UNICARE®
A Healthy Dose of Innovation℠

Illinois UniCare Saver 2000 Health Insurance Plan

This plan features a $5,000,000 per member lifetime maximum in benefits.

This matrix provides a brief description of plan features and reflects UniCare's share of costs for covered expenses after the annual and out-of-network deductibles are met. When you use UniCare independently contracted participating (in-network) providers, your costs are based on a specially negotiated rate for UniCare that may often 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. Refer to the UniCare provider directory or to the UniCare Web site at www.unicare.com to determine which providers in your area are participating (in-network) providers. Ask your agent to provide you with a UniCare provider directory before you sign an application for coverage.

For a more detailed description of coverage, benefits, limitations and exclusions, preservice and utilization review, preauthorization process, additional deductibles, and penalties that may apply, please refer to the applicable Certificate of Coverage. If there are any conflicts between the terms of the Certificate of Coverage and the information in this summary, the terms of the Certificate of Coverage will prevail.

Amounts shown below are the member's share of costs.

Plan Features	Participating Provider	Nonparticipating Provider
Annual Deductible[1]	$2,000 per member, per year with a two-member family maximum	
Out-of-Network Deductible[1]		Additional $1,000 out-of-network deductible per member, per year
Annual Out-of-Pocket Maximums[1]	$3,000 plus deductible per member, $6,000 plus deductible per family	$10,000 plus deductibles per member, $20,000 plus deductibles per family

Amounts shown below are UniCare's payment after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Provider	Nonparticipating Provider
Lifetime Maximum	UniCare pays up to $5,000,000 per member	
Office Visits Exam only for any covered illness or injury.	**2 office visits per member, per year, participating and nonparticipating providers combined:** You pay a $30 copay, deductible waived **3+ office visits:** Member pays 100% of billed charges	**2 office visits per member, per year, participating and nonparticipating providers combined:** UniCare pays 60%, deductible waived **3+ office visits:** Member pays 100% of billed charges
Preventive Care		
Office Visit and Immunizations for Babies and Children (through age 6)	Not covered	Not covered
Adult Preventive Care		
a. Lab/X-ray for routine Pap smear, annual mammogram, colorectal cancer screening or PSA screening	70%	60%
b. Office visits related to preventive care services as outlined in (a)	See "Office Visit" benefit above	See "Office Visit" benefit above
Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests	Not covered	Not covered
Limited Professional Services Surgery, anesthesia, radiation therapy, and in-hospital doctor visits	70%	60%
Lab Work and X-rays	70% with a maximum payment of $300 per member, per year with deductible waived, participating and nonparticipating providers combined	60% with a maximum payment of $300 per member, per year with deductible waived, participating and nonparticipating providers combined
Inpatient Hospital Services[2]	70%	60% after member pays an additional $500 deductible for nonemergency stays
Outpatient Medical Care[2, 3]	70%	60%
Initial Care for a Medical Emergency[3] Inpatient or Outpatient Hospital Services	70%	70%[4]
Physical/Occupational Therapy and Acupuncture/Acupressure	Not covered	

Illlinois UniCare Saver 2000 Health Insurance Plan (cont'd)

Amounts shown below are UniCare's payment after applicable deductibles are met, unless otherwise noted.

Plan Features	Participating Provider	Nonparticipating Provider
Ambulatory Surgical Center[2]	70%	60%
Ambulance Service	70% With a maximum covered expense of $750 per trip, air or ground	60% With a maximum covered expense of $750 per trip, air or ground
Durable Medical Equipment	Not covered	
Prescription Drugs[5] **Retail Pharmacy** Per prescription (up to a 30-day supply)	Maximum payment by UniCare of $500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail service combined. **Generic drugs:** You pay a $10 copay **Brand name drugs:** After payment of a $200 deductible per member, per year, You pay a $25 copay	Maximum payment by UniCare of $500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail service combined. **Generic drugs:** UniCare pays 50% of the average wholesale price **Brand name drugs:** After payment of a $200 deductible per member, per year, UniCare pays 40% of the average wholesale price
Mail Service Per prescription (up to a 60-day supply)	Maximum payment by UniCare of $500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail service combined. **Generic drugs:** You pay a $20 copay **Brand name drugs:** After payment of a $200 deductible per member, per year, You pay a $50 copay	Not available

[1] Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out of pocket maximum.
[2] Services may require preservice review or authorization by UniCare or you will be required to pay an additional deductible or penalty.
[3] Emergency room visits that do not result in an inpatient admission will be subject to a $60 deductible.
[4] Until transferable to a participating hospital, then 60% subject to a $500 deductible per continuing hospital confinement once transferable.
[5] Certain Prescription Drugs may require prior authorization by UniCare.