

# **UNITY HEALTH PLANS INSURANCE CORPORATION**

## **PREFERRED PROVIDER ORGANIZATION (PPO) PLANS POINT OF SERVICE (POS) PLANS**

### **NOTICE: LIMITED BENEFITS WILL BE PAID WHEN NON-PARTICIPATING PROVIDERS ARE USED.**

**You should be aware that when you elect to utilize the services of a non-participating provider for a covered service, benefit payments to such non-participating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy.**

**YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE AND COPAYMENT AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION.**

**Non-participating providers may bill enrollees for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payment for covered services with no additional billing to the enrollee other than the copayment, coinsurance and deductible amounts.**

**You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling 608-643-2491 or 1-800-362-3310 or by visiting Unity Health Plans Insurance Corporation's website at *unityhealth.com*.**