

Illinois

Individual and Family Short-Term Policy



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
- ▶ Deductible you prefer from \$250 to \$2000

The UNICARE Advantage.

- ▶ *You can depend on UNICARE's experience, stability, and operating efficiency.*
- ▶ *We negotiate lower overall medical costs, saving you money.*
- ▶ *You save money by using doctors and medical facilities from our independently contracted provider networks.*
- ▶ *No claim forms are needed with network providers.*
- ▶ *Choice of policies*

UNICARE Health Insurance Company of the Midwest is a subsidiary of WellPoint Health Networks Inc., one of America's largest health care holding companies, with subsidiaries serving nearly 13 million people for medical coverage nationwide. WellPoint is ranked as America's leading health care firm in Fortune magazine's annual list of America's Most Admired Companies*.

Maximum Coverage Period

You decide how long you'll need coverage on your UNICARE Short-Term Policy, 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 a person has completed two elections of a Short-Term policy with less than six months lapse in between, he or she 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. Your coverage will begin once your application has been approved. 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:

- ▶ 15 days to 64 1/2 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 (or your enrolling spouse's) child(ren) between the ages of 15 days and 19 years; or
- ▶ your (or your enrolling spouse's) unmarried dependent child(ren) between the ages of 19 and 23 (eligible as dependents only if they are unmarried and full time students).

Effective Date of Coverage

If you are approved, coverage begins at 12:01 a.m. on the Effective Date printed on your identification card and specification page.

What The Policy Covers**

- ▶ \$2,000,000 per person lifetime benefit
- ▶ emergency care
- ▶ ambulance (\$750 benefit maximum)
- ▶ hospitalization services
- ▶ outpatient services
- ▶ access to any doctor you want
- ▶ professional services including x-ray, lab, and office visits
- ▶ prescription drugs

*Fortune Magazine, March 4, 2002

**These listings are an overview only. Please review the Overview of Coverage inside this brochure. Refer to the Policy booklet for a more comprehensive list of benefits, including limitations and exclusions. Only actual plan provisions will apply. For a sample copy of the Policy booklet, please ask your agent or contact UNICARE Health Insurance Company of the Midwest.

Short-Term Overview

Member's Share of Costs (after deductible)

Benefit	Your Share of Costs for Covered Expenses	
	In Network	Out Of Network
Deductible	\$250, \$500, \$1,000, \$2,000 per Insured per policy	
Out of Pocket Maximum	\$1,000 plus the medical deductible per Insured per policy	
Plan Maximum	Once UNICARE has paid \$2 million in claims, benefits cease.	
Professional Services <ul style="list-style-type: none"> Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic x-ray, and lab work Office Visits 	20%	40% plus all charges in excess of reasonable charges.
Preventive Care <ul style="list-style-type: none"> Babies/Children (through age 6) Adults (Routine Pap smears, annual mammograms, colorectal cancer screening, PSA for men and associated Office Visits/ examinations) 	20%	40% plus all charges in excess of reasonable charges.
Physical Therapy, Occupational Therapy, Acupuncture/Acupressure	Charges over \$30 per visit 6 visits per insured per policy term	Charges over \$30 per visit 6 visits per insured per policy term
Mental, Emotional, or Functional Nervous Disorders <ul style="list-style-type: none"> Inpatient Hospital Charges In or Outpatient professional charges 	Inpatient charges over \$100 per day. UNICARE pays a maximum \$2500 per insured during policy term In or Outpatient professional charges over \$30 per visit (up to six visits per insured per policy)	Inpatient charges over \$100 per day. UNICARE pays a maximum \$2500 per insured during policy term In or Outpatient professional charges over \$30 per visit (up to six visits per insured per policy)
Durable Medical Equipment	20%	40% plus all charges in excess of reasonable charges
Inpatient Hospital Services	20%	40% plus all charges in excess of reasonable charges
Outpatient Hospital Services	20%	40% plus all charges in excess of reasonable charges
Ambulance Service Maximum payment of \$750 per person per trip (air or ground)	20%	40% plus all charges in excess of reasonable charges
Home Health Care	20% Maximum 30 visits per insured per policy	40% plus all charges in excess of reasonable charges Maximum 30 visits per insured per policy
Skilled Nursing Facilities	20% Policy maximum \$200 per day up to 50 days per insured during policy term	40% Policy maximum \$200 per day up to 50 days per insured during policy term
Hospice	20% UNICARE pays a maximum of \$5000 per insured per policy term	40% UNICARE pays a maximum of \$5000 per insured per policy term
Retail Pharmacy (maximum 30 day supply) Generic Drugs	\$15 copay	50% of the Average Wholesale Price (AWP). Insured is responsible for all charges in excess of the AWP
Brand Drug Deductible	\$500	
Brand Drugs	50%	60% of the Average Wholesale Price (AWP). Insured is responsible for all charges in excess of the AWP
Brand Drug Maximum	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 the pharmacy.	
Self-Injectable Drugs	50%	50% of the Average Wholesale Price (AWP). Insured is responsible for all charges in excess of the AWP

This is a brief summary of coverage. For a more detailed description of coverage, benefits, limitations, and exclusions, please refer to the Policy. Only the actual plan provisions will apply. For a copy, contact UNICARE or your agent.

What The Policy Does Not Cover

Every health plan has exclusions and limitations. These listings are an overview only. A comprehensive description of what is covered and what is not covered under the Policy can be found in the Policy booklet. Only the actual plan provisions will apply. The Policy does 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 this Policy.
- ▶ Services not specifically listed in this Policy as covered services.
- ▶ Services or supplies that are not medically necessary.
- ▶ 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 any act of war, invasion, armed aggression or release of nuclear energy or as a result of the insured person being engaged in an illegal occupation or, 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, county or federal government agency including any foreign government or foreign country providers.
- ▶ Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid.
- ▶ Services provided by relatives; professional services provided by a person who lives in your home or who is related to you by blood, marriage or adoption.
- ▶ Inpatient room and board charges in connection with a hospital stay primarily for environmental change, physical therapy or treatment of chronic pain;
- ▶ Inpatient or outpatient services of a private duty nurse.
- ▶ 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.
- ▶ Mental, emotional or functional nervous disorders and substance abuse except as specifically stated in the benefits section of 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.
- ▶ Drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Policy.
- ▶ Cosmetic surgery except for medically necessary reconstructive surgery.
- ▶ Sex change operations or related treatment.
- ▶ Treatment of sexual dysfunctions.
- ▶ All services related to the evaluation or treatment of infertility, including all tests, consultations, 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, 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).
- ▶ Educational services except for Diabetes self management training and as specifically provided or arranged by UNICARE.

- ▶ Nutritional counseling or food supplements except for medical nutrition care for Diabetes.
- ▶ Durable medical equipment not medically necessary and used mainly for the comfort and convenience of the patient
- ▶ Any services received within twelve months after the effective date of coverage if they are related to a Pre-existing Condition.
- ▶ Infusion Therapy together with any associated supplies, drugs or professional services.
- ▶ 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.

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 members will receive a UNICARE subscriber identification (ID) card and a policy booklet. The policy gives a comprehensive description of what is covered and what is not covered. This may be requested in advance by calling customer service, toll-free at **(800) 379-0274**, or contact your authorized UNICARE agent.

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.**
- 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.**

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

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 x 75 days = \$192.00

\$192.00 (Total Premium Due)



Area 1
Illinois

	UNICARE	UNICARE	UNICARE	UNICARE
	2000	1000	500	250
Single Male				
Under 30	\$1.11	\$1.50	\$2.17	\$2.33
30-34	\$1.30	\$1.70	\$2.35	\$2.52
35-39	\$1.56	\$2.09	\$2.86	\$3.07
40-44	\$1.97	\$2.65	\$3.53	\$3.79
45-49	\$2.59	\$3.51	\$4.42	\$4.75
50-54	\$3.18	\$4.17	\$5.43	\$5.85
55-59	\$4.36	\$5.53	\$7.17	\$7.72
60-64	\$5.35	\$6.83	\$8.65	\$9.31
Single Female				
Under 30	\$1.26	\$1.70	\$2.59	\$2.79
30-34	\$1.56	\$2.13	\$3.10	\$3.32
35-39	\$2.01	\$2.65	\$3.75	\$4.03
40-44	\$2.47	\$3.32	\$4.44	\$4.77
45-49	\$2.86	\$3.85	\$4.98	\$5.36
50-54	\$3.44	\$4.52	\$5.67	\$6.11
55-59	\$3.89	\$4.98	\$6.48	\$6.98
60-64	\$4.50	\$5.73	\$7.29	\$7.85
Applicant & Spouse				
Under 30	\$2.37	\$3.20	\$4.76	\$5.12
30-34	\$2.56	\$3.40	\$4.94	\$5.31
35-39	\$3.12	\$4.22	\$5.96	\$6.39
40-44	\$3.98	\$5.30	\$7.28	\$7.82
45-49	\$5.06	\$6.83	\$8.86	\$9.52
50-54	\$6.04	\$8.02	\$10.41	\$11.21
55-59	\$7.80	\$10.05	\$12.84	\$13.83
60-64	\$9.24	\$11.81	\$15.13	\$16.29
Applicant & 1 Child				
Under 30	\$2.03	\$2.77	\$4.07	\$4.38
30-34	\$2.33	\$3.20	\$4.58	\$4.91
35-39	\$2.78	\$3.72	\$5.23	\$5.62
40-44	\$3.24	\$4.39	\$5.92	\$6.36
45-49	\$3.63	\$4.92	\$6.46	\$6.95
50-54	\$4.21	\$5.59	\$7.15	\$7.70
55-59	\$5.13	\$6.60	\$8.65	\$9.31
60-64	\$6.12	\$7.90	\$10.13	\$10.90
Applicant & 2 Children				
Under 30	\$2.74	\$3.77	\$5.41	\$5.82
30-34	\$3.04	\$4.20	\$5.92	\$6.35
35-39	\$3.49	\$4.72	\$6.57	\$7.06
40-44	\$3.95	\$5.39	\$7.26	\$7.80
45-49	\$4.34	\$5.92	\$7.80	\$8.39
50-54	\$4.92	\$6.59	\$8.49	\$9.14
55-59	\$5.84	\$7.60	\$9.99	\$10.75
60-64	\$6.83	\$8.90	\$11.47	\$12.34
Applicant & 3+ Children				
Under 30	\$3.37	\$4.62	\$6.58	\$7.08
30-34	\$3.67	\$5.05	\$7.09	\$7.61
35-39	\$4.12	\$5.57	\$7.74	\$8.32
40-44	\$4.58	\$6.24	\$8.43	\$9.06
45-49	\$4.97	\$6.77	\$8.97	\$9.65
50-54	\$5.55	\$7.44	\$9.66	\$10.40
55-59	\$6.47	\$8.45	\$11.16	\$12.01
60-64	\$7.46	\$9.75	\$12.64	\$13.60
Family w/ 1 Child				
Under 30	\$3.14	\$4.27	\$6.24	\$6.71
30-34	\$3.33	\$4.47	\$6.42	\$6.90
35-39	\$3.89	\$5.29	\$7.44	\$7.98
40-44	\$4.75	\$6.37	\$8.76	\$9.41
45-49	\$5.83	\$7.90	\$10.34	\$11.11
50-54	\$6.81	\$9.09	\$11.89	\$12.80
55-59	\$8.57	\$11.12	\$14.32	\$15.42
60-64	\$10.01	\$12.88	\$16.61	\$17.88
Family w/ 2 Children				
Under 30	\$3.85	\$5.27	\$7.58	\$8.15
30-34	\$4.04	\$5.47	\$7.76	\$8.34
35-39	\$4.60	\$6.29	\$8.78	\$9.42
40-44	\$5.46	\$7.37	\$10.10	\$10.85
45-49	\$6.54	\$8.90	\$11.68	\$12.55
50-54	\$7.52	\$10.09	\$13.23	\$14.24
55-59	\$9.28	\$12.12	\$15.66	\$16.86
60-64	\$10.72	\$13.88	\$17.95	\$19.32
Family w/ 3+ Children				
Under 30	\$4.48	\$6.12	\$8.75	\$9.41
30-34	\$4.67	\$6.32	\$8.93	\$9.60
35-39	\$5.23	\$7.14	\$9.95	\$10.68
40-44	\$6.09	\$8.22	\$11.27	\$12.11
45-49	\$7.17	\$9.75	\$12.85	\$13.81
50-54	\$8.15	\$10.94	\$14.40	\$15.50
55-59	\$9.91	\$12.97	\$16.83	\$18.12
60-64	\$11.35	\$14.73	\$19.12	\$20.58
Child Under 1	\$1.22	\$1.64	\$2.33	\$2.50
Child 1-17	\$0.77	\$1.07	\$1.48	\$1.59
2 Children	\$1.48	\$2.07	\$2.82	\$3.03
3+ Children	\$2.11	\$2.92	\$3.99	\$4.29

Area 2
Illinois

	UNICARE	UNICARE	UNICARE	UNICARE
	2000	1000	500	250
Single Male				
Under 30	\$1.02	\$1.38	\$2.00	\$2.15
30-34	\$1.20	\$1.57	\$2.17	\$2.33
35-39	\$1.44	\$1.93	\$2.64	\$2.83
40-44	\$1.82	\$2.45	\$3.26	\$3.50
45-49	\$2.39	\$3.24	\$4.08	\$4.38
50-54	\$2.94	\$3.85	\$5.01	\$5.40
55-59	\$4.02	\$5.10	\$6.62	\$7.13
60-64	\$4.94	\$6.30	\$7.98	\$8.59
Single Female				
Under 30	\$1.16	\$1.57	\$2.39	\$2.58
30-34	\$1.44	\$1.97	\$2.86	\$3.06
35-39	\$1.86	\$2.45	\$3.46	\$3.72
40-44	\$2.28	\$3.06	\$4.10	\$4.40
45-49	\$2.64	\$3.55	\$4.60	\$4.95
50-54	\$3.18	\$4.17	\$5.23	\$5.64
55-59	\$3.59	\$4.60	\$5.98	\$6.44
60-64	\$4.15	\$5.29	\$6.73	\$7.25
Applicant & Spouse				
Under 30	\$2.18	\$2.95	\$4.39	\$4.73
30-34	\$2.36	\$3.14	\$4.56	\$4.91
35-39	\$2.88	\$3.90	\$5.50	\$5.89
40-44	\$3.68	\$4.90	\$6.72	\$7.22
45-49	\$4.67	\$6.30	\$8.18	\$8.78
50-54	\$5.58	\$7.40	\$9.61	\$10.35
55-59	\$7.20	\$9.27	\$11.85	\$12.77
60-64	\$8.53	\$10.90	\$13.96	\$15.03
Applicant & 1 Child				
Under 30	\$1.87	\$2.56	\$3.76	\$4.05
30-34	\$2.15	\$2.96	\$4.23	\$4.53
35-39	\$2.57	\$3.44	\$4.83	\$5.19
40-44	\$2.99	\$4.05	\$5.47	\$5.87
45-49	\$3.35	\$4.54	\$5.97	\$6.42
50-54	\$3.89	\$5.16	\$6.60	\$7.11
55-59	\$4.73	\$6.09	\$7.99	\$8.60
60-64	\$5.65	\$7.29	\$9.35	\$10.06
Applicant & 2 Children				
Under 30	\$2.53	\$3.48	\$4.99	\$5.38
30-34	\$2.81	\$3.88	\$5.46	\$5.86
35-39	\$3.23	\$4.36	\$6.06	\$6.52
40-44	\$3.65	\$4.97	\$6.70	\$7.20
45-49	\$4.01	\$5.46	\$7.20	\$7.75
50-54	\$4.55	\$6.08	\$7.83	\$8.44
55-59	\$5.39	\$7.01	\$9.22	\$9.93
60-64	\$6.31	\$8.21	\$10.58	\$11.39
Applicant & 3+ Children				
Under 30	\$3.11	\$4.27	\$6.07	\$6.54
30-34	\$3.39	\$4.67	\$6.54	\$7.02
35-39	\$3.81	\$5.15	\$7.14	\$7.68
40-44	\$4.23	\$5.76	\$7.78	\$8.36
45-49	\$4.59	\$6.25	\$8.28	\$8.91
50-54	\$5.13	\$6.87	\$8.91	\$9.60
55-59	\$5.97	\$7.80	\$10.30	\$11.09
60-64	\$6.89	\$9.00	\$11.66	\$12.55
Family w/ 1 Child				
Under 30	\$2.89	\$3.94	\$5.76	\$6.20
30-34	\$3.07	\$4.13	\$5.93	\$6.38
35-39	\$3.59	\$4.89	\$6.87	\$7.36
40-44	\$4.39	\$5.89	\$8.09	\$8.69
45-49	\$5.38	\$7.29	\$9.55	\$10.25
50-54	\$6.29	\$8.39	\$10.98	\$11.82
55-59	\$7.91	\$10.26	\$13.22	\$14.24
60-64	\$9.24	\$11.89	\$15.33	\$16.50
Family w/ 2 Children				
Under 30	\$3.55	\$4.86	\$6.99	\$7.53
30-34	\$3.72	\$5.05	\$7.16	\$7.71
35-39	\$4.25	\$5.81	\$8.10	\$8.69
40-44	\$5.05	\$6.81	\$9.32	\$10.02
45-49	\$6.04	\$8.21	\$10.78	\$11.58
50-54	\$6.95	\$9.31	\$12.21	\$13.15
55-59	\$8.57	\$11.18	\$14.45	\$15.57
60-64	\$9.90	\$12.81	\$16.56	\$17.83
Family w/ 3+ Children				
Under 30	\$4.13	\$5.65	\$8.07	\$8.69
30-34	\$4.31	\$5.84	\$8.24	\$8.87
35-39	\$4.83	\$6.60	\$9.18	\$9.85
40-44	\$5.63	\$7.60	\$10.40	\$11.18
45-49	\$6.62	\$9.00	\$11.86	\$12.74
50-54	\$7.53	\$10.10	\$13.29	\$14.31
55-59	\$9.15	\$11.97	\$15.53	\$16.73
60-64	\$10.48	\$13.60	\$17.64	\$18.99
Child Under 1	\$1.13	\$1.51	\$2.15	\$2.31
Child 1-17	\$0.71	\$0.99	\$1.37	\$1.47
2 Children	\$1.37	\$1.91	\$2.60	\$2.80
3+ Children	\$1.95	\$2.70	\$3.68	\$3.96

Area 3
Illinois

	UNICARE	UNICARE	UNICARE	UNICARE
	2000	1000	500	250
Single Male				
Under 30	\$0.92	\$1.24	\$1.79	\$1.93
30-34	\$1.08	\$1.41	\$1.94	\$2.08
35-39	\$1.29	\$1.73	\$2.37	\$2.54
40-44	\$1.63	\$2.19	\$2.92	\$3.13
45-49	\$2.14	\$2.90	\$3.66	\$3.93
50-54	\$2.63	\$3.45	\$4.49	\$4.84
55-59	\$3.61	\$4.57	\$5.93	\$6.38
60-64	\$4.42	\$5.65	\$7.15	\$7.70
Single Female				
Under 30	\$1.04	\$1.41	\$2.14	\$2.31
30-34	\$1.29	\$1.76	\$2.56	\$2.75
35-39	\$1.66	\$2.19	\$3.10	\$3.33
40-44	\$2.04	\$2.75	\$3.67	\$3.94
45-49	\$2.37	\$3.18	\$4.12	\$4.43
50-54	\$2.84	\$3.74	\$4.69	\$5.05
55-59	\$3.22	\$4.12	\$5.36	\$5.77
60-64	\$3.72	\$4.74	\$6.03	\$6.49
Applicant & Spouse				
Under 30	\$1.96	\$2.65	\$3.93	\$4.24
30-34	\$2.12	\$2.82	\$4.08	\$4.39
35-39	\$2.58	\$3.49	\$4.93	\$5.29
40-44	\$3.29	\$4.38	\$6.02	\$6.46
45-49	\$4.18	\$5.65	\$7.33	\$7.87
50-54	\$5.00	\$6.63	\$8.61	\$9.27
55-59	\$6.45	\$8.31	\$10.62	\$11.43
60-64	\$7.64	\$9.77	\$12.51	\$13.47
Applicant & 1 Child				
Under 30	\$1.68	\$2.29	\$3.36	\$3.62
30-34	\$1.93	\$2.64	\$3.78	\$4.06
35-39	\$2.30	\$3.07	\$4.32	\$4.64
40-44	\$2.68	\$3.63	\$4.89	\$5.25
45-49	\$3.01	\$4.06	\$5.34	\$5.74
50-54	\$3.48	\$4.62	\$5.91	\$6.36
55-59	\$4.25	\$5.45	\$7.15	\$7.69
60-64	\$5.06	\$6.53	\$8.37	\$9.01
Applicant & 2 Children				
Under 30	\$2.26	\$3.12	\$4.47	\$4.82
30-34	\$2.51	\$3.47	\$4.89	\$5.26
35-39	\$2.88	\$3.90	\$5.43	\$5.84
40-44	\$3.26	\$4.46	\$6.00	\$6.45
45-49	\$3.59	\$4.89	\$6.45	\$6.94
50-54	\$4.06	\$5.45	\$7.02	\$7.56
55-59	\$4.83	\$6.28	\$8.26	\$8.89
60-64	\$5.64	\$7.36	\$9.48	\$10.21
Applicant & 3+ Children				
Under 30	\$2.78	\$3.82	\$5.44	\$5.86
30-34	\$3.03	\$4.17	\$5.86	\$6.30
35-39	\$3.40	\$4.60	\$6.40	\$6.88
40-44	\$3.78	\$5.16	\$6.97	\$7.49
45-49	\$4.11	\$5.59	\$7.42	\$7.98
50-54	\$4.58	\$6.15	\$7.99	\$8.60
55-59	\$5.25	\$6.98	\$9.23	\$9.93
60-64	\$6.16	\$8.06	\$10.45	\$11.25
Family w/ 1 Child				
Under 30	\$2.60	\$3.53	\$5.15	\$5.55
30-34	\$2.76	\$3.70	\$5.30	\$5.70
35-39	\$3.22	\$4.37	\$6.15	\$6.60
40-44	\$3.93	\$5.26	\$7.24	\$7.77
45-49	\$4.82	\$6.53	\$8.55	\$9.18
50-54	\$5.64	\$7.51	\$9.83	\$10.58
55-59	\$7.09	\$9.19	\$11.84	\$12.74
60-64	\$8.28	\$10.65	\$13.73	\$14.78
Family w/ 2 Children				
Under 30	\$3.18	\$4.36	\$6.26	\$6.75
30-34	\$3.34	\$4.53	\$6.41	\$6.90
35-39	\$3.80	\$5.20	\$7.26	\$7.80
40-44	\$4.51	\$6.09	\$8.35	\$8.97
45-49	\$5.40	\$7.36	\$9.66	\$10.38
50-54	\$6.22	\$8.34	\$10.94	\$11.78
55-59	\$7.67	\$10.02	\$12.95	\$13.94
60-64	\$8.86	\$11.48	\$14.84	\$15.98
Family w/ 3+ Children				
Under 30	\$3.70	\$5.06	\$7.23	\$7.79
30-34	\$3.86	\$5.23	\$7.38	\$7.94
35-39	\$4.32	\$5.90	\$8.23	\$8.84
40-44	\$5.03	\$6.79	\$9.32	\$10.01
45-49	\$5.92	\$8.06	\$10.63	\$11.42
50-54	\$6.74	\$9.04	\$11.91	\$12.82
55-59	\$8.19	\$10.72	\$13.92	\$14.98
60-64	\$9.38	\$12.18	\$15.81	\$17.02
Child Under 1	\$1.01	\$1.36	\$1.93	\$2.07
Child 1-17	\$0.64	\$0.88	\$1.22	\$1.31
2 Children	\$1.22	\$1.71	\$2.33	\$2.51
3+ Children	\$1.74	\$2.41	\$3.30	\$3.55

Area 4
Illinois

	UNICARE	UNICARE	UNICARE	UNICARE
	2000	1000	500	250
Single Male				
Under 30	\$0.83	\$1.13	\$1.63	\$1.75
30-34	\$0.98	\$1.28	\$1.76	\$1.89
35-39	\$1.17	\$1.57	\$2.15	\$2.30
40-44	\$1.48	\$1.99	\$2.65	\$2.84
45-49	\$1.94	\$2.63	\$3.32	\$3.56
50-54	\$2.39	\$3.13	\$4.07	\$4.39
55-59	\$3.27	\$4.15	\$5.38	\$5.79
60-64	\$4.01	\$5.12	\$6.49	\$6.98
Single Female				
Under 30	\$0.95	\$1.28	\$1.94	\$2.09
30-34	\$1.17	\$1.60	\$2.33	\$2.49
35-39	\$1.51	\$1.99	\$2.81	\$3.02
40-44	\$1.85	\$2.49	\$3.33	\$3.58
45-49	\$2.15	\$2.89	\$3.74	\$4.02
50-54	\$2.58	\$3.39	\$4.25	\$4.58
55-59	\$2.92	\$3.74	\$4.86	\$5.24
60-64	\$3.38	\$4.30	\$5.47	\$5.89
Applicant & Spouse				
Under 30	\$1.78	\$2.41	\$3.57	\$3.84
30-34	\$1.93	\$2.56	\$3.70	\$3.98
35-39	\$2.34	\$3.17	\$4.48	\$4.79
40-44	\$2.99	\$3.98	\$5.46	\$5.86
45-49	\$3.79	\$5.12	\$6.65	\$7.14
50-54	\$4.54	\$6.02	\$7.81	\$8.41
55-59	\$5.85	\$7.54	\$9.63	\$10.37
60-64	\$6.93	\$8.86	\$11.35	\$12.22
Applicant & 1 Child				
Under 30	\$1.53	\$2.08	\$3.05	\$3.28
30-34	\$1.75	\$2.40	\$3.44	\$3.68
35-39	\$2.09	\$2.79	\$3.92	\$4.22
40-44	\$2.43	\$3.20	\$4.44	\$4.77
45-49	\$2.73	\$3.69	\$4.85	\$5.21
50-54	\$3.16	\$4.19	\$5.36	\$5.77
55-59	\$3.85	\$4.95	\$6.49	\$6.98
60-64	\$4.59	\$5.92	\$7.60	\$8.17
Applicant & 2 Children				
Under 30	\$2.06	\$2.83	\$4.06	\$4.36
30-34	\$2.28	\$3.15	\$4.45	\$4.76
35-39	\$2.62	\$3.54	\$4.93	\$5.29
40-44	\$2.96	\$4.04	\$5.45	\$5.85
45-49	\$3.26	\$4.44	\$5.86	\$6.29
50-54	\$3.69	\$4.94	\$6.37	\$6.85
55-59	\$4.38	\$5.70	\$7.50	\$8.06
60-64	\$5.12	\$6.67	\$8.61	\$9.25
Applicant & 3+ Children				
Under 30	\$2.53	\$3.47	\$4.93	\$5.31
30-34	\$2.75	\$3.79	\$5.32	\$5.71
35-39	\$3.09	\$4.18	\$5.80	\$6.24
40-44	\$3.43	\$4.68	\$6.32	\$6.80
45-49	\$3.73	\$5.08	\$6.73	\$7.24
50-54	\$4.16	\$5.58	\$7.24	\$7.80
55-59	\$4.85	\$6.34	\$8.37	\$9.01
60-64	\$5.59	\$7.31	\$9.48	\$10.20
Family w/ 1 Child				
Under 30	\$2.36	\$3.21	\$4.68	\$5.03
30-34	\$2.51	\$3.36	\$4.81	\$5.17
35-39	\$2.92	\$3.97	\$5.59	\$5.98
40-44	\$3.57	\$4.78	\$6.57	\$7.05
45-49	\$4.37	\$5.92	\$7.76	\$8.33
50-54	\$5.12	\$6.82	\$8.92	\$9.60
55-59	\$6.43	\$8.34	\$10.74	\$11.56
60-64	\$7.51	\$9.66	\$12.46	\$13.41
Family w/ 2 Children				
Under 30	\$2.89	\$3.96	\$5.69	\$6.11
30-34	\$3.04	\$4.11	\$5.82	\$6.25
35-39	\$3.45	\$4.72	\$6.60	\$7.06
40-44	\$4.10	\$5.53	\$7.58	\$8.13
45-49	\$4.90	\$6.67	\$8.77	\$9.41
50-54	\$5.65	\$7.57	\$9.93	\$10.68
55-59	\$6.96	\$9.09	\$11.75	\$12.64
60-64	\$8.04	\$10.41	\$13.47	\$14.49
Family w/ 3+ Children				
Under 30	\$3.36	\$4.60	\$6.56	\$7.06
30-34	\$3.51	\$4.75	\$6.69	\$7.20
35-39	\$3.92	\$5.36	\$7.47	\$8.01
40-44	\$4.57	\$6.17	\$8.45	\$9.08
45-49	\$5.37	\$7.31	\$9.64	\$10.36
50-54	\$6.12	\$8.21	\$10.80	\$11.63
55-59	\$7.43	\$9.73	\$12.62	\$13.59
60-64	\$8.51	\$11.05	\$14.34	\$15.44
Child Under 1	\$0.92	\$1.23	\$1.75	\$1.88
Child 1-17	\$0.58	\$0.80	\$1.11	\$1.19
2 Children	\$1.11	\$1.55	\$2.12	\$2.27
3+ Children	\$1.58	\$2.19	\$2.99	\$3.22

Area 5
Illinois

	UNICARE	UNICARE	UNICARE	UNICARE
	2000	1000	500	250
Single Male				
Under 30	\$0.77	\$1.04	\$1.50	\$1.61
30-34	\$0.90	\$1.17	\$1.62	\$1.74
35-39	\$1.08	\$1.44	\$1.97	\$2.12
40-44	\$1.36	\$1.83	\$2.44	\$2.62
45-49	\$1.79	\$2.42	\$3.05	\$3.28
50-54	\$2.19	\$2.88	\$3.75	\$4.04
55-59	\$3.01	\$3.82	\$4.95	\$5.33
60-64	\$3.69	\$4.71	\$5.97	\$6.42
Single Female				
Under 30	\$0.87	\$1.17	\$1.79	\$1.93
30-34	\$1.08	\$1.47	\$2.14	\$2.29
35-39	\$1.39	\$1.83	\$2.59	\$2.78
40-44	\$1.70	\$2.29	\$3.06	\$3.29
45-49	\$1.97	\$2.66	\$3.44	\$3.70
50-54	\$2.37	\$3.12	\$3.91	\$4.22
55-59	\$2.68	\$3.44	\$4.47	\$4.82
60-64	\$3.11	\$3.95	\$5.03	\$5.42
Applicant & Spouse				
Under 30	\$1.64	\$2.21	\$3.29	\$3.54
30-34	\$1.77	\$2.34	\$3.41	\$3.67
35-39	\$2.16	\$2.91	\$4.11	\$4.41
40-44	\$2.75	\$3.66	\$5.03	\$5.40
45-49	\$3.49	\$4.71	\$6.11	\$6.57
50-54	\$4.16	\$5.54	\$7.19	\$7.74
55-59	\$5.38	\$6.94	\$8.86	\$9.55
60-64	\$6.37	\$8.15	\$10.44	\$11.24
Applicant & 1 Child				
Under 30	\$1.40	\$1.91	\$2.81	\$3.03
30-34	\$1.61	\$2.21	\$3.16	\$3.39
35-39	\$1.92	\$2.57	\$3.61	\$3.88
40-44	\$2.23	\$3.03	\$4.08	\$4.39
45-49	\$2.50	\$3.40	\$4.46	\$4.80
50-54	\$2.90	\$3.86	\$4.93	\$5.32
55-59	\$3.54	\$4.56	\$5.97	\$6.43
60-64	\$4.22	\$5.45	\$6.99	\$7.52
Applicant & 2 Children				
Under 30	\$1.89	\$2.60	\$3.74	\$4.02
30-34	\$2.10	\$2.90	\$4.09	\$4.38
35-39	\$2.41	\$3.26	\$4.54	\$4.87
40-44	\$2.72	\$3.72	\$5.01	\$5.38
45-49	\$2.99	\$4.09	\$5.39	\$5.79
50-54	\$3.39	\$4.55	\$5.86	\$6.31
55-59	\$4.03	\$5.25	\$6.90	\$7.42
60-64	\$4.71	\$6.14	\$7.92	\$8.51
Applicant & 3+ Children				
Under 30	\$2.33	\$3.18	\$4.54	\$4.89
30-34	\$2.54	\$3.48	\$4.89	\$5.25
35-39	\$2.85	\$3.84	\$5.34	\$5.74
40-44	\$3.16	\$4.30	\$5.81	\$6.25
45-49	\$3.43	\$4.67	\$6.19	\$6.66
50-54	\$3.83	\$5.13	\$6.66	\$7.18
55-59	\$4.47	\$5.83	\$7.70	\$8.29
60-64	\$5.15	\$6.72	\$8.72	\$9.38
Family w/ 1 Child				
Under 30	\$2.17	\$2.95	\$4.31	\$4.64
30-34	\$2.30	\$3.08	\$4.43	\$4.77
35-39	\$2.69	\$3.65	\$5.13	\$5.51
40-44	\$3.28	\$4.40	\$6.05	\$6.50
45-49	\$4.02	\$5.45	\$7.13	\$7.67
50-54	\$4.69	\$6.28	\$8.21	\$8.84
55-59	\$5.91	\$7.68	\$9.88	\$10.65
60-64	\$6.90	\$8.89	\$11.46	\$12.34
Family w/ 2 Children				
Under 30	\$2.66	\$3.64	\$5.24	\$5.63
30-34	\$2.79	\$3.77	\$5.36	\$5.76
35-39	\$3.18	\$4.34	\$6.06	\$6.50
40-44	\$3.77	\$5.09	\$6.98	\$7.49
45-49	\$4.51	\$6.14	\$8.06	\$8.66
50-54	\$5.18	\$6.97	\$9.14	\$9.83
55-59	\$6.40	\$8.37	\$10.81	\$11.64
60-64	\$7.39	\$9.58	\$12.39	\$13.33
Family w/ 3+ Children				
Under 30	\$3.10	\$4.22	\$6.04	\$6.50
30-34	\$3.23	\$4.35	\$6.16	\$6.63
35-39	\$3.62	\$4.92	\$6.86	\$7.37
40-44	\$4.21	\$5.67	\$7.78	\$8.36
45-49	\$4.95	\$6.72	\$8.86	\$9.53
50-54	\$5.62	\$7.55	\$9.94	\$10.70
55-59	\$6.84	\$8.95	\$11.61	\$12.51
60-64	\$7.83	\$10.16	\$13.19	\$14.20
Child Under 1	\$0.84	\$1.13	\$1.61	\$1.73
Child 1-17	\$0.53	\$0.74	\$1.02	\$1.10
2 Children	\$1.02	\$1.43	\$1.95	\$2.09
3+ Children	\$1.46	\$2.01	\$2.75	\$2.96

Area 6
Illinois

	UNICARE	UNICARE	UNICARE	UNICARE
	2000	1000	500	250
Single Male				
Under 30	\$0.71	\$0.96	\$1.39	\$1.49
30-34	\$0.83	\$1.09	\$1.50	\$1.61
35-39	\$1.00	\$1.34	\$1.83	\$1.96
40-44	\$1.26	\$1.70	\$2.26	\$2.43
45-49	\$1.66	\$2.25	\$2.83	\$3.04
50-54	\$2.04	\$2.67	\$3.48	\$3.74
55-59	\$2.79	\$3.54	\$4.59	\$4.94
60-64	\$3.42	\$4.37	\$5.54	\$5.96
Single Female				
Under 30	\$0.81	\$1.09	\$1.66	\$1.79
30-34	\$1.00	\$1.36	\$1.98	\$2.12
35-39	\$1.29	\$1.70	\$2.40	\$2.58
40-44	\$1.58	\$2.12	\$2.84	\$3.05
45-49	\$1.83	\$2.46	\$3.19	\$3.43
50-54	\$2.20	\$2.89	\$3.63	\$3.91
55-59	\$2.49	\$3.19	\$4.15	\$4.47
60-64	\$2.88	\$3.67	\$4.67	\$5.02
Applicant & Spouse				
Under 30	\$1.52	\$2.05	\$3.05	\$3.28
30-34	\$1.64	\$2.18	\$3.16	\$3.40
35-39	\$2.00	\$2.70	\$3.81	\$4.08
40-44	\$2.55	\$3.40	\$4.66	\$5.01
45-49	\$3.24	\$4.37	\$5.67	\$6.09
50-54	\$3.87	\$5.13	\$6.67	\$7.17
55-59	\$4.99	\$6.43	\$8.22	\$8.85
60-64	\$5.91	\$7.56	\$9.69	\$10.43
Applicant & 1 Child				
Under 30	\$1.30	\$1.77	\$2.61	\$2.81
30-34	\$1.49	\$2.04	\$2.93	\$3.14
35-39	\$1.78	\$2.38	\$3.35	\$3.60
40-44	\$2.07	\$2.80	\$3.79	\$4.07
45-49	\$2.32	\$3.14	\$4.14	\$4.45
50-54	\$2.69	\$3.57	\$4.58	\$4.93
55-59	\$3.28	\$4.22	\$5.54	\$5.96
60-64	\$3.91	\$5.05	\$6.49	\$6.98
Applicant & 2 Children				
Under 30	\$1.76	\$2.41	\$3.46	\$3.73
30-34	\$1.95	\$2.68	\$3.78	\$4.06
35-39	\$2.24	\$3.02	\$4.20	\$4.52
40-44	\$2.53	\$3.44	\$4.64	\$4.99
45-49	\$2.78	\$3.78	\$4.99	\$5.37
50-54	\$3.15	\$4.21	\$5.43	\$5.85
55-59	\$3.74	\$4.86	\$6.39	\$6.88
60-64	\$4.37	\$5.69	\$7.34	\$7.90
Applicant & 3+ Children				
Under 30	\$2.16	\$2.96	\$4.21	\$4.54
30-34	\$2.35	\$3.23	\$4.53	\$4.87
35-39	\$2.64	\$3.57	\$4.95	\$5.33
40-44	\$2.93	\$3.99	\$5.39	\$5.80
45-49	\$3.18	\$4.33	\$5.74	\$6.18
50-54	\$3.55	\$4.76	\$6.18	\$6.66
55-59	\$4.14	\$5.41	\$7.14	\$7.69
60-64	\$4.77	\$6.24	\$8.09	\$8.71
Family w/ 1 Child				
Under 30	\$2.01	\$2.73	\$4.00	\$4.30
30-34	\$2.13	\$2.86	\$4.11	\$4.42
35-39	\$2.49	\$3.38	\$4.76	\$5.10
40-44	\$3.04	\$4.08	\$5.61	\$6.03
45-49	\$3.73	\$5.05	\$6.62	\$7.11
50-54	\$4.36	\$5.81	\$7.62	\$8.19
55-59	\$5.48	\$7.11	\$9.17	\$9.87
60-64	\$6.40	\$8.24	\$10.64	\$11.45
Family w/ 2 Children				
Under 30	\$2.47	\$3.37	\$4.85	\$5.22
30-34	\$2.59	\$3.50	\$4.96	\$5.34
35-39	\$2.95	\$4.02	\$5.61	\$6.02
40-44	\$3.50	\$4.75	\$6.46	\$6.95
45-49	\$4.19	\$5.65	\$7.47	\$8.03
50-54	\$4.82	\$6.45	\$8.47	\$9.11
55-59	\$5.94	\$7.75	\$10.02	\$10.79
60-64	\$6.86	\$8.88	\$11.49	\$12.37
Family w/ 3+ Children				
Under 30	\$2.87	\$3.92	\$5.60	\$6.03
30-34	\$2.99	\$4.05	\$5.71	\$6.15
35-39	\$3.35	\$4.57	\$6.36	\$6.83
40-44	\$3.90	\$5.27	\$7.21	\$7.76
45-49	\$4.59	\$6.24	\$8.22	\$8.84
50-54	\$5.22	\$7.00	\$9.22	\$9.92
55-59	\$6.34	\$8.30	\$10.77	\$11.60
60-64	\$7.26	\$9.43	\$12.24	\$13.18
Child Under 1	\$0.78	\$1.05	\$1.49	\$1.60
Child 1-17	\$0.49	\$0.68	\$0.95	\$1.02
2 Children	\$0.95	\$1.32	\$1.80	\$1.94
3+ Children	\$1.35	\$1.87	\$2.55	\$2.75

Area residence ZIP codes

Find either your ZIP code or the first three digits of your ZIP code.

Area 1 - All ZIP codes beginning with 606 and 607 (except 60712 and 60714)

Area 2 - All ZIP codes beginning with 600, 601 (except 60156), 604, 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, 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



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