

## UniCare Life & Health Insurance Company

### Gravity Bender

- \$40 Copay
- \$5,000 deductible
- \$77-\$114 per month\*

\*Depending on where you live, your age, and your medical history the amount may vary. But most people 19-29 pay about \$77-\$114. And you can cancel at anytime.

<b>BENEFITS SUMMARY LIST Gravity Bender (CR44)</b>		
<b>Note: Covered Services are subject to applicable Deductible(s), unless specifically waived.</b>	<b>When you use UniCare Participating Providers, We pay based on the Negotiated Rate:</b>	<b>When you use Non-Participating Providers, We pay based on Reasonable Charges:</b>
<b>Annual Deductible</b>	\$5,000 per calendar year.	
<b>Additional Out of Network Deductible</b>		\$1,000 per calendar year. This Deductible is applied only to Covered Expenses incurred for services received from Non-Participating Providers before your Annual Deductible is applied.
<b>Lifetime Medical Benefit Maximum</b>	\$5,000,000 lifetime maximum benefits paid by UniCare.	
<b>Out-of-Pocket Maximum</b>	\$5,000 annual deductible per calendar year.	\$15,000 per calendar year plus deductibles.
<b>Professional Services</b>		
a. Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-ray and lab work	100%	50%
b. Office visits including x-ray and lab work performed in the Physician's office and billed by the Physician on the same date of service	All except a \$40 Copayment with Annual Deductible waived.	50%
<b>Preventive Care</b>		
a. Preventive care services for Babies/Children (through age 6):		50%
▪ Office Visits	All except a \$40 Copayment with Annual Deductible waived	
▪ Immunizations <sup>1</sup> and preventive lab work for Babies/Children (through age 6)	100% Deductible waived	100% Deductibles waived
b. Preventive care services for Adults include: Routine Pap smears, annual mammograms, colorectal cancer screenings and PSA tests for men.		
▪ Office Visits including any lab work or x-ray related to preventive care in (b.) above, performed in the Physician's office and billed by the Physician on the same date of service.	All except a \$40 Copayment with Annual Deductible waived	50%

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<ul style="list-style-type: none"> <li>▪ Professional services in absence of an Office Visit related to preventive care in (b.) above.</li> </ul>	100%	50%
<b>Outpatient Hospital Care</b>	100%	50%
<b>Emergency Room Services</b> <sup>2</sup> including x-ray and lab work performed and billed during the visit	All except a \$150 Copayment for each visit with Annual Deductible waived	All except a \$150 Copayment for each visit with Deductibles waived
<b>Services for:</b> a. Physical Therapy b. Occupational Therapy c. Acupuncture/Acupressure	100%  As many as 12 visits per year for a, b, & c combined. <i>Additional physical therapy and occupational therapy visits may be covered following an inpatient hospitalization due to severe trauma such as Spinal Injury or Stroke.</i>	As much as \$30 per visit
<b>Mental, Emotional or Functional Nervous Disorders</b> a. Inpatient Hospital Charges <sup>3</sup> b. In- or Outpatient professional charges	\$100 per day, and as much as \$3,000 per year.  As much as \$30 per visit, and as many as 12 visits per year.	
<b>Smoking Cessation</b>	Up to a maximum payment of \$50 for pharmaceuticals, and \$50 for other covered services per lifetime, per insured, for any smoking cessation program Deductibles waived.	
<b>Infusion Therapy</b> <sup>5</sup> (Administration of drugs and other substances in ways other than oral; such as chemotherapy through a vein.)	100%	50%
<b>Durable Medical Equipment</b>	100%	50%
<b>Inpatient Hospital Services</b> <sup>3</sup>  a. Surgery, X-rays, In-hospital doctor visits, Organ/Tissue Transplant <sup>5</sup> b. Inpatient medical emergency <sup>3</sup>	100%  100%  100%	50% less an additional \$500 Deductible per Continuing Hospital confinement for non-Emergency stays.  50%  100% until transferable to a Participating Hospital, then 50% subject to a \$500 Deductible per Continuing Hospital Confinement once transferable.
<b>Ambulatory Surgical Center</b> <sup>4</sup>	100%	50%
<b>Ambulance Service</b> a. Ground transport b. Air transport	100% with a maximum covered expense of \$1,000 per trip.  100% with a maximum Covered Expense of \$5,000 per trip.	50% with a maximum covered expense of \$1,000 per trip.  50% with a maximum Covered Expense of \$5,000 per trip.
<b>AIDS/ARC treatment</b> (limit of \$10,000 per year; \$50,000 lifetime maximum.)	100%	50%

<b>Note: Covered Services are subject to applicable Deductible(s), unless specifically waived.</b>	<b>When you use UniCare Participating Providers, We pay based on the Negotiated Rate:</b>	<b>When you use Non-Participating Providers, We pay based on Reasonable Charges:</b>
<b>Home Health Care</b> <sup>5</sup>	100% of covered expenses, as many as 60 visits per year.	50% of covered expenses, as many as 60 visits per year.
<b>Skilled Nursing Facilities</b> <sup>5</sup>	100% with a maximum covered expense of \$400 per day, as many as 100 days per year.	50% with a maximum covered expense of \$400 per day, as many as 100 days per year.
<b>Hospice</b> <sup>5</sup>	100% with a maximum payment of \$10,000 per lifetime.	50% with a maximum payment of \$10,000 per lifetime.
<b>Vision Care</b>	Up to a maximum payment of \$50 per year for an eye exam or other vision services or supplies such as eyeglasses or contact lenses, Deductibles waived	
	<b>When you use a Participating Pharmacy, We pay based on the UniCare Negotiated Rate.</b>	<b>When you use a Non-Participating Pharmacy, We pay based on the Average Wholesale Price (AWP) of the Drug</b>
<b>Pharmacy</b> <sup>6</sup> <b>Pharmacy Deductible and Copayments/Coinsurance are not applied to Your Out-of-pocket maximum or any Deductible(s).</b>  <b>Retail Pharmacies</b> Maximum 30-day supply.		
Generic Drugs	All except a \$10 Copayment per Prescription	50%
Benefits for brand name drugs are available at higher copays subject to a separate deductible.		
<b>Mail Service Prescriptions</b> Up to a maximum 60-day supply. <i>Some Prescription Drugs and/or medicines are not available through the mail service.</i>		
Generic Drugs	All except a \$20 Copayment per Prescription	Not Available
Benefits for brand name drugs are available at higher copays subject to a separate deductible.		

- <sup>1</sup> Childhood immunizations only include immunization against diphtheria, haemophilus influenzae type b, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, and any other immunization that is required by law.
- <sup>2</sup> Copayment waived if the Emergency room visit results in an inpatient admission immediately following the Emergency room visit.
- <sup>3</sup> All Inpatient medical care requires pre-service review or You will be subject to a **\$500 penalty** per continuing hospital confinement without pre-service review. This penalty is waived on emergency admissions, however, utilization review is still required.
- <sup>4</sup> All surgical services of an Ambulatory Surgical Center require pre-service review or you pay a **\$50 penalty**. Ambulatory Surgical Centers must be licensed and accredited and meet all requirements of state and local laws and agencies.
- <sup>5</sup> In addition to pre-service 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, and Hospice. Failure to obtain authorization will result in a **50% reduction in benefits** for Covered Expenses.
- <sup>6</sup> Certain Prescription Drugs may require prior Authorization.

Note: Additional penalties are not counted toward any deductible or out-of-pocket maximum.

Texas SOUND (CR44)

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## Sound Plans 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 & Exclusions for the Texas Sound \$1,500, Sound \$3,000 and Sound \$5,000 Plans:

These plans do not provide benefits for:

- Any amounts in excess of maximum amounts of covered expenses as stated in the plan.
- Services not specifically listed in the plan as covered services.
- Services or supplies that are not medically necessary.
- 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.
- Services received after coverage ends.
- Services for which you have no legal obligation to pay or for which no charge would be made if you did not have a health plan or insurance coverage.
- Any condition 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.
- 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's participation in the military of any country. (d) An insured's participation in an insurrection, rebellion, or riot. (e) An insured's commission of, or attempt to commit a felony. Or (f) an insured being under the influence of illegal narcotics, alcohol or non-prescribed controlled substances.
- Any services for which payment may be obtained from any local, state or federal government agency except (a) when payment under this plan is expressly required by federal or state law or (b) services provided for the treatment of mental or nervous disorders by a tax supported institution of the state of Texas.
- Any services to the extent that you are entitled to receive Medicare benefits for those services. Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid).
- Professional services received from or supplies purchased by an insured, a person who lives in the insured's home, a person who is related to the Insured by blood, marriage, or adoption, or the patient's employer.
- 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, except as specifically provided in the plan.
- Orthodontic Services.
- Dental implants or any associated procedures.
- Hearing aids.
- Routine hearing tests except as provided under Well Baby and Well Child Care and Newborn Hearing Benefits.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams and routine eye refractions, except as specifically stated in the plan.

- 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 setting other than a licensed pharmacy.
- Cosmetic surgery or other services for beautification. This exclusion does not apply to medically necessary reconstructive surgery to restore a bodily function or to correct a deformity caused by injury or congenital defect of a newborn child, or to breast reconstruction performed to restore or achieve breast symmetry incident to a mastectomy and abnormal craniofacial structure caused by congenital defects.
- Procedures or treatments to change characteristics of the body to those of the opposite sex.
- Treatment of sexual dysfunction, impotence and/or Inadequacy.
- All services related to the evaluation or treatment of fertility and/or Infertility.
- Charges for pregnancy and maternity care including but not limited to, normal delivery, cesarean sections and elective abortions. An insured must be enrolled for 30 consecutive days under this plan prior to the inception of pregnancy to be eligible for any benefits for complications of pregnancy.
- Cryopreservation of sperm or eggs.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- Routine foot care.
- Services primarily for weight reduction or treatment of obesity.
- Routine physical exams or tests, including those required by employment or government authority.
- Charges for telephone consultations. (Note: a telemedicine medical service or telehealth service will not be excluded solely because the service is not provided through a face to face consultation)
- Items which are furnished primarily for your personal comfort or convenience.
- Educational services except for diabetes self-management training program and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements, except for formulas necessary for the treatment of phenylketonuria.
- Any services received on or within twelve months after the effective date of coverage if they are related to a pre-existing condition.
- Services for which a third party may be liable or legally responsible to pay.
- Growth hormone treatment.
- Charges of a standby physician.
- Charges for animal to human organ transplants.
- 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.

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## Eligibility for Coverage

To be eligible for enrollment, you must be:

- Age 64 1/2 or younger;
- 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.

The Sound plans are designed and priced for an individual subscriber. Only the named subscriber is eligible for benefits under this plan. No other persons are eligible for coverage under the same plan. They may, however, apply separately for their own coverage by completing their own online enrollment application.

## Medical Underwriting Requirement

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. That's why UniCare offers various levels of coverage, ensuring an overall balance of risk. To determine individual medical risk factors, all enrollments are subject to medical underwriting and approval by UniCare.

Depending on the results of underwriting review, a number of things may happen:

- you may be offered coverage at the preferred premium charge, or
- you may be offered the plan you selected at a higher rate, or
- you may not qualify for the plan applied for, but may be offered to apply for an alternative plan, or
- you may not qualify for the plan applied for, or an alternative plan, and your application will be rejected.

## Terms of Coverage

Coverage under the health insurance plan will remain in force as long as you pay the required premium. Coverage will cease in the following situations: when the required premiums are not paid on time; 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 Texas to all insureds in your class.

## Rates

Rates are based on the age of the applicant, the residence address and underwriting classification. 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 30 days prior written notice to you. However, UniCare will not change rates unless the change applies to all covered persons under the same plan and same class.

## 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 along with a letter notifying us that you wish to discontinue coverage.

## Waiting Periods

An insured person must be covered for six consecutive months under this plan to be eligible for benefits concerning all services related to:

- Hernia except for strangulated or incarcerated hernia
- Any disorder of reproductive organs
- Sterilization
- Varicose veins
- Hemorrhoids
- Any disorder of tonsils or adenoids

This includes, but is not limited to, all tests, consultations, examinations, medications, and invasive medical, laboratory or surgical procedures that are related to the evaluation or treatment of the above items.

## Pre-Existing Conditions

Coverage will not be provided for the 12 months following the effective date of this plan for medical conditions that existed in the 12 months prior to the effective date. UniCare will, however, give you credit for the time you were covered by other creditable coverage under an employer-sponsored group health, government or church plan if the coverage under the plan ended less than 63 days from the date of application for the UniCare plan.

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## Utilization Management and Authorization Program

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.

Utilization review may take place prior to admission to a hospital or ambulatory surgical center. You must initiate utilization review at least three working days prior to admission. Failure to obtain utilization review prior to services being rendered may result in additional penalties. There are certain other services that require prior authorization to be eligible for maximum benefits. Refer to the Benefits Summary list for specific penalty amounts. Also see your Plan Booklet for additional details on preservice review and utilization review, penalties, the authorization program, 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.

## 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.

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