



ILLINOIS

SHORT-TERM PLANS

Immediate Coverage to Meet the
Needs of Individuals and Families



UNICARE®
A Healthy Dose of Innovation.®

UniCare Health Insurance Company
of the Midwest

The UniCare Difference

Who We Are

UniCare Health Insurance Company of the Midwest (UniCare) is a WellPoint company. WellPoint, Inc. is the largest health benefits company in the nation. WellPoint and its family of companies provide health coverage for over 34 million people. It is the top medical membership carrier in the United States.

What We Deliver

- A nationally recognized insurance carrier with long established reliability and financial security
- An expansive network of independently contracted doctors, hospitals, and surgical centers
- Access to quality professional medical services at UniCare's negotiated discounted fees
- A choice of affordable health insurance plans with coverage levels and pricing adaptable to your needs, budget and lifestyle

UniCare's Short-Term Plans

The immediate coverage you need:

- Between jobs
- After graduation
- While waiting for permanent coverage

The power to choose:

- Coverage from 30 to 180 days
- Any day of the month to begin or end coverage
- Preferred deductible from \$250 to \$2,000

Maximum Coverage Period

This plan allows you to decide how long you'll need coverage, from a minimum of 30 days up to a maximum of 180 days. This policy is non-renewable and designed to meet your temporary health plan needs while you are waiting for your permanent coverage.

After your Short-Term policy expires, you may complete a new application and reapply for a new policy. However, once you have completed two coverage periods under a Short-Term policy with less than six months lapse in between coverage periods, you must wait six months to be eligible to apply for another Short-Term policy.

Eligibility and Enrollment

Pricing is based on a per member, per day rate. Please remit your check for the entire premium with your application.

For faster service, you may also choose to pay by credit card (VISA, MasterCard, or Discover) and submit via fax.

To qualify for coverage, you must be:

- at least 15 days old and under 65 years old,
- a resident of Illinois, and
- a resident of the United States for at least six months

To qualify for coverage, your dependents must be:

- your lawful spouse of the opposite sex under age 65;
- your child or stepchild between the ages of 15 days and 19 years; or
- your unmarried dependent child or stepchild, age 19 through 22 (eligible only if a full-time student)

Effective Date of Coverage

If you are approved by UniCare, coverage begins at 12:01 a.m. on the date following the U.S. Postal Service postmark date stamped on the envelope or receipt date by UniCare, unless you specify a later effective date. If you fax your application and are approved by UniCare, coverage may become effective as early as 12:01 a.m. the next day. If you submit your application by fax, please do not mail your application to UniCare.

What the Policy Covers*

- \$2,000,000 per person lifetime benefit
- Emergency care
- Hospitalization services
- Outpatient services
- Access to any doctor you want
- Professional services including x-ray, lab, and office visits
- Prescription drugs

* These listings are an overview only. Refer to the Policy booklet for a more detailed list of benefits, including limitations, exclusions, preservice and utilization review, authorization process and penalties that may apply. Only the actual Policy provisions apply. UniCare reserves the right to amend the plan's terms.

Short-Term Benefit Overview

This matrix provides a brief description of some of the plan features and reflects UniCare's payment for covered expenses after applicable deductibles are met. When you use UniCare independently contracted, participating (in-network) providers, your costs are based on a UniCare rate that may often save you

Benefit
Deductible¹
Out-of-Pocket Maximum
Plan Maximum
Professional Services <ul style="list-style-type: none"> • Office Visits, surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic x-ray, and lab work
Preventive Care <ul style="list-style-type: none"> • Babies/Children through age 6 (immunizations, lab work and associated office visit) • Adults (Routine Pap smears, annual mammograms, colorectal cancer screening, PSA for men and associated Office Visits/examinations)
Physical Therapy, Occupational Therapy, Acupuncture/Acupressure
Mental, Emotional, or Functional Nervous Disorders and Treatment for Alcohol Abuse <ul style="list-style-type: none"> • Inpatient Hospital Charges • In or Outpatient professional charges
Initial Care of a Medical Emergency (inpatient or outpatient)
Inpatient Hospital Services All inpatient care requires pre-service review or you will be required to pay a \$500 penalty.
Outpatient Medical Care -Non-emergency outpatient emergency room visits that do not result in an inpatient admission are subject to an additional \$60 deductible.
Ambulance Service Maximum covered expense of \$750 per trip (air or ground)
Retail Pharmacy (maximum 30 day supply)³
Generic Drugs
Brand Name Drug Deductible
Brand Name Drugs
Brand Name Drug Maximum
Self Injectable Drugs Brand Name Drug Deductible and Maximum Applies

¹ All benefits (except prescription drugs) are subject to this deductible.

² Until transferable to a participating hospital, then 60% subject to an additional \$500 deductible per continuing hospital confinement once transferable.

³ Certain prescription drugs require prior authorization by UniCare.

money. When you use nonparticipating (out-of-network) providers, your costs are based on charges deemed by UniCare to be reasonable for that service and area. Reasonable charges may be less than your provider's billed charges and often result in higher costs to you.

UniCare's Share of Costs for Covered Expenses After You Meet Any Applicable Deductibles	
Participating Providers	Nonparticipating Providers
\$250, \$500, \$1,000, \$2,000 per Insured per policy term	
\$1,000 plus the deductible(s) per Insured per policy term	
UniCare pays up to \$2 million per Insured per policy term	
80%	60%
80%	60%
80%	60%
\$30 maximum per visit; with a combined maximum of six visits per insured, per policy term	
\$100 per day with a maximum payment of \$2,500 per insured during the policy term. Exception: Inpatient treatment of alcoholism is payable as any other mental condition. \$30 per visit (up to six visits per insured, per policy term).	
80%	80% ²
80%	60% after you pay an additional \$500 deductible per continuing hospital confinement for non-emergency stays
80%	60%
80%	60%
You pay a \$15 copay	UniCare pays 50% of the Average Wholesale Price (AWP).
\$500 per Insured per policy term	
50%	UniCare pays 40% of the Average Wholesale Price (AWP).
Once UniCare has paid \$1,000 for brand name prescription drugs, your brand name drug prescriptions will no longer be covered; however, you may still get the UniCare Network discount when you present your UniCare ID card at a participating pharmacy.	
50%	UniCare pays 50% of the Average Wholesale Price (AWP).

Read your policy carefully. This summary of benefits provides a very brief description of the important features of your plan. This is not the insurance contract and only the actual policy provisions apply. The policy sets forth, in more detail, the benefits, limitations, exclusions, preservice and utilization review, authorization process and penalties that may apply. If there are any conflicts between the terms of the Policy and the information in this brochure, the terms of the Policy will prevail.

Limitations and Exclusions

The primary limitations and exclusions for the plans described in this brochure 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 Policy. Only the actual Policy provisions apply. If there are any conflicts between the terms of the Policy and this brochure, the terms of the Policy will prevail.

Limitations

The following are the primary limitations that apply to these plans:

Ambulance Service: Limited to a maximum covered expense of \$750 per trip (air or ground).

Home Health Care: Limited to a maximum of 30 visits per insured per policy term.

Skilled Nursing Facilities: Limited to a maximum covered expense of \$200 per day, and 50 days per insured per policy term.

Services for Mental, Emotional or Functional Nervous Disorders and Alcoholism - Inpatient: Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$2,500 per insured per policy term. Exception: Inpatient treatment of alcoholism is payable as any other medical condition. Outpatient: Benefits for eligible treatment are payable up to \$30 per visit up to a maximum of 6 visits per insured per policy term for in- or outpatient professional charges.

Physical, Occupational Therapy/Medicine and Acupuncture/Acupressure: Benefits are payable up to \$30 per visit with a combined maximum of 6 visits per insured per policy term.

Hospice: Limited to a lifetime maximum of \$5,000 per insured.

Diabetes: Covered expenses for diabetes equipment and diabetes supplies are subject to a maximum payment of \$500 per insured.

Brand Name Prescription Drugs: Limited to a maximum payment of \$1,000 for brand name prescription drugs per insured per policy term. Includes participating and nonparticipating retail pharmacies combined.

Exclusions

These plans do not provide benefits for:

- Surgical procedures for sterilization (i.e., vasectomy, and/or tubal ligations).
- Amounts in excess of maximum amounts of covered expenses stated in the Policy.
- Services not specifically listed in the Policy as covered services.
- Services or supplies that are not medically necessary.
- Services or supplies UniCare considers to be experimental or investigative procedures.
- Services received before the effective date of coverage or during an inpatient stay that began before your 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.
- Conditions covered by workers' compensation or similar laws.
- Any intentionally self-inflicted injury or illness.
- Conditions arising from (a) an act of war, (b) the inadvertent release of nuclear energy when government funds are available for treatment, (c) an insured person participating in the military service of any country, (d) an insured person participating in an insurrection, rebellion or riot, (e) services received as a direct result of an insured person's commission of, or attempt to commit a felony or as a direct result of the insured person being engaged in an illegal occupation, (f) an insured person, being under the influence of illegal narcotics or non-prescribed controlled substances, possession of which would constitute a felony, unless administered on the advice of a physician.
- Any services provided by a local, state or federal government agency except when expressly required by federal or state law.
- Any services covered by Medicare under parts A or B, regardless of actual enrollment in Medicare of payment by Medicare for those services.
- Professional services received or supplies purchased from Yourself, a person who lives in your home or who is related to you by blood, marriage or adoption or any of the insured person's employers.

Limitations and Exclusions (cont.)

- Inpatient or outpatient 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 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 mental, emotional or functional nervous disorders or psychological testing except as specifically stated in the Policy.
- Treatment of drug, or other substance addiction or abuse except for the inpatient treatment of alcohol abuse as specifically stated in the Policy.
- Dental services and dental implants.
- Orthodontic services.
- Hearing aids.
- Routine hearing tests except as provided under 'Well Baby and Well Child Care.'
- Optometric services and eye surgery to correct refractive defects.
- Drugs (including but not limited to drug samples), medications, or other substances dispensed or administered in any outpatient setting unless otherwise covered by the Policy.
- Cosmetic surgery except for medically necessary reconstructive surgery.
- Sex change operations or related treatment.
- Treatment of sexual dysfunction, impotence and/or inadequacy.
- All services related to the evaluation or treatment of fertility and/or infertility, including all tests, consultations, examinations, medications, surgical, medical or lab procedures and sterilization reversals.
- Cryopreservation of sperm or eggs.
- All contraceptive services and supplies including consultations, examinations, evaluations, medications, medical, laboratory, devices, prescription drugs, or surgical procedures.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.

- Services primarily for weight reduction or treatment of obesity including morbid obesity or any care which involves weight reduction as a main method for treatment.
- Routine physical exams or tests that do not directly treat an actual illness, injury or condition.
- Charges by a provider for telephone consultations.
- Items which are furnished primarily for your personal comfort or convenience (air conditioners, exercise equipment, and supplies for hygiene or beautification, etc.).
- Educational services except as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements, except for medical nutrition care for diabetes.
- Any services received if they are related to a Pre-existing Condition.
- Smoking cessation programs and medications.
- Routine foot care.
- Charges for which we are unable to determine our liability because you failed, within 60 days, or as soon as reasonably possible to (a) authorize us to receive all the medical records and information we requested or, (b) provide us with information we requested regarding the circumstances of the claim or other insurance coverage.
- Charges for animal to human organ transplants.
- Charges for normal pregnancy or maternity care, except for services due to complications of pregnancy.
- Foreign country provider charges except as specifically stated in the Policy.
- Growth Hormone Treatment except as specifically stated in the Policy.
- Services for which a third party may be liable or legally responsible to pay.

Waiting periods

An insured person must be covered by the plan for six consecutive months to be eligible for benefits for all services, including but not limited to all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures, that are related to the evaluation or treatment of:

- Hernia (except for strangulated or incarcerated)
- Varicose veins

Pre-Existing Conditions

Coverage will not be provided for medical conditions that existed in the 12 months prior to the effective date.

Grievances

All complaints and disputes relating to your coverage must be resolved in accordance with UniCare's grievance procedure.

Grievances may be made by telephone or in writing; the phone number and address are located on your UniCare ID card.

All grievances received by UniCare will be answered in writing, together with a description of how UniCare proposes to resolve the grievance.

Additional Information

Please contact your agent for information about other Individual coverage options. Approved and enrolled subscriber will receive a UniCare identification (ID) card and a Policy booklet. The policy gives a comprehensive description of what is covered and what is not covered.

Before you sign an application for coverage ask your Agent how to use Provider Finder at www.unicare.com to determine which doctors in your area are Participating Providers.

How To Calculate Your Premium

1. Please identify either your ZIP code or the first three digits of your ZIP code to determine your rating area. (See next page.)
2. Choose the deductible you prefer.
3. Find the age range of the applicant* (as of the effective date) to determine the per day rate.
4. Multiply the per day rate by the number of days selected (Section 2B on the enrollment application) to determine the premium.

Example of a Premium Calculation:

Eric, 33 and Teri, 28, live in Area 4.

They choose the \$1,000 Deductible plan.

They select 75 days of coverage.

Applicant + spouse rate, based on age of older spouse (age 33)

Per day rate = \$2.56

$\$2.56 \times 75 \text{ days} = \192.00

\$192.00 (Total Premium Due)

*Use the age of the older spouse for Applicant and Spouse or Family plans or the number of children applying for children-only plans.

Area residence ZIP codes

Find your ZIP code below

Area 1 All ZIP codes beginning with 606 and 607 (except 60712 and 60714); and ZIP code 60404

Area 2 All ZIP codes beginning with 600, 601, 604 (except 60403 and 60404), and 605 that are not listed in Area 3; all ZIP codes beginning with 602, 603, and 608; 60712 and 60714

Area 3 60002, 60012-60014, 60020, 60021, 60033, 60034, 60046, 60050, 60071, 60072, 60081, 60083, 60097, 60098, 60102, 60110, 60111, 60115, 60118, 60119, 60123, 60129, 60134, 60135, 60136, 60140, 60142, 60145, 60146, 60150-60152, 60156, 60174, 60175, 60177, 60178, 60180, 60401, 60403, 60407, 60408, 60410, 60416, 60417, 60420, 60421, 60423, 60424, 60431-60433, 60435, 60436, 60437, 60440-60442, 60444, 60447-60451, 60460, 60466, 60468, 60470, 60479, 60481, 60490, 60505, 60506, 60510, 60511, 60512, 60518, 60520, 60530, 60531, 60538, 60539, 60541-60545, 60548-60554, 60556, 60560, 60564

Area 4 All ZIP codes beginning with 609

Area 5 All ZIP codes beginning with 611, 613, 615-620, 622, 627

Area 6 All ZIP codes beginning with 610, 612, 614, 623-626, 628, 629



Area 1 Illinois

	UniCare 2000	UniCare 1000	UniCare 500	UniCare 250
Single Male				
Under 30	\$1.25	\$1.69	\$2.44	\$2.62
30-34	\$1.46	\$1.91	\$2.64	\$2.84
35-39	\$1.76	\$2.35	\$3.22	\$3.45
40-44	\$2.22	\$2.98	\$3.97	\$4.26
45-49	\$2.91	\$3.95	\$4.97	\$5.34
50-54	\$3.58	\$4.69	\$6.11	\$6.58
55-59	\$4.91	\$6.22	\$8.07	\$8.69
60-64	\$6.02	\$7.68	\$9.73	\$10.47
Single Female				
Under 30	\$1.42	\$1.91	\$2.91	\$3.14
30-34	\$1.76	\$2.40	\$3.49	\$3.74
35-39	\$2.26	\$2.98	\$4.22	\$4.53
40-44	\$2.78	\$3.74	\$5.00	\$5.37
45-49	\$3.22	\$4.33	\$5.60	\$6.03
50-54	\$3.87	\$5.09	\$6.38	\$6.87
55-59	\$4.38	\$5.60	\$7.29	\$7.85
60-64	\$5.06	\$6.45	\$8.20	\$8.83
Applicant & Spouse				
Under 30	\$2.67	\$3.60	\$5.36	\$5.76
30-34	\$2.88	\$3.83	\$5.56	\$5.97
35-39	\$3.51	\$4.75	\$6.71	\$7.19
40-44	\$4.48	\$5.96	\$8.19	\$8.80
45-49	\$5.69	\$7.68	\$9.97	\$10.71
50-54	\$6.80	\$9.02	\$11.71	\$12.61
55-59	\$8.78	\$11.31	\$14.45	\$15.56
60-64	\$10.40	\$13.29	\$17.02	\$18.33
Applicant & 1 Child				
Under 30	\$2.28	\$3.12	\$4.58	\$4.93
30-34	\$2.62	\$3.60	\$5.15	\$5.52
35-39	\$3.13	\$4.19	\$5.88	\$6.32
40-44	\$3.65	\$4.94	\$6.66	\$7.16
45-49	\$4.08	\$5.54	\$7.27	\$7.82
50-54	\$4.74	\$6.29	\$8.04	\$8.66
55-59	\$5.77	\$7.43	\$9.73	\$10.47
60-64	\$6.89	\$8.89	\$11.40	\$12.26
Applicant & 2 Children				
Under 30	\$3.08	\$4.24	\$6.09	\$6.55
30-34	\$3.42	\$4.73	\$6.66	\$7.14
35-39	\$3.93	\$5.31	\$7.39	\$7.94
40-44	\$4.44	\$6.06	\$8.17	\$8.78
45-49	\$4.88	\$6.66	\$8.78	\$9.44
50-54	\$5.54	\$7.41	\$9.55	\$10.28
55-59	\$6.57	\$8.55	\$11.24	\$12.09
60-64	\$7.68	\$10.01	\$12.90	\$13.88
Applicant & 3+ Children				
Under 30	\$3.79	\$5.20	\$7.40	\$7.97
30-34	\$4.13	\$5.68	\$7.98	\$8.56
35-39	\$4.64	\$6.27	\$8.71	\$9.36
40-44	\$5.15	\$7.02	\$9.48	\$10.19
45-49	\$5.59	\$7.62	\$10.09	\$10.86
50-54	\$6.24	\$8.37	\$10.87	\$11.70
55-59	\$7.28	\$9.51	\$12.56	\$13.51
60-64	\$8.39	\$10.97	\$14.22	\$15.30
Family w/ 1 Child				
Under 30	\$3.53	\$4.80	\$7.02	\$7.55
30-34	\$3.75	\$5.03	\$7.22	\$7.76
35-39	\$4.38	\$5.95	\$8.37	\$8.98
40-44	\$5.34	\$7.17	\$9.86	\$10.59
45-49	\$6.56	\$8.89	\$11.63	\$12.50
50-54	\$7.66	\$10.23	\$13.38	\$14.40
55-59	\$9.64	\$12.51	\$16.11	\$17.35
60-64	\$11.26	\$14.49	\$18.69	\$20.12
Family w/ 2 Children				
Under 30	\$4.33	\$5.93	\$8.53	\$9.17
30-34	\$4.55	\$6.15	\$8.73	\$9.38
35-39	\$5.18	\$7.08	\$9.88	\$10.60
40-44	\$6.14	\$8.29	\$11.36	\$12.21
45-49	\$7.36	\$10.01	\$13.14	\$14.12
50-54	\$8.46	\$11.35	\$14.88	\$16.02
55-59	\$10.44	\$13.64	\$17.62	\$18.97
60-64	\$12.06	\$15.62	\$20.19	\$21.74
Family w/ 3+ Children				
Under 30	\$5.04	\$6.89	\$9.84	\$10.59
30-34	\$5.25	\$7.11	\$10.05	\$10.80
35-39	\$5.88	\$8.03	\$11.19	\$12.02
40-44	\$6.85	\$9.25	\$12.68	\$13.62
45-49	\$8.07	\$10.97	\$14.46	\$15.54
50-54	\$9.17	\$12.31	\$16.20	\$17.44
55-59	\$11.15	\$14.59	\$18.93	\$20.39
60-64	\$12.77	\$16.57	\$21.51	\$23.15
Child Under 1	\$1.37	\$1.85	\$2.62	\$2.81
Child 1-17	\$0.87	\$1.20	\$1.67	\$1.79
2 Children	\$1.67	\$2.33	\$3.17	\$3.41
3+ Children	\$2.37	\$3.29	\$4.49	\$4.83

Area 2 Illinois

	UniCare 2000	UniCare 1000	UniCare 500	UniCare 250
Single Male				
Under 30	\$1.09	\$1.47	\$2.13	\$2.29
30-34	\$1.28	\$1.67	\$2.31	\$2.48
35-39	\$1.53	\$2.06	\$2.81	\$3.01
40-44	\$1.94	\$2.61	\$3.47	\$3.73
45-49	\$2.55	\$3.45	\$4.35	\$4.66
50-54	\$3.13	\$4.10	\$5.34	\$5.75
55-59	\$4.28	\$5.43	\$7.05	\$7.59
60-64	\$5.26	\$6.71	\$8.50	\$9.15
Single Female				
Under 30	\$1.24	\$1.67	\$2.55	\$2.75
30-34	\$1.53	\$2.10	\$3.05	\$3.26
35-39	\$1.98	\$2.61	\$3.68	\$3.96
40-44	\$2.43	\$3.26	\$4.37	\$4.69
45-49	\$2.81	\$3.78	\$4.90	\$5.27
50-54	\$3.39	\$4.44	\$5.57	\$6.01
55-59	\$3.82	\$4.90	\$6.37	\$6.86
60-64	\$4.42	\$5.63	\$7.17	\$7.72
Applicant & Spouse				
Under 30	\$2.32	\$3.14	\$4.68	\$5.04
30-34	\$2.51	\$3.34	\$4.86	\$5.23
35-39	\$3.07	\$4.15	\$5.86	\$6.27
40-44	\$3.92	\$5.22	\$7.16	\$7.69
45-49	\$4.97	\$6.71	\$8.71	\$9.35
50-54	\$5.94	\$7.88	\$10.23	\$11.02
55-59	\$7.67	\$9.87	\$12.62	\$13.60
60-64	\$9.08	\$11.61	\$14.87	\$16.01
Applicant & 1 Child				
Under 30	\$1.99	\$2.73	\$4.00	\$4.31
30-34	\$2.29	\$3.15	\$4.50	\$4.82
35-39	\$2.74	\$3.66	\$5.14	\$5.53
40-44	\$3.18	\$4.31	\$5.83	\$6.25
45-49	\$3.57	\$4.84	\$6.36	\$6.84
50-54	\$4.14	\$5.50	\$7.03	\$7.57
55-59	\$5.04	\$6.49	\$8.51	\$9.16
60-64	\$6.02	\$7.76	\$9.96	\$10.71
Applicant & 2 Children				
Under 30	\$2.69	\$3.71	\$5.31	\$5.73
30-34	\$2.99	\$4.13	\$5.81	\$6.24
35-39	\$3.44	\$4.64	\$6.45	\$6.94
40-44	\$3.89	\$5.29	\$7.14	\$7.67
45-49	\$4.27	\$5.81	\$7.67	\$8.25
50-54	\$4.85	\$6.48	\$8.34	\$8.99
55-59	\$5.74	\$7.47	\$9.82	\$10.58
60-64	\$6.72	\$8.74	\$11.27	\$12.13
Applicant & 3+ Children				
Under 30	\$3.31	\$4.55	\$6.46	\$6.97
30-34	\$3.61	\$4.97	\$6.97	\$7.48
35-39	\$4.06	\$5.48	\$7.60	\$8.18
40-44	\$4.50	\$6.13	\$8.29	\$8.90
45-49	\$4.89	\$6.66	\$8.82	\$9.49
50-54	\$5.46	\$7.32	\$9.49	\$10.22
55-59	\$6.36	\$8.31	\$10.97	\$11.81
60-64	\$7.34	\$9.59	\$12.42	\$13.37
Family w/ 1 Child				
Under 30	\$3.08	\$4.20	\$6.13	\$6.60
30-34	\$3.27	\$4.40	\$6.32	\$6.79
35-39	\$3.82	\$5.21	\$7.32	\$7.84
40-44	\$4.68	\$6.27	\$8.62	\$9.25
45-49	\$5.73	\$7.76	\$10.17	\$10.92
50-54	\$6.70	\$8.94	\$11.69	\$12.59
55-59	\$8.42	\$10.93	\$14.08	\$15.17
60-64	\$9.84	\$12.66	\$16.33	\$17.57
Family w/ 2 Children				
Under 30	\$3.78	\$5.18	\$7.44	\$8.02
30-34	\$3.97	\$5.38	\$7.63	\$8.21
35-39	\$4.53	\$6.19	\$8.63	\$9.25
40-44	\$5.38	\$7.25	\$9.93	\$10.67
45-49	\$6.43	\$8.74	\$11.48	\$12.33
50-54	\$7.40	\$9.92	\$13.00	\$14.00
55-59	\$9.13	\$11.91	\$15.39	\$16.58
60-64	\$10.54	\$13.64	\$17.64	\$18.99
Family w/ 3+ Children				
Under 30	\$4.40	\$6.02	\$8.59	\$9.25
30-34	\$4.59	\$6.22	\$8.78	\$9.45
35-39	\$5.14	\$7.03	\$9.78	\$10.49
40-44	\$6.00	\$8.09	\$11.08	\$11.91
45-49	\$7.05	\$9.59	\$12.63	\$13.57
50-54	\$8.02	\$10.76	\$14.15	\$15.24
55-59	\$9.74	\$12.75	\$16.54	\$17.82
60-64	\$11.16	\$14.48	\$18.79	\$20.22
Child Under 1	\$1.20	\$1.61	\$2.29	\$2.46
Child 1-17	\$0.76	\$1.05	\$1.46	\$1.57
2 Children	\$1.46	\$2.03	\$2.77	\$2.98
3+ Children	\$2.08	\$2.88	\$3.92	\$4.22

Area 3 Illinois

	UniCare 2000	UniCare 1000	UniCare 500	UniCare 250
Single Male				
Under 30	\$0.97	\$1.31	\$1.89	\$2.04
30-34	\$1.14	\$1.49	\$2.05	\$2.20
35-39	\$1.36	\$1.83	\$2.51	\$2.68
40-44	\$1.72	\$2.31	\$3.09	\$3.31
45-49	\$2.26	\$3.07	\$3.87	\$4.15
50-54	\$2.78	\$3.65	\$4.75	\$5.12
55-59	\$3.82	\$4.83	\$6.27	\$6.74
60-64	\$4.67	\$5.97	\$7.56	\$8.14
Single Female				
Under 30	\$1.10	\$1.49	\$2.26	\$2.44
30-34	\$1.36	\$1.86	\$2.71	\$2.91
35-39	\$1.75	\$2.31	\$3.28	\$3.52
40-44	\$2.16	\$2.91	\$3.88	\$4.16
45-49	\$2.51	\$3.36	\$4.35	\$4.68
50-54	\$3.00	\$3.95	\$4.96	\$5.34
55-59	\$3.40	\$4.35	\$5.67	\$6.10
60-64	\$3.93	\$5.01	\$6.37	\$6.86
Applicant & Spouse				
Under 30	\$2.07	\$2.80	\$4.15	\$4.48
30-34	\$2.24	\$2.98	\$4.31	\$4.64
35-39	\$2.73	\$3.69	\$5.21	\$5.59
40-44	\$3.48	\$4.63	\$6.36	\$6.83
45-49	\$4.42	\$5.97	\$7.75	\$8.32
50-54	\$5.29	\$7.01	\$9.10	\$9.80
55-59	\$6.82	\$8.78	\$11.23	\$12.08
60-64	\$8.08	\$10.33	\$13.22	\$14.24
Applicant & 1 Child				
Under 30	\$1.78	\$2.42	\$3.55	\$3.83
30-34	\$2.04	\$2.79	\$4.00	\$4.29
35-39	\$2.43	\$3.24	\$4.57	\$4.90
40-44	\$2.83	\$3.84	\$5.17	\$5.55
45-49	\$3.18	\$4.29	\$5.64	\$6.07
50-54	\$3.68	\$4.88	\$6.25	\$6.72
55-59	\$4.49	\$5.76	\$7.56	\$8.13
60-64	\$5.35	\$6.90	\$8.85	\$9.52
Applicant & 2 Children				
Under 30	\$2.39	\$3.30	\$4.72	\$5.09
30-34	\$2.65	\$3.67	\$5.17	\$5.56
35-39	\$3.04	\$4.12	\$5.74	\$6.17
40-44	\$3.45	\$4.71	\$6.34	\$6.82
45-49	\$3.79	\$5.17	\$6.82	\$7.34
50-54	\$4.29	\$5.76	\$7.42	\$7.99
55-59	\$5.11	\$6.64	\$8.73	\$9.40
60-64	\$5.96	\$7.78	\$10.02	\$10.79
Applicant & 3+ Children				
Under 30	\$2.94	\$4.04	\$5.75	\$6.19
30-34	\$3.20	\$4.41	\$6.19	\$6.66
35-39	\$3.59	\$4.86	\$6.76	\$7.27
40-44	\$4.00	\$5.45	\$7.37	\$7.92
45-49	\$4.34	\$5.91	\$7.84	\$8.43
50-54	\$4.84	\$6.50	\$8.45	\$9.09
55-59	\$5.65	\$7.38	\$9.76	\$10.50
60-64	\$6.51	\$8.52	\$11.05	\$11.89
Family w/ 1 Child				
Under 30	\$2.75	\$3.73	\$5.44	\$5.87
30-34	\$2.92	\$3.91	\$5.60	\$6.02
35-39	\$3.40	\$4.62	\$6.50	\$6.98
40-44	\$4.15	\$5.56	\$7.65	\$8.21
45-49	\$5.09	\$6.90	\$9.04	\$9.70
50-54	\$5.96	\$7.94	\$10.39	\$11.18
55-59	\$7.49	\$9.71	\$12.51	\$13.47
60-64	\$8.75	\$11.26	\$14.51	\$15.62
Family w/ 2 Children				
Under 30	\$3.36	\$4.61	\$6.62	\$7.13
30-34	\$3.53	\$4.79	\$6.78	\$7.29
35-39	\$4.02	\$5.50	\$7.67	\$8.24
40-44	\$4.77	\$6.44	\$8.83	\$9.48
45-49	\$5.71	\$7.78	\$10.21	\$10.97
50-54	\$6.57	\$8.82	\$11.56	\$12.45
55-59	\$8.11	\$10.59	\$13.69	\$14.73
60-64	\$9.37	\$12.13	\$15.69	\$16.89
Family w/ 3+ Children				
Under 30	\$3.91	\$5.35	\$7.64	\$8.23
30-34	\$4.08	\$5.53	\$7.80	\$8.39
35-39	\$4.57	\$6.24	\$8.70	\$9.34
40-44	\$5.32	\$7.18	\$9.85	\$10.58
45-49	\$6.26	\$8.52	\$11.24	\$12.07
50-54	\$7.12	\$9.56	\$12.59	\$13.55
55-59	\$8.66	\$11.33	\$14.71	\$15.83
60-64	\$9.91	\$12.87	\$16.71	\$17.99
Child Under 1				
Child Under 1	\$1.07	\$1.44	\$2.04	\$2.19
Child 1-17				
Child 1-17	\$0.68	\$0.93	\$1.29	\$1.38
2 Children				
2 Children	\$1.29	\$1.81	\$2.46	\$2.65
3+ Children				
3+ Children	\$1.84	\$2.55	\$3.49	\$3.75

Area 4 Illinois

	UniCare 2000	UniCare 1000	UniCare 500	UniCare 250
Single Male				
Under 30	\$0.93	\$1.27	\$1.83	\$1.97
30-34	\$1.10	\$1.44	\$1.98	\$2.13
35-39	\$1.32	\$1.77	\$2.42	\$2.59
40-44	\$1.67	\$2.24	\$2.98	\$3.20
45-49	\$2.18	\$2.96	\$3.74	\$4.01
50-54	\$2.69	\$3.52	\$4.58	\$4.94
55-59	\$3.68	\$4.67	\$6.05	\$6.51
60-64	\$4.51	\$5.76	\$7.30	\$7.85
Single Female				
Under 30	\$1.07	\$1.44	\$2.18	\$2.35
30-34	\$1.32	\$1.80	\$2.62	\$2.80
35-39	\$1.70	\$2.24	\$3.16	\$3.40
40-44	\$2.08	\$2.80	\$3.75	\$4.03
45-49	\$2.42	\$3.25	\$4.21	\$4.52
50-54	\$2.90	\$3.81	\$4.78	\$5.15
55-59	\$3.29	\$4.21	\$5.47	\$5.90
60-64	\$3.80	\$4.84	\$6.15	\$6.63
Applicant & Spouse				
Under 30	\$2.00	\$2.71	\$4.02	\$4.32
30-34	\$2.17	\$2.88	\$4.16	\$4.48
35-39	\$2.63	\$3.57	\$5.04	\$5.39
40-44	\$3.36	\$4.48	\$6.14	\$6.59
45-49	\$4.26	\$5.76	\$7.48	\$8.03
50-54	\$5.11	\$6.77	\$8.79	\$9.46
55-59	\$6.58	\$8.48	\$10.83	\$11.67
60-64	\$7.80	\$9.97	\$12.77	\$13.75
Applicant & 1 Child				
Under 30	\$1.72	\$2.34	\$3.43	\$3.69
30-34	\$1.97	\$2.70	\$3.87	\$4.14
35-39	\$2.35	\$3.14	\$4.41	\$4.74
40-44	\$2.73	\$3.70	\$5.00	\$5.37
45-49	\$3.07	\$4.15	\$5.46	\$5.86
50-54	\$3.56	\$4.71	\$6.03	\$6.49
55-59	\$4.33	\$5.57	\$7.30	\$7.85
60-64	\$5.16	\$6.66	\$8.55	\$9.19
Applicant & 2 Children				
Under 30	\$2.32	\$3.18	\$4.57	\$4.91
30-34	\$2.57	\$3.54	\$5.01	\$5.36
35-39	\$2.95	\$3.98	\$5.55	\$5.95
40-44	\$3.33	\$4.55	\$6.13	\$6.58
45-49	\$3.67	\$5.00	\$6.59	\$7.08
50-54	\$4.15	\$5.56	\$7.17	\$7.71
55-59	\$4.93	\$6.41	\$8.44	\$9.07
60-64	\$5.76	\$7.50	\$9.69	\$10.41
Applicant & 3+ Children				
Under 30	\$2.85	\$3.90	\$5.55	\$5.97
30-34	\$3.09	\$4.26	\$5.99	\$6.42
35-39	\$3.48	\$4.70	\$6.53	\$7.02
40-44	\$3.86	\$5.27	\$7.11	\$7.65
45-49	\$4.20	\$5.72	\$7.57	\$8.15
50-54	\$4.68	\$6.28	\$8.15	\$8.78
55-59	\$5.46	\$7.13	\$9.42	\$10.14
60-64	\$6.29	\$8.22	\$10.67	\$11.48
Family w/ 1 Child				
Under 30	\$2.66	\$3.61	\$5.27	\$5.66
30-34	\$2.82	\$3.78	\$5.41	\$5.82
35-39	\$3.29	\$4.47	\$6.29	\$6.73
40-44	\$4.02	\$5.38	\$7.39	\$7.93
45-49	\$4.92	\$6.66	\$8.73	\$9.37
50-54	\$5.76	\$7.67	\$10.04	\$10.80
55-59	\$7.23	\$9.38	\$12.08	\$13.01
60-64	\$8.45	\$10.87	\$14.02	\$15.09
Family w/ 2 Children				
Under 30	\$3.25	\$4.46	\$6.40	\$6.87
30-34	\$3.42	\$4.62	\$6.55	\$7.03
35-39	\$3.88	\$5.31	\$7.43	\$7.94
40-44	\$4.61	\$6.22	\$8.53	\$9.15
45-49	\$5.51	\$7.50	\$9.87	\$10.59
50-54	\$6.36	\$8.52	\$11.17	\$12.02
55-59	\$7.83	\$10.23	\$13.22	\$14.22
60-64	\$9.05	\$11.71	\$15.15	\$16.30
Family w/ 3+ Children				
Under 30	\$3.78	\$5.18	\$7.38	\$7.94
30-34	\$3.95	\$5.34	\$7.53	\$8.10
35-39	\$4.41	\$6.03	\$8.40	\$9.01
40-44	\$5.14	\$6.94	\$9.51	\$10.22
45-49	\$6.04	\$8.22	\$10.85	\$11.66
50-54	\$6.89	\$9.24	\$12.15	\$13.08
55-59	\$8.36	\$10.95	\$14.20	\$15.29
60-64	\$9.57	\$12.43	\$16.13	\$17.37
Child Under 1				
Child Under 1	\$1.04	\$1.38	\$1.97	\$2.12
Child 1-17				
Child 1-17	\$0.65	\$0.90	\$1.25	\$1.34
2 Children				
2 Children	\$1.25	\$1.74	\$2.39	\$2.55
3+ Children				
3+ Children	\$1.78	\$2.46	\$3.36	\$3.62

Area 5 Illinois

	UniCare 2000	UniCare 1000	UniCare 500	UniCare 250
Single Male				
Under 30	\$0.87	\$1.17	\$1.69	\$1.81
30-34	\$1.01	\$1.32	\$1.82	\$1.96
35-39	\$1.22	\$1.62	\$2.22	\$2.39
40-44	\$1.53	\$2.06	\$2.75	\$2.95
45-49	\$2.01	\$2.72	\$3.43	\$3.69
50-54	\$2.46	\$3.24	\$4.22	\$4.55
55-59	\$3.39	\$4.30	\$5.57	\$6.00
60-64	\$4.15	\$5.30	\$6.72	\$7.22
Single Female				
Under 30	\$0.98	\$1.32	\$2.01	\$2.17
30-34	\$1.22	\$1.65	\$2.41	\$2.58
35-39	\$1.56	\$2.06	\$2.91	\$3.13
40-44	\$1.91	\$2.58	\$3.44	\$3.70
45-49	\$2.22	\$2.99	\$3.87	\$4.16
50-54	\$2.67	\$3.51	\$4.40	\$4.75
55-59	\$3.02	\$3.87	\$5.03	\$5.42
60-64	\$3.50	\$4.44	\$5.66	\$6.10
Applicant & Spouse				
Under 30	\$1.85	\$2.49	\$3.70	\$3.98
30-34	\$1.99	\$2.63	\$3.84	\$4.13
35-39	\$2.43	\$3.27	\$4.62	\$4.96
40-44	\$3.09	\$4.12	\$5.66	\$6.08
45-49	\$3.93	\$5.30	\$6.87	\$7.39
50-54	\$4.68	\$6.23	\$8.09	\$8.71
55-59	\$6.05	\$7.81	\$9.97	\$10.74
60-64	\$7.17	\$9.17	\$11.75	\$12.65
Applicant & 1 Child				
Under 30	\$1.58	\$2.15	\$3.16	\$3.41
30-34	\$1.81	\$2.49	\$3.56	\$3.81
35-39	\$2.16	\$2.89	\$4.06	\$4.37
40-44	\$2.51	\$3.41	\$4.59	\$4.94
45-49	\$2.81	\$3.83	\$5.02	\$5.40
50-54	\$3.26	\$4.34	\$5.55	\$5.99
55-59	\$3.98	\$5.13	\$6.72	\$7.23
60-64	\$4.75	\$6.13	\$7.86	\$8.46
Applicant & 2 Children				
Under 30	\$2.13	\$2.93	\$4.21	\$4.52
30-34	\$2.36	\$3.26	\$4.60	\$4.93
35-39	\$2.71	\$3.67	\$5.11	\$5.48
40-44	\$3.06	\$4.19	\$5.64	\$6.05
45-49	\$3.36	\$4.60	\$6.06	\$6.51
50-54	\$3.81	\$5.12	\$6.59	\$7.10
55-59	\$4.53	\$5.91	\$7.76	\$8.35
60-64	\$5.30	\$6.91	\$8.91	\$9.57
Applicant & 3+ Children				
Under 30	\$2.62	\$3.58	\$5.11	\$5.50
30-34	\$2.86	\$3.92	\$5.50	\$5.91
35-39	\$3.21	\$4.32	\$6.01	\$6.46
40-44	\$3.56	\$4.84	\$6.54	\$7.03
45-49	\$3.86	\$5.25	\$6.96	\$7.49
50-54	\$4.31	\$5.77	\$7.49	\$8.08
55-59	\$5.03	\$6.56	\$8.66	\$9.33
60-64	\$5.79	\$7.56	\$9.81	\$10.55
Family w/ 1 Child				
Under 30	\$2.44	\$3.32	\$4.85	\$5.22
30-34	\$2.59	\$3.47	\$4.98	\$5.37
35-39	\$3.03	\$4.11	\$5.77	\$6.20
40-44	\$3.69	\$4.95	\$6.81	\$7.31
45-49	\$4.52	\$6.13	\$8.02	\$8.63
50-54	\$5.28	\$7.07	\$9.24	\$9.95
55-59	\$6.65	\$8.64	\$11.12	\$11.98
60-64	\$7.76	\$10.00	\$12.89	\$13.88
Family w/ 2 Children				
Under 30	\$2.99	\$4.10	\$5.90	\$6.33
30-34	\$3.14	\$4.24	\$6.03	\$6.48
35-39	\$3.58	\$4.88	\$6.82	\$7.31
40-44	\$4.24	\$5.73	\$7.85	\$8.43
45-49	\$5.07	\$6.91	\$9.07	\$9.74
50-54	\$5.83	\$7.84	\$10.28	\$11.06
55-59	\$7.20	\$9.42	\$12.16	\$13.10
60-64	\$8.31	\$10.78	\$13.94	\$15.00
Family w/ 3+ Children				
Under 30	\$3.49	\$4.75	\$6.80	\$7.31
30-34	\$3.63	\$4.89	\$6.93	\$7.46
35-39	\$4.07	\$5.54	\$7.72	\$8.29
40-44	\$4.74	\$6.38	\$8.75	\$9.41
45-49	\$5.57	\$7.56	\$9.97	\$10.72
50-54	\$6.32	\$8.49	\$11.18	\$12.04
55-59	\$7.70	\$10.07	\$13.06	\$14.07
60-64	\$8.81	\$11.43	\$14.84	\$15.98
Child Under 1	\$0.95	\$1.27	\$1.81	\$1.95
Child 1-17	\$0.60	\$0.83	\$1.15	\$1.24
2 Children	\$1.15	\$1.61	\$2.19	\$2.35
3+ Children	\$1.64	\$2.26	\$3.09	\$3.33

Area 6 Illinois

	UniCare 2000	UniCare 1000	UniCare 500	UniCare 250
Single Male				
Under 30	\$0.80	\$1.08	\$1.56	\$1.68
30-34	\$0.93	\$1.23	\$1.69	\$1.81
35-39	\$1.13	\$1.51	\$2.06	\$2.21
40-44	\$1.42	\$1.91	\$2.54	\$2.73
45-49	\$1.87	\$2.53	\$3.18	\$3.42
50-54	\$2.30	\$3.00	\$3.92	\$4.21
55-59	\$3.14	\$3.98	\$5.16	\$5.56
60-64	\$3.85	\$4.92	\$6.23	\$6.71
Single Female				
Under 30	\$0.91	\$1.23	\$1.87	\$2.01
30-34	\$1.13	\$1.53	\$2.23	\$2.39
35-39	\$1.45	\$1.91	\$2.70	\$2.90
40-44	\$1.78	\$2.39	\$3.20	\$3.43
45-49	\$2.06	\$2.77	\$3.59	\$3.86
50-54	\$2.48	\$3.25	\$4.08	\$4.40
55-59	\$2.80	\$3.59	\$4.67	\$5.03
60-64	\$3.24	\$4.13	\$5.25	\$5.65
Applicant & Spouse				
Under 30	\$1.71	\$2.31	\$3.43	\$3.69
30-34	\$1.85	\$2.45	\$3.56	\$3.83
35-39	\$2.25	\$3.04	\$4.29	\$4.59
40-44	\$2.87	\$3.83	\$5.24	\$5.64
45-49	\$3.65	\$4.92	\$6.38	\$6.85
50-54	\$4.35	\$5.77	\$7.50	\$8.07
55-59	\$5.61	\$7.23	\$9.25	\$9.96
60-64	\$6.65	\$8.51	\$10.90	\$11.73
Applicant & 1 Child				
Under 30	\$1.46	\$1.99	\$2.94	\$3.16
30-34	\$1.68	\$2.30	\$3.30	\$3.53
35-39	\$2.00	\$2.68	\$3.77	\$4.05
40-44	\$2.33	\$3.15	\$4.26	\$4.58
45-49	\$2.61	\$3.53	\$4.66	\$5.01
50-54	\$3.03	\$4.02	\$5.15	\$5.55
55-59	\$3.69	\$4.75	\$6.23	\$6.71
60-64	\$4.40	\$5.68	\$7.30	\$7.85
Applicant & 2 Children				
Under 30	\$1.98	\$2.71	\$3.89	\$4.20
30-34	\$2.19	\$3.02	\$4.25	\$4.57
35-39	\$2.52	\$3.40	\$4.73	\$5.09
40-44	\$2.85	\$3.87	\$5.22	\$5.61
45-49	\$3.13	\$4.25	\$5.61	\$6.04
50-54	\$3.54	\$4.74	\$6.11	\$6.58
55-59	\$4.21	\$5.47	\$7.19	\$7.74
60-64	\$4.92	\$6.40	\$8.26	\$8.89
Applicant & 3+ Children				
Under 30	\$2.43	\$3.33	\$4.74	\$5.11
30-34	\$2.64	\$3.63	\$5.10	\$5.48
35-39	\$2.97	\$4.02	\$5.57	\$6.00
40-44	\$3.30	\$4.49	\$6.06	\$6.53
45-49	\$3.58	\$4.87	\$6.46	\$6.95
50-54	\$3.99	\$5.36	\$6.95	\$7.49
55-59	\$4.66	\$6.09	\$8.03	\$8.65
60-64	\$5.37	\$7.02	\$9.10	\$9.80
Family w/ 1 Child				
Under 30	\$2.26	\$3.07	\$4.50	\$4.84
30-34	\$2.40	\$3.22	\$4.62	\$4.97
35-39	\$2.80	\$3.80	\$5.36	\$5.74
40-44	\$3.42	\$4.59	\$6.31	\$6.78
45-49	\$4.20	\$5.68	\$7.45	\$8.00
50-54	\$4.91	\$6.54	\$8.57	\$9.21
55-59	\$6.17	\$8.00	\$10.32	\$11.10
60-64	\$7.20	\$9.27	\$11.97	\$12.88
Family w/ 2 Children				
Under 30	\$2.78	\$3.79	\$5.46	\$5.87
30-34	\$2.91	\$3.94	\$5.58	\$6.01
35-39	\$3.32	\$4.52	\$6.31	\$6.77
40-44	\$3.94	\$5.31	\$7.27	\$7.82
45-49	\$4.71	\$6.40	\$8.40	\$9.03
50-54	\$5.42	\$7.26	\$9.53	\$10.25
55-59	\$6.68	\$8.72	\$11.27	\$12.14
60-64	\$7.72	\$9.99	\$12.93	\$13.92
Family w/ 3+ Children				
Under 30	\$3.23	\$4.41	\$6.30	\$6.78
30-34	\$3.36	\$4.56	\$6.42	\$6.92
35-39	\$3.77	\$5.14	\$7.16	\$7.68
40-44	\$4.39	\$5.93	\$8.11	\$8.73
45-49	\$5.16	\$7.02	\$9.25	\$9.95
50-54	\$5.87	\$7.88	\$10.37	\$11.16
55-59	\$7.13	\$9.34	\$12.12	\$13.05
60-64	\$8.17	\$10.61	\$13.77	\$14.83
Child Under 1	\$0.88	\$1.18	\$1.68	\$1.80
Child 1-17	\$0.55	\$0.77	\$1.07	\$1.15
2 Children	\$1.07	\$1.49	\$2.03	\$2.18
3+ Children	\$1.52	\$2.10	\$2.87	\$3.09



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