

Summary of Benefits

All plans feature a \$5,000,000 per member lifetime maximum in benefits.¹ (See page 7 for a more detailed look at UNICARE's plans.)

Amounts shown below are UNICARE's payment for covered expenses after any deductibles are met.

Plan Features	Performance Plus No Deductible	Performance 500	Performance 600	Performance 1000	Performance 1500 or 2000	Performance 3000 or 5000	UNICARE Saver 2000
Annual Deductible per Member	None	\$500, two-member family maximum	\$600, 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
Annual Out-of-Pocket Maximum Participating provider	\$3,000 per member, \$6,000 per family	\$3,000 plus deductible per member, \$6,000 plus deductible per family					
Nonparticipating provider	\$10,000 per member, \$20,000 per family	\$10,000 plus deductible per member, \$20,000 plus deductible per family					
Office visits Participating provider	UNICARE pays 100% after you pay a \$30 copay, unlimited visits	First 4 office visits: UNICARE pays 100% after you pay a \$30 copay (deductible is waived) 5+ office visits: UNICARE pays 80%, subject to deductible		First 4 office visits: UNICARE pays 100% after you pay a \$30 copay (deductible is waived) 5+ office visits: UNICARE pays 75%, subject to deductible		2 office visits per member, per year, participating and nonparticipating providers combined. UNICARE pays 100% after you pay a \$30 copay (deductible waived) 3+ office visits: You pay 100% of the billed charges	
Nonparticipating provider	50%					2 office visits per member, per year, participating and nonparticipating providers combined. UNICARE pays 50% (deductible waived) 3+ office visits: You pay 100% of the billed charges	
Lab Work and X-rays Participating provider	80%			75%			75% with a maximum covered expense of \$300 per member, per year (deductible waived)
Nonparticipating provider	50%					50% with a maximum covered expense of \$300 per member, per year (deductible waived)	
Inpatient Hospital Services	80%			75%			
Nonparticipating provider	50%, less a \$500 deductible for nonemergency stays						
Prescription Drugs - Generic Per prescription (up to a 30-day supply. See inside for brand name drugs) Participating retail pharmacy	Generic Drugs: UNICARE pays 100% after you pay a \$10 copay					Generic drugs: UNICARE pays 100% after you pay a \$10 copay; up to a maximum benefit of \$500 per member, per year	
Nonparticipating retail pharmacy	Generic Drugs: UNICARE pays 50% of the average wholesale price					Generic drugs: UNICARE pays 50% of the average wholesale price; up to a maximum benefit of \$500 per member, per year	

¹See the applicable Plan booklet for a complete list of coverage, conditions, limitations and exclusions.

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 Plan booklet provisions will apply. The plan sets forth, in detail, the benefits, limitations, and exclusions. If there are any conflicts between the terms of the Plan booklet and the information in this brochure, the terms of the Plan booklet will prevail.