



# Summary of Benefits

All plans feature a \$5,000,000 per member lifetime maximum in benefits<sup>1</sup>. (See page 8 for a more detailed look at UNICARE's plans.)

Amounts shown below are UNICARE's payment for covered expenses after applicable deductibles are met, unless otherwise noted.						
Your Plan Features	UNICARE Premier No Deductible	UNICARE 500	UNICARE 1000	UNICARE 1500 or 2000	UNICARE 3000 or 5000	UNICARE Saver 2000
Annual Deductible per Member	None	\$500, two-member family maximum	\$1,000, two-member family maximum	\$1,500 or \$2,000, two-member family maximum	\$3,000 or \$5,000, two-member family maximum	\$2,000, two-member family maximum
Member's Annual Out-of-Pocket Maximums Participating provider	\$3,000 per member, \$6,000 per family	\$3,000 plus deductible per member, \$6,000 plus deductible per family				
Member's Annual Out-of-Pocket Maximums Nonparticipating provider	\$10,000 per member, \$20,000 per family	\$10,000 plus deductible per member, \$20,000 plus deductible per family				
Office visits only Participating provider	UNICARE pays 100% after member pays a \$30 copay, unlimited visits	First 4 office visits per member per year: UNICARE pays 100% after member pays a \$30 copay (deductible is waived) 5+ office visits: UNICARE pays 80% (subject to deductible)	First 4 office visits per member per year: UNICARE pays 100% after member pays a \$30 copay (deductible is waived) 5+ office visits: UNICARE pays 70% (subject to deductible)	2 office visits per member, per year, participating and nonparticipating providers combined; UNICARE pays 100% after member pays a \$30 copay (deductible is waived). 3+ office visits: Member pays 100% of billed charges.		
Office visits only Nonparticipating provider		60%		2 office visits per member, per year, participating and nonparticipating providers combined; UNICARE pays 60% (deductible is waived). 3+ office visits: Member pays 100% of billed charges.		
Lab Work and X-rays Participating provider		80%		70%	UNICARE pays 70% with a maximum payment by UNICARE of \$300 per member per year (participating and nonparticipating providers combined) with deductible waived	
Lab Work and X-rays Nonparticipating provider			60%	UNICARE pays 60% with a maximum payment by UNICARE of \$300 per member per year (participating and nonparticipating providers combined) with deductible waived		
Inpatient Hospital Services Participating provider		80%		70%		
Inpatient Hospital Services Nonparticipating provider		UNICARE pays 60% less a \$500 deductible for nonemergency stays				
Prescription Drugs Participating pharmacy per prescription (up to a 30-day supply) Generic Drugs (See inside for brand name drugs)		UNICARE pays 100% after member pays a \$10 copay				UNICARE pays 100% after member pays a \$10 copay, with a maximum payment by UNICARE of \$500 per member per year, both in and out-of-network retail pharmacy and mail service combined
Prescription Drugs Nonparticipating pharmacy per prescription (up to a 30-day supply) Generic Drugs (See inside for brand name drugs)		UNICARE pays 50% of the average wholesale price				UNICARE pays 50% of the average wholesale price; with a maximum payment by UNICARE of \$500 per member per year, both in and out-of-network retail pharmacy and mail service combined

<sup>1</sup> See the applicable plan certificate for a complete list of coverage, conditions, limitations and exclusions.

Read your Certificate 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 will apply. The Certificate sets forth, in 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.

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# UNICARE, A Partner You Can Rely On

UNICARE Life & Health Insurance Company is rated “A+” by Standard & Poor’s Financial Strength Rating Analysis and “A-” for claims paying by A.M. Best, an independent insurance industry analyst that bases its rating on operating performance and financial stability.

UNICARE is a subsidiary of WellPoint Health Networks Inc., one of the largest health care companies in the nation. UNICARE and other WellPoint subsidiaries serve the health care insurance needs of more than 15.4 million medical and over 45.9 million specialty members nationwide.

- *Fortune Magazine* named WellPoint America’s Most Admired Health Care Company for the sixth consecutive year in its March 2004 issue.
- *Forbes* named WellPoint to the *Forbes* Platinum 400 Honor Roll for the sixth consecutive year.

## Choose a Health Insurance Plan That Works for You

### Which plan is best for you?

UNICARE has a wide range of health insurance plans and premium choices for you to select from. Selecting the right plan for you and your family is a matter of balancing your needs and wants:

Price — What amount of premium do you want to pay?

Features — What services does each plan cover?

Cost-sharing — How much of the cost are you willing to share for these health care services?

Access — Is it important for you and your family to see any doctor you want or are you willing to trade some flexibility and see in-network doctors in order to save money?

If you are healthy and rarely see a doctor, you may feel comfortable taking a greater risk and opting for a higher deductible, lower premium plan. If you see a doctor regularly, you may be more comfortable with a higher monthly premium plan with less cost sharing.

In general, the more risk you are willing to accept, the less you pay in monthly premiums. On the other hand, the higher the monthly premium you pay, the more significant the features:

- More services are covered and the plan pays a larger portion of the cost for covered services.
- Deductibles and coinsurance maximums are more favorable to you.

Other elements you should consider are the annual plan deductible, copayments and coinsurance.

### Definitions

**Deductible**  
The amount you are required to spend each year under the plan before UNICARE begins paying part of the covered cost.

**Out-of-Pocket Maximum**  
The most you would have to spend, in addition to your deductible, in any one year before the plan pays 100% of your covered costs for most services.

**Copayment**  
The dollar amount you pay to your provider for their services. The copayment does not count toward the annual deductible, but does count toward your annual out-of-pocket maximum.

**Coinsurance**  
The percentage of covered expenses that you are required to pay.

# Protect What's Important

## How are you covered?

With UNICARE you can have:

- Access to emergency care and routine health care services
- Preventive programs and services to promote good health
- Protection against severe financial loss in the event of serious illness or injury
- The option to deduct a portion of your health insurance premium from your taxable income if you're self-employed

## Significantly Reduce Your Share of the Costs

Let UNICARE help shield you against the full cost of care for illnesses and accidents. Compare the costs below for a typical hospital stay (three days and two follow-up visits), with and without health insurance.

### With Insurance\* You Pay

- \$2,931 - Hospital charges
- \$334 - Physician charges
- \$51 - Follow-up care

You pay a total of  
**\$3,316**



### Without Insurance You Pay

- \$12,569 - Hospital charges
- \$2,914 - Physician charges
- \$336 - Follow-up care

You pay a total of  
**\$15,819**



\*The example above is based on 2004 averages from UNICARE's claims database and represents an average inpatient hospitalization and follow-up care. Prices indicate services covered with UNICARE 1000 plan for a member in Indiana. (In this case, \$3,316 represents 20% of negotiated rates for services plus a \$1,000 deductible.)



# FamilyFlex

## Customize Your Family Coverage

With UNICARE's FamilyFlex, you can choose a different health insurance plan for each member of your family. Select a higher deductible, lower premium plan for the member of your family who may need only basic health care insurance coverage. Opt for a plan with a lower deductible and higher premium for the family member that may require more health care services. By customizing your family's insurance coverage, you get the protection you need at a price you can afford. Please note: Each family member who selects a different medical plan must independently satisfy the annual out-of-pocket maximum (participating and nonparticipating) for the plan he or she selects.

### A Case in Point: The Smith Family in Fort Wayne

Jim, age 40, and Jean, age 38, elect subscriber and spouse coverage – the rate is based on his older age

Selected Plan: UNICARE Saver 2000

Monthly Premium (for both): \$160

They decide on single coverage for daughter Jane, a 19-year old college student

Selected Plan: UNICARE 1500

Monthly Premium: \$81

They choose single child coverage for their 10-year old son Jason, who may need more medical attention

Selected Plan: UNICARE Premier No Deductible

Monthly Premium: \$120

**Total Monthly Premium: \$361**

Please note: Premium amounts vary by rating area of families' home address. Rates are subject to change without notice.



# Access to Quality Care at Discounted Fees

Most UNICARE plans allow you to use any doctor you choose, but you can save money by using UNICARE’s network of independently contracted doctors and medical facilities. When you use an in-network doctor or hospital, your costs are reduced in two ways:

- Doctors in UNICARE’s independently contracted provider network have agreed to accept lower, negotiated rates for most services.
- You pay a lower percentage of the costs when you use in-network providers. Since in-network providers accept our negotiated rates, you get double savings. You pay a lower percentage of the lower, negotiated rate.

When you use out-of-network doctors, you pay a larger portion of the amount determined by UNICARE to be reasonable for that service in that area. You’re also responsible for whatever amount the doctor charges over and above the reasonable charges. Consider the example below using the UNICARE 500 Plan.

Before you choose a doctor, be sure to check the *Provider Finder* on the UNICARE Web site at [www.unicare.com](http://www.unicare.com).

## Example using UNICARE 500 Plan

In-Network Charges (for a covered expense)	
If the billed charges are	\$1,000
And UNICARE’s negotiated rate is	\$650
You get a discount of	\$350
UNICARE payment 80% of negotiated fee*	\$520
You pay only	\$130

\*Assuming any deductible has been met and you have not yet reached your annual out-of-pocket maximum for in-network providers.

Out-of-Network Charges (for a covered expense)	
If the billed charges are	\$1,000
Amount UNICARE considers reasonable	\$650
You pay 40% of reasonable charges**	\$260
Plus, the difference between the billed charges and the reasonable charges	\$350
You pay a total of	\$610

\*\*Assuming any deductible has been met and you have not yet reached your annual out-of-pocket maximum for out-of-network providers.

Please note: If your annual out-of-pocket maximum has been met for both in-network and out-of-network providers for covered expenses, UNICARE will pay 100% of the negotiated rate for in-network providers and 100% of the reasonable charges only for out-of-network providers.

# HealthyExtensions\*

## The Key to a Healthy Life

HealthyExtensions is an innovative program designed to help you and your family take a personal path toward wellness. HealthyExtensions goes beyond traditional health care insurance services by offering you money saving discounts on health and wellness products and services.

As a UNICARE member, you are automatically eligible to receive discounts up to 50 percent on a variety of alternative health care and wellness products and services offered by independent vendors.

Examples of products and services that are available:

- Vitamins
- Nutrition and fitness programs
- Health clubs
- Hearing aids
- Eyeglasses and contact lenses
- Skin care products
- Educational materials
- Online resources
- Alternative health practitioners

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## Vision Care Services

### A Featured Discount Program for You

As a part of the HealthyExtensions program, you will receive discounts from participating optometrists and ophthalmologists for your vision care needs. Discounts up to 50 percent are available for eye exams, frames, lenses, and contacts at participating independent vendors.

If you wear contact lenses, you may purchase them from your favorite eye care professional or you could take advantage of

additional savings and convenience by ordering via phone or Internet and have your contacts delivered directly to your home.

In addition, LASIK vision correction surgery is available to you at discounts up to 50 percent at network providers.

\*This 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, its affiliates, subsidiaries, or parent company.

# MedCall

## 24/7 Telephone Access to Health Care Professionals

UNICARE is here to assist you any time, day or night, by phone through MedCall. MedCall is a toll-free health information hotline staffed by nurse counselors who are on call to answer your questions and provide you with medical information whenever you need it. Nurse counselors are available to answer your questions about:

- Medications and side effects

- A diagnosis
- Symptoms, medical procedures and alternative treatments
- Referrals for doctors and medical facilities
- Referrals for local, state, and national self-help agencies

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

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# Platinum Network Travel Access

## Peace-of-Mind While You Travel

What happens if you or one of your family members get sick while traveling outside of Indiana? The Travel Access program helps you take advantage of your health plan benefits while traveling within the continental United States but outside of your local provider network.

With Travel Access:

- There are no additional premium costs

- Your health care benefits are not changed by the addition of Travel Access
- The provider will submit the claim forms to UNICARE on your behalf

Should a medical need arise, all you have to do is call your Travel Access representative, and you will be provided with the name, address, and phone number of an independently contracted network provider in the immediate area.

# Plan Overview

## Individual and Family Medical Insurance Plans Comparison

All plans feature a \$5,000,000 per member lifetime maximum in benefits.

This matrix is intended to help you compare UNICARE plan benefits and reflects UNICARE's payment 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](http://www.unicare.com) to determine which providers in your area are participating providers.

All plans with deductibles feature a fourth-quarter carry over for the annual deductible. If your annual deductible is not satisfied in a given year, the covered expenses incurred during the months of October through December and applied to your annual deductible for that year will be applied toward your annual deductible for the following year.

This is only a brief description of various plans available. For a more detailed description of coverage, benefits, limitations and exclusions, preservice and utilization review, the 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 brochure, the terms of the Certificate of Coverage will prevail.

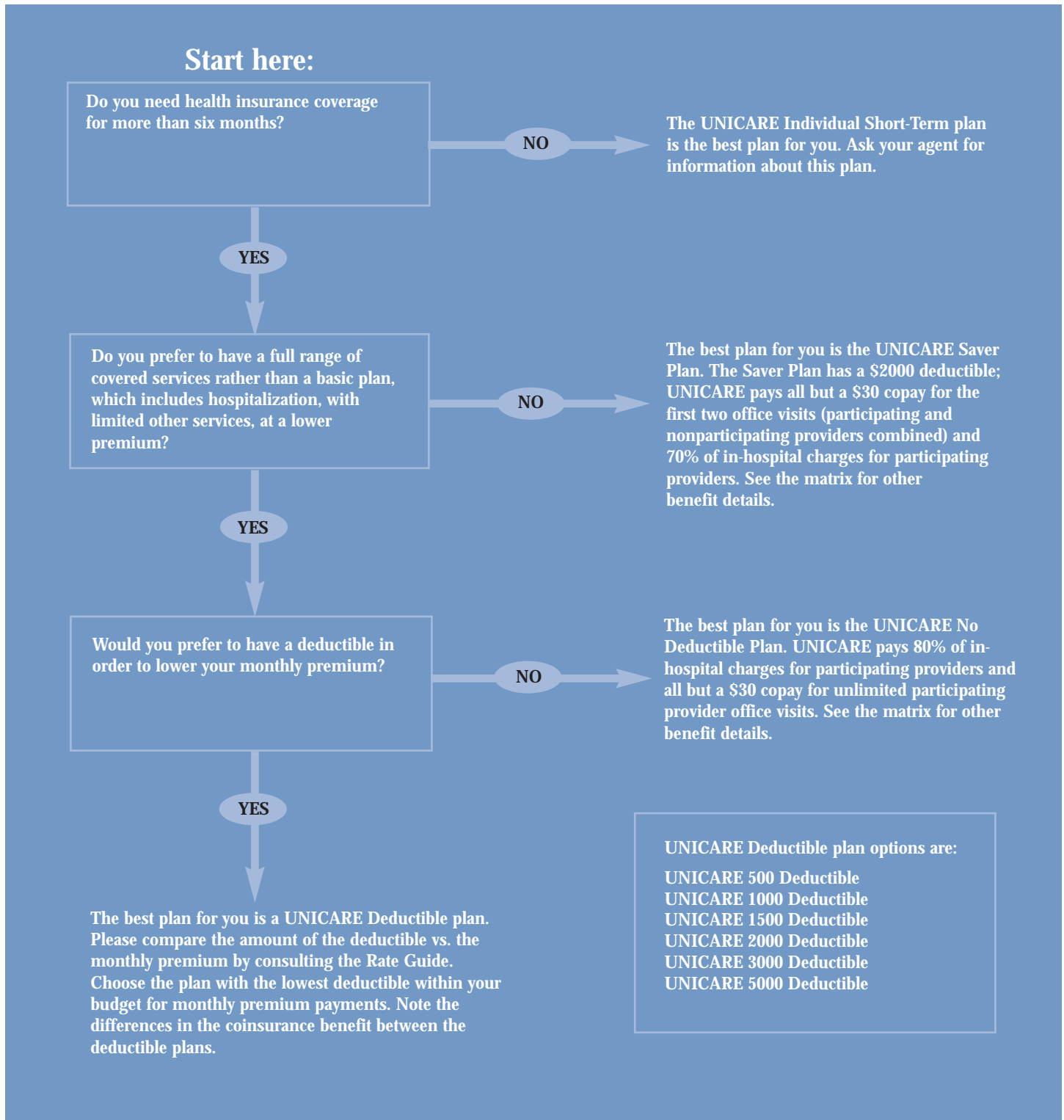
**Overview of Coverage — Amounts shown below are UNICARE's share of covered costs**

Your Plan Features	UNICARE Premier No Deductible		UNICARE 500		UNICARE 1000	
	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
	None		Your annual deductible is \$500, with a two-member family maximum		Your annual deductible is \$1,000, with a two-member family maximum	
Annual Deductible Per Member	\$1,000 out-of-network deductible per member, per year		Additional \$1,000 out-of-network deductible per member, per year		Additional \$1,000 out-of-network deductible per member, per year	
Member's Annual Out-of-Pocket Maximums	\$3,000 per member, \$6,000 per family	\$10,000 per member, \$20,000 per family	\$3,000 plus deductible per member, \$6,000 plus deductible per family	\$10,000 plus deductible per member, \$20,000 plus deductible per family	\$3,000 plus deductible per member, \$6,000 plus deductible per family	\$10,000 plus deductible per member, \$20,000 plus deductible per family
Lifetime Maximum	UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member	
Office Visits All medical office visits and exams for any covered illness or injury. Office visits associated with preventive care for babies and children (through age 6). Office visits associated with a routine Pap smear, annual mammogram, colorectal cancer screening, or PSA screening.	UNICARE pays 100% (after member pays a \$30 copay); unlimited visits	60%	First 4 office visits per member, per year. UNICARE waives the deductible (member pays a \$30 copay). 5+ office visits: UNICARE pays 80%; office visits are subject to the deductible	60%	First 4 office visits per member, per year. UNICARE waives the deductible (member pays a \$30 copay). 5+ office visits: UNICARE pays 80%; office visits are subject to the deductible	60%
Preventive Care Immunizations for babies and children (through age 6)	80%	60%	80%	60%	80%	60%
Adult Preventive Care: Lab/x-ray for routine Pap smear, annual mammogram, colorectal cancer screening or PSA screening	80%	60%	80%	60%	80%	60%
Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests	80%	60%	80%	60%	80%	60%
Professional Services Surgery, anesthesia, radiation therapy, and in-hospital doctor visits	80%	60%	80%	60%	80%	60%
Lab Work and X-rays	80%	60%	80%	60%	80%	60%
Inpatient Hospital Services <sup>1</sup>	80%	60% after member pays an additional \$500 penalty for nonemergency stays	80%	60% after member pays an additional \$500 deductible for nonemergency stays	80%	60% after member pays an additional \$500 deductible for nonemergency stays
Outpatient Medical Care <sup>2</sup>	80%	60%	80%	60%	80%	60%
Initial Care for a Medical Emergency Inpatient or Outpatient	80%	80%	80%	80%	80%	80%
Physical/Occupational Therapy and Acupuncture/Acupressure	\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services		\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services		\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services	
Ambulatory Surgical Center <sup>1</sup>	80%	60%	80%	60%	80%	60%
Ambulance Service With a maximum covered expense of \$750 per trip, air or ground	80%	60%	80%	60%	80%	60%
Durable Medical Equipment	80%	60%	80%	60%	80%	60%
Mental, Emotional or Functional Nervous Disorders and Treatment of Alcoholism	Covered expenses will be paid the same as any other medical condition		Covered expenses will be paid the same as any other medical condition		Covered expenses will be paid the same as any other medical condition	
Prescription Drugs <sup>3</sup> Retail Pharmacy Per prescription (up to a 30-day supply)	Generic drugs: 100% (after member pays a \$10 copay)  Brand name drugs: 100% (after member pays a \$25 copay)	Generic drugs: 50% of the average wholesale price  Brand name drugs: 40% of the average wholesale price	Generic drugs: 100% (after member pays a \$10 copay)  Brand name drugs: 100% (after member pays a \$25 copay; separate \$50 deductible per member, per year applies)	Generic drugs: 50% of the average wholesale price  Brand name drugs: 40% of the average wholesale price (separate \$50 deductible per member, per year applies)	Generic drugs: 100% (after member pays a \$10 copay)  Brand name drugs: 100% (after member pays a \$25 copay; separate \$100 deductible per member, per year applies)	Generic drugs: 50% of the average wholesale price  Brand name drugs: 40% of the average wholesale price (separate \$100 deductible per member, per year applies)
Mail Service Per prescription (up to a 60-day supply)	Generic drugs: 100% (after member pays a \$20 copay)  Brand name drugs: 100% (after member pays a \$50 copay)	Not available	Generic drugs: 100% (after member pays a \$20 copay)  Brand name drugs: 100% (after member pays a \$50 copay; separate \$50 deductible per member, per year applies)	Not available	Generic drugs: 100% (after member pays a \$20 copay)  Brand name drugs: 100% (after member pays a \$50 copay; separate \$100 deductible per member, per year applies)	Not available



# UNICARE Individual & Family Plans Shopper's Guide

Choosing the best health insurance plan for you and your family can be challenging. Beginning at the starting point in the flow chart below, read and answer each question. Your answers will assist you in selecting the plan that best fits your unique needs and budget.



Please call your agent or UNICARE Customer Service at (800) 564-0938 to answer any questions about UNICARE health insurance plans.

# Individual Term Life Insurance

## Is Your Family Prepared for the Unexpected?

For just cents per day, 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.

There are some great reasons to add life insurance to your UNICARE Individual medical coverage:

- Life insurance provides 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

- Child coverage for as little as \$1.50 per month
- Adult coverage for as little as \$2.80 per month\*

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.

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

\*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 September 2004. 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 Life & Health Insurance Company.

# Individual and Family Dental PPO Plan Coverage

## Keep Your Teeth Healthy and Your Smile Bright

An affordable dental plan that provides coverage for regular dental care is important to your overall health. With UNICARE, you have:

- Access to quality care at discounted fees;
- A wide range of dental services;

## Additional Savings for Visiting Contracted Dentists

When you choose an independently contracted dentist, you will receive care at negotiated, discounted rates. Should you choose a noncontracting dentist<sup>1</sup>, your plan still provides

- No waiting period for preventive and diagnostic care;
- Freedom to choose any dentist;
- Additional savings for visiting an independently contracted dentist; and
- A yearly \$50 deductible per person with a maximum of three deductibles per family.

benefits, but your out-of-pocket expense may be greater, as the negotiated fees do not apply to noncontracting dentists. You will be responsible for any charges your dentist bills in excess of the stated benefit.

The following is an example of how UNICARE's negotiated fees may save you money. Negotiated fees may vary among contracting dentists.

Contracting Dentist		Noncontracting Dentist	
If the billed charges are	\$780	If the billed charges are	\$780
And UNICARE's negotiated rate is	\$430	UNICARE will pay the amount specified in the benefit schedule	\$225 <sup>2</sup>
UNICARE will pay the amount specified in the benefit schedule	\$225 <sup>2</sup>	Therefore, you pay the difference between the billed amount and the scheduled benefit	\$555
Therefore, you pay the difference between the negotiated rate and the scheduled benefit	\$205		

<sup>1</sup> In 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.

<sup>2</sup> This assumes any deductible has been met and you have not reached your annual maximum. Billed charges and negotiated rates in the above table are determined by using an example of contracted and noncontracted fees for dentists in the Indianapolis, Indiana area (ZIP code 46226) for ADA procedure code D2750. Negotiated rates may vary by contracting dentist based on their contracted relationship with UNICARE.

Your current dentist may already be an independently contracted dentist. Before you choose a dentist, be sure to check the *Provider Finder* on the UNICARE Web site at [www.unicare.com](http://www.unicare.com) or call UNICARE Dental Services

toll-free at (888) 209-7852. If you would like your dentist to become a contracted dentist, please notify us at [dentist.referral@wellpoint.com](mailto:dentist.referral@wellpoint.com) or call (800) 262-4496.

# Dental Benefit Schedules

The following dental schedules show a brief overview of benefits available to you. UNICARE 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.

<b>Preventive and Diagnostic Care<sup>3</sup></b> Coverage begins upon approval of your application.		<b>UNICARE Pays</b>	
<b>Procedure</b>	<b>Contracting Dentist</b>	<b>Noncontracting Dentist</b>	
Periodic Oral Exam, limited to 2 per member, per year	100%	\$13	
Bitewing X-rays – single film <sup>4</sup>	100%	\$10	
Bitewing X-rays – two films <sup>4</sup>	100%	\$13	
Single (periapical) X-rays – first film <sup>4</sup>	100%	\$7	
Single X-rays – additional films <sup>4</sup>	100%	\$7	
Bitewing X-rays – four films <sup>4</sup>	100%	\$19	
Full-mouth X-rays, limited to one set every 3 years <sup>4</sup>	100%	\$39	
Routine cleaning, limited to 2 per adult per year <sup>5</sup>	100%	\$30	
Routine cleaning, limited to 2 per child per year <sup>6</sup>	100%	\$21	
Cleaning with fluoride, limited to 2 per child per year <sup>6</sup>	100%	\$30	
Topical fluoride only, limited to 2 per child per year <sup>6</sup>	100%	\$12	
<b>Basic Dental Care<sup>3</sup></b> Coverage begins after the plan has been in effect for six continuous months.		<b>UNICARE Pays</b> Contracting and Noncontracting Dentists	
<b>Procedure</b>			
Filling – one surface / two surfaces / three surfaces / four or more surfaces	\$33/\$43/\$50/\$58		
Extraction – erupted tooth or exposed root	\$38		
Surgical removal erupted tooth	\$72		
Removal of impacted tooth – soft tissue / partial bony / complete bony	\$95/\$120/\$144		
<b>Major Dental Care<sup>3</sup></b> Coverage begins after the plan has been in effect for 12 continuous months.		<b>UNICARE Pays</b> Contracting and Noncontracting Dentists	
<b>Procedure</b>			
Scaling/root planning per quadrant	\$43		
Gingivectomy – one to three teeth per quadrant/four or more contiguous teeth per quadrant	\$30/\$107		
Root canal – one canal / two canals / three canals	\$125/\$150/\$195		
Crown – except stainless steel	\$225		
Stainless steel crown	\$50		
Pontic	\$225		
Partial / Complete denture (upper or lower)	\$285/\$300		
Denture reline (chairside) / (lab)	\$65/\$88		

<sup>3</sup> All dental benefits are limited to a maximum payment of \$1,000 for expenses incurred by each enrolled member during a calendar year.

<sup>4</sup> Total benefit for single and bitewing X-rays not to exceed cost of full mouth - \$39.

<sup>5</sup> Adult – Any person or dependent 19 years or older covered by this plan.

<sup>6</sup> Child – 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 Certificate of Coverage and this brochure, the Certificate of Coverage will prevail. Counties with strong network access: Allen, Delaware, Hamilton, Johnson, Lake, Marion, Monroe and Porter.

# Who's Eligible for the UNICARE Individual and Family Dental PPO Plan

**You and your dependents must be Indiana residents. Eligible dependents include:**

- **Your lawful spouse, age 64½ or younger;**
- **Any unmarried child or stepchild under age 19, of yours or your enrolled spouse; and**
- **Any unmarried child or stepchild who is a full-time student (at least 12 units per semester), age 19 through 22.**

UNICARE Individual and Family Dental PPO Plan Monthly Rates*	
One adult	\$25.00
Two adults	\$50.00
Adult with 1 child	\$37.50
Adult with 2 children	\$50.50
Adult with 3+ children	\$69.50
Family (1 child)	\$62.50
Family (2 children)	\$75.50
Family (3+ children)	\$94.50
One child	\$12.50
Two children	\$25.50
Three+ children	\$44.50

\*Rates are current as of September 2004. Rates are subject to change without notice. Please contact your agent or UNICARE for the most current rates.

# Facts About Your UNICARE Plan

## Waiting Periods

An insured person must be covered by one of these UNICARE 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.

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

Utilization review is the benefit coverage evaluation of medical necessity, efficiency, and/or appropriateness of services and treatments. Other services require authorization to be eligible for maximum benefits. Please see your Certificate of Coverage for additional details on preservice review, penalties, covered services, and limitations and exclusions.

Utilization Management is 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.

Note: Additional deductibles explained above are not counted toward any deductible or out-of-pocket maximum.

## 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 six months prior to the effective date.

## Utilization Management

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

Preservice review assesses benefit eligibility before services are provided. All inpatient medical care requires preservice review or you will be subject to a \$500 penalty per continuing hospital confinement. This review must be initiated at least three working days prior to admission to a licensed and accredited hospital or ambulatory surgical center. Failure to obtain preservice review may result in additional penalties.

All surgical services of an ambulatory surgical center require preservice review or you will be subject to a \$50 penalty.

## Emergency

If you reasonably believe 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.

Please note: Additional deductibles explained above are not counted toward any annual deductible or out-of-pocket maximum.

# UNICARE Member Confidentiality Statement

In order to provide you with health care 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.

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 64½ or younger;
- The applicant's spouse, age 64½ 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; and
- Not eligible for Medicare.

### Application for Coverage and Review Process

Each individual and family member who applies for coverage in any of the UNICARE plans must submit an application for UNICARE underwriting review. If any applicant does not qualify based on UNICARE's underwriting standards, the application will not be approved. Certain conditions, subject to UNICARE's underwriting guidelines, may qualify an applicant for the plan at a premium that is higher than the Level 1 (preferred) premium and/or coverage for a particular medical condition may be excluded for coverage by a waiver. Please follow the instructions on the Individual and Family Plan application form.

If you are accepted, please carefully read your UNICARE Certificate of Coverage. This document lists, in more detail, all the benefits, conditions, limitations, exclusions, and requirements of your plan.

### 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.

### Terms of Coverage

Coverage under this plan remains in force as long as the required premiums are paid on time and as long as the insured remains eligible for coverage. Coverage ceases when an insured no longer lives in the service area or becomes ineligible because of divorce or a change in dependent status. (In the case of divorce and over-age dependents, UNICARE may offer a similar plan.) UNICARE may change the premiums of this plan after 30 days' written notice to the insured. 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 plan as you.

### 10-day FREE Look

Once your plan arrives, you have 10 full days to examine and either accept or decline coverage by returning the plan.

\*UNICARE Life & Health Insurance Company is participating in a pilot program that applies waivers for certain medical conditions at this time.

# Health Insurance Plan Limitations & Exclusions

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.

## Limitations

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

### 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.**

### Ambulance Service

**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.**

### Physical, Occupational Therapy/Medicine and Acupuncture/Acupressure

**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

**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.**

### Other Preventive Care Services

**For the UNICARE 500, 1000, 1500, 2000, 3000, 5000, and Premier Plans, limited to maximum covered expense of \$200 per year.**

## Additional Limitations for the UNICARE Saver 2000

### Office Visits

**Limited to two office visits per member per year for participating and nonparticipating providers combined.**

### Lab Work and X-Ray

**Payment is provided for X-ray and lab work (non-hospital based) up to a maximum payment of \$300 per member per year, participating and nonparticipating providers combined.**

### Prescription Drugs

**Limited to a maximum payment of \$500 per member per year. Includes generic and brand, participating and nonparticipating retail and mail service combined.**

## Exclusions

**This Plan does 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 health plan or insurance coverage.**
- **Any condition for which benefits are recovered or can 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.**
- **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 of illness or injury arising from such release of nuclear energy; (c) an insured person participating in the military service of any country; (d) an insured person participating in an insurrection, rebellion, or riot; (e) services received as a direct result of an insured person's commission of, or attempt to commit a felony or as a direct result of the insured person being engaged in an illegal occupation; (f) an insured person, being under the influence of illegal narcotics or non-prescribed controlled substances unless administered on the advice of a physician.**
- **Any services provided by a local, state or federal government agency except when payment under this plan is expressly required by federal or state law.**
- **If you are eligible for Medicare, any services covered by Medicare under Part A or B are excluded from consideration of payment regardless of actual enrollment in Medicare or payment by Medicare for those services.**
- **Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid). Veterans Administration hospitals and military treatment facilities will be considered for payment according to current law.**

# Health Insurance Plan Limitations & Exclusions (continued)

- 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.
- Inpatient or outpatient 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; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Treatment of drug or other substance addiction or abuse, except for treatment of alcoholism as specifically provided for in the plan.
- 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, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in the plan.
- An eye surgery solely for the purpose of correcting refractive defects of the eye.
- Outpatient speech therapy.
- Any drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in the plan. This includes, but is not limited to items dispensed by a physician.
- Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to reconstructive surgery to restore a bodily function or 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.
- All services related to the evaluation or treatment of fertility and/or infertility, including, but not limited to, all tests, consultations, and examinations, medications, invasive medical, laboratory, or surgical procedures including sterilization reversals and in vitro fertilization.
- Cryopreservation of sperm or eggs.
- 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.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for weight reduction or treatment of obesity, or any care which involves weight reduction as a main method for treatment except as specifically stated in the plan.
- Routine physical exams or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority, except as specifically provided for in the plan.
- Charges by a provider for telephone consultations.
- Items which are furnished primarily for your personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs, etc.).
- 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.
- Incidental supplies used by a provider in the administration of infusion therapy.
- Foreign country provider charges except as specifically stated in the plan.
- 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's condition.
- Routine foot care.
- 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.

# Health Insurance Plan Limitations & Exclusions (continued)

- Charges for animal to human organ transplants.
- Charges for normal pregnancy or maternity care, including normal delivery, elective abortions and elective non-emergency cesarean sections, as long as the service is not related to Complications of Pregnancy.

## Prescription Drug Exclusions

- Drugs and medications not requiring a prescription, except insulin.
- Drugs and medications to induce nonspontaneous abortions.
- Dietary supplements, cosmetics, health or beauty aids.
- Any vitamin, mineral, herb or botanical product that does not have an FDA (Food and Drug Administration) approved indication to treat, diagnose or cure a medical condition, even if it is thought to have health benefits.
- Drugs taken while you are in the hospital, skilled nursing facility, rest home, sanitarium, convalescent hospital or similar facility.
- Drugs and medications dispensed or administered in an outpatient setting including, but not limited to, outpatient hospital facilities and doctors offices.
- Growth hormone treatment except as specifically stated in the Certificate of Coverage.
- Any expense incurred in excess of the UNICARE negotiated rate.
- Any drug labeled "Caution, limited by federal law to investigational use" or Non-FDA approved investigational drugs. Any drug or medication prescribed for experimental indications.

- Drugs used for cosmetic purposes.
- Drugs used for the primary purpose of treating infertility or promoting fertility.
- Anorexiant or drugs associated with weight loss.
- Drugs obtained outside the United States.
- Drugs for treatment of a condition, illness, or injury for which benefits are excluded or limited by a waiver, pre-existing condition, or other contract limitation.
- Prescription drugs with a nonprescription (over-the-counter) chemical and dose equivalent.
- Lost or stolen prescriptions.

## Additional Exclusions for the UNICARE Saver 2000 Plan

- Any services of a physician, except as specifically stated under limited professional and other services.
- 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.

This is only a brief description of the plans. For more complete details including benefits, limitations and exclusions, please refer to the applicable Certificate of Coverage.

# Dental Insurance Plan Limitations & Exclusions

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.

## 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.

# Dental Insurance Plan Limitations & Exclusions (continued)

## 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.

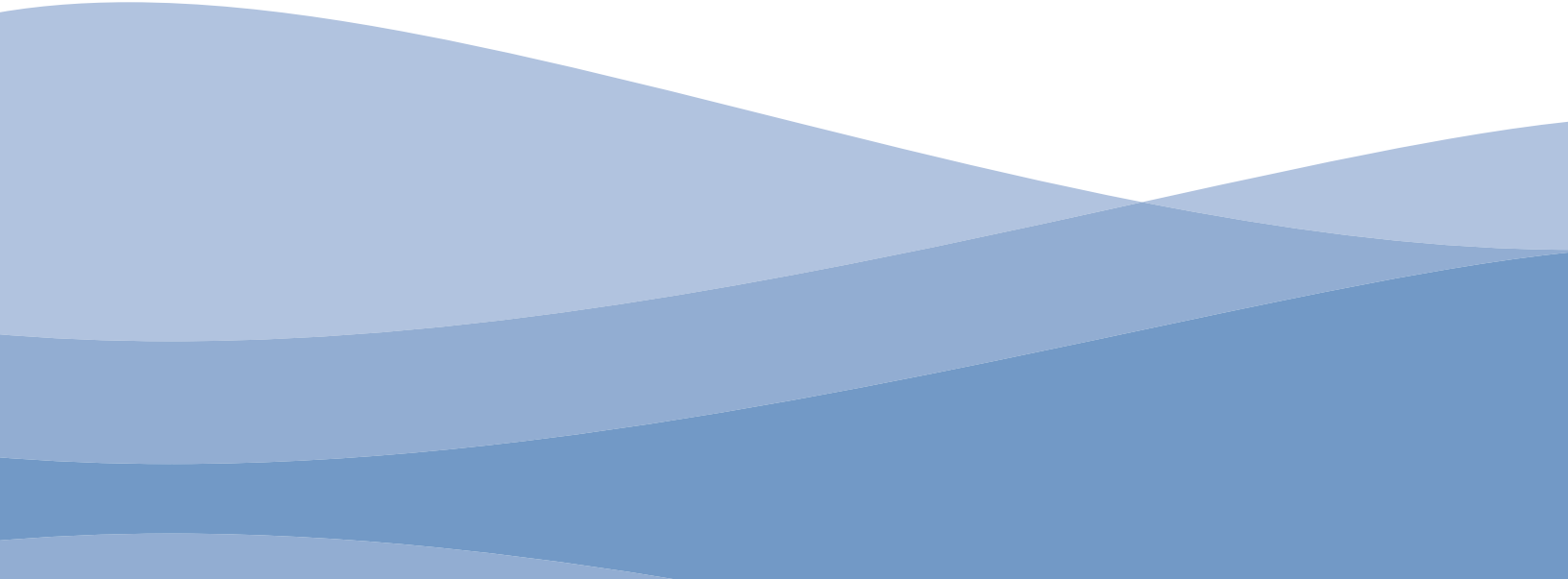
Fluoride applications for patients over 18 years of age or applications exceeding two visits per year.

## 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 charges 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.
- 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);
    - 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.
  - 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.

**Notes:**







**A healthy dose of innovation.™**

**UNICARE Life & Health Insurance Company**  
**Sales Office**  
**Bolingbrook, Illinois**

**0010448IN 9/04**

Insurance coverage is underwritten by UNICARE Life & Health Insurance Company. ® Registered Mark and SM Service Mark of WellPoint Health Networks Inc. An application is required to be completed to apply for coverage and is subject to approval by UNICARE.