. For groups with more than 50 eligible employees, state-mandated benefits not included are: 1) telemedicine/telehealth, 2) chemical dependency, 3) In Vitro fertilization, and 4) speech and hearing.

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