



TEXAS

BUSINESSFLEXSM AT A GLANCE

Performance Choice Insurance for Groups of 2-99



UNICARE.

A Healthy Dose of Innovation™

UniCare Life & Health Insurance Company

Overview of Coverage

This matrix reflects UniCare's payment for covered expenses after any deductibles are met, unless otherwise noted.

| Your Plan Features | Performance Choice 500 Plan | | Performance Choice 1000 Plan | | Performance Choice 2000 Plan | |
|--|---|--|---|--|---|--|
| | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers |
| Lifetime Maximum | \$5,000,000 per member | | \$5,000,000 per member | | \$5,000,000 per member | |
| Annual Deductible per Member Copays do not apply toward satisfying any deductible | \$500, with a two-deductible family maximum | | \$1,000, with a two-deductible family maximum | | \$2,000, with a two-deductible family maximum | |
| Out-of-Network Deductible | \$1,000 deductible for out-of-network services per member, per year | | \$2,000 deductible for out-of-network services per member, per year | | \$4,000 deductible for out-of-network services per member, per year | |
| Annual Out-of-Pocket Maximum Does not include deductibles | \$2,000 per member; \$4,000 per family | \$10,000 per member; \$20,000 per family | \$2,000 per member; \$4,000 per family | \$10,000 per member; \$20,000 per family | \$2,000 per member; \$4,000 per family | \$10,000 per member; \$20,000 per family |
| Accidental Injury | Paid as any other benefit, subject to deductible | | Paid as any other benefit, subject to deductible | | Paid as any other benefit, subject to deductible | |
| Office Visits | Member pays a \$35 copay, unlimited visits with deductible waived | 60% | Member pays a \$35 copay, unlimited visits with deductible waived | 60% | Member pays a \$35 copay, unlimited visits with deductible waived | 60% |
| Preventive Care for Adults Office visits and examinations associated with preventive care services below | Member pays a \$35 copay, unlimited visits with deductible waived | 60% | Member pays a \$35 copay, unlimited visits with deductible waived | 60% | Member pays a \$35 copay, unlimited visits with deductible waived | 60% |
| Colorectal cancer screening, annual PAP smears, annual mammograms and PSA screenings | 80% | 60% | 80% | 60% | 80% | 60% |
| Preventive Care for Babies and Children (to age 6) • Examinations and office visits related to preventive care | Member pays a \$35 copay, unlimited visits with deductible waived | 60% | Member pays a \$35 copay, unlimited visits with deductible waived | 60% | Member pays a \$35 copay, unlimited visits with deductible waived | 60% |
| • Immunizations Groups of 2-50 employees | 80% | 60% | 80% | 60% | 80% | 60% |
| Groups of 51-99 employees | 100% with deductible waived | | 100% with deductible waived | | 100% with deductible waived | |
| • Lab work/X-rays | 80% | 60% | 80% | 60% | 80% | 60% |
| Other Preventive Care Services (age 7 through adult) Routine physical exams, lab, x-rays and immunizations other than indicated above under Preventive Care With a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined | 80% with deductible waived | 60% | 80% with deductible waived | 60% | 80% with deductible waived | 60% |
| Professional Services Including surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic x-ray/lab | 80% | 60% | 80% | 60% | 80% | 60% |
| Inpatient Hospital Services² | 80% | 60% | 80% | 60% | 80% | 60% |
| Inpatient Medical Emergency² | 80% | 80% until transferable to a participating hospital; if stay continues thereafter, 60% of covered expense | 80% | 80% until transferable to a participating hospital; if stay continues thereafter, 60% of covered expense | 80% | 80% until transferable to a participating hospital; if stay continues thereafter, 60% of covered expense |
| Outpatient Medical Care^{1,4} | 80% | 60% | 80% | 60% | 80% | 60% |
| Physical/Occupational Therapy, Acupuncture/Acupressure With a maximum of 20 visits per member, per year | Up to \$30 per visit | | Up to \$30 per visit | | Up to \$30 per visit | |
| Ambulatory Surgical Center⁴ | 80% | 60% | 80% | 60% | 80% | 60% |
| Ambulance Service With a maximum covered expense of: \$5,000 per trip for air \$1,000 per trip for ground | 80% | 60% | 80% | 60% | 80% | 60% |
| Maternity (employee and spouse only) Provided for groups of 15-99; optional for groups of 2-14 | 80% | 60% | 80% | 60% | 80% | 60% |
| Prescription Drug Deductible (Brand name only) | \$100 | | \$100 | | \$100 | |
| Retail Pharmacy⁴ Per prescription, (up to a 30-day supply) Generic Drugs | Member pays a \$10 copay | 50% of the average wholesale price | Member pays a \$10 copay | 50% of the average wholesale price | Member pays a \$10 copay | 50% of the average wholesale price |
| Brand Name Formulary Drugs | Member pays a \$25 copay | 50% of the average wholesale price | Member pays a \$25 copay | 50% of the average wholesale price | Member pays a \$25 copay | 50% of the average wholesale price |
| Brand Name Nonformulary Drugs | Member pays a \$50 copay | 50% of the average wholesale price | Member pays a \$50 copay | 50% of the average wholesale price | Member pays a \$50 copay | 50% of the average wholesale price |
| Self-Injectables**** | Member pays 20% | Member pays 40% | Member pays 20% | Member pays 40% | Member pays 20% | Member pays 40% |

Overview of Coverage

This matrix reflects UniCare's payment for covered expenses after any deductibles are met, unless otherwise noted.

| Your Plan Features | Performance Choice 2500 Plan | | Performance Choice Saver 1000 Plan | | Pathways Advantage Plan | |
|--|--|---|--|---|---|---|
| | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers |
| Lifetime Maximum | \$5,000,000 per member | | \$5,000,000 per member | | \$5,000,000 per member | |
| Annual Deductible per Member Copays do not apply toward satisfying any deductible | \$2,500, with a two-deductible family maximum | | \$1,000, with a two-deductible family maximum | | \$1,000, with a two-deductible family maximum | |
| Out-of-Network Deductible | \$5,000 deductible for out-of-network services per member, per year | | \$2,000 deductible for out-of-network services per member, per year | | \$2,000 deductible for out-of-network services per member, per year | |
| Annual Out-of-Pocket Maximum Does not include deductibles | \$3,000 per member; \$6,000 per family | \$10,000 per member; \$20,000 per family | \$3,000 per member; \$6,000 per family | \$10,000 plus deductible per member; \$20,000 plus deductible per family | \$5,000 | \$30,000 |
| Accidental Injury | Paid as any other benefit, subject to deductible | | Paid as any other benefit, subject to deductible | | 100% up to \$1,000. After \$1,000, deductible applies. | |
| Office Visits | Member pays a \$35 copay for the first 10 visits* per year (deductible waived); after 10 visits, once deductible is met, 70% | 50% | Member pays a \$35 copay for the first 4 visits** per year (deductible waived), participating and nonparticipating providers combined; after 4 visits a \$5,000 deductible applies | 50% for the first 4 visits** per year (deductible waived), participating and nonparticipating providers combined; after 4 visits a \$5,000 deductible applies | Member pays a \$40 copay, unlimited visits, deductible waived | 50% |
| Preventive Care for Adults Office visits and examinations associated with preventive care services below | Member pays a \$35 copay for the first 10 visits* per year (deductible waived); after 10 visits, once deductible is met, 70% | 50% | Member pays a \$35 copay for the first 4 visits** per year (deductible waived), participating and nonparticipating providers combined; after 4 visits a \$5,000 deductible applies | 50% for the first 4 visits** per year (deductible waived), participating and nonparticipating providers combined; after 4 visits a \$5,000 deductible applies | UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies. | 50% |
| Colorectal cancer screening, annual PAP smears, annual mammograms and PSA screenings | 70% | 50% | 70% | 50% | UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies. | 50% |
| Preventive Care for Babies and Children (to age 6) • Examinations and office visits related to preventive care | Member pays a \$35 copay for the first 10 visits* per year (deductible waived); after 10 visits, once deductible is met, 70% | 50% | Member pays a \$35 copay for the first 4 visits** per year (deductible waived), participating and nonparticipating providers combined; after 4 visits a \$5,000 deductible applies | 50% for the first 4 visits** per year (deductible waived), participating and nonparticipating providers combined; after 4 visits a \$5,000 deductible applies | UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies. | 50% |
| • Immunizations Groups of 2-50 employees | 70% | 50% | 70% | 50% | UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies. | 50% |
| Groups of 51-99 employees | 100% with deductible waived | | 100% with deductible waived | | 100% with deductible waived | 50% |
| • Lab work/X-rays | 70% | 50% | 70% | 50% | UniCare pays 100% up to \$200, deductible waived. After UniCare pays \$200, deductible applies. | 50% |
| Other Preventive Care Services (age 7 through adult) Routine physical exams, lab, x-rays and immunizations other than indicated above under Preventive Care With a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined | 70% with deductible waived | 50% | 70% with deductible waived | 50% | 60% with deductible waived | 50% |
| Professional Services Including surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic x-ray/lab | 70% | 50% | 70% | 50% | 60% | 50% |
| Inpatient Hospital Services² | 70% | 50% | 70% | 50% | 60% | 50% |
| Inpatient Medical Emergency² | 70% | 70% until transferable to a participating hospital; if stay continues thereafter 50% of covered expense | 70% | 70% until transferable to a participating hospital; if stay continues thereafter 50% of covered expense | 60% | 60% until transferable to a participating hospital; if stay continues thereafter 50% of covered expense |
| Outpatient Medical Care^{1, 4} | 70% | 50% | 70% | 50% | 60% | 50% |
| Physical/Occupational Therapy, Acupuncture/Acupressure With a maximum of 20 visits per member, per year | Up to \$30 per visit | | Not covered | | Up to \$30 per visit | |
| Ambulatory Surgical Center⁴ | 70% | 50% | 70% | 50% | 60% | 50% |
| Ambulance Service With a maximum covered expense of: \$5,000 per trip for air \$1,000 per trip for ground | 70% | 50% | 70% | 50% | 60% | 50% |
| Maternity (employee and spouse only) Provided for groups of 15-99; optional for groups of 2-14 | 70% | 50% | 70% | 50% | 60% | 50% |
| Prescription Drug Deductible (Brand name only) | \$100 | | \$500 | | \$2000 | |
| Retail Pharmacy⁶ Per prescription, (up to a 30-day supply) Generic Drugs | Member pays a \$10 copay | 50% of the average wholesale price | Member pays a \$10 copay*** | 50% of the average wholesale price*** | Member pays a \$20 copay | 50% of the average wholesale price |
| Brand Name Formulary Drugs | Member pays a \$25 copay | 50% of the average wholesale price | Member pays a \$25 copay*** | 50% of the average wholesale price*** | Member pays 50% | 50% of the average wholesale price |
| Brand Name Nonformulary Drugs | Member pays a \$50 copay | 50% of the average wholesale price | Member pays a \$50 copay*** | 50% of the average wholesale price*** | Member pays 50% | 50% of the average wholesale price |
| Self-Injectables **** | Member pays 30% | Member pays 50% | Member pays 30% | Member pays 50% | Not covered, except insulin | |

BusinessFlexSM

Choice, Affordability & Flexibility

Having affordable health insurance is more important than ever. Selecting the right insurance plans for you and your employees is important too. UniCare can help with BusinessFlex by giving you choices, stability and value.

- Defined Contribution options give you more control over your share of employees' medical and dental premiums
- A variety of plan choices through MemberFlexSM
- The Premium Only Plan (P.O.P.) allows employees to pay their share of benefits with pre-tax dollars and allows you to decrease payroll taxes
- A wide array of life and dental group insurance coverage options
- Discounts on health and wellness products and services through HealthyExtensionsSM
- Phone access to nurse counselors 24/7 by using MedCall[®]

MemberFlexSM

With MemberFlex, you have the ability to offer more than just a single plan option to every employee. You can offer any or all of UniCare's Performance Choice plans, or any or all of the Consumer Choice plans in addition to the HSA compatible medical insurance plans. You can also offer any or all of UniCare's dental insurance plans to your employees. Employees are then able to choose the coverage that is tailored to their specific needs and budget.

MemberFlex is subject to medical underwriting and approval by UniCare.

Pathways

If today's rising health care costs and challenging economic times have prevented you from offering health insurance to your employees, consider Pathways as your next destination. Changes in state law have allowed UniCare to remove certain "mandated" benefits[†] from the Pathways plans, resulting in reduced costs. In turn, UniCare passes these cost savings on to you.

With Pathways, UniCare has made health insurance more affordable than ever. UniCare's Pathways plans offer the flexibility and benefits sought by active employees, providing them with protection to fit their needs and budget.

Defined Contribution Options for the Pathways Advantage Plan

UniCare offers Defined Contribution options to help finance your contribution toward your employees' medical and dental group insurance coverage. You may choose from the following contribution options for medical benefits:

- Defined Contribution Select: Your minimum share of monthly premium is \$30, with increases available in \$5 increments.
- Traditional Contribution: You contribute 50% or more of the total monthly employee premium.

Comprehensive Dental Insurance Coverage

Dental care is an integral part of overall physical and mental wellness. The ability to offer dental care is a vital element in attracting and retaining the best employees. UniCare offers a wide variety of Fee-For-Service and Voluntary dental plan options to provide you and your employees with choice in benefit levels and cost.

For more information on dental coverage options, contact your UniCare agent or refer to UniCare's dental plan brochure.

MemberFlex is not available on the Voluntary Dental Plans. Contributory and Voluntary Dental Plans cannot be combined.

Group Term Life Insurance Options

UniCare Life & Health Insurance Company offers Term Life, AD&D (Accidental Death and Dismemberment) and Supplemental Life insurance for you and your employees and Dependent Life insurance coverage options to help protect you, your employees and their families' financial future.

For more information, contact your UniCare agent or refer to UniCare's BusinessFlex for Groups of 2-99 Employees Sales and Enrollment Guide.

Savings When You Purchase Life and Dental Together

You can save up to 6 percent on your Life and Dental premiums when you purchase \$25,000 or more of Group Life insurance along with most Group Dental insurance plans. Ask your UniCare agent for more information or refer to the BusinessFlex for Groups of 2-99 Employees Sales and Enrollment Guide.

Mail Service Prescription Drugs

In addition to filling your prescriptions at a retail pharmacy, you may opt for the convenience of filling your prescriptions through mail service. One of the advantages of UniCare's mail service prescription drug program is that you can get a 60-day supply of your prescriptions (instead of the 30-day supply at retail pharmacies). Note for all prescriptions, except self-injectables, that your copay will be double that of the retail pharmacy copay (30-day supply) since you are ordering a 60-day supply. Brand name drug deductibles apply for the Performance Choice plans.

[†]The Pathways Health Insurance Plans, either in whole or in part, do not provide some state-mandated health benefits normally required in accident and sickness insurance policies in Texas: For groups of with no more than 50 eligible employees, state-mandated benefits not included are: 1) serious mental illness, 2) oral contraceptives, prescription contraceptive drugs and devices and related services (unless the plan includes maternity benefits), 3) chemical dependency, 4) In Vitro fertilization, and 5) speech and hearing. For groups with more than 50 eligible employees, state-mandated benefits not included are: 1) telemedicine/telehealth, 2) chemical dependency, 3) In Vitro fertilization, and 4) speech and hearing.

This is only a brief description of the 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, refer to the applicable Certificate of Coverage. If there are any conflicts between the Certificate of Coverage and the information in this brochure, the terms of the Certificate of Coverage shall prevail.

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

² Inpatient medical care requires preservice review or authorization or you will be subject to a \$500 penalty. This penalty is waived on emergency admissions; however, utilization review is still required.

³ In addition to preservice review, certain services require authorization to be eligible for maximum benefits. This applies to: organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities, hospice, and treatment of chemical dependency. Failure to obtain authorization may result in a 50% reduction of benefits.

⁴ 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.

⁵ Specified nonemergency 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 Performance Choice 500 Plan.

⁶ Certain prescription drugs including but not limited to self-administered injectable drugs and injectable drugs administered in an outpatient setting may require prior authorization.

* Includes all participating provider office visits combined, except those associated with "Other Preventive Care Services." After 10 visits, deductible and coinsurance applies.

** Includes all office visits combined except those associated with "Other Preventive Care Services." After 4 visits, a \$5,000 deductible and coinsurance applies.

*** Maximum payment by UniCare of \$500 generic, formulary and nonformulary drugs, participating and nonparticipating pharmacies combined.

**** Self-injectable drugs purchased through the mail service participating pharmacy program are paid at the same level as self-injectable drugs purchased through a retail pharmacy.

Overview of Coverage

This matrix reflects UniCare's payment for covered expenses after any deductibles are met, unless otherwise noted.

| Your Plan Features | UniCare HSA Compatible Plan A | | UniCare HSA Compatible Plan B | | UniCare HSA Compatible Plan C | | UniCare HSA Compatible Plan D | |
|--|---|--|---|--|---|--|--|---|
| | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers |
| Lifetime Maximum | \$5,000,000 per member | | \$5,000,000 per member | | \$5,000,000 per member | | \$5,000,000 per member | |
| Annual Deductible per Member Copays do not apply toward satisfying any deductible | \$1,050 (Individual) \$2,100 (Family) | | \$2,600 (Individual) \$5,200 (Family) | | \$5,000 (Individual) \$10,000 (Family) | | \$2,600 (Individual) \$5,200 (Family) | |
| Out-of-Network Deductible | \$2,000 (Individual) \$4,000 (Family) | | \$5,200 (Individual) \$10,400 (Family) | | \$10,000 (Individual) \$20,000 (Family) | | \$5,200 (Individual) \$10,400 (Family) | |
| Annual Out-of-Pocket Maximum Does not include deductibles | \$2,000 per member; \$4,000 per family | \$15,000 per member; \$30,000 per family | \$2,000 per member; \$4,000 per family | \$15,000 per member; \$30,000 per family | Once annual deductible is met member pays nothing | \$15,000 plus deductible per member; \$30,000 plus deductible per family | Once annual deductible is met: Medical: Member pays nothing. Pharmacy: \$2,000 per member, \$4,000 per family | \$15,000 plus deductible per member \$30,000 plus deductible per family |
| Office Visits | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Preventive Care for Adults Office visits and examinations associated with preventive care services below | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Colorectal cancer screening, annual PAP smears, annual mammograms and PSA screenings | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Preventive Care for Babies and Children (to age 6) • Examinations and office visits related to preventive care | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| • Immunizations Groups of 2-50 employees | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Groups of 51-99 employees | 100% with deductible waived | | | | | | 100% | 70% |
| • Lab work/X-rays | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Other Preventive Care Services (age 7 through adult) Routine physical exams, lab, x-rays and immunizations other than indicated above under Preventive Care With a maximum covered expense of \$200 per member, per year, participating and nonparticipating providers combined | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Professional Services Including surgery, anesthesia, radiation therapy, in-hospital doctor visits, and diagnostic x-ray/lab | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Inpatient Hospital Services² | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Inpatient Medical Emergency² | 80% | 80% until transferable to a participating hospital; if stay continues thereafter, 50% of covered expense | 80% | 80% until transferable to a participating hospital; if stay continues thereafter, 50% of covered expense | 100% | 70% until transferable to a participating hospital; if stay continues thereafter, 50% of covered expense | 100% | 100% until transferable to a participating hospital; if stay continues thereafter, 70% of covered expense |
| Outpatient Medical Care^{1, 4} | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Physical/Occupational Therapy, Acupuncture/Acupressure With a maximum of 20 visits per member, per year | Up to \$30 per visit | | Up to \$30 per visit | | Up to \$30 per visit | | Up to \$30 per visit | |
| Ambulatory Surgical Center⁴ | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Ambulance Service With a maximum covered expense of: \$5,000 per trip for air \$1,000 per trip for ground | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Maternity (employee and spouse only) Provided for groups of 15-99; optional for groups of 2-14 | 80% | 50% | 80% | 50% | 100% | 70% | 100% | 70% |
| Prescription Drug Deductible (Brand name only) | Included in plan deductible | | | | | | Included in plan deductible (Once annual deductible is met, pharmacy copays apply until out-of-pocket maximum is met. Then UniCare pays 100%.) | |
| Retail Pharmacy⁶ Per prescription, (up to a 30-day supply) Generic Drugs | Member pays a \$10 copay | 50% of the average wholesale price | Member pays a \$10 copay | 50% of the average wholesale price | Member does not pay anything | 70% of the average wholesale price | Member pays a \$10 copay | 50% of the average wholesale price |
| Brand Name Formulary Drugs | Member pays a \$25 copay | 50% of the average wholesale price | Member pays a \$25 copay | 50% of the average wholesale price | Member does not pay anything | 70% of the average wholesale price | Member pays a \$25 copay | Not available |
| Brand Name Nonformulary Drugs | Member pays a \$50 copay | 50% of the average wholesale price | Member pays a \$50 copay | 50% of the average wholesale price | Member does not pay anything | 70% of the average wholesale price | Member pays a \$50 copay | Not available |
| Self-Injectables ***** | Member pays 20% | Member pays 50% | Member pays 20% | Member pays 50% | Member does not pay anything | Member pays 30% | Member does not pay anything | Member pays 30% |

Defined Contribution Options for the Performance Choice 500, 1000, 2000, and 2500 Plans, Performance Choice Saver 1000, and HSA Compatible Plans A, B, C and D.

UniCare offers Defined Contribution options to help finance your contribution toward your employees medical and dental group insurance coverage. Defined Contribution can allow you to better plan budgets and free up money for growing your business. You can choose from the following contribution options for medical benefits:

- **Defined Contribution 80:** your share of monthly premium is no more than \$80 per covered employee.
- **Defined Contribution 100:** your share of monthly premium is no more than \$100 per covered employee.
- **Defined Contribution Select:** you pay any fixed monthly amount in excess of \$100 per covered employee (increases available in \$5 increments).
- **Traditional Contribution:** you contribute a percentage of 50% or more of the total monthly employee premium.

Note: These options are available when you select any of the above plans with the Pathways Advantage Plan or the entire Pathways suite of plans.

You can also choose financing options for dental benefits:

- **Defined Contribution 15:** your monthly contribution is no more than \$15 per covered employee.
- **Defined Contribution Select:** you pay any fixed monthly amount in excess of \$15 per covered employee (increases available in \$5 increments).
- **Traditional Contribution:** you contribute a percentage of 50% or more of the total monthly employee premium.

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

The Premium Only Plan (P.O.P.) can generate immediate, significant tax savings:

- Reduce FICA, federal, state or local taxes (where applicable), on employees portion of employer-sponsored insurance plan premiums.
- Defray part of the cost of employee premiums with associated tax savings.
- Increase employees' take-home pay.
- Receive P.O.P. for only \$125 per year.

* 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, Inc., which is an independent company which is not affiliated with UniCare, its affiliates, subsidiaries, or parent company.

Health Savings Accounts (HSAs) & UniCare's HSA Compatible Health Insurance Plans

A Health Savings Account (HSA) is an important option that allows you and your employees to save money to pay for qualified medical expenses on a tax-free basis. An HSA must be established separately through an HSA-qualified financial institution and used in conjunction with a qualifying High-Deductible Health Plan (HDHP). The funds in the HSA may then be used to pay for qualified medical expenses not paid through the High-Deductible Health Plan.

UniCare's HSA compatible health insurance plans, coupled with a Health Savings Account, provide premium savings, tax advantages, flexibility and investment opportunities¹. In addition, Defined Contribution from UniCare allows you, the employer, to contribute a specific amount toward your employees' premiums.

Important Information About HSA Compatible Health Insurance Plans

Both employers and employees may contribute to the HSA; however, total contributions may not exceed \$2,700 for individuals and \$5,450 for families. All HSA compatible health insurance plans are required to meet certain federally mandated deductible and out-of-pocket requirements (subject to annual adjustments):

| 2006 Federally Mandated Deductible and Out-of-Pocket Requirements | | |
|---|---------|----------|
| | Single | Family |
| Minimum Deductible | \$1,050 | \$2,100 |
| Maximum Out-of-Pocket | \$5,250 | \$10,500 |

Health and Wellness Programs

Staying healthy is a top priority. When you and your employees become members of the UniCare family, you are automatically part of HealthyExtensionsSM and MedCall[®].

MedCall

UniCare is here for 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 about symptoms, procedures, medications, side effects and diagnoses. They can offer referrals to doctors, medical facilities and local, state and national self-help agencies.

HealthyExtensions

The HealthyExtensions program allows you to take advantage of discounts ranging from 5 to 50 percent on a variety of alternative health care and wellness products and services. Take an active role in shaping a healthy lifestyle.

HealthyExtensions products and services are not insurance benefits under your UniCare plan. The products and services in HealthyExtensions are provided by independent vendors and are not affiliated with UniCare, its affiliates or parent company.

¹ UniCare high-deductible plans are not HSAs. The HSA account, which must be established for tax-advantaged treatment, is a separate arrangement between the individual and a bank or other qualified institution. You must be an eligible individual under IRS regulations to receive the tax benefits of an HSA. The IRS has not yet issued HSA high-deductible health plan regulations or formally determined that UniCare high-deductible plans are qualifying high-deductible health plans. Consultation with a tax advisor is recommended. UniCare does not provide tax or legal advice.



Insurance coverage is underwritten by UniCare Life & Health Insurance Company. ® Registered Mark and SM Service Mark of WellPoint, Inc. © 2005 WellPoint, Inc. 0010003TX 12/05