



NEVADA

# INDIVIDUAL AND FAMILY

Health, Dental and Life Insurance Plans



A healthy dose of innovation.™

UNICARE Life & Health Insurance Company

# Summary of Benefits

All plans feature a \$5,000,000 per member lifetime maximum in benefits.<sup>1</sup> (See page 8 for a more detailed look at UNICARE's plans.)

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

Your Plan Features	UNICARE Premier No Deductible	UNICARE 500	UNICARE 1000	UNICARE 1500 or 2000	UNICARE 3000 or 5000	UNICARE Saver 2000
<b>Annual Deductible per Member</b>	None	\$500 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
<b>Annual Out-of-Pocket Maximums</b> Participating provider	\$3,500 per member, \$7,000 per family	\$3,500 plus deductible per member, \$7,000 plus deductible per family				
<b>Annual Out-of-Pocket Maximums</b> Nonparticipating provider	\$7,000 per member, \$14,000 per family	\$7,000 plus deductible per member, \$14,000 plus deductible per family				
<b>Office visits only</b> Participating provider	UNICARE pays 100% after member pays a \$30 copay, unlimited visits	<b>First 4 office visits:</b> UNICARE pays 100% after member pays a \$30 copay (deductible is waived) <b>5+ office visits:</b> UNICARE pays 80% (subject to deductible) per member, per year	<b>First 4 office visits:</b> UNICARE pays 100% after member pays a \$30 copay (deductible is waived) <b>5+ office visits:</b> UNICARE pays 70% (subject to deductible) per member, per year	<b>First 4 office visits:</b> UNICARE pays 100% after member pays a \$30 copay (deductible is waived) <b>5+ office visits:</b> UNICARE pays 70% (subject to deductible) per member, per year	<b>2 office visits per member, per year, participating and nonparticipating providers combined;</b> UNICARE Pays 100% after member pays a \$30 copay (deductible is waived). <b>3+ office visits:</b> Member pays 100% of billed charges.	
<b>Office visits only</b> Nonparticipating provider			50%			<b>2 office visits per member, per year, participating and nonparticipating providers combined;</b> UNICARE pays 50% (deductible waived). <b>3+ office visits:</b> Member pays 100% of billed charges.
<b>Lab Work and X-rays</b> Participating provider		80%			70%	UNICARE pays 70% with a maximum covered expense by UNICARE of \$300 per member per year (participating and nonparticipating providers combined) with deductible waived
<b>Lab Work and X-rays</b> Nonparticipating provider			50%			UNICARE pays 50% with a maximum covered expense by UNICARE of \$300 per member per year (participating and nonparticipating providers combined) with deductible waived
<b>Inpatient Hospital Services</b> Surgery, x-rays, and organ/tissue transplants Participating provider		80%			70%	
<b>Inpatient Hospital Services</b> Surgery, x-rays, and organ/tissue transplants Nonparticipating provider		UNICARE pays 50% less a \$500 deductible for nonemergency stays				
<b>Prescription Drugs</b> Participating pharmacy per prescription (up to a 30-day supply) <b>Generic Drugs</b> (See inside for brand name drugs)		UNICARE pays 100% after member pays a \$10 copay				UNICARE pays 100% after member pays a \$10 copay, with a maximum payment by UNICARE of \$500 per member per year, both in and out-of-network retail pharmacy and mail service combined
<b>Prescription Drugs</b> <b>Generic Drugs</b> (See inside for brand name drugs) Nonparticipating pharmacy		UNICARE pays 50% of the average wholesale price				UNICARE pays 50% of the average wholesale price; with a maximum payment by UNICARE of \$500 per member per year, both in and out-of-network retail pharmacy and mail service combined

<sup>1</sup>See the applicable plan booklet for a complete list of coverage, conditions, limitations and exclusions.

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

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# UNICARE, A Partner You Can Rely On

UNICARE Life & Health Insurance Company is rated “A+” by Standard & Poor’s Financial Strength Rating Analysis and “A-” for claims paying by A.M. Best, an independent insurance industry analyst that bases its rating on operating performance and financial stability.

UNICARE is a subsidiary of WellPoint Health Networks, Inc., one of the largest health care companies in the nation. UNICARE and other WellPoint subsidiaries serve the health care needs of more than 15.5 million medical and over 46.2 million specialty members nationwide.

- *FORTUNE* Magazine named WellPoint America’s Most Admired Health Care Company for the sixth consecutive year in its March 2004 issue.
- *Forbes* named WellPoint to the *Forbes* Platinum 400 Honor Roll for the sixth consecutive year.

## Choose a Health Insurance Plan That Works for You

### Which plan is best for you?

UNICARE has a wide range of health insurance plans and premium choices for you to select from. Selecting the right plan for you and your family is a matter of balancing your needs and wants:

**Price** — What amount of premium do you want to pay?

**Features** — What services does each plan cover?

**Cost-sharing** — How much of the cost are you willing to share for these health care services?

**Access** — Is it important for you and your family to see any doctor you want or are you willing to trade some flexibility and see in-network doctors in order to save money?

If you are healthy and rarely see a doctor, you may feel comfortable taking a greater risk and opting for a higher deductible, lower premium plan. If you see a doctor regularly, you may be more comfortable with a higher monthly premium plan with less cost sharing.

In general, the more risk you are willing to accept, the less you pay in monthly premiums. On the other hand, the higher the monthly premium you pay, the more significant the features:

- More services are covered and the plan pays a larger portion of the cost for covered services.
- Deductibles and coinsurance maximums are more favorable to you.

Other elements you should consider are the annual plan deductible, copayments and coinsurance.

### Definitions

#### **Deductible**

The amount you are required to spend each year under the plan before UNICARE begins paying part of the covered cost.

#### **Out-of-Pocket Maximum**

The most you would have to spend, in addition to your deductible, in any one year before the plan pays 100% of your covered costs for most services.

#### **Copayment**

The dollar amount you pay to your provider for their services.

#### **Coinsurance**

The percentage of covered expenses you are responsible for (in addition to any applicable copayments).

# Protect What's Important

## How are you covered?

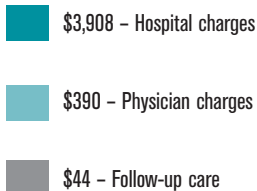
With UNICARE you can have:

- Access to emergency care and routine health care services
- Preventive programs and services to promote good health
- Protection against severe financial loss in the event of serious illness or injury
- The option to deduct a portion of your health insurance premium from your taxable income if you're self-employed

## Significantly Reduce Your Share of the Costs

Let UNICARE help shield you against the full cost of care for illnesses and accidents. Compare the costs below for a typical hospital stay (three days and two follow-up visits), with and without health insurance.

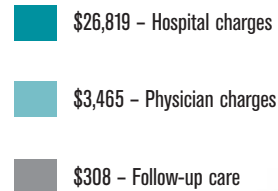
### With Insurance\* You Pay



You pay a total of  
**\$4,342**



### Without Insurance You Pay



You pay a total of  
**\$30,592**



\*The example above is based on 2004 averages from UNICARE's claims database and represents an average inpatient hospitalization and follow-up care. Prices indicate services covered with UNICARE 1000 plan for a member in Nevada. (In this case, \$4,342 represents 20% of negotiated rates for services plus a \$1,000 deductible.)

# FamilyFlex<sup>SM</sup>

## Customize Your Family Coverage

With UNICARE's FamilyFlex, you can choose a different health insurance plan for each member of your family. Select a higher deductible, lower premium plan for the member of your family who may need only basic health care insurance coverage. Opt for a plan with a lower deductible and a higher premium for the family member that may require more health care services. By customizing your family's insurance coverage, you get the protection you need at a price you can afford. Please note: Each family member who selects a different medical plan must independently satisfy the annual out-of-pocket maximum (participating and non-participating) for the plan he or she selects.

### For Example: The Smith Family in Las Vegas

**Eric, age 39, and Terri, age 38, elect subscriber and spouse coverage - the rate is based on his older age**

Selected Plan: UNICARE Saver 2000

Monthly Premium (for both): \$147

**They decide on single coverage for daughter Jane, a 19-year old college student**

Selected Plan: UNICARE 1500

Monthly Premium: \$126

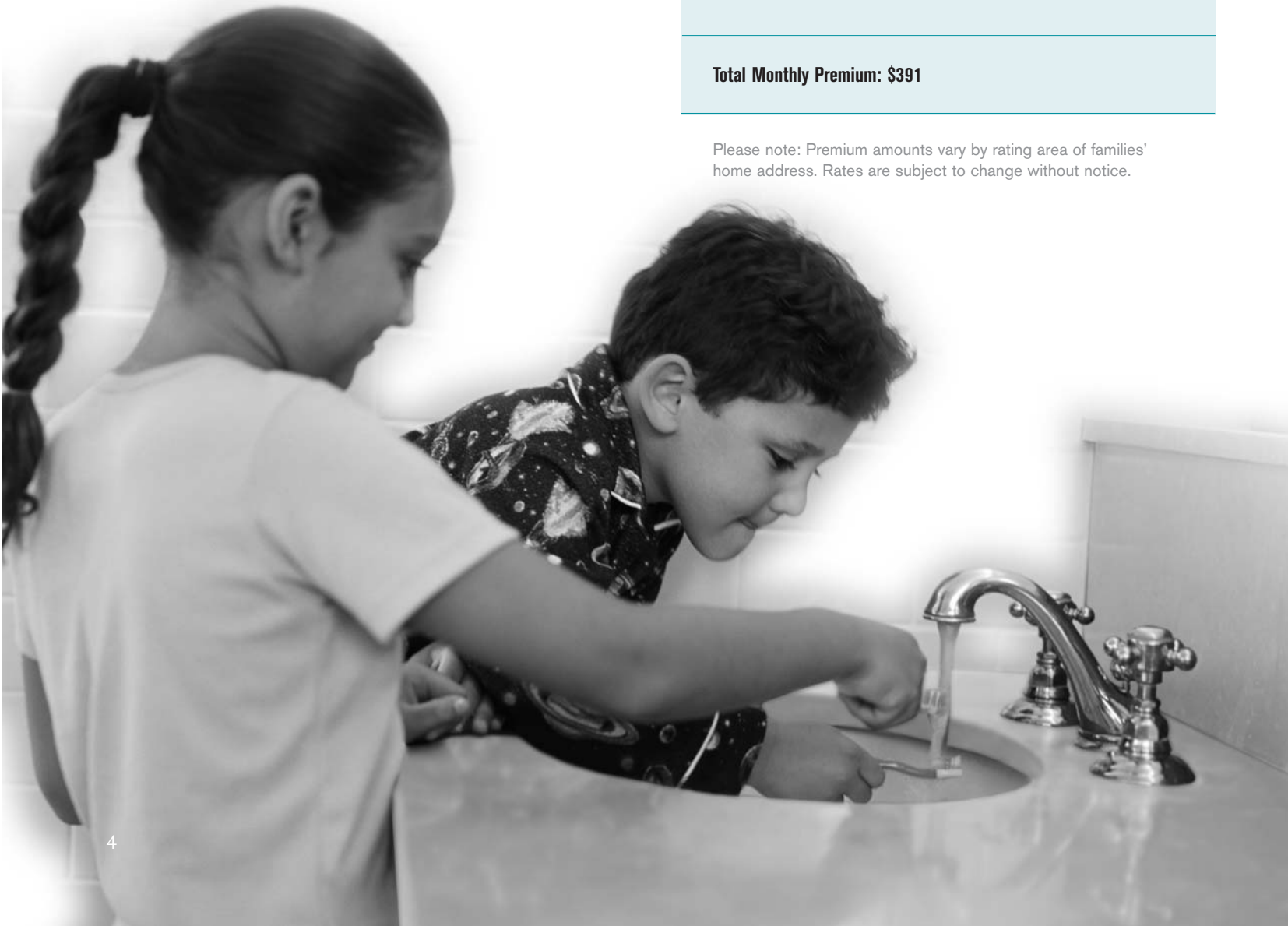
**They choose single child coverage for their 10-year old son Jason, who may need more medical attention**

Selected Plan: UNICARE Premier No Deductible

Monthly Premium: \$118

**Total Monthly Premium: \$391**

Please note: Premium amounts vary by rating area of families' home address. Rates are subject to change without notice.



# Access to Quality Care at Discounted Fees

Most UNICARE plans allow you to use any doctor you choose, but you can save money by using UNICARE’s network of independently contracted doctors and medical facilities. When you use an in-network doctor or hospital, your costs are reduced in two ways:

- Doctors in UNICARE’s independently contracted provider network have agreed to accept lower, negotiated rates for most services.
- You pay a lower percentage of the costs when you use in-network providers. Since in-network providers accept our negotiated rates, you get double savings. You pay a lower percentage of the lower, negotiated rate.

When you use out-of-network doctors, you pay a larger portion of the amount determined by UNICARE to be reasonable for that service in that area. You’re also responsible for whatever amount the doctor charges over and above the reasonable charges. Consider the example below using the UNICARE 500 Plan.

Before you choose a doctor, be sure to check the *Provider Finder* on the UNICARE Web site at [www.unicare.com](http://www.unicare.com).

## Example using UNICARE 500 Plan

In-Network Charges (for a covered expense)	
If the billed charges are	\$1,000
And UNICARE's negotiated rate is	\$650
You get a discount of	\$350
UNICARE payment 80% of negotiated fee*	\$520
<b>You pay only</b>	<b>\$130</b>

\*Assuming any deductible has been met and you have not yet reached your annual out-of-pocket maximum.

Out-of-Network Charges (for a covered expense)	
If the billed charges are	\$1,000
Amount UNICARE considers reasonable	\$650
You pay 50% of reasonable charges**	\$325
Plus, the difference between the billed charges and the reasonable charges	\$350
<b>You pay a total of</b>	<b>\$675</b>

\*\*Assuming any deductible has been met and you have not yet reached your annual out-of-pocket maximum for out-of-network providers.

Please note: If your annual out-of-pocket maximum has been met for both in-network and out-of-network providers for covered expenses, UNICARE will pay 100% of the negotiated rate for in-network providers and 100% of the reasonable charges only for out-of-network providers.

# HealthyExtensions\*

## The Key to a Healthy Life

HealthyExtensions is an innovative program designed to help you and your family take a personal path toward wellness. HealthyExtensions goes beyond traditional health care insurance services – offering you money saving discounts on health and wellness products and services.

As a UNICARE member, you are automatically eligible to receive discounts up to 50 percent off a variety of alternative health care and wellness products and services offered by independent vendors.

Examples of products and services that are available:

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

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## Vision Care Services

### A Featured Discount Program for You

As a part of the HealthyExtensions program, you will receive discounts from participating optometrists and ophthalmologists for your vision care needs. Discounts up to 50 percent are available for eye exams, frames, lenses, and contacts at participating independent vendors.

If you wear contact lenses, you may purchase them from your favorite eye care professional or you could take advantage of

additional savings and convenience by ordering via phone or Internet and have your contacts delivered directly to your home.

In addition, LASIK vision correction surgery is available to you at discounts up to 50 percent at network providers.

\*This program is provided as a service to our members. These are not insurance benefits and are subject to change or cancellation without notice. Services and products are provided by independent vendors that are not affiliated with UNICARE, its affiliates, subsidiaries, or parent company.



# MedCall

## 24/7 Telephone Access to Health Care Professionals

UNICARE is here to assist you any time, day or night, by phone through MedCall. MedCall is a toll-free health information hotline staffed by nurse counselors who are on call to answer your questions and provide you with medical information whenever you need it. Nurse counselors are available to answer your questions about:

- Medications and side effects

- A diagnosis
- Symptoms, medical procedures and alternative treatments
- Referrals for doctors and medical facilities
- Referrals for local, state, and national self-help agencies

In addition, MedCall provides recorded information on more than 200 health topics so you can learn more about your health care concerns at your convenience.

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## Platinum Network Travel Access

### Peace-of-Mind While You Travel

What happens if you or one of your family members get sick while traveling outside of Nevada? The Travel Access program helps you take advantage of your health plan benefits while traveling within the continental United States but outside of your local provider network.

With Travel Access:

- There are no additional premium costs

- Your health care benefits are not changed by the addition of Travel Access
- The provider will submit the claim forms to UNICARE on your behalf

Should a medical need arise, all you have to do is call your Travel Access representative, and you will be provided with the name, address, and phone number of an independently contracted network provider in the immediate area.

# Individual and Family Health Insurance Plan Comparison\*

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

This matrix is intended to help you compare UNICARE plan benefits and reflects UNICARE's 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.

All plans with deductibles feature a fourth-quarter carry over for the annual calendar year deductible. If your annual deductible is not satisfied in a given year, the covered expenses incurred during the months of October through December and applied to your annual deductible for that year will be applied toward your annual deductible for the following year.

\*This is only a brief description of various plans available. For a more detailed description of coverage, benefits, limitations and exclusions, preservice and utilization review, preauthorization process, additional deductibles, and penalties that may apply, please refer to the applicable Policy. Only the actual Policy provisions apply.

Your Plan Features	Overview of Coverage — Amounts shown below			
	UNICARE Premier No Deductible		UNICARE Premier Plus Deductible	
	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
<b>Annual Deductible Per Member</b>	None		Your annual deductible with a two-member family is \$1,000 per member, \$2,000 per family.	
<b>Annual Out-of-Pocket Maximums<sup>1</sup></b>	\$3,500 per member, \$7,000 per family	\$7,000 per member, \$14,000 per family	\$3,500 plus deductible per member, \$7,000 plus deductible per family	\$7,000 plus deductible per member, \$14,000 plus deductible per family
<b>Lifetime Maximum</b>	UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member	
<b>Office Visits</b>	UNICARE pays 100%, (member pays a \$30 copay); unlimited visits	50%	<b>First 4 office visits:</b> UNICARE waives the deductible (member pays a \$30 copay); <b>5+ office visits:</b> UNICARE pays 80%, office visits are subject to the deductible	50%
<b>Professional Services</b> Surgery, anesthesia, radiation therapy and in-hospital doctor visits	80%	50%	80%	50%
<b>Preventive Care for Babies and Children</b> (through age 6) Examinations and lab tests	For office visits only, see office visits above; for any lab work or x-rays, see below		For office visits only, see office visits above; for any lab work or x-rays, see below	
Immunizations	80%	50%	80%	50%
<b>Adult Preventive Care</b> Routine Pap smears, annual mammograms, colorectal cancer screenings and PSA screenings	80%	50%	80%	50%
<b>Lab Work and X-rays</b>	80%	50%	80%	50%
<b>Inpatient Hospital Services<sup>1</sup></b>	80%	50% less a \$500 penalty for nonemergency stays	80%	50%
<b>Outpatient Medical Care<sup>2</sup></b>	80%	50%	80%	50%
<b>Physical/Occupational Therapy and Acupuncture/Acupressure</b>	\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services		\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services	
<b>Ambulatory Surgical Center<sup>1</sup></b>	80%	50%	80%	50%
<b>Ambulance Service</b> With a maximum covered expense per trip of \$750	80%	50%	80%	50%
<b>Durable Medical Equipment</b>	80%	50%	80%	50%
<b>Initial Care for a Medical Emergency</b> Inpatient or outpatient	80%	80%	80%	80%
<b>Prescription Drugs<sup>3</sup></b> <b>Retail Pharmacy</b> Per prescription (up to a 30-day supply)	<b>Generic drugs:</b> UNICARE pays 100% (after member pays a \$10 copay)  <b>Brand name drugs:</b> UNICARE pays 100% (after member pays a \$25 copay)	<b>Generic drugs:</b> UNICARE pays 50% of the average wholesale price  <b>Brand name drugs:</b> UNICARE pays 40% of the average wholesale price	<b>Generic drugs:</b> UNICARE pays 100% (after member pays a \$10 copay)  <b>Brand name drugs:</b> UNICARE pays 100% (after member pays a \$25 copay; separate \$200 deductible per member, per year applies)	<b>Generic drugs:</b> UNICARE pays 100% (after member pays a \$10 copay)  <b>Brand name drugs:</b> UNICARE pays 100% (after member pays a \$25 copay; separate \$200 deductible per member, per year applies)
<b>Prescription Drugs<sup>3</sup></b> <b>Mail Service</b> Per prescription (up to a 60-day supply)	<b>Generic drugs:</b> UNICARE pays 100% (after member pays a \$20 copay)  <b>Brand name drugs:</b> UNICARE pays 100% (after member pays a \$50 copay)	Not available	<b>Generic drugs:</b> UNICARE pays 100% (after member pays a \$20 copay)  <b>Brand name drugs:</b> UNICARE pays 100% (after member pays a \$50 copay; separate \$200 deductible per member, per year applies)	<b>Generic drugs:</b> UNICARE pays 100% (after member pays a \$20 copay)  <b>Brand name drugs:</b> UNICARE pays 100% (after member pays a \$50 copay; separate \$200 deductible per member, per year applies)

Below are UNICARE's share of covered expenses after any applicable deductibles are met.

UNICARE 500		UNICARE 1000		UNICARE 1500		UNICARE 2000		UNICARE 2500	
Nonparticipating Provider		Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
Deductible is \$500, member family maximum		Your annual deductible is \$1,000, with a two-member family maximum		Your annual deductible is \$1,500, with a two-member family maximum		Your annual deductible is \$2,000, with a two-member family maximum		Your annual deductible is \$2,500, with a two-member family maximum	
\$7,000 plus deductible per member, \$14,000 plus deductible per family		\$3,500 plus deductible per member, \$7,000 plus deductible per family	\$7,000 plus deductible per member, \$14,000 plus deductible per family	\$3,500 plus deductible per member, \$7,000 plus deductible per family	\$7,000 plus deductible per member, \$14,000 plus deductible per family	\$3,500 plus deductible per member, \$7,000 plus deductible per family	\$7,000 plus deductible per member, \$14,000 plus deductible per family	\$3,500 plus deductible per member, \$7,000 plus deductible per family	\$7,000 plus deductible per member, \$14,000 plus deductible per family
Up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member	
50%		First 4 office visits: UNICARE waives the deductible (member pays a \$30 copay); 5+ office visits: UNICARE pays 80%, office visits are subject to the deductible	50%	First 4 office visits: UNICARE waives the deductible (member pays a \$30 copay); 5+ office visits: UNICARE pays 70%, office visits are subject to the deductible	50%	First 4 office visits: UNICARE waives the deductible (member pays a \$30 copay); 5+ office visits: UNICARE pays 70%, office visits are subject to the deductible	50%	First 4 office visits: UNICARE waives the deductible (member pays a \$30 copay); 5+ office visits: UNICARE pays 70%, office visits are subject to the deductible	70%
50%		80%	50%	70%	50%	70%	50%	70%	70%
Only, see office visits above; work or x-rays, see below		For office visits only, see office visits above; for any lab work or x-rays, see below		For office visits only, see office visits above; for any lab work or x-rays, see below		For office visits only, see office visits above; for any lab work or x-rays, see below		For office visits only, see office visits above; for any lab work or x-rays, see below	
50%		80%	50%	70%	50%	70%	50%	70%	70%
50%		80%	50%	70%	50%	70%	50%	70%	70%
50%		80%	50%	70%	50%	70%	50%	70%	70%
50% less a \$500 deductible for nonemergency stays		80%	50% less a \$500 deductible for nonemergency stays	70%	50% less a \$500 deductible for nonemergency stays	70%	50% less a \$500 deductible for nonemergency stays	70%	50% less a \$500 deductible for nonemergency stays
50%		80%	50%	70%	50%	70%	50%	70%	70%
Up to \$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services		\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services		\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services		\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services		\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services	
50%		80%	50%	70%	50%	70%	50%	70%	70%
50%		80%	50%	70%	50%	70%	50%	70%	70%
50%		80%	50%	70%	50%	70%	50%	70%	70%
80%		80%	80%	70%	70%	70%	70%	70%	70%
Generic drugs: UNICARE pays 50% of the average wholesale price  Brand name drugs: UNICARE pays 40% of the average wholesale price (separate \$200 deductible per member, per year applies)		Generic drugs: UNICARE pays 100% (after member pays a \$10 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$25 copay; separate \$200 deductible per member, per year applies)	Generic drugs: UNICARE pays 50% of the average wholesale price  Brand name drugs: UNICARE pays 40% of the average wholesale price (separate \$200 deductible per member, per year applies)	Generic drugs: UNICARE pays 100% (after member pays a \$10 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$25 copay; separate \$200 deductible per member, per year applies)	Generic drugs: UNICARE pays 50% of the average wholesale price  Brand name drugs: UNICARE pays 40% of the average wholesale price (separate \$200 deductible per member, per year applies)	Generic drugs: UNICARE pays 100% (after member pays a \$10 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$25 copay; separate \$200 deductible per member, per year applies)	Generic drugs: UNICARE pays 50% of the average wholesale price  Brand name drugs: UNICARE pays 40% of the average wholesale price (separate \$200 deductible per member, per year applies)	Generic drugs: UNICARE pays 100% (after member pays a \$10 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$25 copay; separate \$300 deductible per member, per year applies)	Generic drugs: UNICARE pays 100% (after member pays a \$10 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$25 copay; separate \$300 deductible per member, per year applies)
Not available		Generic drugs: UNICARE pays 100% (after member pays a \$20 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$50 copay; separate \$200 deductible per member, per year applies)	Not available	Generic drugs: UNICARE pays 100% (after member pays a \$20 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$50 copay; separate \$200 deductible per member, per year applies)	Not available	Generic drugs: UNICARE pays 100% (after member pays a \$20 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$50 copay; separate \$200 deductible per member, per year applies)	Not available	Generic drugs: UNICARE pays 100% (after member pays a \$20 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$50 copay; separate \$300 deductible per member, per year applies)	Generic drugs: UNICARE pays 100% (after member pays a \$20 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$50 copay; separate \$300 deductible per member, per year applies)

<sup>1</sup> Services may require preservice review or authorization by UNICARE or you will be required to pay an additional deductible or copayment.

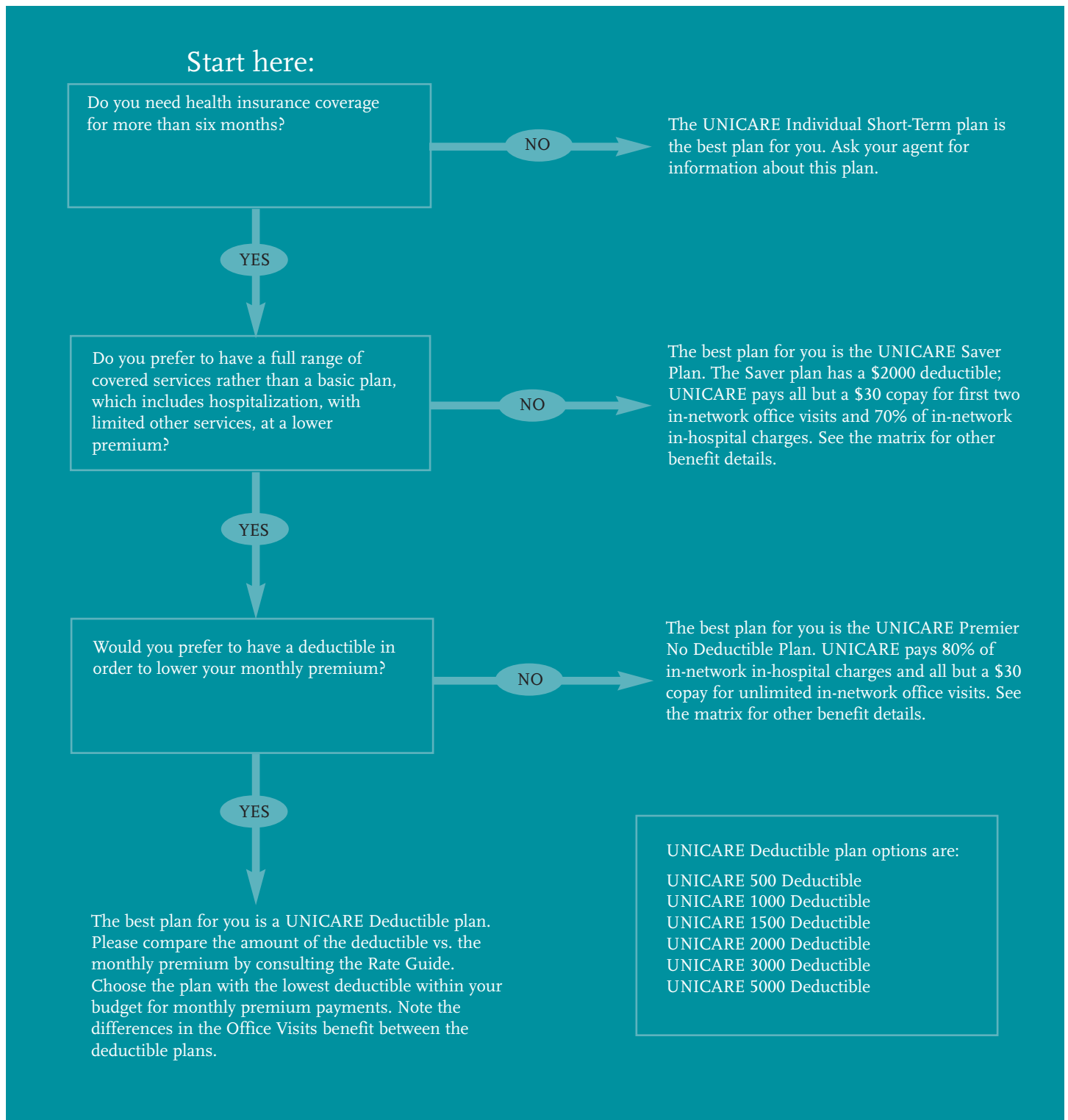
<sup>2</sup> Emergency room visits that do not result in an inpatient admission will be subject to a \$60 deductible or copayment.

<sup>3</sup> Certain Prescription Drugs may require prior authorization by UNICARE.

Your Plan Features					
UNICARE 3000		UNICARE 5000		UNICARE Saver 2000	
Nonparticipating Provider		Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
Annual deductible is \$3,000, member family maximum		Your annual deductible is \$5,000, with a two-member family maximum		Your annual deductible is \$2,000, with a two-member family maximum	
\$7,000 plus deductible per member, \$14,000 plus deductible per family		\$3,500 plus deductible per member, \$7,000 plus deductible per family	\$7,000 plus deductible per member, \$14,000 plus deductible per family	\$3,500 plus deductible per member, \$7,000 plus deductible per family	\$7,000 plus deductible per member, \$14,000 plus deductible per family
Up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member	
50%	First 4 office visits: UNICARE waives the deductible (member pays a \$30 copay); 5+ office visits: UNICARE pays 70%, office visits are subject to the deductible	50%	2 office visits per member, per year, participating and nonparticipating providers combined: UNICARE waives the deductible (member pays a \$30 copay); 3+ office visits: Member pays 100% of billed charges	2 office visits per member, per year, participating and nonparticipating providers combined: UNICARE pays 50% (deductible waived); 3+ office visits: Member pays 100% of billed charges	Office Visits
50%	70%	50%	70% for inpatient only	50% for inpatient only	Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits
Only, see office visits above; work or x-rays, see below	For office visits only, see office visits above; for any lab work or x-rays, see below		Not covered		Preventive Care for Babies and Children (through age 6) Examinations and lab tests
50%	70%	50%	Not covered		Immunizations
50%	70%	50%	70% (deductible is waived)	50% (deductible is waived)	Adult Preventive Care Routine Pap smears, annual mammograms, colorectal cancer screenings and PSA screenings
50%	70%	50%	UNICARE pays 70% with a maximum covered expense of \$300 per member, per year with deductible waived, participating and nonparticipating providers combined	UNICARE pays 50% with a maximum covered expense of \$300 per member, per year with deductible waived, participating and nonparticipating providers combined	Lab Work and X-rays
50% less a \$500 deductible for nonemergency stays	70%	50% less a \$500 deductible for nonemergency stays	70%	50% less a \$500 deductible for nonemergency stays	Inpatient Hospital Services <sup>1</sup>
50%	70%	50%	70%	50%	Outpatient Medical Care <sup>2</sup>
with a combined maximum of for all of these services	\$30 maximum per visit, with a combined maximum of 12 visits per year for all of these services		Not covered		Physical/Occupational Therapy and Acupuncture/Acupressure
50%	70%	50%	70%	50%	Ambulatory Surgical Center <sup>1</sup>
50%	70%	50%	70%	50%	Ambulance Service With a maximum covered expense per trip of \$750
50%	70%	50%	Not covered		Durable Medical Equipment
70%	70%	70%	70%	70%	Initial Care for a Medical Emergency Inpatient or outpatient
Generic drugs: UNICARE pays 50% of the average wholesale price  Brand name drugs: UNICARE pays 40% of the average wholesale price (separate \$300 deductible per member, per year applies)	Generic drugs: UNICARE pays 100% (after member pays a \$10 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$25 copay; separate \$500 deductible per member, per year applies)	Generic drugs: UNICARE pays 50% of the average wholesale price  Brand name drugs: UNICARE pays 40% of the average wholesale price (separate \$500 deductible per member, per year applies)	Maximum payment by UNICARE of \$500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail service combined.  Generic drugs: UNICARE pays 100% (after member pays a \$10 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$25 copay; separate \$200 deductible per member, per year applies)	Maximum payment by UNICARE of \$500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail service combined.  Generic drugs: UNICARE pays 50% of the average wholesale price  Brand name drugs: UNICARE pays 40% of the average wholesale price (separate \$200 deductible per member, per year applies)	Prescription Drugs <sup>3</sup> Retail Pharmacy Per prescription (up to a 30-day supply)
Not available	Generic drugs: UNICARE pays 100% (after member pays a \$20 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$50 copay; separate \$500 deductible per member, per year applies)	Not available	Maximum payment by UNICARE of \$500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail service combined.  Generic drugs: UNICARE pays 100% (after member pays a \$20 copay)  Brand name drugs: UNICARE pays 100% (after member pays a \$50 copay; separate \$200 deductible per member, per year applies)	Not available	Prescription Drugs <sup>3</sup> Mail Service Per prescription (up to a 60-day supply)

# UNICARE Individual & Family Plans Shopper's Guide

Choosing the best health insurance plan for you and your family can be challenging. Beginning at the starting point in the flow chart below, answer the questions below. Your answers will assist you in selecting the plan that best fits your unique needs and budget.



Please call your agent or UNICARE Customer Service at (888) 209-7964 to answer any questions about UNICARE health insurance plans.

# Individual Term Life Insurance

## Is Your Family Prepared for the Unexpected?

For just cents per day, you can enjoy the security and peace of mind of knowing you can help meet your family's financial needs even if you're not there to provide for them.

There are some great reasons to add life insurance to your UNICARE Individual medical coverage:

- Life insurance provides a financial safeguard for your family
- No additional forms to fill out
- No medical exams
- One bill for medical and life coverage
- Available with all UNICARE medical plans
- You may choose life insurance for all of your eligible family members

- Child coverage for as little as \$1.50 per month
- Adult coverage for as little as \$2.80 per month\*

To apply for enrollment, check the Life box in Section 2 and complete the Term Life portion in Section 5 on the Individual Enrollment Application.

Monthly Rates*			
Age	\$15,000	\$25,000	\$50,000
Under 1	Not available	Not available	Not available
1-18	\$1.50	\$2.50	Not available
19-29	2.80	4.65	9.30
30-39	3.25	5.40	10.80
40-49	7.50	12.50	25.00
50-59	20.90	34.80	69.60
60-64	29.40	49.00	98.00

\*The rates for term life insurance will change based on the applicant's age. The age categories are shown in the chart above. The policy is issued for a one-year term, renewable at the policyholder's option. The rate schedule may be changed at the beginning of any annual term. The rates shown in the matrix above are accurate as of September 2004. Rates are subject to change without notice. Please contact your agent or UNICARE for the most current rates.

The term life insurance coverage is subject to the written provisions of the policy issued by UNICARE. You should consult with your UNICARE agent regarding the specific terms and provisions of the policy. Each family member who has elected the term life insurance option will be sent a separate policy.

The policy will be canceled automatically on the first of the month of the policyholder's 65th birthday. If that birthday falls on the first of the month, the policy will be canceled on the first day of the month prior to the birth month.

Insurance coverage is underwritten by UNICARE Life & Health Insurance Company.

# Individual and Family Dental PPO Plan Coverage

## Keep Your Teeth Healthy and Your Smile Bright

An affordable dental plan that provides coverage for regular dental care is important to your overall health. With UNICARE, you have:

- Access to quality care at discounted fees;
- A wide range of dental services;

- No waiting period for preventive and diagnostic care;
- Freedom to choose any dentist;
- Additional savings for visiting an independently contracted dentist; and
- A yearly \$50 deductible per person with a maximum of three deductibles per family.

## Additional Savings for Visiting Contracted Dentists

When you choose an independently contracted dentist, you will receive care at negotiated, discounted rates. Should you choose a noncontracting dentist<sup>1</sup>, your plan still provides

benefits, but your out-of-pocket expense may be greater, as the negotiated fees do not apply to noncontracting dentists. You will be responsible for any charges your dentist bills in excess of the stated benefit.

The following is an example of how UNICARE's negotiated fees may save your money. Negotiated fees may vary among contracting dentists.

Contracting Dentist		Noncontracting Dentist	
If the billed charges are	\$850	If the billed charges are	\$850
And UNICARE's negotiated rate is	\$430	UNICARE will pay the amount specified in the benefit schedule	\$225 <sup>2</sup>
UNICARE will pay the amount specified in the benefit schedule	\$225 <sup>2</sup>	Therefore, you pay the difference between the billed amount and the scheduled benefit	\$625
Therefore, you pay the difference between the negotiated rate and the scheduled benefit	\$205		

Billed charges and negotiated rates in the above table were determined by using an example of contracted and noncontracted fees for dentists in Las Vegas, Nevada area (ZIP code 89101) for ADA procedure code D2750. The information in this example is from UNICARE's 2003 claim data. Negotiated rates may vary by contracting dentists, based on their contractual relationship with UNICARE.

<sup>1</sup> In counties with limited network access, UNICARE plan members may visit contracting dentists outside of their local area and still receive the benefits of the in-network negotiated rates. Benefits are still available for noncontracting dentists, as specified by the plan.

<sup>2</sup> This assumes any deductible has been met and you have not reached your annual maximum.

Your current dentist may already be an independently contracted dentist. Before you choose a dentist, be sure to check the *Provider Finder* on the UNICARE Web site at [www.unicare.com](http://www.unicare.com) or call UNICARE Dental Services toll-

free at (888) 209-7852. If you would like your dentist to become a contracted dentist, please notify us at [dentist.referral@wellpoint.com](mailto:dentist.referral@wellpoint.com) or call (800) 262-4496.

# Dental Benefit Schedules

The following dental schedules show a brief overview of benefits available to you. UNICARE pays either the specified amount or the actual amount charged by your dentist, whichever is lower. You are responsible for any charges in excess of the stated benefit.

Preventive and Diagnostic Care <sup>3</sup> Coverage begins upon your Policy effective date.		UNICARE Pays	
Procedure	Contracting Dentist	Non-Contracting Dentist	
Periodic Oral Exam, limited to 2 per member, per year	100%	\$15	
Bitewing X-rays – single film <sup>4</sup>	100%	\$9	
Bitewing X-rays – two films <sup>4</sup>	100%	\$14	
Single (periapical) X-rays – first film <sup>4</sup>	100%	\$9	
Single X-rays – additional films <sup>4</sup>	100%	\$9	
Bitewing X-rays – four films <sup>4</sup>	100%	\$21	
Full-mouth X-rays, limited to one set every 3 years <sup>4</sup>	100%	\$38	
Routine cleaning, limited to 2 per adult per year <sup>5</sup>	100%	\$40	
Routine cleaning, limited to 2 per child per year <sup>6</sup>	100%	\$26	
Cleaning with fluoride, limited to 2 per child per year <sup>6</sup>	100%	\$36	
Topical fluoride only, limited to 2 per child per year <sup>6</sup>	100%	\$12	

Basic Dental Care <sup>3</sup> Coverage begins after the plan has been in effect for six continuous months.		UNICARE Pays	
Procedure	Contracting and Noncontracting Dentists		
Filling – one surface / two surfaces / three surfaces / four or more surfaces	\$42/\$54/\$65/\$78		
Extraction – erupted tooth or exposed root	\$39		
Surgical removal erupted tooth	\$72		
Removal of impacted tooth – soft tissue / partial bony / complete bony	\$100/\$120/\$150		

Major Dental Care <sup>3</sup> Coverage begins after the plan has been in effect for 12 continuous months.		UNICARE Pays	
Procedure	Contracting and Noncontracting Dentists		
Scaling/root planning per quadrant	\$43		
Gingivectomy – one to three teeth per quadrant/four or more contiguous teeth per quadrant	\$30/\$97		
Root canal – one canal / two canals / three canals	\$127/\$155/\$205		
Crown – porcelain fused to high noble metal	\$225		
Stainless steel crown	\$55		
Pontic – porcelain fused to high noble metal	\$225		
Partial / Complete denture (upper or lower)	\$275/\$300		
Denture reline (chairside) / (lab)	\$55/\$80		

<sup>3</sup> All dental benefits are limited to a maximum payment of \$1,000 for expenses incurred by each enrolled member during a calendar year.

<sup>4</sup> Total benefit for single and bitewing x-rays not to exceed cost of full mouth - \$38.

<sup>5</sup> Adult – Any person or dependent 19 years or older covered by this plan.

<sup>6</sup> Child – Any person or dependent 18 years or younger covered by this plan.

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



# Who's Eligible for the UNICARE Individual and Family Dental PPO Plan

You and your dependents must be Nevada residents. Eligible dependents include:

- Your lawful spouse, age 64 1/2 or younger;
- Any unmarried child or stepchild under age 19, of yours or your enrolled spouse; and
- Any unmarried child or stepchild who is a full-time student (at least 12 units per semester), age 19 through 22.

UNICARE Individual and Family Dental PPO Plan Monthly Rates*	
One adult	\$27.00
Two adults	\$54.50
Adult with 1 child	\$42.00
Adult with 2 children	\$56.50
Adult with 3+ children	\$79.00
Family (1 child)	\$69.00
Family (2 children)	\$84.00
Family (3+ children)	\$106.00
One child	\$15.00
Two children	\$29.50
Three+ children	\$51.50

\*Rates are current as of September 2004. Rates are subject to change without notice. Please contact your agent or UNICARE for the most current rates.

# Important Additional Information

## Balanced Risk Keeps Your Costs Down

UNICARE believes in fairness, and the cost of covering someone with minimal health care needs should not be unfairly offset by someone whose health can be predicted to require costly care.

UNICARE maintains this risk balance by requiring medical underwriting review for each applicant. If an applicant does not qualify for the particular coverage applied for, the application will be rejected.

## Waivers of Coverage

If you have a condition, illness or injury that can be identified as one that does not necessarily affect your overall good health but could affect the risk balance of all insureds, we will waive that condition from coverage. This means that expenses for treatment of that condition or any other condition related to it will not be covered for a specified period of time.

Waived conditions will be clearly identified in your Plan Specification Page. The period for which coverage is waived will also be stated. Waivers will be reviewed periodically if you request the review in writing and forward the medical records from your attending physician. If you are accepted, carefully read your UNICARE Policy. This document lists, in more detail, all the benefits, limitations and exclusions, and requirements of your plan. Only the actual plan provisions will apply.

## Terms of Coverage

Coverage under the health insurance plan remains in force as long as the required premiums are paid on time and as long as you remain eligible for coverage. Coverage ceases when you become ineligible because of divorce or a change in dependent status. (In the case of divorce and over-age dependents, UNICARE will offer a similar plan.) Rates are age banded. Any initial rate guarantees offered under these plans do not include age-banded rate changes. UNICARE may change the premiums of this plan with 60 days advance written notice to you. However, UNICARE will not change the premium schedule for this plan on an individual basis, but only for all insureds in the same class and covered under the same plan as you.

## Emergency

If you reasonably believe a medical emergency exists, no utilization or authorization is required. A medical emergency is an unexpected acute illness, injury, or condition that could endanger your health if not treated immediately. Once your condition is stabilized, it is important for the hospital, you, or your family member to contact UNICARE for authorization of additional services.

## 10-day FREE Look

Once your Policy arrives, you have 10 full days to examine and either accept or decline coverage by returning the Policy.

# Facts About Your UNICARE Plan

## Pre-existing Conditions

Coverage will not be provided for the 12 months following the effective date of this plan for medical conditions that existed in the six months prior to the effective date. If you are enrolled in a HIPAA plan, you may be eligible for a credit against the 12-month pre-existing exclusion period. To request a credit against the pre-existing condition limitation, you must submit a copy of the prior carrier's certificate of creditable coverage that documents the prior coverage types and dates. This documentation for enrollment must be sent to UNICARE with the application for enrollment and is subject to review and approval by UNICARE in accordance with legislative guidelines.

Certain services require authorization prior to receiving services to be eligible for benefits. There will be a 50% reduction in benefits for these services unless UNICARE authorizes benefits: organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities and hospice.

Utilization review is the benefit coverage evaluation of medical necessity, efficiency, and/or appropriateness of services and treatments. Other services require authorization or preservice review to be eligible for maximum benefits. Please see your Policy for additional details on preservice review, authorization, additional deductibles, covered services, and limitations and exclusions.

Utilization Management is not the practice of medicine or the provision of medical care to you. Remember, only your doctor can provide you with medical advice and care.

## Utilization Management

UNICARE uses a process called *Utilization Management* to help you receive coverage for appropriate treatment in the correct setting and helps you avoid both unexpected out-of-pocket costs and unnecessary procedures.

Preservice review assesses benefit eligibility before services are provided. All inpatient medical care requires preservice review or you will be subject to a \$500 deductible or copayment per continuing hospital confinement. This review must be initiated at least three working days prior to admission to a licensed and accredited hospital or ambulatory surgical center. Failure to obtain preservice review may result in additional deductibles or copayments.

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

# UNICARE Member Confidentiality Statement

In order to provide you with health care benefits, UNICARE must access certain personal information. UNICARE views its duty to maintain the confidentiality of this information as an important responsibility.

To protect the privacy and retain the trust of its members, UNICARE provides or obtains personal health information only when it is needed for underwriting, claims adjudication, utilization review, quality management, governmental inquiries or coordination of benefits.

Your routine consent, provided as part of the enrollment process or applicable law, allows release of this information for these purposes.

If UNICARE receives special requests for an individual's identifiable information for another purpose, including employment, you are given the right to consent or deny the release of this information, except where required by law.

You may have access to your medical records. To access records, follow the established procedures of the institution involved. In cases where you are unable to provide consent, your legally designated individual will provide consent and have access to medical records.

In all settings, member information and medical records are protected internally within UNICARE's administrative functions.

## Enrollment Guidelines

### Eligibility for coverage

To be eligible for enrollment, you must be:

- Age 64 ½ or younger;
- The applicant's spouse, age 64 ½ or younger;
- The applicant's unmarried child or stepchild who has not yet reached age 19;
- The applicant's unmarried child who is a full-time student (at least 12 units per semester), under age 24 and financially dependent for at least half of their support;
- A resident of the United States for at least six months;
- Able to meet UNICARE's underwriting requirements; and
- Not eligible for Medicare.

### How to Enroll

An individual and/or family who applies for coverage in any of the UNICARE plans must submit an Individual Application for UNICARE underwriting review.

If any applicant does not qualify based on UNICARE's underwriting standards, the application may not be approved. Certain conditions, subject to UNICARE's underwriting guidelines, may qualify the applicant for the plan at a premium that is higher than the Level I (preferred) premium and/or coverage for a particular medical condition may be excluded from coverage by a waiver.

Please follow the instructions on the Individual Application form.

# Health Insurance Plan Limitations & Exclusions

The primary limitations and exclusions for the plans described in this plan overview are listed below. Please take a few moments to review this information. These listings are an overview only. A more detailed list of each plan's limitations and exclusions can be found in the applicable Policy. Only the actual terms of the applicable Policy will apply.

## Limitations

The following are the primary limitations that apply to these plans:

**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.

**Ambulance Service:** Limited to a maximum covered expense of \$750 per trip for air or ground transport.

**Home Health:** Limited to a combined maximum of 60 visits each year.

**Skilled Nursing Facilities:** Limited to a maximum covered expense of \$400 per day, and 100 days per year.

**Services for Mental, Emotional or Functional Nervous Disorders: Inpatient:** Eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$3,000 per year.

**Outpatient:** For the Deductible Plans and Premier No Deductible Plan, eligible treatment payable up to \$30 per visit up to a maximum of 12 visits per year for in or outpatient professional charges.

**Severe Mental Illness:** Benefits are provided for a maximum of 40 days hospitalization as an inpatient per year and for a maximum of 40 visits to an outpatient facility per year.

**Alcohol and Drug Abuse:** Maximum payment per year of up to \$9,000 for inpatient services, \$2,500 for counseling and \$1,500 for withdrawal.

**Physical, Occupational Therapy/Medicine and Acupuncture/Acupressure:** For the Deductible Plans and Premier No Deductible Plan, benefits are payable up to \$30 per visit with a combined maximum of 12 visits per year.

**Hospice:** Limited to a lifetime maximum payment of \$10,000.

**Smoking Cessation:** Benefits for any smoking cessation program are payable up to a maximum of \$50 per lifetime.

**Office Visits:** For the UNICARE Saver 2000 Plan, office visits are limited to two visits per member, per year for participating and nonparticipating providers combined.

**Lab Work and X-ray (nonhospital based):** For the UNICARE Saver 2000 Plan, maximum payment of \$300 per member per year, with deductible waived, participating and nonparticipating providers combined.

**Prescription Drug Maximum Benefit:** For the Saver 2000 Plan, maximum payment of \$500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail order combined.

## Exclusions

The plan does not provide benefits for:

- Any amounts in excess of maximum amounts of covered expenses stated in the Policy.
- Services not specifically listed in the Policy as covered services.
- Services or supplies that are not medically necessary.
- Services or supplies that are experimental or investigative except as specifically stated under the section “Clinical Trials” in the Policy.
- Services received before the effective date of coverage or during an inpatient stay that began before that effective date.
- 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.
- Any condition covered by workers’ compensation or similar laws.
- Any intentionally self-inflicted injury or illness.
- Services received for any condition caused by, or contributed by, an act of war or the inadvertent release of nuclear energy when government funds are available for treatment.
- Any services for which payment may be obtained from, or provided by, any local, state or federal government agency, except when payment under the Policy is expressly required by federal or state law. Veterans Administration hospitals and military treatment facilities will be considered for payment according to current legislation.
- Any services for which Medicare benefits have been paid.
- Professional services received from a person who lives in your home, or who is related to you by blood, marriage or adoption.
- Services of a private duty nurse.
- Custodial care or 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.
- Services provided by a rest home, a home for the aged, a nursing home or any similar facility service.

# Health Insurance Plan Limitations & Exclusions (continued)

- Dental services, except as specifically stated in the Policy.
- Orthodontic services, braces and other orthodontic appliances.
- Dental implants or any associated procedures.
- Hearing aids.
- Routine hearing tests, except as provided under Well Baby and Well Child Care.
- Optometric services, except as specifically stated in the Policy.
- Certain eye surgeries, including those solely for the purpose of correcting refractive defects.
- Outpatient speech therapy.
- Any drugs, medications, or other substances dispensed or administered in any outpatient setting, except as specifically stated in the Policy.
- Cosmetic surgery or other services for beautification. This exclusion does not apply to medically necessary reconstructive surgery to restore a bodily function, to correct a deformity caused by injury or congenital defect of a newborn child, or to restore symmetry incident to a mastectomy.
- Sex change operations or related treatment and study.
- All services related to the evaluation or treatment of fertility and/or infertility.
- Nonprescription contraceptive drugs, devices and supplies, and non-FDA approved prescription contraceptive drugs, devices and supplies.
- Services primarily for weight reduction or treatment of obesity (including morbid obesity).
- Routine physical exams or tests, except as specifically stated under the Policy.
- Charges by a provider for telephone consultations.
- Items primarily for your personal comfort or convenience.
- Educational services, except as specifically provided or arranged by UNICARE.
- Nutritional counseling or food supplements.
- Any services received on or within 12 months after the effective date of coverage if they are related to a pre-existing condition.
- Charges for pregnancy or any condition related to pregnancy, except for Complications of Pregnancy.
- Growth hormone treatment.

## **Additional Exclusions for the UNICARE Saver 2000 Plan**

- Any services of a physician, except as specifically stated under limited professional and other services.
- Acupuncture/acupressure.
- Durable medical equipment.
- Physical and/or occupational therapy/medicine or chiropractic services, except when provided during an inpatient hospital confinement.
- Outpatient professional services for mental, emotional or functional nervous disorders.
- Charges for a smoking cessation program.
- Surgical procedures for sterilization.

# Dental Insurance Plan Limitations & Exclusions

The primary limitations and exclusions for the plans described in this brochure are listed below. Please take a few moments to review this information. These listings are an overview only. A more detailed list of each plan's limitations and exclusions can be found in the applicable Certificate of Coverage.

## Limitations

The following are the primary limitations that apply to these dental plans:

### Prosthodontics

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.

Adjustment, repairs, or relines to prosthesis, except following six months from initial placement and if the prosthesis was paid for under this plan.

Fixed bridges, removable cast partials, and/or cast crown with or without veneers for patients under 16 years of age.

Replacement of crowns and cast restorations, including porcelain crowns, if such replacement occurs within five years of the original placement.

### Prosthodontics and Periodontics

Services for fixed or removable prosthodontics within the first 12 months of the insured person's effective date.

Services for periodontics within the first 12 months of the insured person's effective date.

### Diagnostic

Oral examinations exceeding two visits per insured per year.

More than one set of full-mouth x-rays or its equivalent per insured in a three year period.

### Preventive

Prophylaxis treatments exceeding two treatments per insured per year.

Fluoride applications for patients over 18 years of age or applications exceeding two visits per year.

## Exclusions

The Plan does not provide benefits for:

- Any amounts in excess of the maximum amount stated in the "yearly maximum benefit" section or listed in the benefit schedule.
- Services or supplies that UNICARE considers to be not medically necessary, experimental or investigative.

- Services received before your effective date or after your coverage ends.
- Services for which no change would be made to you in the absence of insurance coverage or services for which you are not legally obligated to pay.
- 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.
- Disease contracted or injuries sustained as a result of declared or undeclared war and/or 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.
- Any services provided by a local, state, county or federal government agency including any foreign government.
- Professional services received from a person who lives in the insured person's home or who is related to the insured by blood, marriage or adoption.
- Any services performed for cosmetic purposes unless they are for the correction of functional disorders or as a result of an accidental injury occurring while you were covered under this policy.
- 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, stolen, or which, in the opinion of a dentist, is or can be made satisfactory.
- Orthodontic services, braces, appliances and all related services.
- Diagnosis or treatment of the joint of the jaw and/or occlusion services, supplies, or appliances provided in connection with:
  - any treatment to alter, correct, fix, improve, remove, replace, reposition, restore, or otherwise treat the joint of the jaw (temporomandibular joint).
  - any treatment including crowns, caps, and/or bridges to change the way the upper and lower teeth meet (occlusion);
  - treatment to change vertical dimension (the space between the upper and lower jaw).

## Dental Insurance Plan Limitations & Exclusions (continued)

- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore, or maintain occlusions.
- Correction of congenital or developmental malformation.
- If a policyholder 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 the amount it would have been liable for had one dentist rendered the services.
- Prescribed drugs, premedication or analgesia.
- Oral hygiene instruction.
- Services for treatment of malignancies.
- 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.
- Replacement of teeth missing prior to the effective date of coverage.



Notes:





**A healthy dose of innovation.™**

UNICARE Life & Health Insurance Company  
Sales Office  
Bolingbrook, Illinois

0010192NV 9/04

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