



Small Group Plans

Indiana Small Group UNICARE 2000 Plan

This matrix is intended to help you compare the 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.

Plan Features	Participating	NonParticipating
Annual Deductible per Member (copays do not apply toward satisfying any deductible)	\$2,000 two-deductible family maximum	\$2,000 two-deductible family maximum
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	\$30 copay for first 4 visits per member per year with deductible waived; after 4 visits, once deductible is met, 40% of negotiated fee	50% of covered expense
Preventative Care Office visits, examinations associated with preventative care for babies and children, mammograms, PSAs as outlined below	See office visits above	50% of covered expense
Preventative Care for Babies and Children (through age 6) Immunizations, lab work and x-rays	40% of negotiated fee	50% of covered expense
Preventative Care for Adults Routine PAP smears and mammograms for women and PSAs for men	40% of negotiated fee	50% of covered expense
Other Preventative Care Services	40% of negotiated fee (with a maximum covered expense of \$200 per member per year participating and nonparticipating providers combined)	50% of covered expense (with a maximum covered expense of \$200 per member per year participating and nonparticipating providers combined)
Professional Services	40% of negotiated fee	50% of covered expense
Lab Work and X-rays	40% of negotiated	50% of covered expense
Maternity	40% of negotiated fee	50% of covered expense
Outpatient Medical Care	40% of negotiated fee	50% of covered expense
Physical/Occupational Therapy, Accupuncture/Accupressure, and Speech Therapy	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	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
Mental, Emotional or Functional Nervous Disorders Inpatient hospital charges	Charges over \$100 per day with a maximum payment by UNICARE of \$3,000 per member per year	Charges over \$100 per day with a maximum payment by UNICARE of \$3,000 per member per year
In- or outpatient professional charges	Charges over \$30 per visit with as many as 12 visits per member per year	Charges over \$30 per visit with as many as 12 visits per member per year

Plan Features	Participating	NonParticipating
Smoking Cessation	Charges over \$50 for pharmaceuticals, and charges over \$50 for other covered services per member per lifetime for any smoking cessation program	Charges over \$50 for pharmaceuticals, and charges over \$50 for other covered services per member per lifetime for any smoking cessation program
Infusion Therapy	40% of negotiated fee	50% of covered expense
Durable Medical Equipment	40% of negotiated fee	50% of covered expense
Inpatient Hospital Services	40% of negotiated fee	50% of covered expense plus a \$500 penalty for nonemergency stays
Inpatient Medical Emergency	40% of negotiated fee	40% of covered expense Until transferable to a participating hospital; if stay continues thereafter, 50% of covered expense plus a \$500 penalty
Ambulatory Surgical Center	40% of negotiated fee	50% of covered expense
Ambulance Service	40% of negotiated fee Up to a maximum covered expense of \$750 per trip, air or ground	50% of covered expense up to a maximum covered expense of \$750 per trip, air or ground
Home Health Care	40% of negotiated fee Up to 60 visits per year, for participating and nonparticipating providers combined	50% of covered expense up to 60 visits per year, for participating and nonparticipating providers combined
Skilled Nursing Facilities	40% of negotiated fee Up to a maximum expense of \$400 per day; up to 100 days per year, for participating and nonparticipating providers combined	50% of negotiated fee Up to a maximum expense of \$400 per day; up to 100 days per year, for participating and nonparticipating providers combined
Hospice	40% of negotiated fee Up to a maximum covered expense of \$10,000 per lifetime, for participating and nonparticipating providers combined	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) Generic Drugs	\$10 copay	50% of the average wholesale price
Brand Name Drugs	\$25 copay plus a separate \$200 deductible per member per year for participating and nonparticipating providers combined	60% of the average wholesale price plus a separate \$200 deductible per member per year for participating and nonparticipating providers combined
Mail Service Per prescription (up to a 60 day supply) Generic Drugs	\$20 copay	Not available through nonparticipating pharmacies
Brand Name Drugs	\$50 copay plus a separate \$200 deductible per member per year	Not available through nonparticipating pharmacies

*See notes on 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 parental 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 50% reduction of 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 on 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 in benefits.

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

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