

Texas

BusinessFlexSM For Small Groups

Small Group Sales and Enrollment Guide

Group Health, Dental and Life Plans for
Businesses with 2 to 50 Employees


UNICARE[®]

Small Group Plans



Summary of Benefits

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

See the applicable Certificate of Coverage for a complete list of coverage, conditions, limitations and exclusions.

Your Plan Features*	Your Share of Costs for Covered Expenses					
	LOW PRICE OPTIONS			MEDIUM PRICE OPTIONS		HIGH PRICE OPTION
	UNICARE Saver 1000	PERFORMANCE 2000	PERFORMANCE 1000	PERFORMANCE 750	PERFORMANCE 500	PERFORMANCE PLUS No Deductible
Annual Deductible per Member (copays do not apply toward satisfying any deductible, but do apply toward your annual out-of-pocket maximum)	\$1,000, two-deductible family maximum	\$2,000, two-deductible family maximum	\$1,000, two-deductible family maximum	\$750, two-deductible family maximum	\$500, two-deductible family maximum	None
Annual Out-of-Pocket Maximum	\$3,000 plus deductible per member, \$6,000 plus deductible per family					\$3,000 per member, \$6,000 per family
Participating provider						\$10,000 plus deductible per member, \$20,000 plus deductible per family
Nonparticipating provider						
Office Visits						
Participating provider						
Nonparticipating provider	50% of covered expense for 4 visits, with deductible waived (limited to 4 office visits per member per year for participating and nonparticipating providers combined)	50% of covered expense				
Lab Work and X-rays						
Participating provider						
Nonparticipating provider	50% of covered expense with a maximum payment by UNICARE of \$300 per member per year with deductible waived; participating and nonparticipating providers combined	50% of covered expense				
Inpatient Hospital Services						
Participating provider						
Nonparticipating provider	50% of covered expense, plus a \$500 penalty for nonemergency stays					
Prescription Drugs Retail Pharmacies per prescription (up to a 30-day supply) Generic Drugs Participating pharmacy	\$10 copay, with a maximum payment by UNICARE of \$500 per member per year, includes generic and brand, both in and out of network for retail pharmacy and mail service combined	\$10 copay				

* See Notes on Your Plan Features on page 11.

The Performance 2000 Plan will be available beginning 9/1/02.

Read your Certificate of Coverage 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 provisions will apply. The plan itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you read your Certificate of Coverage carefully.

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BusinessFlexSM – Delivering Choices That Matter

BusinessFlex for Small Groups

Small group employers and their employees today are, quite rightly, demanding more than ever from their health plans. More choices. More stability. More value.

UNICARE delivers what you're looking for with a new approach to health care coverage – BusinessFlex for Small Groups, featuring:

- ▶ Defined Contribution Options for both medical and dental coverage delivering more control of employers' share of premiums
- ▶ MemberFlexSM offering even greater flexibility and choice to employees
- ▶ A Premium Only Plan through Ceridian Benefits Services, enabling employees to pay their share of benefits with pre-tax dollars and employers to decrease their payroll taxes
- ▶ A wide array of life and dental coverage options
- ▶ HealthyExtensions offering discounts and access to vitamins, nutrition and fitness programs
- ▶ MedCall connecting members toll free to Registered Nurses 24-hours a day, by phone
- ▶ And much more.



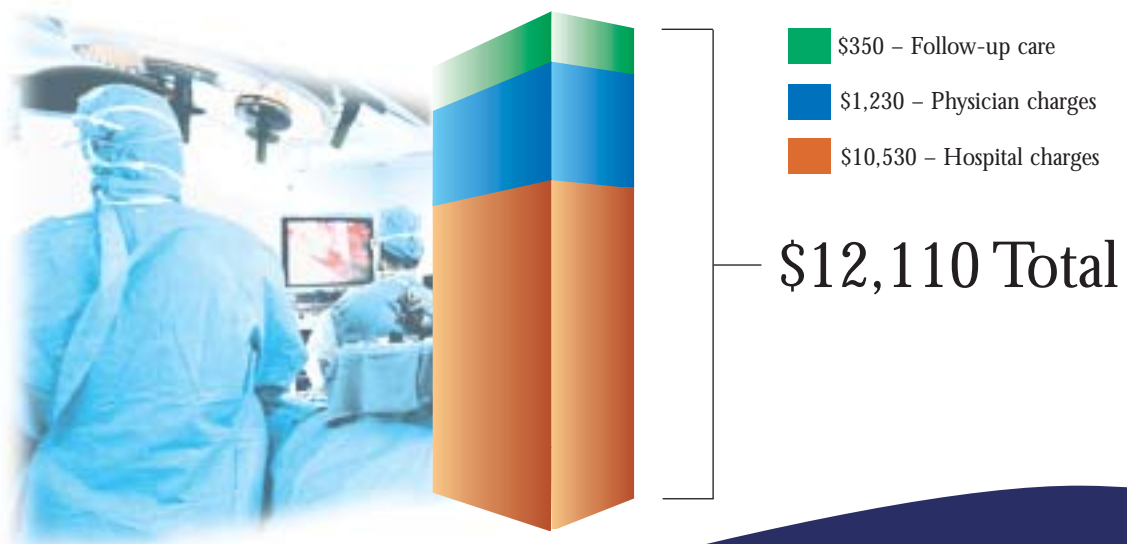
BusinessFlex delivers on what others have only promised: the ability for employers to better manage and control their benefit costs, while providing employees with the ability to choose the health care coverage which best fits their families' unique needs and budget.

Why Purchase Group Health Coverage

Employers purchase health care coverage for many reasons:

- ▶ It helps attract and retain key employees,
- ▶ Premiums paid by the employer are tax-deductible to the business and are non-taxable income to employees,
- ▶ Benefits paid by the health plan are tax-free to employees, and
- ▶ It's the “right thing to do” for the business and for the employees.

Health coverage also protects you and your employees from the high financial exposure that may accompany even common accidents or illnesses. Consider what the cost of a typical hospital stay may be (3 days and 2 follow-up visits):



UNICARE. The Cure for Health Care.

UNICARE offers Small Group plans to companies with 2 to 50 employees. UNICARE understands the needs of today's entrepreneurs and offers flexible Small Group programs with affordable pricing options for

- ▶ Health
- ▶ Dental
- ▶ Life and AD&D

Customized Small Group programs

UNICARE helps employers like you offer an employee benefits program that meets your health and financial needs.

Flexible and affordable pricing options

Our flexible approach makes Small Group coverage affordable for you and your employees. You, the employer, also decide the percentage of employee and dependent premium you want to contribute, allowing you better control of costs. (Employers must pay at least 50 percent of employee premium costs except under certain defined contribution plans where employers must pay \$80, \$100, or more per employee per month or the amount of the employee's premium for the month, whichever is less.)

Access to quality care at discounted fees

With our plans, you and your employees are free to choose your health care providers. When you choose providers from our participating provider network, costs to you are reduced.

These providers accept specially negotiated fees—what we term, “The UNICARE Advantage.”

You will usually pay more for the services of out-of-network, nonparticipating providers.

To see how you and your employees can save money with UNICARE Small Group coverage, see the cost comparison on the previous page.

The Platinum Network Travel Access Program – extending your provider access.

In addition to a local provider network, UNICARE provides PPO members with access to network providers within the Continental United States through the Platinum Network Travel Access program.*

Through the Platinum Network, Small Group members traveling out of their home states now have access to network providers with negotiated rates by contacting Travel Access. Members must call Travel Access to take advantage of UNICARE's in-network provider negotiated rates for non-emergency health services while traveling.

**Program Conditions and Limitations include and are not limited to the following: this program has limited availability including limited geographical availability and requires insureds to follow program procedures and requirements. Platinum network providers have negotiated rates with UNICARE and where benefits are received after following any of UNICARE's procedures for the Platinum Network/Travel Access program that may be applicable, covered benefits will be considered by UNICARE at the in network schedule of benefits. Program may be discontinued at anytime without notice.*

BusinessFlex Key Features

BusinessFlex combines popular, reliable UNICARE coverage with innovative new features including:

- ▶ Defined Contribution Options
- ▶ Memberflex
- ▶ Section 125 Premium Only Plan

Defined Contribution Options

BusinessFlex's defined contribution options give employers the power to control their benefit costs. Employers can better plan their budgets and free up money for growing their business. BusinessFlex offers four contribution options:

- ▶ Defined Contribution 100: Limits your share of monthly premium to no more than \$100 per covered employee.
- ▶ Defined Contribution 80: Limits your share of monthly premium to no more than \$80 per covered employee.
- ▶ Defined Contribution Select: Empowers you to pay any fixed amount in excess of \$100 per covered employee (increases available in \$5 increments).
- ▶ Traditional Contribution: Enables you to contribute a percentage of the total monthly employee premium.

BusinessFlex also gives you three financing options for dental benefits:

- ▶ Defined Contribution 15
- ▶ Defined Contribution Select
- ▶ Traditional Contribution.

Please see the Dental Section of this guide for more details.

Under all these contribution options, employees pay any balance of the premium.

MemberFlex

Memberflex delivers choices that matter to employees. Instead of forcing employers to offer a single plan to every employee, Memberflex allows employers to offer any or all of UNICARE's five quality health plans to their employees. Employees are then able to choose the coverage which best fits their unique needs and budgets. Your group can select any or all six medical plans – and any or all three dental plans. MemberFlex is subject to medical underwriting and approval by UNICARE.

Section 125 Premium Only Plan (P.O.P.)

BusinessFlex's Premium Only Plan (P.O.P) offers employers and employees even greater opportunity for savings. This IRS sanctioned plan allows workers to use pre-tax dollars to pay their share of benefit premiums. As a result, total taxable payroll is reduced, saving employers on FICA and other taxes. (See page 19 for more information.)



BusinessFlex Decision Guide

BusinessFlex for Small Groups from UNICARE offers you and your employees tremendous choice in selecting affordable health care coverage to best fit your needs. This Decision Guide will help you and your agent select the financing method best for your company and identify the most appropriate health plans to offer your employees.

Step One: Contribution Options

Your company and its employees may share the monthly cost of health insurance premiums. With BusinessFlex for Small Groups, UNICARE now offers employers four financing options:

- ▶ **Defined Contribution 100:** Your company pays \$100 per month for each enrolling employee.
- ▶ **Defined Contribution 80:** Your company pays \$80 per month for each enrolling employee.
- ▶ **Defined Contribution Select:** Your company pays any fixed monthly amount over \$100 that you choose for each enrolling employee.
- ▶ **Traditional Contribution:** Your company pays 50% or more of the total monthly employee cost.

In all cases, employees pay any balance of the monthly premium.

To help you choose the contribution option right for your business, please answer the following questions:

1. How important is it to you to pay a fixed amount per employee, regardless of total cost? **(Circle 1, 2 or 3)**



If you circled 1, the Traditional Contribution option may be your best choice. If so, please skip to Step Two. Or you may want to consider our defined contribution options by continuing with questions 2-5.

If you have circled either 2 or 3, please answer the following questions:

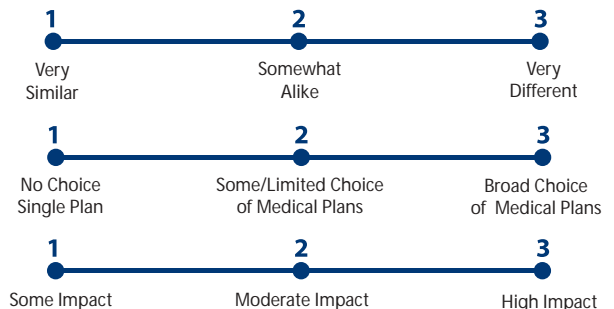
2. How many employees in your company will be enrolling for health coverage? _____
3. Approximately how much is your business currently paying toward health care coverage each month? _____
4. Approximately how much is your business willing and able to pay toward health care coverage each month? _____
5. Divide your target premium amount (the lesser of number 3 or 4) by the number of employees you indicated in number 2 _____

If the amount in number 5 is \$100 or less, the Defined Contribution 100 option or the Defined Contribution 80 Option may be your best choice. If the amount in number 5 is more than \$100, the Defined Contribution Select option may be your best choice.

Step Two: Plan Options

Under Memberflex, you can empower your employees to choose from among all of our health plans, from a few of them, or simply offer them a single plan. To help you determine how many health plans to offer, please answer the following questions:

1. Do most of your employees have similar health care coverage needs? **(Circle 1, 2 or 3)**
2. What level of choice do you feel is important to offer your employees? **(Circle 1, 2 or 3)**
3. How much impact does the health coverage you provide have when hiring new employees or keeping current employees? **(Circle 1, 2 or 3)**



Your Total Points:

Please discuss the coverage of each option with your UNICARE Authorized Agent.

If your total points are:	3 – 4 points	4 – 7 points	7 – 9 points
Your best approach is to offer:	Single plan	2 – 4 Plans	5 – 6 Plans

Standard group participation requirement is a minimum of 75% of eligible employees.
Your UNICARE Authorized Agent can assist you in understanding your choices and making your final decision.

Small Group Medical Plans at a Glance Comparison

*All plans feature a \$5,000,000 per member
maximum lifetime benefit.*

This matrix is intended to help you compare UNICARE plan benefits and reflects your share of costs for covered expenses after you have met any applicable deductible. When you use UNICARE in-network (participating) providers, your costs are based on a specially negotiated fee for UNICARE that may save you money. When you use out-of-network (nonparticipating) providers, your costs are based on covered expenses and often result in higher costs to you.

For a detailed description of coverage, benefits, limitations and exclusions, please refer to the applicable Certificate of Coverage.

Your Plan Features*	Your Share of Costs for Covered Expenses					
	LOW PRICE OPTIONS			MEDIUM PRICE OPTIONS		HIGH PRICE OPTION
	UNICARE Saver 1000	PERFORMANCE 2000	PERFORMANCE 1000	PERFORMANCE 750	PERFORMANCE 500	PERFORMANCE PLUS No Deductible
Annual Deductible per Member (copays do not apply toward satisfying any deductible, but do apply toward your annual out-of-pocket maximum)	\$1,000, two-deductible family maximum	\$2,000, two-deductible family maximum	\$1,000, two-deductible family maximum	\$750, two-deductible family maximum	\$500, two-deductible family maximum	None
Annual Out-of-Pocket Maximum	\$3,000 plus deductible per member, \$6,000 plus deductible per family					\$3,000 per member, \$6,000 per family
Participating provider	\$10,000 plus deductible per member, \$20,000 plus deductible per family					\$10,000 per member, \$20,000 per family
Nonparticipating provider						
Office Visits						
Participating provider	\$30 copay for 4 visits per member per year with deductible waived (limited to 4 office visits per member per year for participating and nonparticipating providers combined)	\$30 copay for first 4 visits per member per year with deductible waived; after 4 visits, once deductible is met, 40% of negotiated fee	\$30 copay for first 4 visits per member per year with deductible waived; after 4 visits, once deductible is met, 30% of negotiated fee		\$30 copay, unlimited visits	
Nonparticipating provider	50% of covered expense for 4 visits, with deductible waived (limited to 4 office visits per member per year for participating and nonparticipating providers combined)	50% of covered expense				
Preventive Care Office visits, examinations associated with preventive care for babies and children, mammograms, and PSAs as outlined below						
Participating provider	30% of negotiated fee	See office visits above				\$30 copay
Nonparticipating provider	50% of covered expense					
Preventive Care for Babies and Children (through age 6) Immunizations, lab work and x-rays						
Participating provider	30% of negotiated fee	40% of negotiated fee	30% of negotiated fee		20% of negotiated fee	
Nonparticipating provider	50% of covered expense					
Preventive Care for Adults Routine Pap smears and mammograms for women and PSAs for men						
Participating provider	30% of negotiated fee	40% of negotiated fee	30% of negotiated fee		20% of negotiated fee	
Nonparticipating provider	50% of covered expense					
Other Preventive Care Services (age 7 through adult)						
Participating provider	Not covered	40% of negotiated fee (with a maximum covered expense of \$200 per member per year participating and nonparticipating providers combined)	30% of negotiated fee (with a maximum covered expense of \$200 per member per year participating and nonparticipating providers combined)		20% of negotiated fee (with a maximum covered expense of \$200 per member per year participating and nonparticipating providers combined)	
Nonparticipating provider	Not covered	50% of covered expense (with a maximum covered expense of \$200 per member per year participating and nonparticipating providers combined)				

Your Share of Costs for Covered Expenses						
Your Plan Features*	LOW PRICE OPTIONS			MEDIUM PRICE OPTIONS		HIGH PRICE OPTION
	UNICARE Saver 1000	PERFORMANCE 2000	PERFORMANCE 1000	PERFORMANCE 750	PERFORMANCE 500	PERFORMANCE PLUS No Deductible
Professional Services Participating provider	30% of negotiated fee, in hospital only with limited exceptions	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
Nonparticipating provider	50% of covered expense, in hospital only with limited exceptions	50% of covered expense				
Lab Work and X-rays Participating provider	30% of negotiated fee (with a maximum payment by UNICARE of \$300 per member per year with deductible waived; participating and nonparticipating providers combined)	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
Nonparticipating provider	50% of covered expense (with a maximum payment by UNICARE of \$300 per member per year with deductible waived; participating and nonparticipating providers combined)	50% of covered expense				
Maternity Participating provider	30% of negotiated fee	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
Nonparticipating provider	50% of covered expense					
Outpatient Medical Care Participating provider	30% of negotiated fee, eligible outpatient hospital services only	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
Nonparticipating provider	50% of covered expense, eligible outpatient hospital services only	50% of covered expense				
Physical/Occupational Therapy, Acupuncture/ Acupressure, and Speech Therapy Participating provider	30% of negotiated fee (for speech therapy only)	Charges over \$30 per visit; UNICARE will allow up to a combined total of 12 visits per member per year for all of these services				
Nonparticipating provider	50% of covered expense (for speech therapy only)					
Mental, Emotional or Functional Nervous Disorders Inpatient hospital charges Participating and nonparticipating providers	Charges over \$100 per day with a maximum payment by UNICARE of \$3,000 per member per year					
In- or outpatient professional charges Participating and nonparticipating providers	Not covered	Charges over \$30 per visit with as many as 12 visits per member per year				
Smoking Cessation Participating and nonparticipating providers	Not covered	Charges over \$50 for pharmaceuticals, and charges over \$50 for other covered services per member per lifetime for any smoking cessation program				
Infusion Therapy Participating provider	30% of negotiated fee	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
Nonparticipating provider	50% of covered expense					

* See Notes on Your Plan Features on page 11.

Your Plan Features*	Your Share of Costs for Covered Expenses					
	LOW PRICE OPTIONS		MEDIUM PRICE OPTIONS		HIGH PRICE OPTION	
	UNICARE Saver 1000	PERFORMANCE 2000	PERFORMANCE 1000	PERFORMANCE 750	PERFORMANCE 500	PERFORMANCE PLUS No Deductible
Durable Medical Equipment						
Participating provider	Not Covered	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
Nonparticipating provider	Not Covered	50% of covered expense				
Inpatient Hospital Services						
Participating provider	30% of negotiated fee	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
Nonparticipating provider	50% of covered expense plus a \$500 penalty for nonemergency stays					
Inpatient Medical Emergency						
Participating provider	30% of negotiated fee	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
Nonparticipating provider	30% of covered expense	40% of covered expense		30% of covered expense		20% of covered expense
	Until transferable to a participating hospital; if stay continues thereafter, 50% of covered expense plus a \$500 penalty					
Ambulatory Surgical Center						
Participating provider	30% of negotiated fee	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
Nonparticipating provider	50% of covered expense					
Ambulance Service						
Participating provider	30% of negotiated fee	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
	Up to a maximum covered expense of \$750 per trip, air or ground fee					
Nonparticipating provider	50% of covered expense up to a maximum covered expense of \$750 per trip, air or ground					
Home Health Care						
Participating provider	30% of negotiated fee	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
	Up to 60 visits per year, for participating and nonparticipating providers combined					
Nonparticipating provider	50% of covered expense up to 60 visits per year, for participating and nonparticipating providers combined					
Skilled Nursing Facilities						
Participating provider	30% of negotiated fee	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
	Up to a maximum covered expense of \$400 per day, up to 100 days per year, for participating and nonparticipating providers combined					
Nonparticipating provider	50% of covered expense up to a maximum covered expense of \$400 per day, up to 100 days per year, for participating and nonparticipating providers combined					
Hospice						
Participating provider	30% of negotiated fee	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
	Up to a maximum covered expense of \$10,000 per lifetime, for participating and nonparticipating providers combined					
Nonparticipating provider	50% of covered expense, up to a maximum covered expense of \$10,000 per lifetime, for participating and nonparticipating providers combined					
Prescription Drugs						
Retail Pharmacies Per prescription (up to a 30-day supply)	\$10 copay, with a maximum payment by UNICARE of \$500 per member per year, includes generic and brand, both in and out of network for retail pharmacy and mail service combined			\$10 copay		
Generic Drugs Participating pharmacy						
Generic Drugs Nonparticipating pharmacy	50% of the average wholesale price with a maximum payment by UNICARE of \$500 per member per year, includes generic and brand, both in and out of network for retail pharmacy and mail service combined			50% of the average wholesale price		

Your Plan Features*	Your Share of Costs for Covered Expenses					
	LOW PRICE OPTIONS			MEDIUM PRICE OPTIONS		HIGH PRICE OPTION
	UNICARE Saver 1000	PERFORMANCE 2000	PERFORMANCE 1000	PERFORMANCE 750	PERFORMANCE 500	PERFORMANCE PLUS No Deductible
Brand Name Drugs Participating pharmacy	\$25 copay plus a separate \$100 deductible, with a maximum payment by UNICARE of \$500 per member per year, includes generic and brand, both in and out of network for retail pharmacy and mail service combined	\$25 copay plus a separate \$200 deductible per member per year for participating and nonparticipating providers combined	\$25 copay plus a separate \$100 deductible per member per year for participating and nonparticipating providers combined			\$25 copay
Brand Name Drugs Nonparticipating pharmacy	50% of the average wholesale price plus a separate \$100 deductible, with a maximum payment by UNICARE of \$500 per member per year, includes generic and brand, both in and out of network for retail pharmacy and mail service combined	50% of the average wholesale price plus a separate \$200 deductible per member per year for participating and nonparticipating providers combined	50% of the average wholesale price plus a separate \$100 deductible per member per year for participating and nonparticipating providers combined			50% of the average wholesale price
Mail Service Per prescription (up to a 60-day supply) Generic Drugs Participating Pharmacy (Not available through nonparticipating pharmacies.)	\$20 copay with a maximum payment by UNICARE of \$500 per member per year, includes generic and brand, both in and out of network for retail pharmacy and mail service combined	\$20 copay				
Brand Name Drugs Participating pharmacy (Not available through nonparticipating pharmacies.)	\$50 copay plus a separate \$100 deductible, with a maximum payment by UNICARE of \$500 per member per year, includes generic and brand, both in and out of network for retail pharmacy and mail service combined	\$50 copay plus a separate \$200 deductible per member per year	\$50 copay plus a separate \$100 deductible per member per year			\$50 copay
Optional In Vitro Fertilization Rider Participating provider	30% of negotiated fee	40% of negotiated fee		30% of negotiated fee		20% of negotiated fee
Nonparticipating provider	50% of covered expense					

*See notes on your plan features below

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

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

To receive maximum benefits, infusion therapy must be authorized by UNICARE. Covered expenses include professional services, compounding fees, incidental supplies, medications, drugs, solutions, durable medical equipment and training related to 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. Failure to obtain authorization will result in a 50% reduction in benefits.

In addition to preservice review, certain services require authorization to be eligible for maximum benefits. This applies to: self-administered injectable drugs and injectable drugs administered in an outpatient setting, organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities, and hospice. Failure to obtain authorization will result in a 50% reduction of benefits.

All surgical services of an ambulatory surgical center require preservice review or you will be subject to a \$50 penalty. Ambulatory surgical centers must be licensed and accredited, and meet all requirements of state and local laws and agencies.

Specified outpatient surgeries and diagnostic procedures regardless of place of service require preservice review or you will be subject to a \$50 penalty. This applies to the Performance 750, Performance 500 and Performance Plus No Deductible Plans.

Certain prescription drugs may require prior authorization. Benefits will be reduced by 50 percent if you fail to obtain prior authorization.



Small Group Dental Plans

Enhance your employees' health care coverage: by adding a UNICARE Small Group dental plan to your company's benefit package. We offer a variety of coverage and price options, allowing you to provide the dental care your employees need, within your company's budget. Like the UNICARE medical plans, you may choose one of the following three financing options to provide dental coverage for your employees:

- 1) Defined Contribution 15
 - ▶ limits your monthly contribution to dental coverage to no more than \$15 per covered employee,
- 2) Defined Contribution Select
 - ▶ empowers you to pay any fixed monthly amount in excess of \$15 per employee, or
- 3) Traditional Contribution.
 - ▶ enables you to contribute a percentage of 50% or more of the total employee premium

For all these options, your employees pay any balance of the premium.

Under MemberFlex, you, the employer, also decide which dental plan options your employees may choose from.

UNICARE's Small Group Dental Fee for Service (FFS) Plans offer three levels of coverage:

- ▶ Basic FFS
- ▶ Standard FFS
- ▶ High Option FFS

Counties with strong network access:

Bexar, Brazoria, Brazos, Collin, Colorado, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Harris, Jefferson, Montgomery, Tarrant, Travis, Victoria, Washington, Webb and Williamson

Counties without strong network access:

Fewer contracted dentists are available in other areas. UNICARE plan members are entitled to the benefits of the negotiated amounts if they choose one of those contracted dentists. Benefits are still available for noncontracting dentists, as specified by the plan. If you would like your dentist to become a contracted dentist, please notify UNICARE at UNICARE Small Group, P.O. Box 5051, Bolingbrook, IL 60440-5051.

All the plans provide benefits for diagnostic services, preventive care, and minor and major restorative procedures. The High Option Fee for Service plan also covers orthodontic care. With all the plans, you and your employees have the freedom to select any dentist you choose.

Contracting dentists have agreed to provide covered services at negotiated discounted fees to UNICARE plan members. The plan pays flat dollar amounts for covered services. The plan pays either the specified amount, or the actual amount charged by your dentist, whichever is lower. This means that you are able to calculate easily how much you will have to pay once you have determined your dentist's fee for the specific procedure.

It is to your benefit to use a contracting dentist, because UNICARE Life & Health Insurance Company has negotiated the amount that UNICARE plan members are charged for services. You may choose a noncontracting dentist, and the plan still provides benefits, but your out-of-pocket expense may be greater, as the negotiated fees do not apply to noncontracted dentists. Consult www.UNICARE.com/providerfinder for a listing of contracting dentist in you area. You are responsible for charges in excess of the stated benefit.

Small Group Dental Plans Comparison at a Glance

This comparison illustrates what UNICARE pays.						
DENTAL PLAN	LOW PRICE OPTION		MEDIUM PRICE OPTION		HIGH PRICE OPTION	
	Basic Fee for Service		Standard Fee for Service*		High Option Fee for Service*	
	Contracting Dentists	Noncontracting Dentists	Contracting Dentists	Noncontracting Dentists	Contracting Dentists	Noncontracting Dentists
Annual Deductible per member	\$75 per member, three-deductible family maximum		\$50 per member, three-deductible family maximum		\$50 per member, three-deductible family maximum	
Annual Maximum Benefit	\$1,000		\$1,000		\$1,500	
Diagnostic Services			Deductible waived			
<i>Oral exams</i>						
Periodic oral exam	\$12	\$12	\$12	\$12	\$12	\$12
Comprehensive oral exam	\$21	\$21	\$21	\$21	\$21	\$21
Consultations	\$14	\$14	\$14	\$14	\$14	\$14
<i>X-rays</i>						
Intraoral - complete series	\$43	\$43	\$43	\$43	\$43	\$43
Bitewing - single film	\$7	\$7	\$7	\$7	\$7	\$7
Preventive Services			Deductible waived			
<i>Teeth cleaning (prophylaxis)</i>						
Adult cleaning	\$30	\$30	\$30	\$30	\$30	\$30
Child cleaning	\$22	\$22	\$22	\$22	\$22	\$22
Sealant	\$18	\$18	\$18	\$18	\$18	\$18
Fluoride applications						
Including cleaning	\$27	\$27	\$27	\$27	\$27	\$27
Without cleaning	\$10	\$10	\$10	\$10	\$10	\$10
Space maintainers	\$52	\$52	\$83	\$83	\$83	\$83
Filling Of Cavities						
Amalgam - 2 surfaces permanent	\$26	\$26	\$42	\$42	\$42	\$42
Oral Surgery						
<i>Extraction of teeth</i>						
Simple extraction	\$20	\$20	\$20	\$20	\$32	\$32
Impacted tooth - soft tissue	\$55	\$55	\$55	\$55	\$88	\$88
Endodontic Services						
<i>Root canal therapy</i>						
Molar	\$168	\$168	\$168	\$168	\$269	\$269
Periodontic Services**						
Scaling (root planing)	\$39	\$39	\$39	\$39	\$39	\$39

This comparison illustrates what UNICARE pays.

DENTAL PLAN	LOW PRICE OPTION		MEDIUM PRICE OPTION		HIGH PRICE OPTION	
	Basic Fee for Service		Standard Fee for Service*		High Option Fee for Service*	
	Contracting Dentists	Noncontracting Dentists	Contracting Dentists	Noncontracting Dentists	Contracting Dentists	Noncontracting Dentists
Removable Prosthodontics**						
<i>Dentures</i>						
Complete - maxillary	\$225	\$225	\$225	\$225	\$225	\$225
Partial - maxillary	\$282	\$282	\$282	\$282	\$282	\$282
Fixed Prosthodontics**						
<i>Crowns</i>						
Porcelain - (high noble)	\$196	\$196	\$196	\$196	\$196	\$196
<i>Pontics</i>						
Porcelain - (high noble)	\$192	\$192	\$192	\$192	\$192	\$192
<i>Inlays</i>						
Metallic (3 or more surfaces)	\$192	\$192	\$192	\$192	\$192	\$192
Orthodontics					Pays 50% up to \$1,500 lifetime maximum	



* Deductible is waived for preventive and diagnostic procedures.

** An insured person must be enrolled for one year under this certificate to be eligible for benefits for periodontic services, removable prosthodontics or fixed prosthodontics including inlays and crowns.

Group Life and AD&D

In addition to medical and dental benefits, UNICARE Life & Health Insurance Company offers term life and AD&D (accidental death and dismemberment) insurance for you and your employees, and dependent life coverage for your families. This valuable coverage offers employees a means of protecting their families' financial future—and may be the only life insurance coverage they have.

Convenience

- ▶ Only one application form is required for medical, dental and life insurance.
- ▶ When you include life insurance with UNICARE medical and dental plans, you enjoy the convenience of one consolidated monthly bill and less paperwork. This may be the easiest life insurance purchase you will make.
- ▶ Coverage is guaranteed issue up to \$50,000 to groups with 11 or more enrolling employees. Groups with 2-10 enrolling employees, or groups electing to offer more than \$50,000, are subject to medical underwriting.

Security

The life insurance benefit is payable in the event of death. The AD&D feature pays an additional benefit if death results from an accident. The amount is equal to the amount of the death benefit. Life and AD&D benefits are subject to exclusions and limitations.

In addition to the employee insurance, we offer the following dependent life coverage:

Spouse	\$5,000
Children ages six months to age 25	\$5,000
Children under six months of age	\$500

The AD&D and Accelerated Death Benefit (described below) are not available on dependent life insurance.

Additional Employee Term Life Benefits*

Accelerated Death Benefit

The Accelerated Death Benefit provides additional security at a time when your employees may need it most—if they become terminally ill. This benefit advances up to 50 percent of the death benefit to an insured, while living, if diagnosed with a terminal condition with 12 months or less to live.

*See your certificate for exclusions and limitations.

Additional AD&D Benefits*

Because accidents can happen at any time—often before your employees have had time to prepare for their families’ futures—we provide the following benefits in addition to the loss-of-life benefit:

- ▶ **Education Benefit**—The policy pays \$3,000 per year (to a maximum of four years to a dependent student in an accredited institute of higher learning).
- ▶ **Seat Belt Benefit**—An additional 10 percent of the AD&D benefit (to a maximum of \$25,000) is paid if the insured dies in an auto accident and was wearing a seat belt.
- ▶ **Repatriation Benefit**—Up to \$5,000 is paid to transport mortal remains if the insured dies more than 75 miles from home.

Eligibility

- ▶ Coverage is available to groups of 2 to 50 eligible employees.
- ▶ Eligible employees must meet the same full-time employment requirements as for health coverage.

Contributions and Participation

- ▶ The employer must contribute at least 50 percent of the total cost with a minimum 75 percent eligible employee participation.
- ▶ Guaranteed issue coverage requires 100 percent eligible employee participation and 11 or more enrolling employees.
- ▶ At least 75 percent of all eligible employees with dependents must be enrolled and maintained in the dependent life coverage if the employee is paying part of the premium.

You may choose one of the following term life employee benefit options:

	Option A**	Option B**	Option C**	Option D**	Option E**
Flat amounts for all employees	\$15,000	\$15,000-\$250,000 (must be in increments of \$5,000)	Not available	Not available	Not available
Class I*** Officers, managers, and supervisors	Not available	Not available	\$30,000	\$50,000	\$100,000
Class II*** All other employees	Not available	Not available	\$15,000	\$25,000	\$50,000

* See your certificate for exclusions and limitations.

** Graded benefits by job title.

*** The job title descriptions shown are examples. You may use them as a guideline, or prepare your own. There must be at least one person in each class (job description). Only one benefit schedule may be offered.

UNICARE HealthyExtensions

When you and your employees become members of the UNICARE family, you are automatically a part of HealthyExtensions. This innovative program gives everyone in your company discounts on health and wellness products and services.

Discount Programs and Products (These are not insurance benefits.)

All UNICARE medical plan members can take advantage of discounts from 10 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 may be available are:

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

MedCall

You also have access to MedCall, a toll-free health information hotline. Through Medcall, you and your employees may access clinically accurate medical information and resources. This telephone hotline provides nurse counselors who will answer health questions about:

- ▶ Symptoms or procedures and alternatives
- ▶ Medications and side effects
- ▶ A diagnosis
- ▶ Referrals for doctors and medical facilities
- ▶ Referrals for local, state and national self-help agencies

The MedCall system also provides customized information. MedCall nurses can relay customized information via mail or fax. In addition to personalized calls, MedCall provides recorded information on more than 200 health topics.

Shortly after your new small group plan is issued, you and participating employees will receive a HealthyExtensions brochure, which contains information on how to access MedCall.

MedCall is a Registered Mark of WellPoint Health Networks Inc.

The Premium Only Plan* (P.O.P.)

Through an arrangement with Ceridian Benefits Services, UNICARE is pleased to offer a valuable small group service: the Premium Only Plan (P.O.P.). With a simple change in the employer's payroll process, employers and employees can generate immediate, significant tax savings!

P.O.P. Plan Advantages

Employers can:

- ▶ Generate significant company tax savings through a reduction in their taxable payroll
- ▶ Receive P.O.P. for only \$125 per year.
- ▶ Consider applying their tax savings toward the purchase of enhanced employee benefits, increasing employee satisfaction.

Employees can:

- ▶ Increase their take-home pay
- ▶ Defray part of the cost of their premiums with associated tax savings
- ▶ Reduce FICA, federal or, where applicable, state or local taxes on their portion of employer-sponsored plan insurance premiums

How the P.O.P. Plan Works

P.O.P. is made possible through certain provisions of Section 125 of the Internal Revenue Code. The total taxable payroll of a company is reduced by the amount of their employees' premium contributions. The savings to the employer depend on the total company payroll and the dollars employees contribute toward their benefits. Employees use pre-tax dollars to pay their share of monthly premiums and also save by paying lower FICA, federal and applicable state/local taxes.

This means savings to both employers and employees without impacting their underlying coverage decisions.

For more information regarding how you can make P.O.P. work for you, please refer to the Employer's Guide to The Premium Only Plan (P.O.P.).

*The services described for the Premium Only Plan are not insurance services or products. Administrative services for the Premium Only Plan are provided by Ceridian Benefits Services which is not affiliated with UNICARE.

GENERAL POLICY INFORMATION

Enrollment Guidelines

Eligible employees

An eligible employee means a permanent full-time employee, who usually works at least 30 hours per week in the conduct of the group's business. An eligible employee includes a sole proprietor, a partner, or independent contractor, if the sole proprietor, partner or independent contractor is included as an employee under the group's health benefit plan.

Eligible dependents

An eligible dependent is an eligible employee's lawful spouse, or unmarried children, including a newborn child, who have not reached age 25. A child is an employee's or employee's spouse's natural child, adopted child or stepchild who has not reached age 25; or a grandchild who, at the time of application, qualifies as a dependent of the employee for federal income tax purposes or; a child for which an eligible employee is subject to a court-ordered medical support order. An eligible employee's children or spouse's children of any age, who are incapable of self support due to continuing mental retardation or physical handicap and who are chiefly dependent on the eligible employee. UNICARE requires written proof of such a handicap and dependency within 31 days of the child's 25th birthday and annually thereafter. A husband and wife both employed by the same company must enroll separately. An eligible dependent may not be listed as a dependent for more than one insured employee.

Effective date

For new groups, the effective date (the date the coverage becomes effective) may be the first or fifteenth of the month. Subsequent monthly billings will be on the first of each month.

Waiting period

The employer may choose a 1-, 2- or 3-month waiting period. The effective date for new employees is on the first day of the month following the waiting period.

Future employees/dependents

The effective date for a new hire will be the first of the month following the waiting period (the initial eligibility date) provided we receive a fully completed application prior to the initial eligibility date. Applications will be accepted up to 30 days after the initial eligibility date. In this case, the effective date will be the first of the month following the date we approve the application. Coverage for newly acquired dependents requires application for the plan within 31 days after the dependent becomes eligible.

Late enrollees

A late enrollee is any eligible employee or dependent who submits his or her written application after the expiration of either the initial enrollment period or a special enrollment period or after the expiration of the annual open enrollment period. The late enrollee is eligible only at the group's anniversary date. Please see your certificate for exceptions to late enrollees and other specific details.

GENERAL POLICY INFORMATION (cont.)

Preexisting conditions

A preexisting condition means a disease or condition for which medical advice, diagnosis, care, or treatment was recommended or received during the six (6) months immediately preceding the earlier of either the effective date of coverage, or if there is a waiting period, the first day of the waiting period. Coverage will not be provided for 12 months following the effective date of coverage for preexisting conditions. For the purpose of this plan, pregnancy is not a preexisting condition.

Group replacement coverage

An individual who was covered under the employer's group health plan immediately prior to its replacement by this plan and who becomes covered under this plan on the employer's effective date will receive credit for time covered under the previous group plan toward satisfaction of the 12-month preexisting condition waiting period. With proper documentation, UNICARE will also credit an individual's medical and/or dental deductible previously applied by the employer's prior group health plan. To receive this credit, the employer's prior group health plan must have been in effect up to a date not more than 60 days before the effective date of this plan.

Creditable coverage

We will credit the time an insured person was covered by creditable coverage provided there is not a lapse of coverage greater than 62 days between the creditable coverage and the effective date of coverage under this plan, excluding the waiting period. See the certificate for a complete list of creditable coverage.

Individual coverage

Any UNICARE Individual medical coverage must be terminated if and when an applicant is approved for any UNICARE Small Group medical plan.



IMPORTANT THINGS TO KNOW

Underwriting

The Small Group underwriting guidelines have been developed in an effort to offer coverage to all eligible small group businesses and their employees. UNICARE Small Group Underwriting uses a point system to evaluate each group. Criteria used in the evaluation process include employer contribution, employee participation, group size, industry, the number of COBRA eligible employees, the group's health status, and the group's tobacco usage. If a group is offered a particular rate level, then all of the group's employees will be offered the coverage at the same rate level.

Employer Contribution

MEDICAL:

Employers must contribute either: a minimum of 50 percent of the employee's monthly health premium (Traditional Contribution); \$100 per employee per month or the employee's actual premium for the month (whichever is less) for the employee's health premium (Defined Contribution 100); \$80 per employee per month or the employee's actual premium for the month (whichever is less) for the employee's health premium (Defined Contribution 80); or any fixed dollar amount greater than \$100 per employee per month or the employees' actual premium for the month (whichever is less) for the employee's health premium (Defined Contribution Select). The employer is not required to contribute toward dependent's coverage.

DENTAL:

Employers must contribute either: a minimum of 50 percent of the employee's monthly dental premium (Traditional Contribution); \$15 per employee per month or the employee's actual premium for the month (whichever is less) for the employee's dental premium (Defined Contribution 15); or any fixed dollar amount greater than \$15 per employee per month for the employee's dental premium or the employee's actual premium for the month (whichever is less) for employee's dental premium (Dental Contribution Select). The employer is not required to contribute towards dependent's coverage.

LIFE:

Employers must contribute a minimum of 50 percent of the employee's life premiums. The employer is not required to contribute towards the cost of dependent's coverage.

EMPLOYEE PARTICIPATION:

The standard employer's participation requirement in the group's health plan is a minimum of 75 percent of eligible employees.

If an employee or a dependent declines coverage, he or she must complete the section on "Employee Information" and "Coverage Declination," of the employee application. The application must then be sent to UNICARE.

COBRA/FMLA eligible groups

Employers qualified for coverage under either COBRA (Consolidated Omnibus Budget Reconciliation Act) or FMLA (Family and Medical Leave Act) must complete the questionnaire, including the qualifying event and date continuation coverage began for each applicable employee.

Medicare

Based on federal law, if your business employs less than 20 employees in a year, if any of your employees becomes 65 years of age and maintains employment eligibility, his or her primary health carrier must be Medicare. If your business employs 20 or more employees in a year, UNICARE will remain the primary carrier if elected by the employee.

IMPORTANT THINGS TO KNOW (cont.)

Valid enrollment

False or missing information or lack of any required enrollment material may form the basis for voiding coverage from the date of issue. No benefits will be paid for any claim submitted, and premiums already paid for the time period for which coverage is rescinded will be refunded, less claims paid.

Changes in Premium Rates:

Premium rates for a specific small group are established and adjusted in part based upon the actual and expected variation in claims costs and health condition of the enrolled employees and dependents of such small employer. Premiums for a specific small employer may also be established and adjusted in part based on various other factors which may include but are not limited to the group's duration as well as small group pool rate changes.

Utilization review, preservice review, and authorization program

Sometimes a medical condition may require hospitalization for treatment. With so many treatments available, it's important to be sure you really need to be in the hospital and your stay is only as long as the condition requires.

UNICARE's preservice reviews are designed to determine the medical necessity of a hospitalization, so that unnecessary costs and procedures are avoided. A preservice review is required for all hospitalizations and for services received from an ambulatory surgical center. These reviews are vital to using the plan properly because UNICARE will cover services only if we determine them to be medically necessary.

The authorization program works in a similar fashion. It requires review of certain services to assist our members in receiving the maximum allowable benefit while avoiding unnecessary costs. These services include, for example, organ or tissue transplants, home health services, skilled nursing facility services, hospice services, infusion therapy services, treatment for chemical dependency, and in vitro fertilization when the optional rider is purchased.

Preservice reviews and/or authorizations must be received prior to services being rendered.

Third Party Liability

No benefits are payable for any illness, injury, or other condition for which a third party may be liable or legally responsible. The responsible party may be legally obligated to pay for medical expenses related to the illness or injury.

Renewability:

The group policy and coverage for all insured persons shall terminate for any of the following reasons including, but not limited to:

- ▶ failure to provide required information or documentation
- ▶ fraud or intentional misrepresentations of a material fact
- ▶ nonpayment of premium
- ▶ failure to meet minimum contribution and participation requirements
- ▶ failure to maintain status as a group
- ▶ UNICARE discontinues all groups with your particular type of small employer coverage or cancels all small employer group health benefit plans in the state or in a geographic service area

IMPORTANT THINGS TO KNOW (cont.)

Coverage for an insured employee and insured dependent will terminate for any of the following reasons including, but not limited to:

- ▶ when an insured employer/insured dependent no longer meets the definition of an eligible employee/eligible dependent
- ▶ nonpayment of premium
- ▶ the group policy terminates
- ▶ the lifetime maximum benefit of the plan is exhausted
- ▶ fraud or material misrepresentation of a material fact
- ▶ for an insured dependent when the insured employer's coverage terminates unless due to exhaustion of the lifetime maximum of benefits

Arbitration

The UNICARE policies may be subject to binding arbitration.

Medical Plans Limitations & Exclusions

The primary limitations and exclusions for each of the plans in this brochure are described below. Please take a few moments to review this information. This list is a representative overview only. A comprehensive list and more details of each plan's limitations and exclusions can be found in the plan-specific Certificate of Coverage booklet.

Limitations & Exclusions for the Performance 2000, 1000, 750, 500, Performance Plus No Deductible, and UNICARE Saver 1000 Plans

- ▶ Any amounts in excess of maximum amounts of covered expenses stated in the plan.
- ▶ Services not specifically listed in the plan as covered services.
- ▶ Services or supplies that are not medically necessary as defined by UNICARE.
- ▶ Services or supplies that UNICARE considers to be experimental or investigative.
- ▶ Services received before the effective date of coverage or during an inpatient stay that began before that effective date of coverage.
- ▶ 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 a health plan or insurance coverage, except to the extent that the availability of insurance or health plan coverage may be considered by a tax supported institution of the state of Texas providing treatment of mental illness or mental retardation to determine if a patient is non-indigent, as provided in article 3196a of Vernon's Texas Civil Statutes.
- ▶ 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 or contributed 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 for any condition caused by an insured person's commission of, or attempt to commit a felony; (f) an insured person, age 19 or older, being under the influence of alcohol, illegal narcotics or nonprescribed controlled substances unless administered on the advice of a physician.
- ▶ Any services provided by a local, state or federal government agency except (a) when payment under the plan is expressly required by federal or state law; or (b) services provided for the treatment of mental or nervous disorders by a tax supported institution of the state of Texas.
- ▶ 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 employee'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 mental, emotional or functional nervous disorders (including a smoking cessation program) or psychological testing except as specifically stated in the plan. However, medical conditions that are caused by behavior of the insured person that may be associated with these mental conditions are not subject to these

limitations but may be excluded under the plan except as specifically stated under the benefits section of the plan.

- ▶ Dental services, dentures, bridges, crowns, caps or other dental prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically stated under dental care in the comprehensive benefits section of the plan, including dental services for temporomandibular joint dysfunction.
- ▶ Orthodontic services, braces and other orthodontic appliances, including orthodontic services for temporomandibular joint dysfunction.
- ▶ Dental implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
- ▶ 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, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- ▶ 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.
- ▶ Cryopreservation of sperm or eggs.
- ▶ All non-prescription contraceptive devices and supplies. Oral contraceptives are covered under the prescription drug benefit of the plan.
- ▶ Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- ▶ Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment.
- ▶ 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 stated under the

professional and other services, well baby and well child care, and preventive care sections of 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, etc.).
- ▶ Educational services except as specifically provided or arranged by UNICARE.
- ▶ Nutritional counseling or food supplements, except for formulas necessary for the treatment of phenylketonuria.
- ▶ Durable medical equipment not specifically listed as covered services in the covered services or infusion therapy sections of the plan. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
- ▶ Any services received on or within twelve months after the effective date of coverage if they are related to a preexisting condition.
- ▶ Physical and/or occupational therapy/medicine, except when provided during an inpatient hospital confinement unless specifically provided under the benefits for physical and/or occupational therapy/medicine.
- ▶ All infusion therapy together with any associated supplies, drugs or professional services are excluded except as specifically provided under the benefit for infusion therapy described in the plan.
- ▶ All foreign country provider charges are excluded under the plan except as specifically stated under treatment received from foreign country providers under the benefits section of the plan.
- ▶ Growth hormone treatment.
- ▶ Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, injury or symptoms involving the feet.
- ▶ 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.
- ▶ Charges for the services of a standby physician.
- ▶ Charges for animal to human organ transplants.

Additional Limitations & Exclusions for the UNICARE Saver Plan

- ▶ All services related to sterilization.
- ▶ Acupuncture/acupressure treatment.
- ▶ Services for durable medical equipment.

Dental Plans Limitations & Exclusions

We will not furnish benefits for :

- ▶ Excess amounts: Any amounts in excess of the maximum amounts stated in the Maximum Benefits section.
- ▶ Covered expense: Any amounts which exceed the covered expense as determined by UNICARE.
- ▶ Customary and reasonable charge: Any amounts which exceed the customary and reasonable charge as determined by UNICARE.
- ▶ Experimental or investigative procedures: Services or supplies that we consider to be experimental or investigative.
- ▶ Expenses before coverage begins: Services received before your effective date.
- ▶ End of coverage: Services received after your coverage ends, except as specifically stated under Extension of Benefits.
- ▶ Services for which you are not legally obligated to pay: Services for which no charge would be made to you in the absence of insurance coverage.
- ▶ Workers' compensation: 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.
- ▶ War: Diseases contracted or injuries sustained as result of war declared or undeclared, 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.
- ▶ Government services: Any services provided by a local, state, county or federal government agency including any foreign government.
- ▶ Services from relatives: Professional services received from a person who lives in the insured person's home or who is related to the insured person by blood or marriage.
- ▶ Cosmetic dentistry: Any services performed for cosmetic purposes are not covered under this plan, unless they are for the correction of functional disorders or as a result of an accidental injury occurring while you were covered under this plan.
- ▶ 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 or stolen; or which in the opinion of the dentist is or can be made satisfactory.
- ▶ 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.
- ▶ Diagnosis or treatment of the joint of the jaw and/or occlusion (the way upper and lower teeth meet) services, supplies or appliances provided in connection with: 1) any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or 2) any treatment, including crowns, caps and/or bridges to change the way the upper and lower teeth meet (occlusion); or 3) treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means including the restoration of vertical dimension because teeth have worn down.
- ▶ Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions. These include but are not limited to: 1) changing the vertical dimension; 2) replacing or stabilizing lost tooth structure by attrition, abrasion, or erosion; 3) realignment of teeth; 4) gnathological recording; 5) occlusal equilibration; 6) periodontal splinting.
- ▶ Services not included as a covered procedure, unless they are similar in nature to an included procedure; in such event the benefit payable will be based on the most nearly comparable services included.
- ▶ Oral examinations exceeding two per insured person per year.
- ▶ Sealants: Sealants are limited to one treatment every 36 months per insured person per tooth for children under 15 years of age for permanent first and second molars, unrestored.
- ▶ Fluoride applications are limited to once per insured person per calendar year up to the age of 18.
- ▶ Prophylaxis treatments, exceeding two treatments per insured person per year.
- ▶ More than one set of full-mouth x-rays or its equivalent in a three year period per insured person.
- ▶ More than two sets of bite-wing x-rays per insured person per year.
- ▶ Correction of congenital or development malformation for an insured person, including but not limited to: cleft palate, maxillary or mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).

- ▶ Adjustment, repairs or relines to prostheses for a period of six months from initial placement if the prostheses were paid for under this plan.
- ▶ Fixed bridges, removable cast partials and/or cast crown with or without veneers and inlays for patients under sixteen years of age.
- ▶ Replacement of crowns and cast restorations including porcelain inlays and porcelain crowns, if such replacement occurs within five years of the original placement.
- ▶ Transfer of care: If an insured person 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, pre-medication or analgesia.
- ▶ Oral hygiene instruction.
- ▶ Malignancies and neoplasms: Services for treatment of malignancies and neoplasms are not covered services.
- ▶ 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 are not benefits under this certificate. However, if implants are provided in association with a covered prosthetic appliance, UNICARE will allow the benefit for a standard complete or partial denture or a bridge toward the cost of implants and the prosthetic appliances.
- ▶ Services or supplies that are not medically necessary: Medically necessary services or supplies are those UNICARE determines to be appropriate and necessary for the symptoms, diagnosis or treatment of the dental condition, and within standards of good dental practice within the organized dental community.
- ▶ Replacement of teeth missing prior to the effective date of coverage.

Optional Texas Mandated Small Group Health Plans

Texas Small Group insurance laws require that both Basic and Catastrophic Health Care Plans be offered by all Texas Small Group carriers. UNICARE offers both health plans to Texas businesses with 2 to 50 employees. Information can be obtained from UNICARE upon request.

AGENT ENROLLMENT CHECKLIST

1. Complete, sign and date the “Agent’s Certification” section of The Employer Application.
2. Review all forms to make sure they are complete. Applications MUST be completed in the applicant’s own handwriting in black ink. No typewritten employee applications will be accepted.
3. Submit all necessary forms, including:
 - ▶ A copy of Agent’s quote (Based upon final enrollment).
 - ▶ The Small Group Employer Application (Master Application).
 - ▶ Applications from all employees/dependents requesting coverage.
 - ▶ Applications from all employees/dependents declining coverage. Sections 2 and 4 of the Employee Application must be completed.
 - ▶ A copy of the firm’s most recent Quarterly State Tax Withholding Statement.
 - ▶ Documentation of previous coverage with last premium statement, if Continuous Coverage Replacement.
 - ▶ The COBRA/FLMA Questionnaire, if applicable.
 - ▶ A check for the first month’s medical, dental and life premiums payable to UNICARE Life & Health Insurance Company.
 - ▶ A check for 100% of the premium with the applications or the group will not be enrolled. There is no balance billing.

Effective dates may be the first or fifteenth of the month. Applications must be received by UNICARE on or before the 3rd day of the month of the requested effective date.

Send all enrollment materials directly to UNICARE Small Group Underwriting, using the post office box listed below.

UNICARE Small Group
P.O. Box 5051
Bolingbrook, IL 60440-5051

Important Small Group Telephone Numbers
Sales Information
Sales Support
1-800-399-2273

Small Group
Customer Service
1-888-747-4535



UNICARE Life & Health Insurance Company
Sales Office
Houston, TX

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