



HMO Deductible Schedule of Benefits

Coverage for: Single/Family | Plan Type: HMO

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$3,000 Single/ \$6,000 Family per Benefit Year	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible ?	Yes. Preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$3,000 Single/ \$6,000 Family per Benefit Year	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , the overall family out-of-pocket limit must be met.
What is Usual, Customary & Reasonable (UCR)?	The amount paid for a medical service in a geographic area based on what Providers in the area usually charge for the same or similar medical service. The UCR amount is sometimes used to determine the allowed amount .	HMO Deductible : You may be responsible for paying charges that are above the UCR amount for certain approved out-of- network services. UCR does not apply to Emergency Room services.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges, penalties for failure to obtain prior authorization, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	No charge after deductible	Not Covered	Charges for e-Visits will apply to your deductible/coinsurance .
	Specialist visit	No charge after deductible	Not Covered	-----none-----
	Other practitioner office visit	Chiro/Adult Vision: No charge after deductible	Not Covered	Benefits are not available for care that is Maintenance and Supportive Care or Long-term Therapy. Glasses/contacts for Adult Routine Vision are not covered.
	Preventive care/screening/immunization Includes Breast Cancer Mammography for women over 40 and Colorectal Cancer Screening for adults over 50. For a full listing of preventive care services visit unityhealth.com .	No charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge after deductible	Not Covered	-----none-----
	Imaging (CT/PET scans, MRIs)	MRI/MRA: No charge after deductible CT: No charge after deductible PET: No charge after deductible	Not Covered	-----none-----

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.unityhealth.com/drugformulary	Preferred Generics Tier 1	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance	Multiple copays will apply for claims of greater than 30 day supply when covered; for claims of 31 to 60 days supply, two copays will apply, and for claims of 61 to 90 days supply, three copays will apply.
	Preferred Brands Tier 2	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance	
	Non-Preferred Brands & Generics Tier 3	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance	
	Specialty drugs Tier 4	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge after deductible	Not Covered	Prior authorization may be required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Physician/surgeon fees	No charge after deductible	Not Covered	
If you need immediate medical attention	Emergency room care	No charge after deductible	No charge after deductible	-----none-----
	Emergency medical transportation	No charge after deductible	No charge after deductible	-----none-----
	Urgent care	No charge after deductible	No charge after deductible	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after deductible	Not Covered	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Physician/surgeon fees	No charge after deductible	Not Covered	
If you are in need of Transplant Services	Various	See the specific “Services You May Need” category for applicable copay, coinsurance and deductible. Prior Authorization is required.	Not Covered	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you have mental health, behavioral health, or substance abuse needs, including Autism Spectrum Disorder services	Outpatient services	No charge after deductible	Not Covered	Benefits are not available for care that is Maintenance and Supportive Care or Long-term therapy.
	Inpatient services	No charge after deductible	Not Covered	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If you are pregnant	Office visits	No charge after deductible	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge after deductible	Not Covered	
	Childbirth/delivery facility services	No charge after deductible	Not Covered	Prior authorization is required for inpatient services. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If you need help recovering or have other special health needs	Home health care	No charge after deductible	Not Covered	Coverage is limited to 60 visits per Benefit Year. Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Rehabilitation services	No charge after deductible	Not Covered	Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Benefit Year. Cardiac Rehab is limited to 36 visits per event.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Habilitation services	No charge after deductible	Not Covered	Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Benefit Year. Prior Authorization may be required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Skilled nursing care	No charge after deductible	Not Covered	Coverage limited to 90 days per confinement. Prior Authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Durable medical equipment For details on Ostomy Supply coverage, refer to your Certificate of Coverage.	No charge after deductible	Not Covered	Coverage for -- Foot Orthotics: Limited to one pair per Benefit Year. Hearing Aids: Limited to one per ear every 36 months. To obtain the list of covered hearing aid models log onto unityhealth.com/hearing-aids or contact Customer Service. Prior authorization may be required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Hospice services	No charge after deductible	Not Covered	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If your child (under 19) needs dental or eye care	Children's eye exam	No charge	Not Covered	Limited to one exam per Benefit Year.
	Children's glasses	Not Covered	Not Covered	-----none-----
	Dental Care	Not Covered	Not Covered	-----none-----
If you need oral surgery	Oral surgery	No charge after deductible	Not Covered	Coverage is limited to procedures listed in your Certificate of Coverage.

Important: This Schedule of Benefits is only a summary of your coverage. For a complete description of your benefits, and the restrictions, exclusions and limitations that apply, read the Certificate of Coverage. Benefits are provided as stated on this Schedule only when services are received according to the terms set forth in the Certificate of Coverage.

Annual Out-of-Pocket Limit: Once the Annual Out-of-Pocket limit has been satisfied, Unity pays 100% of covered services for the remainder of the Benefit Year, excluding any amounts the Member pays in excess of the Usual, Customary and Reasonable Charge. Such amounts do not count toward satisfaction of the Annual Out-of-Pocket limit.

Prior Authorization: Prior Authorization is required for coverage of certain services. These services are listed on Unity's website at unityhealth.com. You may also call Unity Customer Service for information.

For help to translate or understand this, please call (800) 362-3310, TTY / TDD: 711 / (800) 877-8973.

Spanish – Este aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Unity. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica u obtener ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hmong – Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog cov kev pab kam them nqi kho mob los ntawm Unity. Saib cov caij nyoog ceeb hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam kom tsis pub dhau cov caij nyoog koj thiaj yuav tau txais kev pab kam them nqi kho mob los yog kev pab them tej nqi kho mob. Koj muaj cai tau cov ntshiab lus no thiaj tau kev pab ua koj hom lus pub dawb rau koj. Hu rau (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Chinese – 本通知含有重要的訊息。本通知包含了關於您通過Unity提交之申請或保險責任範圍的重要訊息。請留意本通知內的重要日期。您可能需要在若幹截止日期之前採取行動，以維持您的健康保險責任範圍或者費用補貼。您有權利免費獲得以您母語撰寫的本訊息和各種幫助。請致電 (800) 362-3310。聾啞人電話：711 / (800) 877-8973。

German – Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutz durch Unity. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu erhalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Arabic – يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال Unity. ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل ب (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Russian – Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Unity. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Korean – 본 통지서에는 중요한 정보가 들어 있습니다. 본 통지서에는 귀하의 신청 또는 Unity를 통한 보험보장에 관한 중요한 정보가 들어 있습니다. 본 통지서에 나와있는 중요한 날짜를 찾아보십시오. 귀하는 귀하의 건강 보험보장을 유지하기 위해 특정 마감일까지 조치를 취해야 할 수도 있거나, 비용에 관한 도움이 필요할 수도 있습니다. 귀하는 귀하가 사용하는 언어로 이러한 정보와 도움을 무료로 받을 권리가 있습니다. (800) 362-3310 번으로 전화하십시오. TTY / TDD: 711 / (800) 877-8973.

Vietnamese – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Unity. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Pennsylvanian Dutch – Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit Unity. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du (800) 362-3310 uffrufe. TTY / TDD: 711 / (800) 877-8973.

Laotian – ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໜັບສະໜູນ ທີ່ ການຄຸ້ມຄອງຂອງທ່ານ ໂດຍຜ່ານ Unity. ໃຫ້ເບິ່ງກຳນົດວັນທີ່ສໍາຄັນຢູ່ໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງໄດ້ໃຊ້ເວລາດຳເນີນການຕາມກຳນົດເວລາທີ່ແນມອນ ເພື່ອສຳສານຄຸ້ມຄອງຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂ່າວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໃຫ້ໂທຫາເບີ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

French – Cet avis contient des informations importantes. Cet avis contient des informations importantes concernant votre demande ou sur la prise en charge par Unity. Rechercher les dates importantes sur le présent avis. Il se peut qu'une action de votre part soit nécessaire avant une certaine date afin de conserver votre couverture santé ou votre aide sur les frais. Vous avez le droit d'obtenir gratuitement ces informations et une assistance dans votre langue. Appelez le (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Polish – To zawiadomienie zawiera ważne informacje. To zawiadomienie zawiera ważne informacje dotyczące Państwa wniosku lub zakresu ubezpieczenia w Unity. Proszę zwrócić uwagę na ważne daty podane w zawiadomieniu. Mogą to być terminy dokonania określonych czynności koniecznych do zachowania ubezpieczenia zdrowotnego lub uzyskania pomocy związanej z kosztami. Mają Państwo prawo do otrzymania tej informacji oraz uzyskania pomocy bezpłatnie w swoim języku. Proszę dzwonić pod numer: (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hindi – इस नोटिस में महत्वपूर्ण जानकारी है। इस नोटिस में आपके आवेदन या Unity के माध्यम से बीमे के कवरेज बारे में महत्वपूर्ण जानकारी है। इस नोटिस में मुख्य तारीखें देखें। अपना स्वास्थ्य बीमा बनाए रखने या कीमत चुकाकर सहायता प्राप्त करने के लिए आपको कुछ निश्चित समयसीमा तक कार्रवाई करने की ज़रूरत हो सकती है। आपको कोई भी कीमत चुकाए बिना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। कॉल करें (800) 362-3310। TTY / TDD: 711 / (800) 877-8973.

Albanian – Ky njoftim përmban informacion të rëndësishëm. Ky njoftim përmban informacion të rëndësishëm për aplikimin ose mbulimin tuaj nëpërmjet Unity. Kontrolloni për data të rëndësishme në këtë njoftim. Mund t'ju duhet të ndërmerri veprim brenda afatave të caktuara për të mbajtur mbulimin tuaj shëndetësor ose për ndihmën me koston. Keni të drejtë ta merrni këtë informacion dhe ndihmë falas në gjuhën tuaj. Telefononi numrin (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Tagalog – Ang Abisong ito ay may Importanteng Impormasyon. Ang abisong ito ay may importanteng impormasyon tungkol sa aplikasyon o proteksiyon mo sa pamamagitan ng Unity. Hanapin ang mga pangunahing petsa na nasa abisong ito. Maaaring kailangan mong kumilos bago sumapit ang ilang takdang araw para mapanatili ang proteksiyon ng kalusugan mo o para makatulong sa mga gastusin. Karapatan mong makuha ang impormasyon na ito na nasa wika mo nang walang gastos. Tumawag sa numerong (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

UH01647 (0916)

Unity Health Insurance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or health status.

Unity Health Insurance –

- Provides free aids and services to people with disabilities to communicate effectively with us, such as –
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as –
 - Qualified interpreter
 - Information written in other languages

If you need these services, contact Unity Customer Service at (800) 362-3310.

If you believe that Unity Health Insurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex you can file a grievance with –

Kristie Meier, Compliance Officer; 840 Carolina St.; Sauk City, WI 53583

Phone: (800) 362-3310; TTY / TDD: 711 or toll free (800) 877-8973; Fax: (608) 644-2080

Email: memberadvocates@unityhealth.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, Compliance Officer, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.



POS Schedule of Benefits

Coverage for: Single/Family | Plan Type: POS

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	In <u>Network</u> : \$3,000 Single/ \$6,000 Family per Benefit Year Out of <u>Network</u> : \$6,000 Single/ \$12,000 Family per Benefit Year	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u>?	Yes. <u>Preventive care</u> services are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without cost-sharing and before you meet your <u>deductible</u> . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	In <u>Network</u> : \$3,000 Single/ \$6,000 Family per Benefit Year Out of <u>Network</u> : \$7,000 Single/ \$14,000 Family per Benefit Year	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is Usual, Customary & Reasonable (UCR)?	The amount paid for a medical service in a geographic area based on what <u>Providers</u> in the area usually charge for the same or similar medical service. The UCR amount is sometimes used to determine the <u>allowed amount</u> .	You may be responsible for paying charges that are above the UCR amount for any non-emergent out-of- <u>network</u> services.
What is not included in the <u>out-of-pocket limit</u>?	<u>Premiums</u> , balance-billing charges, penalties for failure to obtain prior authorization, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge after deductible	20% coinsurance after deductible	Charges for e-Visits will apply to your deductible/coinsurance .
	Specialist visit	No charge after deductible	20% coinsurance after deductible	-----none-----
	Other practitioner office visit	Chiro/Adult Vision: No charge after deductible	Chiro/Adult Vision: 20% coinsurance after deductible .	No coverage for Out-of- Network Hearing Exams. Benefits are not available for care that is Maintenance and Supportive Care or Long-term Therapy. Glasses/contacts for Adult Routine Vision are not covered.
	Preventive care/screening/immunization Includes Breast Cancer Mammography for women over 40 and Colorectal Cancer Screening for adults over 50. For a full listing of preventive care services visit unityhealth.com .	No charge	20% coinsurance after deductible	Coverage is limited to preventive services as defined by the Affordable Care Act. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge after deductible	20% coinsurance after deductible	-----none-----
	Imaging (CT/PET scans, MRIs)	No charge after deductible	20% coinsurance after deductible	-----none-----
If you need drugs to treat your illness or condition More information about prescription drug	Preferred Generics Tier 1	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance	Multiple copays will apply for claims of greater than 30 day supply when covered; for claims of 31 to 60 days supply, two copays will apply, and for claims of 61 to 90 days supply, three copays will apply.
	Preferred Brands Tier 2	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance	
	Non-Preferred Brands & Generics Tier 3	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance	

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
coverage is available at www.unityhealth.com/drugformulary	Specialty drugs Tier 4	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge after deductible	20% coinsurance after deductible	Prior authorization may be required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Physician/surgeon fees	No charge after deductible	20% coinsurance after deductible	
If you need immediate medical attention	Emergency room care	No charge after deductible	No charge after deductible	-----none-----
	Emergency medical transportation	No charge after deductible	No charge after deductible	-----none-----
	Urgent care	No charge after deductible	20% coinsurance after deductible	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after deductible	20% coinsurance after deductible	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Physician/surgeon fees	No charge after deductible	20% coinsurance after deductible	
If you are in need of Transplant Services	Various	See the specific “Services You May Need” category for applicable copay, coinsurance and deductible. Prior Authorization is required.	Not Covered	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If you have mental health, behavioral health, or substance abuse needs, including Autism Spectrum Disorder services	Outpatient services	No charge after deductible	20% coinsurance after deductible	Benefits are not available for care that is Maintenance and Supportive Care or Long-term therapy.
	Inpatient services	No charge after deductible	20% coinsurance after deductible	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If you are pregnant	Office visits	No charge after deductible	20% coinsurance after deductible	Maternity care may include tests and services described elsewhere in the SBC

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Childbirth/delivery professional services	No charge after deductible	20% coinsurance after deductible	(i.e. ultrasound).
	Childbirth/delivery facility services	No charge after deductible	20% coinsurance after deductible	Prior authorization is required for inpatient services. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If you need help recovering or have other special health needs	Home health care	No charge after deductible	20% coinsurance after deductible	Coverage is limited to 60 visits per Benefit Year. Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Rehabilitation services	No charge after deductible	20% coinsurance after deductible	Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Benefit Year. Cardiac Rehab is limited to 36 visits per event.
	Habilitation services	No charge after deductible	20% coinsurance after deductible	Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Benefit Year. Prior Authorization may be required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Skilled nursing care	No charge after deductible	20% coinsurance after deductible	Coverage limited to 90 days per confinement. Prior Authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Durable medical equipment For details on Ostomy Supply coverage, refer to your Certificate of Coverage.	No charge after deductible	20% coinsurance after deductible	Coverage for -- Foot Orthotics: Limited to one pair per Benefit Year. Hearing Aids: Limited to one per ear every 36 months. To obtain the list of covered hearing aid models log onto unityhealth.com/hearing-aids or contact Customer Service. Prior authorization may be required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Hospice services	No charge after deductible	20% coinsurance after deductible	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If your child (under 19) needs dental or eye care	Children's eye exam	No charge	20% coinsurance after deductible	Limited to one exam per Benefit Year.
	Children's glasses	Not Covered	Not Covered	-----none-----
	Dental Care	Not Covered	Not Covered	-----none-----
If you need oral surgery	Oral surgery	No charge after deductible	20% coinsurance after deductible	Coverage is limited to procedures listed in your Certificate of Coverage.

Important: This Schedule of Benefits is only a summary of your coverage. For a complete description of your benefits, and the restrictions, exclusions and limitations that apply, read the Certificate of Coverage. Benefits are provided as stated on this Schedule only when services are received according to the terms set forth in the Certificate of Coverage.

Annual Out-of-Pocket Limit: Once the Annual Out-of-Pocket limit has been satisfied, Unity pays 100% of covered services for the remainder of the Benefit Year, excluding any amounts the Member pays in excess of the Usual, Customary and Reasonable Charge. Such amounts do not count toward satisfaction of the Annual Out-of-Pocket limit.

Prior Authorization: Prior Authorization is required for coverage of certain services. These services are listed on Unity's website at unityhealth.com. You may also call Unity Customer Service for information.

For help to translate or understand this, please call (800) 362-3310, TTY / TDD: 711 / (800) 877-8973.

Spanish – Este aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Unity. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica u obtener ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hmong – Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog cov kev pab kam them nqi kho mob los ntawm Unity. Saib cov caij nyoog ceeb hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam kom tsis pub dhau cov caij nyoog koj thiaj yuav tau txais kev pab kam them nqi kho mob los yog kev pab them tej nqi kho mob. Koj muaj cai tau cov ntshiab lus no thiaj tau kev pab ua koj hom lus pub dawb rau koj. Hu rau (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Chinese – 本通知含有重要的訊息。本通知包含了關於您通過Unity提交之申請或保險責任範圍的重要訊息。請留意本通知內的重要日期。您可能需要在若幹截止日期之前採取行動，以維持您的健康保險責任範圍或者費用補貼。您有權利免費獲得以您母語撰寫的本訊息和各種幫助。請致電 (800) 362-3310。聾啞人電話：711 / (800) 877-8973。

German – Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutz durch Unity. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu erhalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Arabic – يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال Unity. ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل ب (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Russian – Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Unity. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Korean – 본 통지서에는 중요한 정보가 들어 있습니다. 본 통지서에는 귀하의 신청 또는 Unity를 통한 보험보장에 관한 중요한 정보가 들어 있습니다. 본 통지서에 나와있는 중요한 날짜를 찾아보십시오. 귀하는 귀하의 건강 보험보장을 유지하기 위해 특정 마감일까지 조치를 취해야 할 수도 있거나, 비용에 관한 도움이 필요할 수도 있습니다. 귀하는 귀하가 사용하는 언어로 이러한 정보와 도움을 무료로 받을 권리가 있습니다. (800) 362-3310 번으로 전화하십시오. TTY / TDD: 711 / (800) 877-8973.

Vietnamese – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Unity. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Pennsylvanian Dutch – Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit Unity. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du (800) 362-3310 uffrufe. TTY / TDD: 711 / (800) 877-8973.

Laotian – ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໜັບສະໜູນ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານ ໂດຍຜ່ານ Unity. ໃຫ້ເບິ່ງກຳນົດວັນທີສໍາຄັນຢູ່ໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງໄດ້ໃຊ້ເວລາດຳເນີນການຕາມກຳນົດເວລາທີ່ແນມອນ ເພື່ອສຳສານຄຸ້ມຄອງຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂ່າວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໃຫ້ໂທຫາເບີ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

French – Cet avis contient des informations importantes. Cet avis contient des informations importantes concernant votre demande ou sur la prise en charge par Unity. Rechercher les dates importantes sur le présent avis. Il se peut qu'une action de votre part soit nécessaire avant une certaine date afin de conserver votre couverture santé ou votre aide sur les frais. Vous avez le droit d'obtenir gratuitement ces informations et une assistance dans votre langue. Appelez le (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Polish – To zawiadomienie zawiera ważne informacje. To zawiadomienie zawiera ważne informacje dotyczące Państwa wniosku lub zakresu ubezpieczenia w Unity. Proszę zwrócić uwagę na ważne daty podane w zawiadomieniu. Mogą to być terminy dokonania określonych czynności koniecznych do zachowania ubezpieczenia zdrowotnego lub uzyskania pomocy związanej z kosztami. Mają Państwo prawo do otrzymania tej informacji oraz uzyskania pomocy bezpłatnie w swoim języku. Proszę dzwonić pod numer: (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hindi – इस नोटिस में महत्वपूर्ण जानकारी है। इस नोटिस में आपके आवेदन या Unity के माध्यम से बीमे के कवरेज बारे में महत्वपूर्ण जानकारी है। इस नोटिस में मुख्य तारीखें देखें। अपना स्वास्थ्य बीमा बनाए रखने या कीमत चुकाकर सहायता प्राप्त करने के लिए आपको कुछ निश्चित समयसीमा तक कार्रवाई करने की ज़रूरत हो सकती है। आपको कोई कीमत चुकाए बिना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। कॉल करें (800) 362-3310। TTY / TDD: 711 / (800) 877-8973.

Albanian – Ky njoftim përmban informacion të rëndësishëm. Ky njoftim përmban informacion të rëndësishëm për aplikimin ose mbulimin tuaj nëpërmjet Unity. Kontrolloni për data të rëndësishme në këtë njoftim. Mund t'ju duhet të ndërmerreni veprim brenda afatave të caktuara për të mbajtur mbulimin tuaj shëndetësor ose për ndihmën me koston. Keni të drejtë ta merrni këtë informacion dhe ndihmë falas në gjuhën tuaj. Telefononi numrin (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Tagalog – Ang Abisong ito ay may Importanteng Impormasyon. Ang abisong ito ay may importanteng impormasyon tungkol sa aplikasyon o proteksiyon mo sa pamamagitan ng Unity. Hanapin ang mga pangunahing petsa na nasa abisong ito. Maaaring kailangan mong kumilos bago sumapit ang ilang takdang araw para mapanatili ang proteksiyon ng kalusugan mo o para makatulong sa mga gastusin. Karapatan mong makuha ang impormasyon na ito na nasa wika mo nang walang gastos. Tumawag sa numerong (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

UH01647 (0916)

Unity Health Insurance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or health status.

Unity Health Insurance –

- Provides free aids and services to people with disabilities to communicate effectively with us, such as –
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as –
 - Qualified interpreter
 - Information written in other languages

If you need these services, contact Unity Customer Service at (800) 362-3310.

If you believe that Unity Health Insurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex you can file a grievance with –

Kristie Meier, Compliance Officer; 840 Carolina St.; Sauk City, WI 53583

Phone: (800) 362-3310; TTY / TDD: 711 or toll free (800) 877-8973; Fax: (608) 644-2080

Email: memberadvocates@unityhealth.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, Compliance Officer, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.



PPO Schedule of Benefits

Coverage for: Single/Family | Plan Type: PPO

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	In <u>Network</u> : \$3,000 Single/ \$6,000 Family per Benefit Year Out of <u>Network</u> : \$6,000 Single/ \$12,000 Family per Benefit Year	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u>?	Yes. <u>Preventive care</u> services are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without cost-sharing and before you meet your <u>deductible</u> . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	In <u>Network</u> : \$3,000 Single/ \$6,000 Family per Benefit Year Out of <u>Network</u> : \$7,000 Single/ \$14,000 Family per Benefit Year	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is Usual, Customary & Reasonable (UCR)?	The amount paid for a medical service in a geographic area based on what <u>Providers</u> in the area usually charge for the same or similar medical service. The UCR amount is sometimes used to determine the <u>allowed amount</u> .	You may be responsible for paying charges that are above the UCR amount for any non-emergent out-of- <u>network</u> services.
What is not included in the <u>out-of-pocket limit</u>?	<u>Premiums</u> , balance-billing charges, penalties for failure to obtain prior authorization, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	No charge after deductible	20% coinsurance after deductible	Charges for e-Visits will apply to your deductible/coinsurance .
	Specialist visit	No charge after deductible	20% coinsurance after deductible	-----none-----
	Other practitioner office visit	Chiro/Adult Vision: No charge after deductible	Chiro/Adult Vision: 20% coinsurance after deductible .	Benefits are not available for care that is Maintenance and Supportive Care or Long-term Therapy. Glasses/contacts for Adult Routine Vision are not covered.
	Preventive care/screening/immunization Includes Breast Cancer Mammography for women over 40 and Colorectal Cancer Screening for adults over 50. For a full listing of preventive care services visit unityhealth.com .	No charge	20% coinsurance after deductible	Coverage is limited to preventive services as defined by the Affordable Care Act. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge after deductible	20% coinsurance after deductible	-----none-----
	Imaging (CT/PET scans, MRIs)	No charge after deductible	20% coinsurance after deductible	-----none-----
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.unityhealth.com/drugformulary	Preferred Generics Tier 1	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance	Multiple copays will apply for claims of greater than 30 day supply when covered; for claims of 31 to 60 days supply, two copays will apply, and for claims of 61 to 90 days supply, three copays will apply.
Preferred Brands Tier 2	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance		
Non-Preferred Brands & Generics Tier 3	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance		
Specialty drugs Tier 4	Subject to deductible , then 0% coinsurance	Subject to deductible , then 0% coinsurance		

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge after deductible	20% coinsurance after deductible	Prior authorization may be required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Physician/surgeon fees	No charge after deductible	20% coinsurance after deductible	
If you need immediate medical attention	Emergency room care	No charge after deductible	No charge after deductible	-----none-----
	Emergency medical transportation	No charge after deductible	No charge after deductible	-----none-----
	Urgent care	No charge after deductible	20% coinsurance after deductible	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after deductible	20% coinsurance after deductible	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Physician/surgeon fees	No charge after deductible	20% coinsurance after deductible	
If you are in need of Transplant Services	Various	See the specific “Services You May Need” category for applicable copay, coinsurance and deductible. Prior Authorization is required.	Not Covered	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If you have mental health, behavioral health, or substance abuse needs, including Autism Spectrum Disorder services	Outpatient services	No charge after deductible	20% coinsurance after deductible	Benefits are not available for care that is Maintenance and Supportive Care or Long-term therapy.
	Inpatient services	No charge after deductible	20% coinsurance after deductible	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If you are pregnant	Office visits	No charge after deductible	20% coinsurance after deductible	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge after deductible	20% coinsurance after deductible	

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Childbirth/delivery facility services	No charge after deductible	20% coinsurance after deductible	Prior authorization is required for inpatient services. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If you need help recovering or have other special health needs	Home health care	No charge after deductible	20% coinsurance after deductible	Coverage is limited to 60 visits per Benefit Year. Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Rehabilitation services	No charge after deductible	20% coinsurance after deductible	Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Benefit Year. Cardiac Rehab is limited to 36 visits per event.
	Habilitation services	No charge after deductible	20% coinsurance after deductible	Coverage for Physical, Speech and Occupational therapy is limited to a combined total of 40 visits per Benefit Year. Prior Authorization may be required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
	Skilled nursing care	No charge after deductible	20% coinsurance after deductible	Coverage limited to 90 days per confinement. Prior Authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions <small>*For authorized services provided out-of-network (including Urgent Care visits) member may be liable for excess UCR. Emergency Room services are not subject to UCR.</small>
		In Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	<u>Durable medical equipment</u> For details on Ostomy Supply coverage, refer to your Certificate of Coverage.	No charge after <u>deductible</u>	20% <u>coinsurance</u> after <u>deductible</u>	Coverage for -- Foot Orthotics: Limited to one pair per Benefit Year. Hearing Aids: Limited to one per ear every 36 months. To obtain the list of covered hearing aid models log onto unityhealth.com/hearing_aids or contact Customer Service. Prior authorization may be required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information. Purchase or rental of DME with a per unit cost of \$500 or more must be Prior Authorized.
	<u>Hospice services</u>	No charge after <u>deductible</u>	20% <u>coinsurance</u> after <u>deductible</u>	Prior authorization is required. See https://unityhealth.com/members/how-to-get-care/prior-authorization or call Customer Service for additional information.
If your child (under 19) needs dental or eye care	Children's eye exam	No charge	20% <u>coinsurance</u> after <u>deductible</u>	Limited to one exam per Benefit Year.
	Children's glasses	Not Covered	Not Covered	-----none-----
	Dental Care	Not Covered	Not Covered	-----none-----
If you need oral surgery	Oral surgery	No charge after <u>deductible</u>	20% <u>coinsurance</u> after <u>deductible</u>	Coverage is limited to procedures listed in your Certificate of Coverage.

Important: This Schedule of Benefits is only a summary of your coverage. For a complete description of your benefits, and the restrictions, exclusions and limitations that apply, read the Certificate of Coverage. Benefits are provided as stated on this Schedule only when services are received according to the terms set forth in the Certificate of Coverage.

Annual Out-of-Pocket Limit: Once the Annual Out-of-Pocket limit has been satisfied, Unity pays 100% of covered services for the remainder of the Benefit Year, excluding any amounts the Member pays in excess of the Usual, Customary and Reasonable Charge. Such amounts do not count toward satisfaction of the Annual Out-of-Pocket limit.

Prior Authorization: Prior Authorization is required for coverage of certain services. These services are listed on Unity's website at unityhealth.com. You may also call Unity Customer Service for information.

For help to translate or understand this, please call (800) 362-3310, TTY / TDD: 711 / (800) 877-8973.

Spanish – Este aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Unity. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica u obtener ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hmong – Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog cov kev pab kam them nqi kho mob los ntawm Unity. Saib cov caij nyoog ceeb hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam kom tsis pub dhau cov caij nyoog koj thiaj yuav tau txais kev pab kam them nqi kho mob los yog kev pab them tej nqi kho mob. Koj muaj cai tau cov ntshiab lus no thiaj tau kev pab ua koj hom lus pub dawb rau koj. Hu rau (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Chinese – 本通知含有重要的訊息。本通知包含了關於您通過Unity提交之申請或保險責任範圍的重要訊息。請留意本通知內的重要日期。您可能需要在若幹截止日期之前採取行動，以維持您的健康保險責任範圍或者費用補貼。您有權利免費獲得以您母語撰寫的本訊息和各種幫助。請致電 (800) 362-3310。聾啞人電話：711 / (800) 877-8973。

German – Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutz durch Unity. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu erhalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Arabic – يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال Unity. ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل ب (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Russian – Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Unity. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Korean – 본 통지서에는 중요한 정보가 들어 있습니다. 본 통지서에는 귀하의 신청 또는 Unity를 통한 보험보장에 관한 중요한 정보가 들어 있습니다. 본 통지서에 나와있는 중요한 날짜를 찾아보십시오. 귀하는 귀하의 건강 보험보장을 유지하기 위해 특정 마감일까지 조치를 취해야 할 수도 있거나, 비용에 관한 도움이 필요할 수도 있습니다. 귀하는 귀하가 사용하는 언어로 이러한 정보와 도움을 무료로 받을 권리가 있습니다. (800) 362-3310 번으로 전화하십시오. TTY / TDD: 711 / (800) 877-8973.

Vietnamese – Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Unity. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Pennsylvanian Dutch – Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit Unity. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du (800) 362-3310 uffrufe. TTY / TDD: 711 / (800) 877-8973.

Laotian – ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະໜັບສະໜູນ ທີ່ ການຄຸ້ມຄອງຂອງທ່ານ ໂດຍຜ່ານ Unity. ໃຫ້ເບິ່ງກຳນົດວັນທີສໍາຄັນຢູ່ໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງໄດ້ໃຊ້ເວລາດຳເນີນການຕາມກຳນົດເວລາທີ່ແນມອນ ເພື່ອສຳສານຄຸ້ມຄອງຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນຂ່າວສານ ແລະ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໃຫ້ໂທຫາເບີ (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

French – Cet avis contient des informations importantes. Cet avis contient des informations importantes concernant votre demande ou sur la prise en charge par Unity. Rechercher les dates importantes sur le présent avis. Il se peut qu'une action de votre part soit nécessaire avant une certaine date afin de conserver votre couverture santé ou votre aide sur les frais. Vous avez le droit d'obtenir gratuitement ces informations et une assistance dans votre langue. Appelez le (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Polish – To zawiadomienie zawiera ważne informacje. To zawiadomienie zawiera ważne informacje dotyczące Państwa wniosku lub zakresu ubezpieczenia w Unity. Proszę zwrócić uwagę na ważne daty podane w zawiadomieniu. Mogą to być terminy dokonania określonych czynności koniecznych do zachowania ubezpieczenia zdrowotnego lub uzyskania pomocy związanej z kosztami. Mają Państwo prawo do otrzymania tej informacji oraz uzyskania pomocy bezpłatnie w swoim języku. Proszę dzwonić pod numer: (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Hindi – इस नोटिस में महत्वपूर्ण जानकारी है। इस नोटिस में आपके आवेदन या Unity के माध्यम से बीमे के कवरेज बारे में महत्वपूर्ण जानकारी है। इस नोटिस में मुख्य तारीखें देखें। अपना स्वास्थ्य बीमा बनाए रखने या कीमत चुकाकर सहायता प्राप्त करने के लिए आपको कुछ निश्चित समयसीमा तक कार्रवाई करने की ज़रूरत हो सकती है। आपको कोई कीमत चुकाए बिना यह जानकारी और सहायता अपनी भाषा में प्राप्त करने का अधिकार है। कॉल करें (800) 362-3310। TTY / TDD: 711 / (800) 877-8973.

Albanian – Ky njoftim përmban informacion të rëndësishëm. Ky njoftim përmban informacion të rëndësishëm për aplikimin ose mbulimin tuaj nëpërmjet Unity. Kontrolloni për data të rëndësishme në këtë njoftim. Mund t'ju duhet të ndërmerreni veprim brenda afatave të caktuara për të mbajtur mbulimin tuaj shëndetësor ose për ndihmën me koston. Keni të drejtë ta merrni këtë informacion dhe ndihmë falas në gjuhën tuaj. Telefononi numrin (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

Tagalog – Ang Abisong ito ay may Importanteng Impormasyon. Ang abisong ito ay may importanteng impormasyon tungkol sa aplikasyon o proteksiyon mo sa pamamagitan ng Unity. Hanapin ang mga pangunahing petsa na nasa abisong ito. Maaaring kailangan mong kumilos bago sumapit ang ilang takdang araw para mapanatili ang proteksiyon ng kalusugan mo o para makatulong sa mga gastusin. Karapatan mong makuha ang impormasyon na ito na nasa wika mo nang walang gastos. Tumawag sa numerong (800) 362-3310. TTY / TDD: 711 / (800) 877-8973.

UH01647 (0916)

Unity Health Insurance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or health status.

Unity Health Insurance –

- Provides free aids and services to people with disabilities to communicate effectively with us, such as –
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as –
 - Qualified interpreter
 - Information written in other languages

If you need these services, contact Unity Customer Service at (800) 362-3310.

If you believe that Unity Health Insurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex you can file a grievance with –

Kristie Meier, Compliance Officer; 840 Carolina St.; Sauk City, WI 53583

Phone: (800) 362-3310; TTY / TDD: 711 or toll free (800) 877-8973; Fax: (608) 644-2080

Email: memberadvocates@unityhealth.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, Compliance Officer, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.