



ILLINOIS
SHORT-TERM PLANS

Immediate Coverage to Meet the Needs
of Individuals and Families



UNICARE®

A Healthy Dose of Innovation®

UniCare is a WellPoint Company

The UniCare Difference

Who We Are

UniCare® Health Insurance Company of the Midwest (UniCare) is a WellPoint company. WellPoint, Inc. is the largest health benefits company in the nation. WellPoint and its family of companies provide health coverage for over 34 million people. It is the top medical membership carrier in the United States.

What We Deliver

- A nationally recognized insurance carrier with long established reliability and financial security
- An expansive network of independently contracted doctors, hospitals, and surgical centers
- Access to quality professional medical services at UniCare's negotiated discounted fees
- A choice of affordable health insurance plans with coverage levels and pricing capable of meeting your needs, budget and lifestyle

UniCare's Short-Term Health Insurance Plan

This Individual Short-Term (limited duration) health insurance plan with preferred provider (PPO) benefits features a \$2 million per member lifetime maximum in benefits.

This plan offers the immediate coverage you need:

- Between jobs
- After graduation
- While waiting for permanent coverage

The power to choose:

- Coverage from 30 to 180 days
- Any day of the month to begin or end coverage
- Preferred deductible from \$250 to \$2,000

Maximum Coverage Period

You decide how long you need coverage with your UniCare Short-Term Plan. This plan is non-renewable and designed to meet your temporary health insurance needs while you are waiting for permanent coverage.

After your Short-Term Plan expires, you may complete a new application and reapply for a new Short-Term Plan with a new deductible to be satisfied. However, after you have completed two coverage periods of a Short-Term Plan with less than six months lapse in between, you must wait six months to be eligible to apply for another Short-Term Plan.

Eligibility and Enrollment

Pricing is based on a per member, per day rate. Please submit your check for the entire premium with your application.

For faster service, you may also choose to pay by credit card (VISA, MasterCard or Discover) and submit your application via fax. Your coverage will begin once your application has been approved by UniCare.

To qualify for coverage, you must be:

- At least 15 days old and under age 65; and
- A resident of Illinois; and
- A resident of the United States for at least six months.

To qualify for coverage, your dependents must be:

- Your lawful spouse of the opposite sex under age 65;
- Your unmarried child(ren) between the ages of 15 days and 23 years; or
- Your unmarried stepchildren between the ages of 15 days and 23 years; or

- Your unmarried adopted child or a child whom you are in the legal process of adopting; or
- Your unmarried grandchild(ren) between the ages of 15 days and 23 years if they are your dependents for federal income tax purposes at the time of application.

Please note: no dependents or newborns can be added once the plan is issued.

Effective Date of Coverage

Your effective date is determined by the date you choose to start coverage in accordance with the terms of the plan and acceptance by UniCare. Assuming UniCare's acceptance, coverage will take effect at 12:01 a.m. on the date following the U.S. Postal Service postmark date stamped on the envelope or receipt date by UniCare. If you pay by credit card and submit your application via fax, coverage may become effective as early as 12:01 a.m. the next day. If you submit your application by fax, please do not mail your application to UniCare.

What The Plan Covers*

- \$2 million per person lifetime benefit
- Emergency care
- Hospitalization services
- Outpatient services
- Access to any doctor you choose
- Professional services including x-ray, lab, and office visits
- Prescription drugs

*These listings are an overview only. Refer to the Plan Booklet for a more detailed list of benefits, including limitations, exclusions, preservice and utilization review, authorization process and penalties that may apply. Only the actual plan provisions apply. UniCare reserves the right to amend the plan's terms.

Short-Term Plan Overview

This matrix provides a brief description of some of the plan features and reflects UniCare's payment for covered expenses. When you use UniCare independently contracted, participating (in-network) providers, your costs are based on a UniCare

negotiated rate that may often save you money. When you use nonparticipating (out-of-network) 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.

BENEFIT	UNICARE'S SHARE OF COSTS FOR COVERED EXPENSES	
	After You Meet Any Applicable Deductible Per insured; per policy term	
	IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
Deductible¹	\$250, \$500, \$1,000, \$2,000	
Out-of-Pocket Maximum Only payment to in-network providers applies	\$1,000 plus the deductible(s)	
Plan Maximum	\$2 million	
Professional Services Office visits, surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-rays, and lab work	80%	60%
Preventive Care	80%	60%
Preventive/Routine Mammograms Associated office visits not covered	80%	60%
Physical Therapy, Occupational Therapy, Acupuncture/Acupressure	\$30 maximum per visit; combined maximum of 6 visits	
Inpatient Hospital Services Pre-service review required or pay \$500 penalty	80%	60% after additional \$500 deductible per continuing hospital confinement for non-emergency stays
Initial Care of a Medical Emergency Inpatient or Outpatient	80%	80% ²
Outpatient Medical Care Non-emergency outpatient emergency room visits not resulting in inpatient admission will be subject to a \$60 deductible	80%	60%
Ambulance Service Maximum covered expense of \$750 per trip, air or ground	80%	60%
Retail Pharmacy (maximum 30 day supply)³		
Generic Drugs	\$15 copay	50% of the average wholesale price
Brand Name Deductible	\$500 per insured, per policy	
Brand Name Drugs	50%	40% of the average wholesale price
Brand Name Drug Maximum	Maximum \$1,000 benefit; however, UniCare network discount will apply when UniCare ID card used at pharmacy	
Self Injectable Drugs Brand Name Drug deductible and Maximum applies	50%	50% of the average wholesale price

¹All benefits (except prescription drugs) are subject to this deductible.

²Until transferable to a participating hospital, then 50% subject to an additional \$500 deductible per continuing hospital confinement.

³Certain prescription drugs require prior authorization by UniCare.

Limitations and Exclusions

The primary limitations and exclusions for the individual short-term (limited duration) health insurance 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 Plan Booklet. Only the actual terms of the applicable policy will apply.

Limitations

- **Ambulance Services:** Limited to a maximum covered expense of \$750 per trip (air or ground).
- **Home Health:** Limited to a combined maximum of 30 visits per insured, per plan term.
- **Skilled Nursing Facilities:** Limited to a maximum covered expense of \$200 per day, and 50 days per insured, per plan term.
- **Services for Mental, Emotional or Functional Nervous Disorders:** Benefits for eligible treatment are payable up to \$30 per visit up to a maximum of 6 visits per insured, per plan term for in- or outpatient professional charges. Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$2,500 per insured, per plan term. Exception: Inpatient treatment of alcoholism is payable as any other medical condition.
- **Physical and Occupational Therapy/Medicine, and Acupuncture:** Benefits are payable up to \$30 per visit with a combined total maximum of 6 visits per insured, per plan term.
- **Hospice:** Limited to a lifetime maximum of \$5000 per insured.
- **Diabetes:** Covered expenses for diabetes equipment and diabetes supplies are subject to a maximum payment of \$500 per insured.

- **Brand Name Prescription Drugs:** Limited to a maximum payment of \$1000 for brand name prescription drugs per insured per policy term. Includes participating and nonparticipating retail pharmacies combined.

Exclusions

- **Surgical procedures for sterilization** (i.e., vasectomy, and/or tubal ligations).
- Any amount in excess of maximum amount of covered expenses.
- Services not specifically listed in the plan as covered services.
- Services or supplies that are not medically necessary as defined by UniCare.
- Services or supplies that are experimental or investigative.
- Services received before the effective date of coverage or during an inpatient stay that began before that effective date.
- Conditions covered by workers' compensation or similar laws.
- 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 for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if you do not claim those benefits.
- Any intentionally self-inflicted injury or illness.
- Conditions caused by or contributed by (a) an act of war, (b) the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy, (c) an insured person participating in the military service of any country, (d) an insured person participating in an

EXCLUSIONS *continued*

insurrection, rebellion, or riot, (e) services received for any condition caused by an insured person's commission of, or attempt to commit a felony, (f) an insured person, age 19 or older, being under the influence of illegal narcotics or non-prescribed controlled substances unless administered on the advice of a physician.

- Any services to the extent that you receive Medicare under parts A or B, regardless of actual enrollment in Medicare or payment by Medicare for those services.
- Professional services received or supplies purchased from yourself, a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption, or the insured person's employer.
- Inpatient or outpatient services of a private duty nurse.
- Inpatient room and board charges in connection with a hospital stay primarily for environmental change, physical therapy or treatment of chronic pain; custodial care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Treatment of drug, alcohol, or other substance addiction or abuse.
- Dental services, including dental services and dental implants.
- Orthodontic Services.
- Hearing aids.
- Routine hearing tests except as provided under 'Well Baby and Well Child Care.'
- Optometric services and eye surgery to correct refractive defects.
- Any drugs (including, but not limited to drug samples), medications, or other substances dispensed or administered in any outpatient setting unless otherwise covered by the plan.
- Cosmetic surgery except for medically necessary reconstructive surgery.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex change.
- Treatment of sexual dysfunction, impotence and/or inadequacy.
- All services related to the evaluation or treatment of fertility and/or infertility including all tests, consultations, examinations, evaluations, medications, medical laboratory, devices, prescription drugs, or surgical procedures.
- All non-prescription contraceptive drugs, devices and supplies, and non-FDA approved prescription contraceptive drugs, devices and supplies.
- Prescription contraceptive drugs or devices are covered under the prescription drug benefit of this plan.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes or shoe inserts, including orthotics (except when joined to braces or therapeutic footwear for the prevention of complications associated with diabetes).
- Services primarily for weight reduction or treatment of obesity including morbid obesity or any care which involves weight reduction as a main method for treatment.
- Routine physical exams or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority.

EXCLUSIONS *continued*

- Charges by a provider for telephone consultations.
- Items which are furnished primarily for your personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
- Nutritional counseling or food supplements, except for formulas necessary for the treatment of phenylketonuria and medical nutrition care for diabetes.
- Any services received if they are related to a pre-existing condition.
- All Foreign Country Provider charges are excluded under this plan except as specifically stated in the plan.
- Growth hormone treatment.
- Routine foot care.
- Charges for which we are unable to determine our liability because you or an insured person failed, within 60 days, or as soon as reasonably possible to: (a) authorize us to receive all the medical records and information we requested or; (b) provide us with information we requested regarding the circumstances of the claim.
- Charges for normal pregnancy or maternity care, except for services due to complications of pregnancy.
- Charges for animal to human organ transplants.
- Smoking cessation programs and medications.
- Services for which a third party may be liable or legally responsible to pay.

Waiting Periods

An insured person must be covered by the plan for six consecutive months to be eligible for benefits for all services, including but not limited to all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures, that are related to the evaluation or treatment of:

- Hernia (except for strangulated or incarcerated)
- Varicose veins

Pre-Existing Conditions

Coverage will not be provided for medical conditions that existed in the 12 months prior to the effective date.

Grievances

All complaints and disputes relating to your coverage must be resolved in accordance with UniCare's grievance procedure.

Grievances may be made by telephone or in writing; the phone number and address are located on your UniCare ID card.

All grievances received by UniCare will be answered in writing, together with a description of how UniCare proposes to resolve the grievance.

Additional Information

Please contact your agent for information about permanent individual coverage options. Approved and enrolled Short-Term Plan members will receive a UniCare subscriber identification (ID) card and a Plan booklet. The Plan booklet gives a comprehensive description of what is covered and what is not covered.

Before you sign an application for coverage ask your Agent how to use ProviderFinder at www.unicare.com to determine which doctors in your area are Participating Providers.



For More Information

Members

For more information regarding the rates for the UniCare Short Term policy, please contact your UniCare Agent or visit www.unicare.com.

Agents

For more information regarding the rates for the UniCare Short Term policy, please visit the Agent Web site at www.unicare.com. Specific rates will be listed by area, age, and contract type.



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