



Employer's Statement of Understanding

Attachment when electing Premier Flex Plus 500-80,
Premier Flex Plus 1000-80 or Premier Flex Plus 2000-80
Plans

Name of Employer Group: _____

Employer Group Number: _____

Requested Effective Date : _____

Employer's Statement:

I have elected to add one or more of the Premier Flex Plus plans to the existing portfolio of UniCare products offered to my employees.

I understand that the new plan(s) utilize a Medicare level Out of Network fee schedule. This fee schedule is different from that which is included in my current plans.

By signing this document, I agree to change the Out of Network fee schedule for all other plans currently being offered to my employees to a Medicare level Out of Network fee schedule.

I further understand that this change in benefit will affect reimbursement amounts paid by UniCare for Out of Network claims. I acknowledge that the member's out of pocket expenses will be higher under the new Medicare level Out of Network benefit than under the Out of Network fee schedule in my current plans for any services received from an Out of Network Provider.

Company Officer Signature

Please print

Title

Date