

# Texas Consumer Choice PPO \$2000 Plan

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

This matrix is intended to help you review the Consumer Choice PPO \$2000 Plan benefits and reflects UNICARE's payment for covered expenses after any deductibles are met. When you use UNICARE participating (independently contracted) doctors and medical facilities, you may save money because these providers have agreed to accept lower, negotiated rates for their services. When you use a participating provider, your charges are based on the negotiated rate. You are not responsible for the difference between the provider's billed charges and the negotiated rate.

When you use nonparticipating providers, your costs are based on charges that UNICARE deems reasonable for that services and area. When you use nonparticipating providers, your costs may be greater in two ways. First, you pay a larger percentage of the charges than you would if you used a participating provider. Secondly, the reasonable charges may be less than your provider's billed charges. If the reasonable charges are less than your provider's billed charges, you are responsible for paying the difference between the reasonable charges and the billed charges.

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

This Consumer Choice of Benefits Health Insurance Plan, either in whole or in part, does not provide state-mandated health benefits normally required in accident and sickness insurance policies in Texas. The following mandates are not covered under this plan: 1) mental or nervous disorders; 2) off-label drugs; 3) prescription contraceptive drugs, devices and related services; 4) telemedicine and telehealth. In addition, coinsurance differentials between participating and nonparticipating providers may be greater than 30%.

Plan Features	Participating Provider	Nonparticipating Provider
<b>Lifetime Maximum</b>	UNICARE pays up to \$5,000,000 per member	
<b>Annual Deductible per Member</b> (copays do not apply toward satisfying any deductible)	Your annual deductible is \$2,000 with a two-member family maximum	
<b>Annual Out-of-Pocket Maximum</b> (copays, except pharmacy copays, apply toward your annual out-of-pocket maximum)	\$3,000 plus deductible per member; \$6,000 plus deductible per family	No out-of-pocket maximum
<b>Office Visits</b> Medical office visits and examinations associated with preventive care for babies and children (including immunizations). Medical office visits and examinations associated with preventive care for adults for routine PAP smears, annual mammograms and PSA screenings.	<b>First 4 office visits:</b> UNICARE waives the deductible (member pays a \$30 copay); <b>5+ office visits:</b> UNICARE pays 75%, office visit is subject to the deductible.	UNICARE pays 50%
<b>Preventive Care for Babies and Children - Immunizations</b> (through age 6)	UNICARE pays 100%	
<b>Preventive Care for Adults</b> Routine PAP smears and annual mammograms for women and PSAs for men	UNICARE pays 75%	UNICARE pays 50%
<b>Lab Work and X-rays</b>	UNICARE pays 75%	UNICARE pays 50%
<b>Other Routine Care Services</b> Flu shots, routine physical exams that do not directly treat an illness or injury	UNICARE pays 75% (with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined). Subject to deductible.	UNICARE pays 50% (with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined). Subject to deductible.
<b>Professional Services</b> (including surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic x-rays/lab)	UNICARE pays 75% for inpatient and outpatient services	UNICARE pays 50% for inpatient and outpatient services

## Texas Consumer Choice PPO \$2000 Plan (cont'd.)

Plan Features	Participating Provider	Nonparticipating Provider
<b>Outpatient Medical Care<sup>1</sup></b>	UNICARE pays 75%	UNICARE pays 50%
<b>Physical/Occupational Therapy, Acupuncture/Acupressure, and Speech Therapy</b>	UNICARE pays \$30 maximum per visit; 12-visit maximum per year <sup>2</sup>	
<b>Inpatient Hospital Services<sup>3</sup></b> Surgery, x-rays, and organ/tissue transplants	UNICARE pays 75%	UNICARE pays 50% (subject to an additional \$500 deductible for continuing hospital confinement for nonemergency stays)
<b>Inpatient Medical Emergency</b>	UNICARE pays 75%	UNICARE pays 75% until transferable to a participating hospital; if stay continues thereafter, UNICARE pays 50% (subject to a \$500 deductible).
<b>Ambulatory Surgical Center<sup>3</sup></b>	UNICARE pays 75%	UNICARE pays 50%
<b>Ambulance Service</b>	UNICARE pays 75%. Maximum covered expense per trip: air \$2,000; ground \$750	UNICARE pays 50%. Maximum covered expense per trip: air \$2,000; ground \$750
<b>Hospice<sup>3</sup></b>	UNICARE pays 75%. A maximum covered expense of \$10,000 per lifetime, for participating and nonparticipating providers combined applies.	UNICARE pays 50%. A maximum covered expense of \$10,000 per lifetime, for participating and nonparticipating providers combined applies.
<b>Prescription Drugs Retail Pharmacies</b> Per prescription (up to a 30-day supply)	<p><b>Generic Drugs</b> UNICARE pays 100% (after member pays a \$10 copay)</p> <p><i>Brand name drugs are subject to a \$1,000 deductible, in- and out-of-network, retail and mail service combined.</i></p> <p><b>Brand Name Drugs</b> UNICARE pays 100% (after member pays a \$30 copay)</p> <p><b>Brand Name Formulary Drugs</b> UNICARE pays 100% (after member pays a \$50 copay)</p>	<p><b>Generic Drugs</b> UNICARE pays 50% of the average wholesale price</p> <p><i>Brand name drugs are subject to a \$1,000 deductible, in- and out-of-network, retail and mail service combined.</i></p> <p><b>Brand Name Drugs</b> UNICARE pays 50% of the average wholesale price</p> <p><b>Brand Name Formulary Drugs</b> UNICARE pays 50% of the average wholesale price</p>
<b>Mail Service Drugs</b> Per prescription (60-day supply)	<p><b>Generic Drugs</b> UNICARE pays 100% (after member pays a \$20 copay)</p> <p><i>Brand name drugs are subject to a \$1,000 deductible, in- and out-of-network, retail and mail service combined.</i></p> <p><b>Brand Name Drugs</b> UNICARE pays 100% (after member pays a \$60 copay)</p> <p><b>Brand Name Formulary Drugs</b> UNICARE pays 100% (after member pays a \$100 copay)</p>	Not available

<sup>1</sup> Emergency room visits that do not result in inpatient admissions will be subject to a \$60 penalty.

<sup>2</sup> Additional visits for physical, occupational and speech therapy may be covered following inpatient hospitalization for spinal injury or stroke, with prior authorization from UNICARE.

<sup>3</sup> Services may require preservice review or authorization by UNICARE or you will be required to pay an additional penalty.