

UNICARE Texas Performance Choice 1000 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)	\$1,000, two-deductible family maximum	\$2,000
Annual Out-of-Pocket Maximum (does not include deductible)	\$2,000 per member, \$4,000 per family	\$10,000 per member, \$20,000 per family
Office Visits	Member pays a \$35 copay; unlimited visits with deductible waived	60%
Preventive Care for Adults Office visits and examinations associated with the preventive care services listed below	Member pays a \$35 copay; unlimited visits with deductible waived	60%
<ul style="list-style-type: none"> Preventive care for colorectal cancer screening Annual PAP smears Annual mammograms PSAs 	80%	60%
Preventive Care for Babies and Children (through age 6)	Member pays a \$35 copay; unlimited visits with deductible waived	60%
<ul style="list-style-type: none"> Examinations and office visits related to preventive care 		
<ul style="list-style-type: none"> Immunizations 		
Groups of 2-50	80%	60%
Groups of 51-99	100% with deductible waived	100% with deductible waived
<ul style="list-style-type: none"> Lab work/x-rays 	80%	60%
Other Preventive Care Services (age 7 through adult)	80% (with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined), deductible waived	60% (with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined)
Professional Services	80%	60%
Lab Work and X-rays	80%	60%
Maternity (employee and spouse only)	80%	60%
Outpatient Medical Care ^{1,5}	80%	60%
Physical/Occupational Therapy, Acupuncture/Acupressure	Up to \$30 per visit; with a maximum of 20 visits per member, per year for all of these services, participating and nonparticipating providers combined	Up to \$30 per visit; with a maximum of 20 visits per member, per year for all of these services, participating and nonparticipating providers combined
Mental, Emotional or Functional Nervous Disorders Inpatient hospital charges ²	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
<ul style="list-style-type: none"> Groups of 2-50 employees 		
<ul style="list-style-type: none"> 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
In- or outpatient professional charges	Up to \$30 per visit with a maximum of 12 visits per member, per year, participating and nonparticipating providers combined	Up to \$30 per visit with a maximum of 12 visits per member, per year, participating and nonparticipating providers combined
<ul style="list-style-type: none"> Groups of 2-50 employees 		
<ul style="list-style-type: none"> Groups of 51-99 employees 	60% with a maximum of 12 visits per member, per year, participating and nonparticipating providers combined	50% with a maximum of 12 visits per member, per year, participating and nonparticipating providers combined

Texas Performance Choice 1000 Plan (cont'd.)

Plan Features	Participating	Nonparticipating
Smoking Cessation	\$50 for pharmaceuticals and \$50 for other covered services per member, per lifetime	\$50 for pharmaceuticals and \$50 for other covered services per member, per lifetime
Infusion Therapy^{3,4}	80%	60%
Durable Medical Equipment	80%	60%
Inpatient Hospital Services²	80%	60%
Inpatient Medical Emergency²	80%	80% until transferable to a participating hospital; if stay continues thereafter, 60% of covered expense
Ambulatory Surgical Center⁵	80%	60%
Ambulance Service	80% up to a maximum covered expense of: \$5,000 per trip for air \$1,000 per trip for ground	60% up to a maximum covered expense of: \$5,000 per trip for air \$1,000 per trip for ground
Home Health Care⁴	80% up to 60 visits per member, per year, participating and nonparticipating providers combined	60% up to 60 visits per member, per year, participating and nonparticipating providers combined
Skilled Nursing Facility⁴	80% with a maximum covered expense of \$400 per day; up to 100 days per member, per year, participating and nonparticipating providers combined	60% with a maximum covered expense of \$400 per day; up to 100 days per member, per year, participating and nonparticipating providers combined
Hospice⁴	80% with a maximum covered expense of \$10,000 per lifetime, participating and nonparticipating providers combined	60% with a maximum covered expense of \$10,000 per lifetime, participating and nonparticipating providers combined
Prescription Drug Benefits		
Prescription Drug Deductible (Brand name only)	\$100	
Prescription Drugs⁶		
Retail Pharmacy		
Per prescription (up to a 30 day supply)		
Generic Drugs	Member pays a \$10 copay	50% of the average wholesale price
Brand Name Formulary Drugs	Member pays a \$25 copay	50% of the average wholesale price
Brand Name Nonformulary Drugs	Member pays a \$50 copay	50% 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 In-Vitro Fertilization Rider	80%	60%

1 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 50% reduction of benefits.

4 In addition to preservice review, certain services require authorization to be eligible for maximum benefits. This applies to organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities, and hospice. Failure to obtain authorization will result in a 50% reduction in benefits.

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-administered injectable drugs and injectable drugs administered on an outpatient setting, may require prior benefit authorization.