

**This plan features a \$2 million per member lifetime maximum in benefits.**

This matrix is intended to help you review the Short-Term plan benefits from UNICARE Life & Health Insurance Company (UNICARE) and reflects your share of costs for covered expenses after you have met any applicable deductible. When you use UNICARE participating (in-network) providers, your costs are based on a specially negotiated fee for UNICARE that may save you money. When you use nonparticipating (out-of-network) providers, your costs are based on charges deemed by UNICARE to be reasonable for that service and area. Reasonable charges may be less than your provider's billed charges and often result in higher costs to you.

This summary of benefits provides a very brief description of the important features of the plan. This is not the insurance contract and only the actual plan provisions apply. The plan booklet sets forth, in more detail, the benefits, limitations, and exclusions. If there are any conflicts between the terms of the plan and the information in this overview, the terms of the plan booklet will prevail.

**Amounts shown below are the member's share of covered expenses after any deductibles are met.**

Plan Features	Participating	Nonparticipating
<b>Deductible<sup>1</sup></b>	\$2,000 per Insured, per plan.	
<b>Out-of-Pocket Maximum</b>	\$1,000 plus the medical deductible per Insured, per plan.	
<b>Plan Maximum</b>	Once UNICARE has paid \$2 million in claims, benefits cease.	
<b>Professional Services</b>		
<ul style="list-style-type: none"> <li>Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic x-ray and lab work</li> </ul>	20%	50% plus all charges in excess of reasonable charges.
<ul style="list-style-type: none"> <li>Office visits</li> </ul>	20%	50% plus all charges in excess of reasonable charges.
<b>Preventive Care</b>		
<ul style="list-style-type: none"> <li>Babies/children through age 6 (childhood immunization-UNICARE pays 100% for both in-network and out-of-network providers and services are not subject to the deductible)</li> </ul>	20%	50% plus all charges in excess of reasonable charges.
<ul style="list-style-type: none"> <li>Adults (routine pap smears, annual mammograms, colorectal cancer screening, PSA for men and associated office visits/ examinations)</li> </ul>	20%	50% plus all charges in excess of reasonable charges.
<b>Physical Therapy, Occupational Therapy, Acupuncture/Acupressure</b>	Charges over \$30 per visit; six visits per Insured, per plan term.	
<b>Mental, Emotional or Functional Nervous Disorders</b>	Inpatient charges over \$100 per day. UNICARE pays a maximum \$2,500 per Insured during the plan term.	
<ul style="list-style-type: none"> <li>Inpatient hospital charges</li> </ul>		
<ul style="list-style-type: none"> <li>In- or Outpatient professional charges</li> </ul>	In- or outpatient professional charges over \$30 per visit (up to six visits per Insured, per plan).	
<b>Durable Medical Equipment</b>	20%	50% plus all charges in excess of reasonable charges.
<b>Infusion Therapy<sup>2</sup></b>	20%	50% plus all charges in excess of reasonable charges.
<b>Inpatient Hospital Services<sup>3</sup></b>	20%	50% plus all charges in excess of reasonable charges. Subject to an additional \$500 deductible for continuing hospital confinement for nonemergency stays.
<b>Medical Emergency</b>	20%	20% until transferable to a participating hospital then 50% subject to a \$500 deductible once transferable per continuing hospital confinement.
<b>Outpatient Hospital Services</b>	20%	50% plus all charges in excess of reasonable charges.

## Texas Short-Term Plan Overview (cont'd.)

Amounts shown below are the member's share of covered expenses after any deductibles are met.

Plan Features	Participating	Nonparticipating
<b>Ambulance Service</b> Maximum covered expense of \$750 per person per trip (air or ground)	20%	50% plus all charges in excess of reasonable charges.
<b>Home Health Care</b>	20% of covered expenses Maximum 30 visits per Insured, per plan.	50% plus all charges in excess of reasonable charges. Maximum 30 visits per Insured per plan.
<b>Skilled Nursing Facilities</b>	20% with a maximum covered expense of \$200 per day up to 50 days per Insured during the plan term.	50% with a maximum covered expense of \$200 per day up to 50 days per Insured during the plan term.
<b>Retail Pharmacy</b> (maximum 30 day supply)		
<b>Generic Drugs</b>	\$15 copay	50% of the average wholesale price (AWP). Insured is responsible for all charges in excess of the AWP.
<b>Brand Name Drug Deductible</b>		\$500
<b>Brand Name Drugs</b>	40%	50% of the average wholesale price (AWP). Insured is responsible for all charges in excess of the AWP.
<b>Brand Name Drug Maximum</b>	Once UNICARE has paid \$1,000 for brand name prescription drugs, your brand name drug prescriptions will no longer be covered. However, you may still get the UNICARE network discount when you present your UNICARE ID card at the pharmacy.	
<b>Self-Injectable Drugs</b>	50%	50% of the average wholesale price (AWP). Insured is responsible for all charges in excess of the AWP.

<sup>1</sup>All benefits are subject to the plan's deductible.

<sup>2</sup>Services require preservice review or authorization by UNICARE or you will be subject to a reduction in benefits.

<sup>3</sup>Services require preservice review or you will be subject to a \$500 penalty. Penalty is waived on emergency admissions; however, utilization review is still required.