

MICHIGAN

INDIVIDUAL AND FAMILY

Health, Dental and Life Insurance Plans

Summary of Benefits

All plans contain a \$5,000,000 per member lifetime maximum in benefits.¹ (See page 8 for a more detailed look at UniCare Life and Health Insurance Company's (UniCare's) Individual and Family Insurance plans.)

| Plan Features | Amounts shown below are UniCare's payment for covered expenses after any deductibles are met. | | | | |
|--|---|---------------------------------------|--|--|--|
| | UniCare 500 | UniCare 1000 | UniCare 1500 or 2000 | UniCare 3000 or 5000 | UniCare Saver 2000 |
| Annual Deductible Per Member | \$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 |
| Annual Out-of-Pocket Maximum Participating provider | \$3,000 plus deductible per member, \$6,000 plus deductible per family | | | | |
| Nonparticipating provider | \$10,000 plus deductible per member \$20,000 plus deductible per family | | | | |
| Office visits Participating provider | \$30 copay, unlimited visits | | \$30 copay, unlimited visits | | Limited to 2 office visits per member, per year, participating and nonparticipating providers combined: UniCare pays 100% after you pay a \$30 copay (deductible waived) |
| Nonparticipating provider | 50% | | | | Limited to 2 office visits per member, per year, participating and nonparticipating providers combined: UniCare pays 50% (deductible waived) |
| Lab Work and X-rays Participating provider | 80% | | 70% | | 70% with a maximum payment of \$300 per member, per year (deductible waived) |
| Nonparticipating provider | 50% | | | | 50% with a maximum payment of \$300 per member, per year (deductible waived) |
| Inpatient Hospital Services | 80% | | 70% | | |
| Nonparticipating provider | 50%, less a \$500 deductible for nonemergency stays | | | | |
| Prescription Drugs - Generic Per prescription (Up to a 30-day supply. See inside for brand name drugs.) Participating retail pharmacy | Generic Drugs: UniCare pays 100% after you pay a \$10 copay | | | | Generic drugs: UniCare pays 100% after you pay a \$10 copay; up to a maximum benefit of \$500 per member, per year |
| Nonparticipating retail pharmacy | Generic Drugs: UniCare pays 50% of the average wholesale price | | | | Generic drugs: UniCare pays 50% of the average wholesale price; up to a maximum benefit of \$500 per member, per year |

¹See the applicable Plan Booklet for a complete list of coverage, conditions, limitations and exclusions.

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

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UniCare, a Partner You Can Rely On

UniCare Life & Health Insurance Company (UniCare) 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 WellPoint company. WellPoint, Inc., is the nation's largest health benefits company. UniCare and other WellPoint companies serve the health care needs of 28 million medical members nationwide.

Protect What's Important

How are you covered?

- Access to emergency care, routine health care services and most other medical needs
- Preventive programs and services to promote good health

- Protection against severe financial loss in the event of serious illness or injury
- 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.

*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 for a member in Michigan. (In this case, \$3,415 represents 20% of negotiated fees for services plus \$1,000 deductible.) For specific costs and further details of coverage (including exclusions, any reductions or limitations and the terms under which the policy may be continued in force), see your agent or write to UniCare. Actual costs may vary based on providers, rates and location.

With Insurance* You Pay

- \$1,967 - Hospital charges
- \$422 - Physician charges
- \$26 - Follow-up care

You pay a total of
\$3,415



Without Insurance You Pay

- \$14,900 - Hospital charges
- \$3,200 - Physician charges
- \$200 - Follow-up care

You pay a total of
\$18,300



Choose a Health Insurance Plan That Works for You

Which Insurance Plan is Best for You?

With UniCare, you are in charge of your health insurance choices. Selecting the right insurance plans for you and your family is a matter of balancing your needs, primarily in these four areas:

- **Price** — What are the monthly premiums for each plan? What can you afford?
- **Features** — What health care services does each plan cover?
- **Cost-sharing** — What should be your share of the cost for these services?
- **Access** — Is it important to you to see any doctor you want? Or are you willing to trade that flexibility for savings?

The insurance plan you select may be dependent upon the amount of premium you are willing to pay each month. 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.
- The insurance plan pays a larger portion of the cost for covered services.
- Deductibles and coinsurance maximums are more favorable to you.

UniCare provides you with a wide range of premiums to choose from. But premium is just one part of your insurance plan's overall cost.

Other elements you should consider are the annual plan deductible, copayments and coinsurance. These are your share of costs — up to the annual maximum.

You will have peace-of-mind knowing that UniCare plans will pay 100% of in-network covered costs after you pay your annual deductible plus an annual out-of-pocket maximum¹ share of medical costs of \$3,000 per person (when only in-network providers are used). This financial safety net applies up to two people per family² and is \$5 million per person in a lifetime.

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, plus your deductible, in any one calendar year before the plan pays 100% of your covered costs for most services.

Copayment

The dollar amount you pay to your provider for his or her services. The copayment does not count toward the annual deductible, but does count toward your annual out-of-pocket maximum.

Coinsurance

The percentage of covered expenses paid by you and UniCare.

¹The out-of-pocket maximum does not include any prescription drug copays, penalties, or deductible amount.

²Family members must be covered under the same plan.

FamilyFlex[®]

Customize Your Family Coverage

With UniCare's FamilyFlex, you have the ability to choose different health insurance plans for each member of your family while you apply on one application. You can select a higher deductible, lower premium plan for the member of your family who may need only basic health care insurance coverage. At the same time, you may 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 coverage, you can get the protection you need at a price you can afford. Each family member who selects a different medical insurance plan must independently satisfy the annual deductible and out-of-pocket maximum (participating and nonparticipating) for the plan he or she selects.

Access to Quality Care at Discounted Fees

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

- Independently contracted network doctors have agreed to accept lower, negotiated rates for most services, what we like to call “The UniCare Advantage.”
- You pay a lower percentage of the provider’s rate when you use in-network providers. Since in-network providers accept our negotiated rates, 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, and you’re also responsible for whatever amount the doctor charges over and above the reasonable charges. Consider the example using the UniCare 1000 Plan.

Before you choose a doctor, be sure to check the Provider Finder on the UniCare Web site at www.unicare.com or refer to the UniCare provider directory to determine which providers in your area are participating providers. Ask your agent to provide you with a UniCare provider directory before you sign an application for coverage.

Example using the UniCare 1000 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 |
| You pay only | \$130 |

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

| 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 |
| You pay a total of | \$675 |

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

MedCall®

24/7 Telephone Access to Health Care Professionals

You have access to nurse counselors 24 hours a day, seven days a week who can provide you with medical information whenever you need it. At no additional cost to you, this telephone hotline provides answers to many health questions about:

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

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

HealthyExtensionsSM

The Key to a Healthy Life

HealthyExtensions is an innovative program that gives you discounts on health and wellness products and services.

As a UniCare member, you can take advantage of discounts up to 50 percent on a variety of alternative health care and wellness products and services offered by independent vendors.*

Examples of products and services that 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

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 a 30-day supply at retail pharmacies). Note that your copay will be double that of the retail pharmacy copay (30-day supply) since you are ordering a 60-day supply.

*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 Life & Health Insurance Company, its affiliates, subsidiaries, or parent company.

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 of 10 to 50 percent are available for eye exams, frames, lenses and contacts at participating providers.

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

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

In addition, LASIK vision correction surgery is available to you at significant savings through TruVision™ and Cole Managed Vision.

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 Michigan? The Travel Access program helps you take advantage of your health plan benefits while traveling outside of your local independently contracted provider network, but within the continental United States. After all, you and your family deserve the same great benefits when you travel.

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

All you have to do is call your Travel Access representative, should a medical need arise, and you will be provided with the name, address and phone number of an independently contracted network provider or providers in the immediate area in which you are traveling that can help address your health concern. It's that simple.

Individual and Family Medical Plan Comparison*

All plans contain 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 payment for covered expenses after any deductibles are met.

When you use UniCare independently contracted participating (in-network) providers, your costs are based on a specially negotiated rate for UniCare that may often save you money. When you use non-participating (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.

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.

The amount of benefits provided depends upon the plan selected. Your premium will vary with the amount of the benefits selected.

*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, the preauthorization process, additional deductibles, and penalties that may apply, please refer to the applicable plan booklet. If there are any conflicts between the terms of the plan booklet and the information in this brochure, the terms of the Plan Booklet will prevail.

¹ Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. Please refer to page 16 for specific penalty information.

² Emergency room visits that do not result in inpatient admissions will be subject to a \$60 penalty.

| Amounts shown below are UniCare's payment for covered expenses after any deductibles are met, unless otherwise noted. | | |
|--|---|--|
| Your Plan Features | UniCare 500 | |
| | Participating Providers | Nonparticipating Providers |
| Annual Deductible Per Member | \$500, two-member family maximum | |
| Annual Out-of-Pocket Maximum (includes copays, except pharmacy copays) | \$3,000 plus deductible per member; \$6,000 plus deductible per family | \$10,000 plus deductible per member \$20,000 plus deductible per family |
| Lifetime Maximum | Lifetime maximum is \$5,000,000 per member | |
| Office Visits All medical office visits and exams for any covered illness or injury. Office visits associated with preventive care for babies and children (through age 6). Office visits associated with a routine Pap smear, annual mammogram, or PSA screening. | \$30 copay, unlimited visits (deductible waived) | 50% |
| Preventive Care Immunizations for Babies and Children (through age 6) | 80% | 50% |
| Adult Preventive Care: Lab/x-ray for a routine Pap smear, annual mammogram, or PSA screening | 80% | 50% |
| Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests | 80% | 50% With a maximum covered expense of \$200 per member, per year |
| Professional Services Including surgery, anesthesia, radiation therapy, and in-hospital doctor visits | 80% | 50% |
| Lab Work and X-rays | 80% | 50% |
| Inpatient Hospital Services¹ | 80% | 50%, less a \$500 deductible for nonemergency stays |
| Outpatient Medical Care^{1, 2} | 80% | 50% |
| Physical/Occupational Therapy and Acupuncture/Acupressure | \$30 maximum per visit up to a combined total of 20 visits per year for all these services ³ | |
| Ambulatory Surgical Center¹ | 80% | 50% |
| Ambulance Service With a maximum covered expense of \$1,000 per trip for ground, \$5,000 per trip for air | 80% | 50% |
| Durable Medical Equipment | 80% | 50% |
| Initial Care of a Medical Emergency Inpatient or outpatient ^{1, 2} | 80% | 80% |
| Prescription Drugs⁴ Retail Pharmacies Per prescription, up to a 30-day supply. | Generic Drugs: You pay a \$10 copay Brand name drugs are subject to a separate \$50 deductible per member, per year Brand Name Formulary Drugs: You pay a \$30 copay Brand Name Nonformulary Drugs: You pay a \$50 copay Self-Administered Injectable Drugs: You pay 20% | Generic Drugs: UniCare pays a 50% of the average wholesale price Brand name drugs are subject to a separate \$50 deductible per member, per year Brand Name and Self-Administered Injectable Drugs: UniCare pays 50% of the average wholesale price |

Amounts shown below are UniCare's payment for covered expenses after any deductibles are met, unless otherwise noted.

| Your Plan Features | UniCare 1000 | | UniCare 1500 | | UniCare 2000 | |
|--|--|---|--|---|--|---|
| | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers |
| Annual Deductible Per Member | \$1,000, two-member family maximum | | \$1,500, two-member family maximum | | \$2,000, two-member family maximum | |
| Annual Out-of-Pocket Maximum | \$3,000 plus deductible per member; \$6,000 plus deductible per family | \$10,000 plus deductible per member \$20,000 plus deductible per family | \$3,000 plus deductible per member; \$6,000 plus deductible per family | \$10,000 plus deductible per member \$20,000 plus deductible per family | \$3,000 plus deductible per member; \$6,000 plus deductible per family | \$10,000 plus deductible per member \$20,000 plus deductible per family |
| Lifetime Maximum | Lifetime maximum is \$5,000,000 per member | | | | | |
| Office Visits All medical office visits and exams for any covered illness or injury. Office visits associated with preventive care for babies and children (through age 6). Office visits associated with a routine Pap smear, annual mammogram, or PSA screening. | \$30 copay, unlimited visits (deductible waived) | 50% | \$30 copay, unlimited visits (deductible waived) | 50% | \$30 copay, unlimited visits (deductible waived) | 50% |
| Preventive Care Immunizations for Babies and Children (through age 6) | 80% | 50% | 70% | 50% | 70% | 50% |
| Adult Preventive Care: Lab/x-ray for a routine Pap smear, annual mammogram, or PSA screening | 80% | 50% | 70% | 50% | 70% | 50% |
| Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests | 80% | 50% | 70% | 50% | 70% | 50% |
| | With a maximum covered expense of \$200 per member, per year | | With a maximum covered expense of \$200 per member, per year | | With a maximum covered expense of \$200 per member, per year | |
| Professional Services Including surgery, anesthesia, radiation therapy, and in-hospital doctor visits | 80% | 50% | 70% | 50% | 70% | 50% |
| Lab Work and X-rays | 80% | 50% | 70% | 50% | 70% | 50% |
| Inpatient Hospital Services¹ | 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 |
| Outpatient Medical Care^{1,2} | 80% | 50% | 70% | 50% | 70% | 50% |
| Physical/Occupational Therapy and Acupuncture/Acupressure | \$30 maximum per visit up to a combined total of 20 visits per year for all these services ³ | | \$30 maximum per visit up to a combined total of 20 visits per year for all these services ³ | | \$30 maximum per visit up to a combined total of 20 visits per year for all these services ³ | |
| Ambulatory Surgical Center¹ | 80% | 50% | 70% | 50% | 70% | 50% |
| Ambulance Service With a maximum covered expense of \$1,000 per trip for ground, \$5,000 per trip for air | 80% | 50% | 70% | 50% | 70% | 50% |
| Durable Medical Equipment | 80% | 50% | 70% | 50% | 70% | 50% |
| Initial Care of a Medical Emergency Inpatient or outpatient ^{1,2} | 80% | 80% | 70% | 70% | 70% | 70% |
| Prescription Drugs⁴ Retail Pharmacies Per prescription, up to a 30-day supply. | Generic Drugs: You pay a \$10 copay Brand name drugs are subject to a separate \$100 deductible per member, per year Brand Name Formulary Drugs: You pay a \$30 copay Brand Name Nonformulary Drugs: You pay a \$50 copay Self-Administered Injectable Drugs: You pay 20% | Generic Drugs: UniCare pays a 50% of the average wholesale price Brand name drugs are subject to a separate \$100 deductible per member, per year Brand Name and Self-Administered Injectable Drugs: UniCare pays 50% of the average wholesale price | Generic Drugs: You pay a \$10 copay Brand name drugs are subject to a separate \$150 deductible per member, per year Brand Name Formulary Drugs: You pay a \$30 copay Brand Name Nonformulary Drugs: You pay a \$50 copay Self-Administered Injectable Drugs: You pay 30% | Generic Drugs: UniCare pays a 50% of the average wholesale price Brand name drugs are subject to a separate \$150 deductible per member, per year Brand Name and Self-Administered Injectable Drugs: UniCare pays 50% of the average wholesale price | Generic Drugs: You pay a \$10 copay Brand name drugs are subject to a separate \$200 deductible per member, per year Brand Name Formulary Drugs: You pay a \$30 copay Brand Name Nonformulary Drugs: You pay a \$50 copay Self-Administered Injectable Drugs: You pay 30% | Generic Drugs: UniCare pays a 50% of the average wholesale price Brand name drugs are subject to a separate \$200 deductible per member, per year Brand Name and Self-Administered Injectable Drugs: UniCare pays 50% of the average wholesale price |

³ Additional visits for physical/occupational therapy may be covered following inpatient hospitalization for spinal injury or stroke, with prior authorization from UniCare.

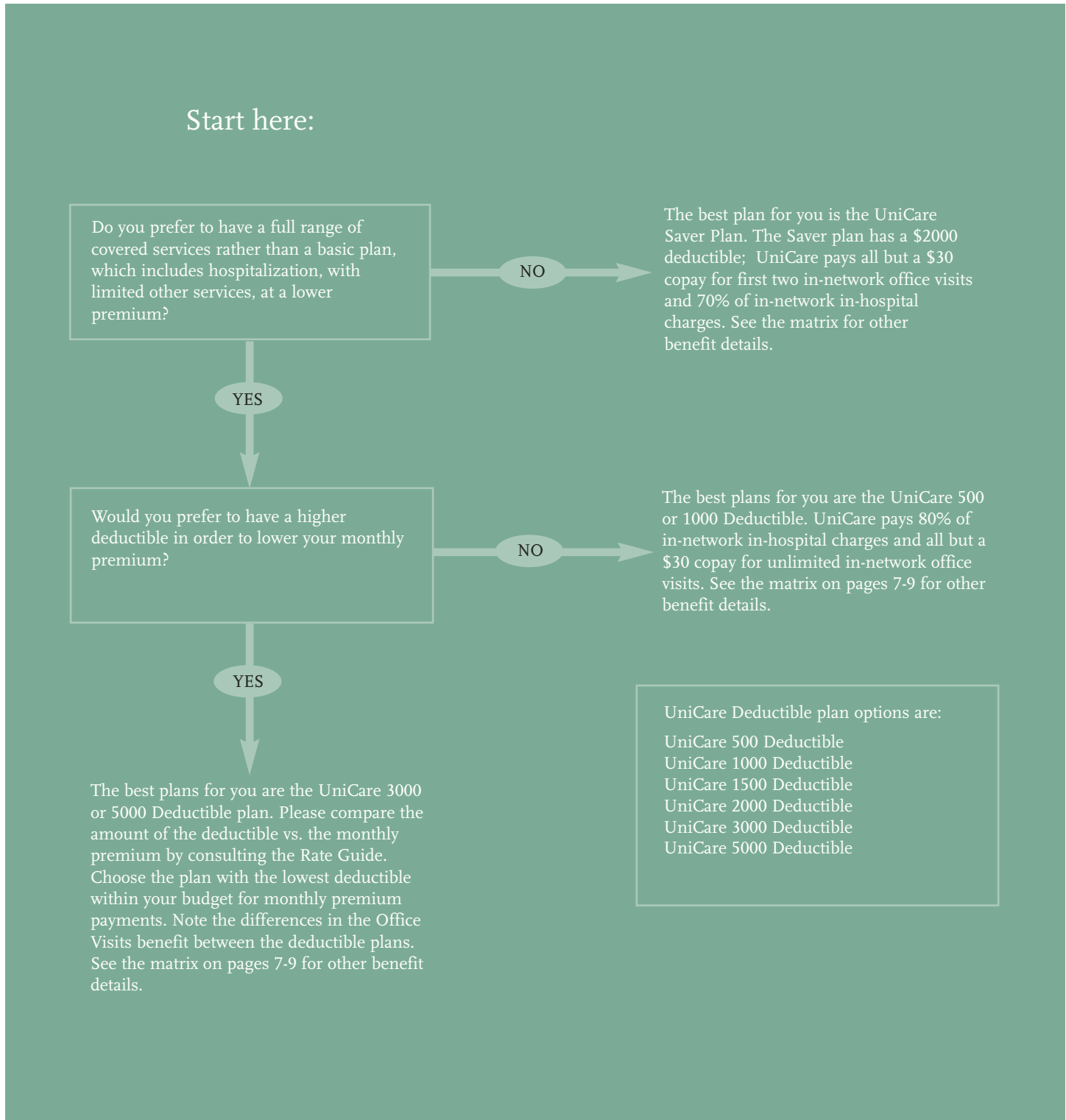
⁴ Certain prescription drugs may require prior authorization by UniCare.

Amounts shown below are UniCare's payment for covered expenses after any deductibles are met, unless otherwise noted.

| Your Plan Features | UniCare 3000 | | UniCare 5000 | | UniCare Saver 2000 | |
|--|--|---|--|---|--|--|
| | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers | Participating Providers | Nonparticipating Providers |
| Annual Deductible Per Member | \$3,000, two-member family maximum | | \$5,000, two-member family maximum | | \$2,000, two-member family maximum | |
| Annual Out-of-Pocket Maximum | \$3,000 plus deductible per member; \$6,000 plus deductible per family | \$10,000 plus deductible per member \$20,000 plus deductible per family | \$3,000 plus deductible per member; \$6,000 plus deductible per family | \$10,000 plus deductible per member \$20,000 plus deductible per family | \$3,000 plus deductible per member; \$6,000 plus deductible per family | \$10,000 plus deductible per member \$20,000 plus deductible per family |
| Lifetime Maximum | Lifetime maximum is \$5,000,000 per member | | Lifetime maximum is \$5,000,000 per member | | Lifetime maximum is \$5,000,000 per member | |
| Office Visits All medical office visits and exams for any covered illness or injury. Office visits associated with preventive care for babies and children (through age 6). Office visits associated with a routine Pap smear, annual mammogram, or PSA screening. | \$30 copay, unlimited visits (deductible waived) | 50% | \$30 copay, unlimited visits (deductible waived) | 50% | Limited to 2 office visits per member, per year UniCare pays 100% after you pay a \$30 copay (deductible waived) UniCare pays 50% (deductible waived) | |
| Preventive Care Immunizations for Babies and Children (through age 6) | 70% | 50% | 70% | 50% | 70% | 50% |
| Adult Preventive Care: Lab/x-ray for a routine Pap smear, annual mammogram, or PSA screening | 70% | 50% | 70% | 50% | 70% | 50% |
| Other Routine Care Services not outlined above, such as flu shots or routine physical exams/tests. | 70% | 50% | 70% | 50% | Not covered | |
| | With a maximum covered expense of \$200 per member, per year | | With a maximum covered expense of \$200 per member, per year | | | |
| Professional Services Including surgery, anesthesia, radiation therapy, and in-hospital doctor visits | 70% | 50% | 70% | 50% | 70% | 50% |
| Lab Work and X-rays | 70% | 50% | 70% | 50% | 70% | 50% |
| | | | | | With a maximum payment of \$300 per member, per year with deductible waived | |
| Inpatient Hospital Services¹ | 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 |
| Outpatient Medical Care^{1,2} | 70% | 50% | 70% | 50% | 70% | 50% |
| Physical/Occupational Therapy and Acupuncture/Acupressure | \$30 maximum per visit up to a combined total of 20 visits per year for all these services ³ | | \$30 maximum per visit up to a combined total of 20 visits per year for all these services ³ | | Not covered | |
| Ambulatory Surgical Center¹ | 70% | 50% | 70% | 50% | 70% | 50% |
| Ambulance Service With a maximum covered expense of \$1,000 per trip for ground, \$5,000 per trip for air | 70% | 50% | 70% | 50% | 70% | 50% |
| Durable Medical Equipment | 70% | 50% | 70% | 50% | Not covered | |
| Initial Care of a Medical Emergency Inpatient or outpatient ^{1,2} | 70% | 70% | 70% | 70% | 70% | 70% |
| Prescription Drugs⁴ Retail Pharmacies Per prescription, up to a 30-day supply. | Generic Drugs: You pay a \$10 copay Brand name drugs are subject to a separate \$300 deductible per member, per year Brand Name Formulary Drugs: You pay a \$30 copay Brand Name Nonformulary Drugs: You pay a \$50 copay Self-Administered Injectable Drugs: You pay 30% | Generic Drugs: UniCare pays a 50% of the average wholesale price Brand name drugs are subject to a separate \$300 deductible per member, per year Brand Name and Self-Administered Injectable Drugs: UniCare pays 50% of the average wholesale price | Generic Drugs: You pay a \$10 copay Brand name drugs are subject to a separate \$500 deductible per member, per year Brand Name Formulary Drugs: You pay a \$30 copay Brand Name Nonformulary Drugs: You pay a \$50 copay Self-Administered Injectable Drugs: You pay 30% | Generic Drugs: UniCare pays a 50% of the average wholesale price Brand name drugs are subject to a separate \$500 deductible per member, per year Brand Name and Self-Administered Injectable Drugs: UniCare pays 50% of the average wholesale price | UniCare pays a maximum of \$500 per member, per year. Includes generic and brand, retail and mail service combined. Generic Drugs: You pay a \$10 copay Brand name drugs are subject to a separate \$200 deductible per member, per year Brand Name Formulary Drugs: You pay a \$30 copay Brand Name Nonformulary Drugs: You pay a \$50 copay Self-Administered Injectable Drugs: You pay 30% Generic Drugs: UniCare pays 50% of the average wholesale price Brand name drugs are subject to a separate \$200 deductible per member, per year Brand Name and Self-Administered Injectable Drugs: UniCare pays 50% of the average wholesale price | |

UniCare Individual & Family Insurance 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 in the square boxes. Your answers will help you in selecting the plan that best fits your unique needs and budget.



Please call your agent or **UniCare Customer Service at (800) 564-0938** to answer any questions about UniCare health insurance plans.

Individual Term Life Insurance

Is Your Family Prepared for the Unexpected?

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 exams¹
- 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 |

¹Issuance of the Term Life insurance policy will depend on answers to health questionnaires contained in the enrollment application.

*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 May 2005. 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 Dental PPO Plan Coverage

Keep Your Teeth Healthy and Your Smile Bright

An affordable dental insurance plan that provides coverage for regular dental care is important to your overall health. Research continues to establish links between periodontal disease and serious health conditions including heart disease, stroke, osteoporosis, low birth weight pregnancy, diabetes and respiratory infection¹. With UniCare, you have:

- Access to quality care;
- Wide range of dental services;
- No waiting period for preventive diagnostic, and basic care
- Freedom to choose any dentist;
- Additional savings for visiting an independently contracted dentist; and
- A yearly \$50 deductible per person waived for preventive and diagnostic services when you use a contracting dentist. (Maximum of three deductibles).

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 dentist², 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.

| Contracting Dentist | |
|---|--------------------|
| If the billed charges are | \$761 |
| And UniCare's negotiated rate is | \$430 |
| UniCare will pay the amount specified in the benefit schedule | \$215 ² |
| Therefore, you pay the difference between the negotiated amount and what UniCare pays | \$215 |

| Noncontracting Dentist | |
|---|-------|
| If the billed charges are | \$761 |
| UniCare will pay the amount specified in the benefit schedule | \$177 |
| Therefore, you pay the difference between the billed amount and the scheduled benefit | \$584 |

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 or call UniCare Dental Services toll-free at (888) 209-7852. If you would like your dentist to become a contracted dentist, please contact us at (800) 262-4496 or send an e-mail to dentist.referral@wellpoint.com.

¹ Oral Health in America: A Report of the Surgeon General, May 25, 2000.

² 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.

³ This example is for Detroit, Michigan, ZIP code 48225 for CDT D2750 and assumes any deductible has been met and you have not reached your annual maximum.

Dental Benefit Schedules

When using a contracting dentist, the plan will pay a percentage of the negotiated rate for that provider.

The following dental schedule shows a brief overview of benefits available to you. The insurance plan 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.

EXAMPLE: My contracting dentist charges \$35 for a routine cleaning. The dental benefit for a cleaning is 100%, so I will pay \$0 to have my teeth cleaned.

| Preventive & Diagnostic Care ³ — Coverage begins upon approval of your application. | | |
|--|---------------------|------------------------|
| Procedure | Contracting Dentist | Noncontracting Dentist |
| Periodic Oral Exam, limited to 2 per member, per year | 100% | \$15 |
| Bitewing X-rays – 1 film ⁴ | 100% | \$8 |
| Bitewing X-rays – 2 films ⁴ | 100% | \$13 |
| Single (periapical) X-rays – first film ⁴ | 100% | \$8 |
| Single X-rays – additional films ⁴ | 100% | \$6 |
| Bitewing X-rays – 4 films ⁴ | 100% | \$19 |
| Full mouth X-rays, limited to 1 set every 5 years ⁴ | 100% | \$42 |
| Routine cleaning, limited to 2 per adult per year ⁵ | 100% | \$29 |
| Routine cleaning, limited to 2 per child per year ⁶ | 100% | \$20 |
| Cleaning with fluoride, limited to 2 per child per year ⁶ | 100% | \$30 |
| Topical fluoride only, limited to 2 per child per year ⁶ | 100% | \$11 |

| Basic Dental Care ³ | | |
|--|---------------------|------------------------|
| Procedure | Contracting Dentist | Noncontracting Dentist |
| Filling – 1 surface / 2 surfaces / 3 surfaces / 4 or more surfaces | 80% | \$32/\$40/\$48/\$58 |
| Extraction – erupted tooth or root | 80% | \$37 |

| Major Dental Care ³ — Coverage begins after the plan has been in effect for 12 continuous months. | | |
|--|---------------------|------------------------|
| Procedure | Contracting Dentist | Noncontracting Dentist |
| Surgical removal of erupted tooth | 50% | \$42 |
| Removal of impacted tooth – soft tissue / partial bony / complete bony | 50% | \$50/\$63/\$73 |
| Scaling/root planning, 4 or more teeth per quadrant | 50% | \$41 |
| Gingivectomy – 1 to 3 teeth per quadrant / 4 or more contiguous teeth per quadrant | 50% | \$31/\$100 |
| Root canal – 1 canal / 2 canals / 3 canals | 50% | \$119/\$141/\$177 |
| Crown Porcelain fused to high noble metal | 50% | \$177 |
| Stainless steel crown – primary | 50% | \$40 |
| Pontic – Porcelain fused to high noble metal | 50% | \$175 |
| Complete denture (upper or lower) | 50% | \$208 |
| Partial denture (upper/lower) | 50% | \$280/\$277 |
| Reline complete denture (chairside) upper/lower | 50% | \$50/\$47 |
| Reline complete denture (laboratory) upper or lower | 50% | \$65 |

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

⁴Total benefit for single and bitewing X-rays not to exceed cost of full mouth.

⁵Adult – Any person or dependent 19 years or older covered by this plan.

⁶Child – Any person or dependent 18 years or younger covered by this plan.

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

Who's Eligible for the UniCare PPO Dental Plan

To be eligible for enrollment, you must be:

- a resident of the state of Michigan who properly applies for coverage and is accepted by UniCare
- a resident of the United States for at least six months, age 64^{1/2} or younger
- the applicant's lawful spouse of the opposite sex, age 64^{1/2} or younger
- the applicant's unmarried child or stepchild who has not yet reached age 19
- the applicant's unmarried child or stepchild who is a full-time student (12 units per term) and age 19-22
- not enrolled under any other UniCare individual or group dental plan

| UniCare Individual Dental PPO Plan Monthly Rates* | |
|--|----------|
| One adult | \$37.19 |
| Two adults | \$74.39 |
| Adult with 1 child | \$61.56 |
| Adult with 2 children | \$85.93 |
| Adult with 3+ children | \$122.47 |
| Family (1 child) | \$98.75 |
| Family (2 children) | \$123.12 |
| Family (3+ children) | \$159.67 |
| One child | \$24.37 |
| Two children | \$48.73 |
| Three+ children | \$85.28 |

*Rates are current as of March 2005. 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.

Terms of Coverage

Coverage under the health insurance plan will remain in force at the option of the policyholder. Coverage will cease in the following situations: when the required premiums are not paid on time; when you move out of the state; when the spouse or dependent become ineligible due to divorce or a change in dependent status, or in the case of fraud, intentional misrepresentation of material fact, or if UniCare no longer offers plans of this type or if we cease offering any individual plans in Michigan to all insureds in your class. In the case of divorce and over-age dependents, UniCare will offer a similar plan.

Rates are based on the age of the applicant or spouse, whoever is older, and the residence address. Rates are recalculated at each billing period based on age and the residence address. Any initial rate guarantees offered under these plans do not include age-banded or area rate changes. UniCare may change the premiums of this plan with prior 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 benefit 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 Plan Booklet arrives, you have 10 full days to examine and either accept or decline coverage by returning the Plan Booklet. After 10 days, you may cancel by giving UniCare written notice. Upon the receipt date of the notice or on a later date specified in the notice, UniCare shall cancel and promptly refund the excess of paid premium.

Facts About Your UniCare Plan

Waiting Periods

An insured person must be covered by one of these UniCare insurance plans for six consecutive months to be eligible for the following procedures:

- Hernia except for strangulated or incarcerated hernia
- Sterilization
- Sclerotherapy
- Hemorrhoidectomy
- Tonsillectomy or adenoidectomy

This includes, but is not limited to, all related tests, consultations, examinations, medications, and invasive medical, laboratory or surgical procedures.

Pre-existing Conditions

For medical conditions that existed 6 months prior to the effective date of your coverage, there will be no coverage for such conditions for 12 months after the effective date of your coverage.

A pre-existing condition is a disease or physical condition for which medical advice, diagnosis, care or treatment was recommended or received by the Insured Person during the six months before the Effective Date of the Insured Person's coverage.

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 is performed before services are provided. All inpatient medical care requires preservice review or you will be subject to a \$500 penalty per continuing hospital confinement. All surgical services of an ambulatory surgical center and specified outpatient surgeries and diagnostic procedures, regardless of place of service, require preservice review or you will be subject to a \$50 penalty. This review must be initiated at least three working days prior to admission to a licensed and accredited hospital or ambulatory surgical center.

Authorization Program

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

Other services require authorization to be eligible for maximum benefits. Please see your Plan Booklet for additional details on preservice review and utilization review, penalties, the preauthorization process, covered services, and limitations and exclusions.

Utilization Management and the Authorization Program are 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.

Please Note: Penalties are not counted toward any deductible or out-of-pocket maximum.

UniCare Member Confidentiality Statement

In order to provide you with health care insurance 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 64½ or younger;
- The applicant's spouse, age 64½ or younger;
- The applicant's unmarried child or stepchild who is a full-time student (12 units per semester), and age 19-22;
- The applicant's unmarried child or stepchild who has not yet reached age 19;
- A resident of the United States for at least six months;
- Able to meet UniCare's underwriting requirements;
- Not eligible for Medicare; and
- Not enrolled under any other individual or group health plan or insurance policy.

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 medical underwriting review.

If any applicant does not qualify based on UniCare's medical underwriting standards, the application may not be approved. Certain conditions, subject to UniCare's medical underwriting guidelines, may qualify the applicant for the plan at a premium that is higher than the Level 1 (preferred) premium.

Please follow the instructions on the Individual Enrollment Application form.

Medical Insurance Plan Limitations & Exclusions*

The primary limitations and exclusions for these medical insurance plans 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.

Limitations

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

- **Ambulance Services:** Limited to a maximum covered expense of \$5,000 per trip for air transport or \$1,000 per trip for 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:** Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$3,000 per year.
Outpatient: For the UniCare Deductible Plans only, benefits for eligible treatment are payable up to \$30 per visit, limited to a maximum of 12 visits per year for in- or outpatient professional charges.
- **Services for Substance Abuse:** Benefits for eligible treatment of substance abuse are paid up to a maximum payment of \$5,000 per year. This maximum is subject to change according to the U.S. consumer price index.
- **Physical, Occupational Therapy/Medicine, and Acupuncture/Acupressure:** For the UniCare Deductible Plans only, benefits are payable up to \$30 per visit with a combined total maximum of 20 visits per year.
- **Hospice:** Limited to a lifetime maximum payment of \$10,000.
- **Smoking Cessation:** For the UniCare Deductible Plans only, benefits for any smoking cessation program designed to end the dependency on nicotine are payable up to a maximum of \$50 per lifetime.
- **Other Routine Care Services:** For the UniCare Deductible Plans, benefits are limited to a maximum covered expense of \$200 per member, per year.
- **Office Visits:** For the UniCare Saver Plan only, benefit is limited to two visits per member, per year.
- **Lab and X-ray (nonhospital based):** For the UniCare Saver Plan only, benefit is limited to a maximum payment of \$300 per member, per year.
- **Prescription Drugs:** For the UniCare Saver Plan only, benefit is limited to a maximum payment of \$500 per member, per year. Includes generic and brand, participating and nonparticipating retail and mail order combined.

Exclusions

These plans do not provide benefits for:

- Any amounts in excess of maximum amounts of covered expenses.
- Services not specifically listed in the plan as covered services.
- Services or supplies that are not medically necessary.
- Services received before the effective date of coverage or during an inpatient stay that began before that effective date.
- Services that are experimental or investigative.
- 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 health 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: (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment; (c) an insured person's participation in the military of any country; (d) participation in an insurrection, rebellion, or riot; (e) commission of or attempt to commit a felony or as a direct result of the Insured Person being engaged in an illegal occupation; or (f) an insured person age 19 or older being under the influence of illegal narcotics, alcohol or nonprescribed controlled substances.
- Any services for which payment may be obtained from any local, state, or federal government agency except Medicaid and when payment under this plan 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 you are entitled to receive Medicare benefits.
- Professional services received from, or supplies purchased from, an insured person, a person who lives in the insured person's home, who is related to the insured person by blood, marriage, or adoption, or is the insured person's employer.
- Services of a private duty nurse.

*See your plan booklet for a complete listing of exclusions and limitations. Only the actual plan provisions will apply. If there are any conflicts between the terms of the Plan and the information in this brochure, the terms of the Plan will prevail.

Medical Insurance Plan Limitations & Exclusions* (continued)

- 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; 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.
- Dental services.
- Orthodontic services.
- Dental implants or any associated procedures.
- Hearing aids.
- Routine hearing tests.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions.
- An eye surgery solely for the purpose of correcting refractive defects.
- Outpatient Speech Therapy.
- Any drugs, medications, or other substances dispensed or administered in any outpatient setting.
- 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 breast reconstruction performed to restore or achieve breast symmetry incident to a mastectomy.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical, or psychiatric treatment or study related to sex change.
- Treatment of sexual dysfunction, impotence, and/or inadequacy.
- All services related to the evaluation or treatment of fertility and/or infertility.
- All contraceptive services and supplies including, but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, Prescription Drugs or surgical procedures.
- Charges for pregnancy and maternity care including, but not limited to, normal delivery, Cesarean sections, and elective abortions.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes.
- 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. Any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
- Routine physical exams or tests, including those required by employment or government authority.
- Charges by a provider for telephone consultations.
- Items which are furnished primarily for your personal comfort or convenience.
- Educational services, except for diabetes self-management training programs, and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements.
- Any services received within 12 months after the effective date of coverage if they are related to a pre-existing condition.
- All incidental supplies used by a provider in the administration of infusion therapy.
- Foreign country provider charges, except as specified in the plan.
- Services for which a third party may be liable or legally responsible to pay.
- Growth hormone treatment.
- Routine foot care.
- Charges of a standby physician.
- Charges for animal to human organ transplants.

Additional Exclusions for the UniCare Saver 2000 Plan

- Any services of a physician, except as specifically stated in the plan.
- Surgical procedures for sterilization.
- Physical and/or occupational therapy/medicine, except when provided during an inpatient hospital confinement.
- Acupuncture/acupressure
- Durable medical equipment.
- Smoking cessation programs or pharmaceuticals related to smoking cessation.

*See your plan booklet for a complete listing of exclusions and limitations. Only the actual plan provisions will apply. If there are any conflicts between the terms of the Plan and the information in this brochure, the terms of the Plan will prevail.

Dental Insurance Limitations & Exclusions*

In addition to any other exclusions and limitations described in this Plan, the UniCare Individual Dental PPO Plan does not provide benefits for:

- Excess amounts: any amounts in excess of the maximum amount stated in the Plan.
- Any amounts which exceed the covered expense as determined by UniCare.
- Expenses before coverage begins: services received before your effective date or during an inpatient stay that began before an insured person's effective date.
- End of coverage: services received after your coverage ends.
- Services for which you are not legally obligated to pay: services for which no charge would be made to you in the absence of insurance coverage.
- Workers' Compensation: Any condition for which benefits could be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if You do not claim those benefits.
- Disease contracted or injuries sustained as result of war declared or undeclared, conditions caused by the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy.
- Government services: any services provided by a local, state, county or federal government agency including any foreign government.
- Services from relatives: professional services received from a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption.
- Cosmetic dentistry: any services performed for cosmetic purposes including but not limited to:
 - bleaching of non-vital discolored teeth
 - composite restorations
 - external bleaching
 - crowns on teeth not exhibiting pathology
 - facings on crowns on posterior teeth.
- 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 in the opinion of the dentist is or can be made satisfactory, or one that has been lost or stolen.
- Orthodontic services, braces, appliances and all related services and surgery necessary in conjunction with orthodontic treatment.
- Diagnosis or treatment of the joint of the jaw and/or occlusion: services, supplies or appliances provided in connection with:
 1. Any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or
 2. Any treatment, including crowns and/or bridges to change the way the upper and lower teeth meet (occlusion); or
 3. Treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means including the restoration of vertical dimension because teeth have worn down.
- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions. These include but are not limited to:
 1. Changing the vertical dimension;
 2. Replacing or stabilizing lost tooth structure by attrition, abrasion, abfraction, bruxism or erosion;
 3. Realignment of teeth;
 4. Gnathological recording;
 5. Occlusal equilibration; or
 6. Periodontal splinting.
- Services not included as a covered procedure, unless they are similar in nature to an included procedure; in such event the benefit payable will be based on the most nearly comparable services included.
- Correction of congenital or developmental malformation for an insured person including but not limited to:
 - upper and lower jaw malformations
 - enamel hypoplasia
 - fluorosis
 - supernumery and/or over retained deciduous teeth
 - anodontia
- Replacement of existing fillings for any purpose other than restoring active decay.
- Transfer of care: If an insured person transfers from the care of one dentist to that of another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, UniCare shall be liable only for the amount it would have been liable for had one dentist rendered the services.

*See your plan booklet for a complete listing of exclusions and limitations. Only the actual plan provisions will apply. If there are any conflicts between the terms of the Plan and the information in this brochure, the terms of the Plan will prevail.

Dental Insurance Limitations & Exclusions* (continued)

- Prescribed drugs, pre-medication or analgesia. Charges for nitrous oxide, novocaine, xylocaine or any similar local anesthetic when the charge is made separately from a covered dental expense.
- Oral hygiene instruction.
- Malignancies and neoplasms: services for treatment of malignancies and neoplasms are not covered services.
- All hospital costs and any additional fees charged by the dentist for hospital treatment.
- Implants: materials implanted into or on bone or soft tissue or the removal of implants, as well as dental procedures and charges incurred as part of implants or the removal of same are not covered services under this plan.
- Services or supplies that are not medically necessary. Medically necessary services or supplies are those UniCare determines to be appropriate and necessary for the symptoms, diagnosis or treatment of the dental condition, and within standards of good dental practice within the organized dental community.
- Replacement of teeth missing prior to the effective date of coverage. Teeth lost prior to coverage under this plan are not eligible for prosthetic replacement unless the prosthetic replacement replaces one or more eligible natural teeth lost during the term of this coverage.
- Resin fillings on posterior teeth.
- Gold, porcelain or resin crowns, inlays or onlays on primary teeth.
- Gold foil restorations.
- Services on teeth that appear to have a poor prognosis, or that are not reasonably necessary or customarily performed are not covered.
- The extraction of immature erupting third molars (wisdom teeth) and non-pathologic, asymptomatic third molar extractions is excluded.
- Temporary services are considered an integral part of the final services rather than a separate service, and are therefore not eligible for benefits.
- Gross debridement is allowed one time at the beginning of a periodontal treatment plan, prior to pocket depth charting. Subsequent requirement for debridement is considered patient neglect and would be the financial responsibility of the insured person.
- Personalization or characterization: precision attachments, characterization or personalization of dentures is excluded.
- Services for oral surgery, endodontics, periodontics and prosthodontics.
- Charges for plaque control programs and dietary instruction.
- The initial placement of a full denture or partial denture unless it includes the replacement of a functioning natural tooth extracted while the insured person was covered by this plan.
- The initial placement of a fixed bridge including a Maryland Bridge, unless it includes the replacement of a functioning natural tooth extracted while the insured person was covered by this plan, provided that tooth was not an abutment to an existing partial denture or Maryland Bridge that is less than 7 years old or to an existing fixed bridge which is less than 7 years old. Benefits are payable only for the replacement of those teeth which were extracted while the insured person was covered by this plan.
- Replacement of a partial denture, full denture, or fixed bridge (including a Maryland Bridge) or the addition of teeth to a partial denture unless:
 - Replacement occurs at least 7 years after the initial date of insertion of the current full or partial denture or Maryland Bridge;
 - Replacement occurs at least 7 years after the initial date of insertion of an existing fixed bridge; or
 - The replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a functioning natural tooth while the insured person was covered by this dental benefit plan, provided that tooth was not an abutment to an existing partial denture or Maryland Bridge that is less than 7 years old or to an existing fixed bridge that is less than 7 years old.
- The replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations within 7 years of the date of insertion; or the replacement of a labial veneer restoration within 7 years of the date of insertion.
- Replacement of a bridge, partial denture, full denture, crown, cast restoration, inlay, onlay or other laboratory prepared restoration which can be restored to function.
- The replacement of teeth beyond the normal complement of 32.
- The replacement of an existing partial denture with fixed bridgework unless upgrading to fixed bridgework is essential to the correction of the insured person's dental condition.

*See your plan booklet for a complete listing of exclusions and limitations. Only the actual plan provisions will apply. If there are any conflicts between the terms of the Plan and the information in this brochure, the terms of the Plan will prevail.

Dental Insurance Limitations & Exclusions* (continued)

- Athletic mouth guards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by a third party other than us; personal supplies (e.g., oral irrigation device and/or electric toothbrush, toothbrush, floss holder, etc.); replacement of lost or stolen appliances, or bruxating devices.
- Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.
- Maximum of one root canal per tooth per lifetime.
- Maximum of one filling per tooth per 24 months.
- Replacement of existing fillings only if in place for 24 months.
- Sealants limited to covered children between the ages of 6 and 18 years, once per tooth for unrestored permanent first and second molars every three years.
- Space maintainers are limited to children under the age of 16, once per lifetime.
- Including 1 adjustment within 6 months of placement.
- Extraction of erupted tooth or exposed root one time per tooth.
- Extraction of third molars (wisdom teeth) if the patient is under the age of 16 is not covered.
- Crowns limited to patients age 16 and over.
- Pontics limited to patients age 16 and over.
- Maximum of 1 gingivectomy per tooth per 24 months.

