



ILLINOIS

FIT PLANS

Affordable Individual and Family
Health Insurance



UNICARE[®]

A Healthy Dose of InnovationSM

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

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This is only a brief description of the plans. For more complete details including benefits, limitations and exclusions, please refer to the Certificate of Coverage. If there are any conflicts between this brochure and the Certificate of Coverage, the terms in the Certificate of Coverage will prevail.

Insurance offered by UniCare Health Insurance Company of the Midwest (IL and IN only), a separately incorporated and capitalized subsidiary of WellPoint, Inc.

The UniCare Difference

Who We Are

UniCare Health Insurance Company of the Midwest (UniCare) is a WellPoint company. WellPoint, Inc. is the largest health benefits company in the nation. WellPoint and its family of companies provide health coverage for over 34 million people. It is the top medical membership carrier in the United States.

What We Deliver

- **Coverage You Can Count On**
A nationally recognized insurance carrier with long established reliability and financial security
- **Access To Care**
An expansive network of independently contracted doctors, hospitals, and surgical centers offering quality professional medical services at UniCare's negotiated discounted fees
- **The Benefits You Want**
Excellent coverage for sensible everyday health care needs; financial protection for covered medical services, and a wealth of programs to promote your health and wellness
- **Practical Plan Designs**
A choice of affordable health insurance plans with coverage levels and pricing adaptable to your needs, budget and lifestyle



Learn More

at unicare.com

See the complete portfolio of Health, Dental, Term Life, and Short Term UniCare insurance plans for Individuals and Families

Health Coverage

Health Insurance in Today's Economy – It's a Fact of Life

Health coverage helps protect your health and shields you from severe financial loss. With the current high costs of medical exams, treatment and prescription drugs, health coverage cost protection has become essential to our well being.



What Coverage Provides

- Access to emergency and routine care
- Preventive health screenings and programs
- Access to quality care and financial protection in the event of serious illness or injury

Health Insurance can help significantly reduce your cost of care for illnesses and accidents.

Consider the following example: Susan goes bicycling weekly. On one particular ride, the bike slides through a patch of gravel; Susan takes a fall and breaks her arm. Susan is hospitalized for three days and has two follow-up doctor visits. Let's compare the price of Susan's cost of care with and without coverage from UniCare:

Cost of Care	Charges	Cost With UniCare*
\$16,187	Hospital Charges	\$2,799
\$3,984	Physician Charges	\$277
\$210	Follow-Up Care	\$54
\$20,381	Total	\$3,130

* The example above is based on UniCare's claims data for the 12-month period through December 2004, and represents an average inpatient hospitalization and follow-up care. Actual costs may vary. Prices indicate services covered for a member in Illinois. In this case, \$3,130 represents 20% of negotiated rates for services, plus a \$1,000 deductible. Actual costs may vary based on providers, rates and locations.

Cost Savings With Participating Providers

UniCare PPO Health Insurance Plans allow you to use any doctor you choose, but you can save money by using independently contracted doctors and medical facilities that are part of UniCare's network. When you use Participating Providers (also known as in-network doctors and contracting hospitals) your costs are reduced in two ways:

In-network doctors have agreed to accept lower, negotiated rates for most services. This means your costs will be automatically reduced by having a UniCare PPO plan.

Your plan benefits are richer when you use a Participating Provider, meaning UniCare will share a higher portion of the costs with you.

Example using the Illinois FIT 1000 Plan.

Costs With In-Network Doctors*	
Billed Charges	\$1,000
UniCare's Negotiated Rate	\$650
You Get a Discount Of	\$350
UniCare Pays (80% of \$650)	\$520
You Pay (20% of \$650)	\$130
Total Amount You Pay	\$130

In contrast, when you use an out-of-network doctor or hospital, UniCare will share a smaller portion of the costs with you, based on amounts determined by UniCare to be reasonable for that service in that area.

You will then be responsible for the remainder of that reasonable amount, plus any amount above the reasonable charges.

Costs With Out-of-Network Doctors*	
Billed Charges	\$1,000
Amount Considered to be Reasonable for that Service and Area	\$650
UniCare Pays (60% of \$650)	\$390
You Pay (40% of \$650)	\$260
Plus Billed Charges Balance (\$1000 - \$650)	\$350
You Pay a Total of	\$610

Before you choose a doctor, be sure to check Provider Finder on the UniCare website at unicare.com, or refer to the UniCare Provider Directory to determine which doctors in your area are Participating Providers. Ask your agent for a Provider Directory before you sign an application for coverage.

Helpful Definitions

- Provider**
 a doctor, health professional, hospital or medical facility you go to for health care services.
- In-Network Provider/Participating Provider**
 a doctor, hospital or other provider who has a contract with UniCare to provide health care at negotiated fees.
- Out-of-Network Provider/Nonparticipating Provider** a doctor, hospital or other provider that is not contracted with UniCare to provide health care at negotiated fees; you pay more for health services received from these providers.

*Assuming any applicable deductible(s) have been met and the applicable out-of-pocket maximum has not been reached.

UniCare FIT Plans

Health care coverage is a key factor in helping secure your health and maintain your lifestyle. It's important to select an insurance carrier you can count on for stability, service and a selection of substantial, affordable health insurance plans. UniCare has it all.

Coverage You Can Rely On

- A recognized record of reliability and financial security
- An extensive selection of independently contracted doctors, hospitals and surgical centers
- Provides 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
- Fourth Quarter Carryover – if your annual deductible is not met at the end of the year, amounts applied toward your annual deductible during October, November and December of that year are carried over to the first quarter of the following calendar year.



Benefits to FIT Your Lifestyle

- Vital doctor, hospital and surgical coverage with every plan
- Unlimited* office visits at a \$30 copay
- Excellent, first dollar benefits for sensible everyday health care services such as office visits**, immunizations, and certain preventive care screenings
- Prescription drug benefits
- \$5 million lifetime benefit maximum
- Smoking cessation benefits

Helpful Definitions

- **First Dollar Benefits** – coverage from the first dollar you spend for this health care service. No annual deductible amounts you have to pay before UniCare shares in the cost
- **Benefits Subject to Annual Deductible** - the amount you pay each year before your plan begins paying part of the cost for this covered health care service
- **Brand Name Drugs** - the trademark name of a particular drug that sets it apart from other similar drugs on the market and connects it with the company that developed it.
- **Generic Drugs** - drugs that are equivalent to their brand name counterparts because they contain the same active ingredients. Generic drugs are usually offered at a lower cost than the brand-name versions.
- **Drug Formulary** - a list of brand name and generic prescription drugs that are preferred by UniCare for treating various medical conditions.
- **Brand Formulary** – brand name drug listed in the formulary
- **Brand Nonformulary** – brand name drug not listed in the formulary

Learn more about formulary and nonformulary drug listings online at unicare.com. Choose Illinois, then go to the pharmacy link under Individuals and Families.

* Up to the maximum benefit

** Office visit benefits do not include the cost of lab work, x-rays or other diagnostic tests. See Certificate of Coverage for benefits, limitations and exclusions.

The Right FIT

Choosing the best health insurance plan for you and your family can be challenging. There are several points to consider in making this important decision. This guide is designed to help you determine what type of plan is most suited to your coverage and budget needs. Choose the statement below that best matches your preferences.

I prefer coverage for hospitalization but limited other benefits to lower my premiums.

- **The UniCare Saver 2000 Plan¹** provides coverage levels for hospitalization similar to other higher priced plans. Some of the other Saver plan benefits like doctor visits, x-ray and lab services, and prescriptions have limited coverage levels. The Saver 2000 Plan is offered at a substantially lower cost.

I am looking for a full range of benefits with an annual deductible to make the premiums more affordable.

- **The FIT Plans¹** provide rich levels of coverage for most health care services when you use in-network doctors and pharmacies. The annual deductible amount will impact the monthly premium; the higher the deductible, the lower the monthly premium will be.

FIT plans are available at annual deductibles of \$500, \$1,000, \$1,500, \$2,000, \$3,000 and \$5,000. To help you select the best plan for you, refer to the Rate Guide insert in this brochure. Choose the lowest deductible offered for a monthly premium that fits your budget.

I am applying for family coverage, but my family members have varying health coverage needs.

- **UniCare's FamilyFlex[®]** will help you customize your family's health insurance coverage. You may select a higher deductible, lower premium for the member of your family who may need only basic health care insurance coverage. At the same time, you may opt for a plan with a lower deductible and a higher premium for the family member who requires more health care services.

I need immediate coverage for a short period while waiting for permanent coverage.

- **UniCare Short-Term Plan Health Insurance** coverage is offered for periods of 30 to 180 days. Learn more about Short-Term coverage at unicare.com.

I am looking for a health insurance plan that may also provide me with tax benefits.

- **UniCare's High-Deductible HSA Compatible Health Plans²** are popular new plans designed for potential premium savings, investment opportunities, and tax advantages. Learn more about these plans at unicare.com.

Please call your agent or UniCare Customer Service at (800) 379-0274 to answer any questions about UniCare health insurance plans.

Learn More

at unicare.com

The PlanFinder Wizard is available online to assist you with your plan selection. Access by clicking on Get a Quote or Find an Individual Plan and Apply Online.

¹A summary of benefits for each plan is provided in the back of this brochure. All summaries are removable for your convenience and future reference. For a more complete description of coverage, benefits, limitations and exclusions, please refer to the applicable Certificate of Coverage.

²A high-deductible 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.

Learn More

unicare.com

It's Just A Click Away

Doing business with UniCare has never been easier. Visit unicare.com and see all the information and convenient services available to agents, plan members and visitors.

AgentServices

- Obtain product and rate information
- Print brochures and forms
- Order supplies
- Create proposals
- Create a custom home page

Visitors and Plan Members

- Complete and submit an online enrollment application
- Provider Finder – find a doctor close to home
- PlanFinder Wizard – your online plan selection assistant
- Get a Quote on an Individual and Family health plan
- Healthy Living – a direct link to the latest information on diseases and conditions as provided by WebMD*
- Detailed information about UniCare's Individual Medical, Dental and Term Life Plans

Member Services

- Order prescription drugs online through PrecisionRX mail service pharmacy. This is available through PrecisionRX.com, not member services at unicare.com.
- Check the status of a claim
- Keep track of amounts applied toward your annual deductibles
- Review claims that have been processed.

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



Valuable Health and Wellness Extras

At no additional cost, UniCare plan members gain access to programs that promote good health and fitness, and offer discounts on health and wellness products and services.

Step into fitness and healthy living with UniCare **HealthyExtensions**^{SM1}



Take Advantage of Discounts up to 50 percent.

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.

Examples of products and services available are:

- 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, click on Discounts & Savings, then select the HealthyExtensions link.

Keep an eye on savings with **Vision Care Services**¹



Through UniCare's HealthyExtensions program, UniCare plan members may receive 30 percent discounts on frames, lenses, prescription sunglasses and accessories through the EyeMed Vision Care Network.

EyeMed Vision Care has an expanded network of optometrists and ophthalmologists, opticians and optical retailers such as LensCrafters, Target Optical and most Sears Optical and Pearle Vision locations.

In addition, HealthyExtensions offers discounts on contact lenses through TruVision™ and significant savings on LASIK vision correction surgery.

¹This 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. Service and products can also be obtained from vendors, without the purchase of insurance, at an additional charge.

Valuable Health and Wellness Extras

Something More for UniCare Members . . .

You can 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 about:

- Symptoms or procedures and alternatives
- Medications and side effects
- A diagnosis
- Referrals for doctors and medical facilities
- Referrals for local, state and national self-help agencies

In addition to personalized calls, MedCall provides you with recorded information on more than 200 health topics so you can learn more about your health care concerns at your convenience.

Medcall is not a substitute for a physician's advice. If you have any questions or concerns, you should discuss them with your doctor.

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.

Plan members can order prescriptions by mail, phone, or online with **Mail Service Prescription Drugs**



In addition to filling your prescriptions at a retail pharmacy, you may opt for the convenience of filling your prescription through **PrecisionRx¹** by mail, phone, or online. One of the advantages of using this program is that you can order a 60-day supply instead of the 30-day supply at retail pharmacies. When you order a 60-day supply, your copay is double that of your retail 30-day supply copay. Brand name drug deductibles and maximums apply.

¹Pharmacy benefit management services provided by Professional Claim Services, Inc. dba WellPoint Pharmacy Management.

Dental PPO Plan

Keep Your Teeth Healthy and Your Smile Bright

Good oral health is a quality of life issue, affecting both your mental and physical wellness. UniCare offers the Individual and Family Dental PPO Plan to provide affordable coverage for regular dental care.

With UniCare's dental coverage you have:

- Access to quality care
- A wide range of services for preventive, diagnostic, basic and major dental care
- No waiting period for preventive and diagnostic care
- Freedom to choose any dentist
- Additional savings for visiting an independently contracted, in-network dentist
- A yearly deductible of \$50 per person or \$150 per family

A schedule of dental benefits is provided in the back of this brochure. The summary is removable for your convenience and future reference.

For complete details including benefits, limitations and exclusions, please refer to the Dental PPO Certificate of Coverage.

UniCare Individual Dental PPO Plan Monthly Rates*	
One adult	\$29.50
Two adults	\$59.50
Adult with 1 child	\$45.00
Adult with 2 children	\$60.50
Adult with 3+ children	\$84.00
Family (1 child)	\$75.00
Family (2 children)	\$90.50
Family (3+ children)	\$113.50
One child	\$15.50
Two children	\$31.00
Three+ children	\$54.50

Learn More

at unicare.com

Complete details about PPO Dental, including benefits limitations and exclusions.

*Rates are current as of October 2005. Rates are subject to change without notice. Please contact your agent or UniCare for the most current rates.

Dental PPO Plan (cont.)

UniCare PPO Dental offers you the option of going to any dentist you choose.

UniCare has a network of independently contracted professionals who provide a wide range of dental services such as routine check-ups, cleaning, fillings, crowns and dental surgery. When you choose a contracting dentist, you will receive care at a negotiated discounted rate.

With the PPO Dental Plan, UniCare pays a specified amount for a dental procedure, and you are responsible for any charges beyond the benefit amount.

When you use a contracting dentist, your balance, if any, is based on negotiated fees. Be sure to check the UniCare dental directory or call (888) 209-7852 for provider information before you choose a dentist.

The Individual Dental PPO Insurance Plan is available in combination with your UniCare health insurance plan or as a stand-alone insurance plan.



This chart illustrates how choosing a contracting dentist can save you money.

Contracting Dentist		Noncontracting Dentist ¹
\$950	If the billed charges are	\$950
\$430	And UniCare's negotiated rate is	No Discount
\$215 ²	UniCare will pay the amount specified in the benefit schedule	\$215 ²
Therefore, you pay the difference between the negotiated rate and the scheduled benefit		Therefore, you pay the difference between the billed amount and the scheduled benefit
\$215	You Pay	\$735

Learn More

at unicare.com

Check Provider Finder to access a listing of contracting dentists. Your current dentist may already be an independently contracting dentist.

¹In counties with limited network access, UniCare plan members may visit contracting dentists outside of their local area and still receive the benefits of the in-network negotiated rates. Benefits are still available for noncontracting dentists, as specified by the plan.

²This assumes any deductible has been met and you have not reached your annual maximum.

Individual Term Life Insurance

Is Your Family Prepared for the Unexpected?

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. Here are some great reasons to add life insurance to your UniCare Individual medical coverage:

- Life insurance helps provide a financial safeguard for your family
- No additional forms to fill out
- No medical exams
- One bill for medical and life coverage
- Available with all UniCare medical plans
- You may choose life insurance for all of your eligible family members

Monthly Rates*			
Age	\$15,000	\$25,000	\$50,000
Under 1	Not available	Not available	Not available
1-18	\$1.50	\$2.50	Not available
19-29	2.80	4.65	9.30
30-39	3.25	5.40	10.80
40-49	7.50	12.50	25.00
50-59	20.90	34.80	69.60
60-64	29.40	49.00	98.00

To apply for enrollment, check the Life box in Section 2 and complete the Term Life portion in Section 5 on the Individual Enrollment Application.



* The rates for term life insurance will change based on the applicant's age. The age categories are shown in the chart above. The policy is issued for a one-year term, renewable at the policyholder's option. The rate schedule may be changed at the beginning of any annual term. The rates shown in the matrix above are accurate as of August 2005. Rates are subject to change without notice. Please contact your agent or UniCare for the most current rates.

The term life insurance coverage is subject to the written provisions of the policy issued by UniCare. You should consult with your UniCare agent regarding the specific terms and provisions of the policy. Each family member who has elected the term life insurance option will be sent a separate policy.

The policy will be canceled automatically on the first of the month of the policyholder's 65th birthday. If that birthday falls on the first of the month, the policy will be canceled on the first day of the month prior to the birth month.

Insurance coverage is underwritten by UniCare Health Insurance Company of the Midwest.

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% 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% With a 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
Generic Drugs Not subject to deductible(s)	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
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

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

²Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 22 of this brochure.

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

⁴Until transferable to a participating hospital; then 60% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵Certain prescription drugs may require prior authorization by UniCare.

* 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 actual Certificate of Coverage provisions apply. The Certificate of Coverage 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.

Illinois FIT 500 Plan*

Amounts shown are for UniCare's payment of covered expenses after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible¹	\$500 per member, two member maximum	
Additional Out-of-Network Deductible¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$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, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	60%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 80% and deductible applies.	60%, deductible applies
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 80% and deductible applies.	60%, deductible applies
Colorectal Cancer Screening	80%	60%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	80%	60%
Lab Work and X-rays	80%	60%
Ambulance Service	80% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	60% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	80%	80% ⁴
Inpatient Hospital Services²	80%	60%, less a \$500 deductible for non-emergency stays
Outpatient Hospital^{2,3} or Surgical Center²	80%	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	
Retail Pharmacy⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$250 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 80%	UniCare pays 50% of the average wholesale price

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

²Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 22 of this brochure.

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

⁴Until transferable to a participating hospital; then 60% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵Certain prescription drugs may require prior authorization by UniCare.

* 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 actual Certificate of Coverage provisions apply. The Certificate of Coverage 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.

Illinois FIT 1000 Plan*

Amounts shown are for UniCare's payment of covered expenses after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible¹	\$1,000 per member, two member maximum	
Additional Out-of-Network Deductible¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$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, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	60%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 80% and deductible applies.	60%, deductible applies
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 80% and deductible applies.	60%, deductible applies
Colorectal Cancer Screening	80%	60%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	80%	60%
Lab Work and X-rays	80%	60%
Ambulance Service	80% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	60% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	80%	80% ⁴
Inpatient Hospital Services²	80%	60%, less a \$500 deductible for non-emergency stays
Outpatient Hospital^{2,3} or Surgical Center²	80%	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	
Retail Pharmacy⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$250 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 80%	UniCare pays 50% of the average wholesale price

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

²Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 22 of this brochure.

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

⁴Until transferable to a participating hospital; then 60% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵Certain prescription drugs may require prior authorization by UniCare.

* 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 actual Certificate of Coverage provisions apply. The Certificate of Coverage 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.

Illinois FIT 1500 Plan*

Amounts shown are for UniCare's payment of covered expenses after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible¹	\$1,500 per member, two member maximum	
Additional Out-of-Network Deductible¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$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, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	60%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 70% and deductible applies.	60%, deductible applies
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 70% and deductible applies.	60%, deductible applies
Colorectal Cancer Screening	70%	60%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	70%	60%
Lab Work and X-rays	70%	60%
Ambulance Service	70% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	60% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	70%	70% ⁴
Inpatient Hospital Services²	70%	60%, less a \$500 deductible for non-emergency stays
Outpatient Hospital^{2,3} or Surgical Center²	70%	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	
Retail Pharmacy⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$250 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 70%	UniCare pays 50% of the average wholesale price

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

²Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 22 of this brochure.

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

⁴Until transferable to a participating hospital; then 60% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵Certain prescription drugs may require prior authorization by UniCare.

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Illinois FIT 2000 Plan*

Amounts shown are for UniCare's payment of covered expenses after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible¹	\$2,000 per member, two member maximum	
Additional Out-of-Network Deductible¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$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, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	60%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 70% and deductible applies.	60%, deductible applies
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 70% and deductible applies.	60%, deductible applies
Colorectal Cancer Screening	70%	60%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	70%	60%
Lab Work and X-rays	70%	60%
Ambulance Service	70% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	60% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	70%	70% ⁴
Inpatient Hospital Services²	70%	60%, less a \$500 deductible for non-emergency stays
Outpatient Hospital^{2,3} or Surgical Center²	70%	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	
Retail Pharmacy⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$250 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 70%	UniCare pays 50% of the average wholesale price

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

²Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 22 of this brochure.

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

⁴Until transferable to a participating hospital; then 60% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵Certain prescription drugs may require prior authorization by UniCare.

* 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 actual Certificate of Coverage provisions apply. The Certificate of Coverage 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.

Illinois FIT 3000 Plan*

Amounts shown are for UniCare's payment of covered expenses after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible¹	\$3,000 per member, two member maximum	
Additional Out-of-Network Deductible¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$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, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	60%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 70% and deductible applies.	60%, deductible applies
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 70% and deductible applies.	60%, deductible applies
Colorectal Cancer Screening	70%	60%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	70%	60%
Lab Work and X-rays	70%	60%
Ambulance Service	70% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	60% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	70%	70% ⁴
Inpatient Hospital Services²	70%	60%, less a \$500 deductible for non-emergency stays
Outpatient Hospital^{2,3} or Surgical Center²	70%	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	
Retail Pharmacy⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$500 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 70%	UniCare pays 50% of the average wholesale price

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

²Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 22 of this brochure.

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

⁴Until transferable to a participating hospital; then 60% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵Certain prescription drugs may require prior authorization by UniCare.

* 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 actual Certificate of Coverage provisions apply. The Certificate of Coverage 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.

Illinois FIT 5000 Plan*

Amounts shown are for UniCare's payment of covered expenses after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible¹	\$5,000 per member, two member maximum	
Additional Out-of-Network Deductible¹	Does not apply.	\$2,000
Annual Out-of-Pocket Maximum¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$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, injury or certain preventive care services for adults and children through age 6.	You pay a \$30 copay, unlimited visits, deductible waived	50%, unlimited visits, deductible applies
Preventive Care Well Baby/Children (through age 6) Immunizations	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 70% and deductible applies.	60%, deductible applies
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	100%, deductible waived Maximum payment of \$300 per member, per year. After maximum payment has been met, 70% and deductible applies.	60%, deductible applies
Colorectal Cancer Screening	70%	60%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	70%	60%
Lab Work and X-rays	70%	60%
Ambulance Service	70% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air	60% With a maximum covered expense of \$1,000 per trip for Ground; \$5,000 per trip for Air
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	70%	70% ⁴
Inpatient Hospital Services²	70%	60%, less a \$500 deductible for non-emergency stays
Outpatient Hospital^{2,3} or Surgical Center²	70%	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	
Retail Pharmacy⁵ Per prescription (up to a 30-day supply)	See benefits below	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$500 Brand Name Deductible applies	You pay a \$30 copay for formulary drugs, or a \$50 copay for nonformulary drugs	UniCare pays 50% of the average wholesale price
Self Injectable Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 70%	UniCare pays 50% of the average wholesale price

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

²Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 22 of this brochure.

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

⁴Until transferable to a participating hospital; then 60% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵Certain prescription drugs may require prior authorization by UniCare.

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Illinois Saver 2000 Plan*

Amounts shown are for UniCare's payment of covered expenses after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Providers	Nonparticipating Providers
Annual Deductible¹	\$2,000 per member, two member maximum	
Annual Out-of-Network Deductible¹	Does not apply.	\$1,000
Annual Out-of-Pocket Maximum¹ (amounts shown plus applicable deductibles)	\$3,000 per member; \$6,000 per family	\$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.	You pay a \$30 copay, deductible waived Limited to two office visits per member, per year, par and nonpar combined	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 and preventive lab	Not Covered	
Associated Office Visit	Not Covered	
Adult Preventive Care Screenings Lab work and x-rays for routine Pap smears, annual mammograms and PSA screenings	70%	60%
Colorectal Cancer Screening	70%	60%
Limited Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	70%	60%
Lab Work and X-rays	70% deductible waived Maximum payment of \$300 per member, per year, par and nonpar combined	60% deductible waived Maximum payment of \$300 per member, per year, par and nonpar combined
Ambulance Service	70% With a maximum covered expense of \$750 for Ground or Air	60% With a maximum covered expense of \$750 for Ground or Air
Initial Care of a Medical Emergency^{2,3} Inpatient or outpatient	70%	70% ⁴
Inpatient Hospital Services²	70%	60%, less a \$500 deductible for non-emergency stays
Outpatient Hospital^{2,3} or Surgical Center²	70%	60%
Physical Therapy, Occupational Therapy, and Acupuncture	Not Covered	
Retail Pharmacy⁵ Per prescription (up to a 30-day supply)	UniCare pays a maximum of \$500 per member, per year. Includes generic and brand, participating and nonparticipating pharmacies, retail and mail services combined.	
Generic Drugs Not subject to deductible(s)	You pay a \$10 copay	UniCare pays 50% of the average wholesale price
Brand Name Drugs \$200 Brand Name Deductible applies	You pay a \$25 copay	UniCare pays 40% of the average wholesale price
Self Injectible Drugs Brand Name Deductible applies to brand name self-administered injectable drugs	UniCare pays 70%	UniCare pays 50% of the average wholesale price

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

²Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Page 22 of this brochure.

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

⁴Until transferable to a participating hospital; then 60% subject to a \$500 deductible per continuing hospital confinement once transferable.

⁵Certain prescription drugs may require prior authorization by UniCare.

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Dental Benefit Schedules*

The following dental schedules show a brief overview of benefits available to you. The plan pays either the specified amount, or the actual amount charged by your dentist, whichever is lower. You are responsible for any charges in excess of the stated benefit.

Preventive & Diagnostic Care ¹		The Plan Pays	
Coverage begins upon approval of your application		Contracting Dentist	Noncontracting Dentist
Procedure			
Periodic Oral Exam, limited to 2 per member, per year		100%	\$15
Bitewing X-rays - single film ²		100%	\$11
Bitewing X-rays - 2 films ²		100%	\$14
Single (periapical) X-rays - first film ²		100%	\$9
Single X-rays - additional films ²		100%	\$9
Bitewing X-rays - 4 films ²		100%	\$20
Full mouth X-rays, limited to 1 set every 3 years ²		100%	\$43
Routine cleaning, limited to 2 per adult per year ³		100%	\$33
Routine cleaning, limited to 2 per child per year ⁴		100%	\$21
Cleaning with fluoride, limited to 2 per child per year ⁴		100%	\$33
Topical fluoride only, limited to 2 per child per year ⁴		100%	\$14
Basic Dental Care ¹			
Coverage begins after the plan has been in effect for six continuous months.		Contracting and Noncontracting Dentists	
Procedure			
Filling - 1 surface / 2 surfaces / 3 surfaces / 4 or more surfaces		\$32/\$41/\$47/\$55	
Extraction - erupted tooth or root		\$36	
Surgical extraction		\$65	
Removal of impacted tooth - soft tissue / partial bony / complete bony		\$90/\$110/\$135	
Major Dental Care ¹			
Coverage begins after the plan has been in effect for six continuous months.		Contracting and Noncontracting Dentists	
Procedure			
Scaling/root planning per quadrant		\$41	
Gingivectomy - per tooth / per quadrant		\$36/\$125	
Root canal - one canal / two canals / three canals		\$135/\$160/\$205	
Crown (except stainless steel)		\$215	
Stainless steel crown		\$55	
Pontic		\$215	
Partial / Complete denture (upper or lower)		\$255/\$275	
Denture reline (chairside) / (lab)		\$65/\$85	

¹All dental benefits are limited to a maximum payment of \$1,000 for expenses incurred by each enrolled member during a calendar year.

²Total benefit for single and bitewing X-rays not to exceed cost of full mouth - \$43.

³Adult - Any person or dependent 19 years or older covered by this plan.

⁴Child - Any person or dependent 18 years or younger covered by this plan.

* Read your plan carefully. This summary of benefits provides only a brief description of certain features of the plan. This is not the insurance contract and only the actual Certificate of Coverage provisions will apply. The Certificate 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. Counties with strong network access: Clinton, Cook, DeKalb, DuPage, Jackson, Kane, Kanakakee, Kendall, Lake, Livingston, Madison, McHenry, Ogle, Peoria, St. Clair, Will and Winnebago.



All Things Legal

Balanced Risk Keeps Your Costs Down

UniCare believes in fairness, and the cost of covering someone with minimal health care needs should not be unfairly offset by someone whose health can be predicted to require costly care.

UniCare maintains this risk balance by requiring medical underwriting review for each applicant. If an applicant does not qualify for the particular coverage applied for, the application will be rejected.

Waivers of Coverage

If you have a condition, illness or injury that can be identified as one that does not necessarily affect your overall good health but could affect the risk balance of all insureds, we will waive that condition from coverage. This means that expenses for treatment of that condition or any other condition related to it will not be covered for a specified period of time.

Waived conditions will be clearly identified on your plan specification page. The period for which coverage is waived will also be stated. Waivers will be reviewed periodically if you request the review in writing and forward the medical records from your attending physician. If you are accepted, carefully read your UniCare Certificate of Coverage. This document lists, in more detail, all the benefits and requirements of your insurance plan.

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.

Rates

Medical rates are calculated based on the age of the applicant or spouse, whoever is older, and the residence address. Rates are age-banded. Any initial rate guarantees offered under these plans do not include age-banded rate changes. Rates are recalculated at each billing period based on the age and the residence address. Refer to the UniCare Illinois Individual and Family Plans Monthly Rate Guide for medical coverage rates.

Emergency

If a medical emergency exists, no utilization or authorization is required. A medical emergency is an unexpected acute illness, injury, or condition that could endanger your health if not treated immediately. Once your condition is stabilized, it is important for the hospital, you, or your family member to contact UniCare for authorization of additional services.

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.

All Things Legal

Facts About Your UniCare Plan

Authorization Program

Certain services require prior benefit authorization to be eligible for maximum benefits. There will be a \$1,000 penalty for these services unless UniCare authorizes benefits in advance for: organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities and hospice.

Other services require benefit authorization to be eligible for maximum benefits. Please see your Certificate of Coverage for additional details on preservice review and utilization review, penalties, the preauthorization process, covered services, and limitations and exclusions.

Utilization Management and the Authorization Program are not the practice of medicine or the provision of medical care to you. Remember, only your doctor can provide you with medical advice and care.

Waiting Periods

An insured person must be covered by one of these UniCare insurance plans for six consecutive months to be eligible for benefits concerning all services related to:

- Hernia except for strangulated or incarcerated hernia
- Varicose veins

This includes, but is not limited to, all tests, consultations, examinations, medications, and invasive medical, laboratory or surgical procedures that are related to the evaluation or treatment of the above items.

Utilization Management

UniCare uses a process called Utilization Management to help you receive benefit coverage for appropriate treatment in the correct setting and helps you avoid both unexpected out-of-pocket costs and unnecessary procedures.

Preservice benefit review is performed before services are provided. All inpatient medical care requires preservice benefit review or you will be subject to a \$500 penalty per continuing hospital confinement. All surgical services of an ambulatory surgical center and specified outpatient surgeries and diagnostic procedures, regardless of place of service, require preservice benefit review or you will be subject to a \$50 penalty. This review must be initiated at least three working days prior to admission to a licensed and accredited hospital or ambulatory surgical center.

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.

All Things Legal

UniCare Member Confidentiality Statement

In order to provide you with health care insurance benefits, UniCare must access certain personal information. UniCare views its duty to maintain the confidentiality of this information as an important responsibility.

To protect the privacy and retain the trust of its members, UniCare provides or obtains personal health information only when it is needed for underwriting, claims adjudication, utilization review, quality management, governmental inquiries, or coordination of benefits or as required by law.

Your routine consent, provided as part of the enrollment process, or applicable law, allows release of this information for these purposes.

If UniCare receives special requests for an individual's identifiable information for another purpose, including employment, you are given the right to consent or deny the release of this information, except where required by law.

You may have access to your medical records. To access records, follow the established procedures of the institution involved. In cases where you are unable to provide consent, your legally designated individual will provide consent and have access to medical records.

In all settings, member information and medical records are protected internally within UniCare's administrative functions.

Enrollment Guidelines

Eligibility for Coverage

To be eligible for enrollment, you must be:

- Age 64¹/₂ or younger;
- The applicant's spouse, age 64¹/₂ or younger;
- The applicant's unmarried child or stepchild who has not yet reached age 19;
- The applicant's unmarried child who is a full-time student (at least 12 units per semester), age 19 through 22;
- A resident of the United States for at least six months;
- Able to meet UniCare's underwriting requirements;
- Not eligible for Medicare

How to Enroll

An individual and/or family who applies for coverage in any of the UniCare plans must submit an individual application for UniCare medical underwriting review.

If any applicant does not qualify based on UniCare's medical underwriting standards, the application may not be approved. Certain conditions, subject to UniCare's medical underwriting guidelines, may qualify the applicant for the plan at a premium that is higher than the Level I (preferred) premium and/or coverage for a particular medical condition may be excluded from coverage by a waiver.

Please follow the instructions on the Individual Enrollment Application form. If you are accepted, please read your Certificate of Coverage carefully. This document lists, in more detail, all the benefits, conditions, limitations, exclusions, and requirements of your plan.

Exclusions and Limitations

Medical

The primary limitations and exclusions for the plans described in this brochure 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 (Certificate). Only the actual Certificate provisions apply. If there are any conflicts between the terms of the Certificate and this brochure, the terms of the Certificate will prevail.

Limitations and Exclusions for the Illinois UniCare FIT 500, 1000, 1500, 2000, 3000, and 5000 Deductible Plans and the UniCare Saver 2000 Plan:

Limitations

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

- **Ambulance Service:** For the FIT Plans only, benefits are limited to a maximum covered expense of \$5,000 per trip for air transport and \$1,000 per trip for ground transport. For the Saver Plan, benefits 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 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 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 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 2000 Plan

- **Office Visits:** Limited to two office visits per member, per year.
- **Lab Work and X-Ray (nonhospital based):** Limited 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.
- **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.

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 policy 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's participation in the military of any country; (d) an insured person's participation in an insurrection, rebellion, or riot; (e) services received as a direct result of an insured person's commission of, or attempt to

Exclusions and Limitations (cont.)

Medical

- commit a felony, or 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 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, medications, or other substances dispensed or administered in any outpatient setting.
 - Cosmetic surgery or other services for beautification. This exclusion does not apply to reconstructive surgery to restore a bodily function, 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, except as stated in the Certificate.
 - 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 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.
 - Foreign country provider charges except as specified in the Certificate.
 - 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.

Exclusions and Limitations (cont.)

Medical

- Charges for animal to human organ transplants.
- Incidental supplies used by a provider in the administration of infusion therapy.
- 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 normal pregnancy or maternity care, including normal delivery, elective abortions and elective non-emergency cesarean sections, as long as the services are not due 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 2000 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.

Exclusions and Limitations

Dental

The primary limitations and exclusions for the plans described in this brochure 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 terms of the applicable Certificate of Coverage will apply.

Limitations

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

Prosthodontics

Replacement of a fixed or removable prosthesis if such replacement occurs within five years of the original placement, unless the denture is a stayplate used during the healing period for recently extracted anterior teeth.

Adjustment, repairs, or relines to prosthesis, except following six months from initial placement and if the prosthesis was paid for under this plan.

Fixed bridges, removable cast partials, and/or cast crown with or without veneers for patients under 16 years of age.

Replacement of crowns and cast restorations, including porcelain crowns, if such replacement occurs within five years of the original placement.

Prosthodontics and Periodontics

Services for fixed or removable prosthodontics within the first 12 months of the insured person's effective date.

Services for periodontics within the first 12 months of the insured person's effective date.

Diagnostic

Oral examinations exceeding two visits per insured per year.

More than one set of full-mouth X-rays or its equivalent per insured in a three-year period.

Preventive

Prophylaxis treatments exceeding two treatments per insured per year.

Fluoride applications for patients over 18 years of age or applications exceeding two visits per year.

Exclusions

The Plan does not provide benefits for:

- Any amounts in excess of the maximum amount stated in the "yearly maximum benefit" section or listed in the benefit schedule.
- Services or supplies that UniCare considers to be not medically necessary, experimental or investigative.
- Services received before your effective date or after your coverage ends.
- Services for which no charge would be made to you in the absence of insurance coverage or services for which you are not legally obligated to pay.
- Any condition for which benefits could be recovered either by adjudication, settlement, or otherwise under any workers' compensation, employer's liability law, or occupational disease law, even if you do not claim those benefits.
- Disease contracted or injuries sustained as a result of declared or undeclared war and/or conditions caused by the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy.
- Any services provided by a local, state, county or federal government agency including any foreign government.
- Professional services received from a person who lives in the insured person's home or who is related to the insured by blood, marriage or adoption.
- Any services performed for cosmetic purposes unless they are for the correction of functional disorders or as a result of an accidental injury occurring while you were covered under this policy.
- Charges for treatment by other than a licensed dentist or physician, except changes for dental prophylaxis performed by a licensed dental hygienist, under the supervision and direction of a dentist.
- Replacement of an existing prosthesis which has been lost, stolen, or which, in the opinion of a dentist, is or can be made satisfactory.
- Orthodontic services, braces, appliances and all related services.

Exclusions and Limitations (cont.)

Dental

- Diagnosis or treatment of the joint of the jaw and/or occlusion services, supplies, or appliances provided in connection with:
 - any treatment to alter, correct, fix, improve, remove, replace, reposition, restore, or otherwise treat the joint of the jaw (temporomandibular joint);
 - any treatment including crowns, caps, and/or bridges to change the way the upper and lower teeth meet (occlusion); or
 - treatment to change vertical dimension (the space between the upper and lower jaw).
- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore, or maintain occlusions.
- Correction of congenital or developmental malformation. This does not apply to otherwise eligible charges incurred for the treatment of congenital defect or defects in a dependent child who is eligible to be covered under this Policy and who has been so covered continuously from the date of his or her birth until the date the expense is incurred.
- If a policyholder transfers from the care of one dentist to that of another dentist during the course of treatment or if more than one dentist renders services for one dental procedure, UniCare shall be liable only for the amount it would have been liable for had one dentist rendered the services.
- Prescribed drugs, premedication or analgesia.
- Oral hygiene instruction.
- Services for treatment of malignancies and neoplasms.
- All hospital costs and any additional fees charged by the dentist for hospital treatment.
- Implants (materials implanted into or on bone or soft tissue) or the removal of implants.
- Replacement of teeth missing prior to the effective date of coverage.



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