

Group #:	56W08X, 56W08Z	Plan:	HMO
Group Name:	COOK COUNTY ACTIVES	Name:	UNICARE Health Plans of the Midwest
		Address:	233 S. Wacker Drive, Suite 3900 Chicago, IL 60606
Effective Date of Benefits:	12/01/06	Phone #:	888.234.8855
		Website:	www.unicare.com

Description of Coverage

Basics	Your Doctor	Each member should choose a primary care physician from the provider directory. That primary care physician is responsible for providing referrals for specialty care. Female members can also designate a network obstetrician/gynecologist as a "woman's principal health care provider." To make these selections, call Customer Services.		
	Annual Deductible (if applicable)	None		
	Lifetime Maximums (if applicable)	Unlimited		
	Preexisting Condition Limitations	Does not apply		
		Description of Coverage	Health Care Plan Covers	You Pay
In the Hospital	Number of Days of Inpatient Care		Up to 365 days annually	Over plan limits
	Room & Board	Semi-private room rate	100%	0%
	Surgeon's Fees		100%	0%
	Doctor's Visits		100%	0%
	Medications		100%	0%
	Other Miscellaneous Charges	Laboratory, radiology, and normal daily services and supplies furnished by the Hospital.		100%

		Description of Coverage	Health Care Plan Covers	You Pay
Emergency Care	Emergency Services (<i>medical conditions of sufficient severity such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in serious jeopardy of the person's health, serious impairment to bodily functions, or serious dysfunction of any organ or part</i>)		100%	0%
	Emergency Post-stabilization Services		100%	0%
In the Doctor's Office	Doctor's Office Visits	Primary care physician and specialist	100% after \$3 copay	0% after \$3 copay
	Routine Physical Exams		100% after \$3 copay	0% after \$3 copay
	Diagnostic Tests and X-rays		100%	0%
	Immunizations		100%	0%
	Allergy Treatment & Testing		100%	0%
	Wellness Care		100% after \$3 copay	0% after \$3 copay
Medical Services	Outpatient Surgery		100%	0%
	Maternity Care	<i>Hospital Care</i>	100%	0%
		<i>Physician Care</i>	100% after \$3 copay initial visit only	0% after \$3 copay initial visit only
	Infertility Services	Diagnosis and treatment	100%	0%

		Description of Coverage	Health Care Plan Covers	You Pay	
	Mental Health	<i>Outpatient</i>	Evaluation services, crisis-intervention services and care responsive to short-term treatment.	100% after \$3 copay	0% after \$3 copay
		<i>Inpatient</i>	Evaluation services, crisis-intervention services and care responsive to short-term treatment.	100% up to 30 days	100% for days over limit
	Substance Abuse	<i>Outpatient</i>	Evaluation, diagnosis and limited medical treatment.	100% after \$3 copay	0% after \$3 copay
		<i>Inpatient</i>	Evaluation, diagnosis, rehabilitation and limited medical treatment.	100% up to 30 days	100% for days over limit
	Supplemental Substance Abuse	<i>Outpatient</i>	Evaluation, diagnosis, rehabilitation and limited medical treatment.	100% after \$3 copay 4 hours/nights, 4nights/weeks 4consecutive weeks, 2/lifetime	0% after \$3 copay 100% for treatment over limit
		<i>Inpatient</i>	Evaluation, diagnosis, rehabilitation and limited medical treatment.	100% after \$3 copay 30 days (adult) 45days (youth), 2/lifetime	0% after \$3 copay 100% for days over limit.
		<i>Aftercare</i>	Evaluation, diagnosis and limited medical treatment.	100% after \$3 copay 1 hour/week for 12 weeks	0% after \$3 copay 100% for treatment over limit.
		<i>Intensive Outpatient Therapy</i>	Evaluation, diagnosis and limited medical treatment.	100% after \$3 copay	0% after \$3 copay
	Outpatient Rehabilitation Services		Physical, occupational and speech therapy.	100%	0%

		Description of Coverage	Health Care Plan Covers	You Pay
Other Services*	Durable Medical Equipment:	Rental or purchase per plan decision.	100%	0%
	Home Health Care <i>(Custodial care not covered)</i>	Intermittent Registered Nurse visits.	100%	0%
	Skilled Nursing <i>(Custodial care not covered)</i>	Skilled Nursing Facility room and board including daily services and supplies furnished by the facility.	100% up to 100 days	100% for days over limit
	Hospice	Services and supplies furnished as part of Hospice care. Room and board if in-patient Hospice.	100%	0%
	Prescription Drugs	<i>Provided by another vendor.</i>		

Service Area:

The UNICARE HMO service area includes the counties of Cook, DuPage, Kankakee, Kendall, Kane, Lake, McHenry, and Will in the State of Illinois, and the counties of Porter and Lake in the State of Indiana.

Exclusions and Limitations:**Coverage limitations include:**

- Skilled Nursing facility up to 100 days per calendar year (unless amended by rider)
- Out-patient rehabilitation 100%(unless amended by rider)
- Home Health at 100% (unless amended by rider)
- Hospices care at 100%.
- Mental health in-patient stays up to 30 days per calendar year (unless amended by rider)
- Mental health out-patient visits at 100%, unlimited (unless amended by rider)
- Substance Abuse in-patient stays up to 30 days per calendar year (unless amended by rider)
- Substance Abuse out-patient at 100% (unless amended by rider)

Services and Supplies not covered by the health plan include:

- Services and supplies that are not authorized by the primary care physician except treatment for medical emergencies in the first 48 hours of onset
- Services and supplies in connection with a medical emergency after 48 hours unless proper notice and primary care physician authorization was given
- Services that are not medically necessary
- Services that are experimental, investigational and/or educational
- Routine exams and immunizations solely for the purpose of insurance, licensure, employment or travel
- Work related illnesses or injuries
- Services and supplies relating to military service connected disabilities
- Services and supplies furnished by the U.S. Government and at public facilities
- Corrective appliances and artificial aids including hearing aids
- Hearing aid exams to determine the need for hearing aids or to adjust them
- Blood or blood plasma including the collection and storage
- Dental and related services, except injury to natural tooth.
- Treatment for temporo-mandibular joint syndrome
- Treatment of foot conditions except for a open cutting operation, removal of nail root and treatment in connection with metabolic or peripheral vascular disease or of a neurological condition
- Eye surgery to correct myopia, hyperopia or astigmatism
- Cosmetic surgery and supplies
- Custodial care
- Personal comfort and convenience items and services

- Sex changes and reversal of previous voluntary sterilization
- Charges made by the employer or close relative
- Over the counter drugs and items
- Services and supplies for weight loss
- Certain mental health, development, and alcohol/drug abuse disorders
- Certain psychiatric, psychological or behavior counseling or training
- Planned home deliveries and delivery outside the service area against medical advice
- Procedures specific to sex preselection and/or determination
- Collection and storage of sperm, oocytes, or embryos for later use
- Transportation except for emergency transportation
- Services and supplies required by court decree
- Non-medical costs
- Non-eligible drugs
- Visits, days and maximum amounts over the plan limits

Pre-certification and Medical Care Management:

Your primary care physician will make the necessary arrangements if you need to be hospitalized, require surgery or need other outpatient services that require pre-certification. The UNICARE Medical Care Management process reviews your available benefits and coverage before services are provided and throughout on-going treatment. This includes considering if medical necessity, as defined in your certificate, is met.

Emergency Care:

If you have an emergency medical situation, please call your primary care physician. If you are unable to contact your doctor because you reasonably believe immediate medical attention is a must, go directly to the nearest emergency facility or call 911. Be sure to tell the facility that you are a plan member and have someone notify us.

Within 24 hours of emergency treatment, you or a family member should call your primary care physician to coordinate any further care needed. We also ask that you or a family member contact Customer Services at (312) 234-8855 on the first business day following any emergency room visit.

Primary Care Physician Selection:

When you become a member of UNICARE HMO, you must choose a primary care physician to be your personal physician. Each eligible member of your family may select a different primary care physician. Anytime you want to change your selection, simply call Customer Services, and we will update our records to reflect your change. Your new primary care physician selection will be effective the first of the month following your requested change.

Access to Specialty Care:

If you need specialty care, your primary care physician will provide you with a written referral. It will show you the specific provider to contact for service, the type of service(s) authorized and the number of visits and/or length of the treatment. After the specialist first sees you, that specialist may recommend an ongoing course of care for which your primary care physician may issue a limited standing referral. Always call your primary care physician if the specialist recommends treatment, tests or visits not listed on the referral before proceeding with them.

When being referred for care, you can expect your primary care physician to choose a network specialist with whom he or she shares a referral arrangement. To obtain clarification on referral arrangements, you should contact your primary care physician's office. If a referral arrangement does not exist between your primary care physician and the specialist you choose, you may have to choose another primary care physician. In some instances, a non-network specialist may be required.

Female members can also designate a network obstetrician/gynecologist as a "woman's principal health care provider." After a member makes the designation, this provider can be seen without a written referral, providing a referral arrangement exists between the woman's principal health care provider and the member's primary care physician. The member should call Customer Services to designate a provider with a referral arrangement with her primary care physician.

Out-of-Area Coverage:

If you have a medical emergency when you're away from the UNICARE Service Area, seek treatment right away at the nearest emergency medical facility. Inform the hospital or physician that you are a plan member and have someone contact us at 1(888) 2348855.

If you need urgent care when you are away from home for an injury or illness that's not an emergency, please call us first at 1(888) 234-8855 to arrange for benefit coverage.

Once your condition has improved so that you are medically able to travel, you must receive any ongoing or follow-up care in the UNICARE Service Area through your primary care physician in order for benefits to be available.

Financial Responsibility:

As a member you share in some health care expenses.

Continuity of Treatment:

We will let you know if your physician is leaving the provider network.

If you are receiving on-going treatment or in the third trimester of pregnancy, you may be able to continue with the physician for up to 90 days or in the case of pregnancy until the end of post-partum care.

To make this request, please call Customer Services at (312) 234-8855. The Medical Director will review your request and notify you of the decision within 10 business days. If approved, the physician treating you must follow the same health plan requirements, payment rates and quality assurance standards in place before leaving the network. If denied, you have the right to appeal.

Appeals Process:

If you would like to voice an opinion, concern or complaint, call Customer Services at (312) 234-8855. A Representative will be happy to answer questions or help to resolve any problems you may have. Administrative complaints that can not be resolved immediately by phone will be responded to within 5 business days.

You can also write to us at:

UNICARE Customer Services, 233 S. Wacker Drive, Suite 3900, Chicago, IL, 60606-6309.

To expedite an appeal of denied benefits for medical services that, if not provided by your doctors, could put your health at significant risk, call or write to us. Within 24 hours of receiving your request, we will let you know if additional information is needed to review your file. Once that information is received, a decision will be provided within 24 hours.

To appeal denied benefits for medical services that have already taken place or the absence of which would not be considered to put your health at significant risk, we ask that you write to us. Within 3 business days of receiving your request we will let you know if any additional information is needed to review your file. Once that information is received, a decision will be provided within 15 business days.

To request an external independent review of denied benefits for medical services where the services have been prescribed by your doctor as part of an extended course of treatment or where the absence of the services could put your health at significant risk, call or write to us. As expeditiously as possible, but no more than 2 business days after we receive your request, we will let you know if additional information is needed to review your file. Once that information is received, we will forward it to the independent reviewer and will let you know the independent reviewer's decision within 24 hours of our receiving it.

To otherwise request an external independent review of the denial or medical necessity grounds of benefits for medical services, we ask that you write to us. Your request must be given to us within 30 days from when you received the denial. Within 30 days of your request, we will work with you and your doctor to select the independent reviewer and will give the reviewer information to review your file. The reviewer's decision will be provided within 5 days after all required information is received.

An enrollee not satisfied with the health plan's resolution of any complaint may file a complaint with the Department of Insurance, through the Consumer Services Section, at one of the following locations:

320 West Washington Street
Springfield, Illinois 62767-0001

OR

100 West Randolph Street
Suite 15-100
Chicago, Illinois 60601-3251

You may also contact the Department electronically at <http://www.state.il.us/ins>.

Note: External grievance determinations in most cases are not appealable through the Department of Insurance.

IMPORTANT: In the event of any inconsistency between your Description of Coverage and contract or certificate, the terms of the contract or certificate will control.

NOTE: You have the right to request a description of the financial relationships between UNICARE HMO and contracted health care providers. You also have the right to request the percent of premiums UNICARE HMO spends on healthcare-related and administrative expenses. Finally, you have the right to request of a physician who has contracted with UNICARE HMO: (1) information related to his/her educational background, experience, training, specialty, and board certification, if applicable; (2) the names of the licensed facilities where he/she presently has privileges for the services or supplies that are the subject of the request; and (3) information regarding his/her participation in continuing education programs and compliance with any licensure, certification, or registration requirements, if applicable.

The Managed Care Reform and Patient Rights Act of 1999 established rights for enrollees in health care plans. These rights cover the following:

What emergency room visits will be paid for by your health care plan.

How specialists (both in and out of network) can be accessed.

How to file complaints and appeal health care plan decisions (including external independent reviews.)

How to obtain information about your health care plan, including general information about its financial arrangements with providers.

You are encouraged to review and familiarize yourself with these subjects and the other benefit information in the attached Description of Coverage Worksheet. **SINCE THE DESCRIPTION OF COVERAGE IS NOT A LEGAL DOCUMENT**, for full benefit information please refer to your contract or certificate, or contact your health care plan at the toll-free number on the worksheet. In the event of any inconsistency between your Description of Coverage and contract or certificate, the terms of the contract or certificate will control.

For general assistance and information, please contact the Illinois Department of Insurance Office of Consumer Health Insurance at: 320 West Washington Street, Springfield, Illinois, 62767-0001 or (877) 527-9431. (Please be aware that the Office of Consumer Health Insurance will not be able to provide specific plan information. For this type of information you should contact your health care plan directly.)