

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

This matrix is intended to help you review the UNICARE Performance 1500 Plan benefits and reflects your share of costs for covered expenses after any deductibles are met. When you use UNICARE independently contracted in-network (participating) providers, your costs are based on a specially negotiated rate for UNICARE that may often save you money. When you use out-of-network (nonparticipating) 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.

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.

Plan Features	Participating Provider	Nonparticipating Provider
Lifetime Maximum	\$5,000,000 per member	
Annual Deductible per Member (copays do not apply toward satisfying any deductible)	\$1,500, two-member family maximum	
Annual Out-of-Pocket Maximum (copays, except pharmacy copays, apply toward your annual out-of-pocket maximum)	\$3,000 plus deductible per member, \$6,000 plus deductible per family	\$10,000 plus deductible per member, \$20,000 plus deductible per family
Office Visits	First 4 office visits: You pay a \$30 copay (deductible is waived) 5+ office visits: You pay 100% until deductible is met; then you pay 25% (per member, per year)	You pay 50%
Preventive Care Office visits, examinations associated with preventive care for babies and children, mammograms, and PSAs	For office visits only, see office visits above. For any lab work or x-rays, see lab work and x-rays below.	
Preventive Care for Babies and Children - Immunizations (through age 6)	You pay \$0 For office visits associated with immunizations, see office visits above.	
Preventive Care for Adults Routine PAP smears and annual mammograms for women and PSAs for men	You pay 25%	You pay 50%
Lab Work and X-rays	You pay 25%	You pay 50%
Other Preventive Care Services	You pay 25% (with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined). \$30 copay does not apply. Subject to deductible.	You pay 50% (with a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined). \$30 copay does not apply. Subject to deductible.
Professional Services (including surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic x-rays/lab)	You pay 25% for inpatient and outpatient	You pay 50% for inpatient and outpatient

Texas UNICARE Performance 1500 Plan (cont'd.)

Plan Features	Participating	Non Participating
Outpatient Medical Care¹	You pay 25%	You pay 50%
Physical/Occupational Therapy, Acupuncture/Acupressure, and Speech Therapy	You pay charges over \$30 per visit up to a combined total of 12 visits per year for all of these services ²	
Inpatient Hospital Services³ Surgery, x-rays, and organ/tissue transplants	You pay 25%	You pay 50% plus a \$500 deductible for nonemergency stays
Inpatient Medical Emergency	You pay 25%	You pay 25% until transferable to a participating hospital; if stay continues thereafter, you pay 50% plus a \$500 deductible
Ambulatory Surgical Center	You pay 25%	You pay 50%
Ambulance Service	You pay 25%. A maximum covered expense of \$750 per trip, air or ground applies.	You pay 50%. A maximum covered expense of \$750 per trip, air or ground applies.
Hospice	You pay 25%. A maximum covered expense of \$10,000 per lifetime, for participating and nonparticipating providers combined applies.	You pay 50%. A maximum covered expense of \$10,000 per lifetime, for participating and nonparticipating providers combined applies.
Prescription Drugs Retail Pharmacies Per prescription (up to a 30-day supply)	<p>Generic Drugs You pay a \$10 copay</p> <p>Brand Name Drugs You pay a \$25 copay plus a separate \$150 deductible per member, per year</p>	<p>Generic Drugs You pay 50% of the average wholesale price</p> <p>Brand Name Drugs You pay 60% of the average wholesale price plus a separate \$150 deductible per member, per year</p>
Mail Service Drugs Per prescription (60-day supply)	<p>Generic Drugs You pay a \$20 copay</p> <p>Brand Name Drugs You pay a \$50 copay plus a separate \$150 deductible per member, per year</p>	<p>Generic Drugs Not available</p> <p>Brand Name Drugs Not available</p>

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

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

³ All inpatient medical care requires preservice benefit review or you will be subject to a \$500 penalty. This penalty is waived on emergency admissions; however, utilization review is still required.