

ILLINOIS

HIGH-DEDUCTIBLE HEALTH PLANS

Monthly Rates for Individuals
Effective January 1, 2007



UNICARE®

A Healthy Dose of Innovation®

UniCare Health Insurance Company of the Midwest

UniCare Monthly Health Insurance Plan Rates*

Please select an area from the table below based on your residence ZIP code and look up the corresponding area rate table on the following pages.

Area Residence ZIP Codes

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, 60491, 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

Certain Medical Conditions

For certain medical conditions, an applicant may qualify for a plan at a premium that is higher than Level 1 rates and/or have such medical conditions excluded from coverage by application of a waiver.

Tobacco Users

Tobacco users pay an additional 40 percent premium. If any family member who is to be insured uses tobacco, the family pays the additional 40 percent premium.

Additional Information

- An application must be completed to apply for coverage. Payment for the first month's premium must accompany the application.
- Rates are based on the age of the applicant or spouse, whoever is older, and the residence address. Rates are recalculated at each billing period based on age and the residence address.

Payment methods are

- 1) monthly by checking account deduction on the 1st, 8th, 15th or 22nd of each month or
- 2) 3-month (quarterly) billing.

Please Note: If you elect the 8th, 15th, or 22nd as your monthly draft date, UniCare will draft your monthly premium prior to your due date. For example, if your policy is paid to 10/1/06 and you elect the 8th as your draft date, UniCare will draft your monthly premium on 9/8/06 for your October premium. If you elect the 1st of the month as your draft date and your policy is paid to 10/1/06, UniCare will draft on 10/1/06 for your October premium.

See application instructions for specifics.

High-Deductible Health Plan Options

Please note that the deductibles for the Variable Deductible Plan and the contribution limits for the Variable Contribution Plan will change each year in accordance with U.S. Treasury guidelines. For example, in 2005 the deductible amounts for the Variable Deductible Plan were \$1,000 for Individuals and \$2,000 for Families. In 2006, these amounts increased to \$1,050 for Individuals and \$2,100 for Families.

In 2005, the contribution limits for the Variable Contribution Plan were \$2,650 for Individuals and \$5,250 for Families. In 2006 these amounts increased to \$2,700 for Individuals and \$5,450 for Families.

The U.S. Treasury makes its annual announcement toward the end of each year. The new deductible amounts then become effective on January 1 following the announcement.

* These rates are for the products described in the UniCare Illinois Individual High-Deductible Health Plans and Health Savings Account Sales and Enrollment Guide and are intended for use only with the Guide. If you have not received a copy of the Sales and Enrollment Guide, please contact your UniCare agent. Applicants may be subject to a pre-existing condition limitation on benefits for 12 months. Other benefits, conditions, exclusions and limitations may apply. For a more detailed description of coverage, benefits, limitations and exclusions, preservice and utilization review, authorization process, additional deductibles, and penalties that may apply please refer to the applicable Certificate of Coverage.

Illinois Individual High-Deductible (HSA Compatible) Plan Monthly Rates*

Variable Deductible Plan–Level 1 For 2006† Single Party \$1,050 Deductible Family \$2,100 Deductible

Plan 2–Level 1 Single Party \$2,600 Deductible Family \$5,200 Deductible

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Single Male						
Under 30	98	89	84	84	81	81
30-34	107	98	92	92	89	88
35-39	127	116	109	109	105	104
40-44	153	140	131	131	127	126
45-49	197	180	169	169	163	162
50-54	246	225	210	211	204	202
55-59	323	295	276	276	267	265
60-64	413	377	353	353	342	339
Single Female						
Under 30	103	94	88	88	85	85
30-34	135	123	115	116	112	111
35-39	159	145	136	136	132	131
40-44	192	175	164	164	159	158
45-49	228	208	195	195	189	187
50-54	266	243	228	228	220	219
55-59	297	271	254	254	246	244
60-64	348	318	298	298	288	286
Applicant & Spouse						
Under 30	183	167	157	157	152	150
30-34	194	177	166	166	161	159
35-39	235	214	201	201	195	193
40-44	272	248	233	233	225	224
45-49	310	283	265	265	257	255
50-54	377	344	322	323	312	310
55-59	473	432	405	405	392	389
60-64	575	525	492	492	476	472
Applicant & 1 Child						
Under 30	121	110	103	104	100	99
30-34	146	133	125	125	121	120
35-39	165	151	141	141	137	136
40-44	190	173	163	163	157	156
45-49	218	199	186	187	181	179
50-54	247	225	211	211	205	203
55-59	273	249	234	234	226	224
60-64	337	308	288	288	279	277
Applicant & 2 Children						
Under 30	175	160	150	150	145	144
30-34	201	183	172	172	166	165
35-39	223	204	191	191	185	183
40-44	250	228	214	214	207	205
45-49	278	254	238	238	230	228
50-54	308	281	263	264	255	253
55-59	336	307	287	288	278	276
60-64	404	369	346	346	335	332
Applicant & 3+ Children						
Under 30	235	214	201	201	195	193
30-34	260	237	222	222	215	214
35-39	285	260	244	244	236	234
40-44	314	287	269	269	260	258
45-49	343	313	293	294	284	282
50-54	374	341	320	320	310	307
55-59	404	369	346	346	335	332
60-64	476	434	407	407	394	391
Family w/ 1 Child						
Under 30	245	224	210	210	203	201
30-34	253	231	216	217	209	208
35-39	299	273	256	256	248	246
40-44	334	305	286	286	277	274
45-49	376	343	322	322	311	309
50-54	445	406	381	381	368	366
55-59	542	495	464	464	449	445
60-64	647	590	553	554	539	532
Family w/ 2 Children						
Under 30	310	283	265	265	257	255
30-34	319	291	273	273	264	262
35-39	364	332	311	311	301	299
40-44	400	365	342	342	331	329
45-49	445	406	381	381	368	366
50-54	515	470	441	441	426	423
55-59	615	561	526	526	509	505
60-64	722	659	618	618	598	593
Family w/ 3+ Children						
Under 30	377	344	322	323	312	310
30-34	387	353	331	331	320	318
35-39	433	395	370	371	359	356
40-44	470	429	402	402	389	386
45-49	517	472	442	442	428	425
50-54	588	537	503	503	487	483
55-59	691	631	591	591	572	568
60-64	800	730	684	685	662	657
Child Under 1						
Child Under 1	96	88	82	82	79	79
Child 1-17	62	57	53	53	51	51
2 Children	91	83	78	78	75	75
3+ Children	143	131	122	122	118	118

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Single Male						
Under 30	69	63	59	59	57	57
30-34	74	68	63	63	61	61
35-39	88	80	75	75	73	72
40-44	107	98	92	92	89	88
45-49	138	126	118	118	114	113
50-54	171	156	146	146	142	141
55-59	226	206	193	193	187	186
60-64	289	264	247	247	239	237
Single Female						
Under 30	72	66	62	62	60	59
30-34	95	87	81	81	79	78
35-39	112	102	96	96	93	92
40-44	135	123	115	116	112	111
45-49	160	146	137	137	132	131
50-54	186	170	159	159	154	153
55-59	208	190	178	178	172	171
60-64	245	224	210	210	203	201
Applicant & Spouse						
Under 30	107	98	92	92	89	88
30-34	113	103	97	97	94	93
35-39	137	125	117	117	113	113
40-44	159	145	136	136	132	131
45-49	181	165	155	155	150	149
50-54	220	201	188	188	182	181
55-59	276	252	236	236	229	227
60-64	336	307	287	288	278	276
Applicant & 1 Child						
Under 30	71	65	61	61	59	58
30-34	85	78	73	73	70	70
35-39	96	88	82	82	79	79
40-44	111	101	95	95	92	91
45-49	127	116	109	109	105	104
50-54	143	131	122	122	118	118
55-59	159	145	136	136	132	131
60-64	196	179	168	168	162	161
Applicant & 2 Children						
Under 30	99	90	85	85	82	81
30-34	114	104	98	98	94	94
35-39	127	116	109	109	105	104
40-44	142	130	121	122	118	117
45-49	158	144	135	135	131	130
50-54	175	160	150	150	145	144
55-59	191	174	163	163	158	157
60-64	230	210	197	197	190	189
Applicant & 3+ Children						
Under 30	133	121	114	114	110	109
30-34	146	133	125	125	121	120
35-39	161	147	138	138	133	132
40-44	177	162	151	151	147	145
45-49	194	177	166	166	161	159
50-54	211	193	180	181	175	173
55-59	228	208	195	195	189	187
60-64	269	246	230	230	223	221
Family w/ 1 Child						
Under 30	142	130	121	122	118	117
30-34	147	134	126	126	122	121
35-39	174	159	149	149	144	143
40-44	194	177	166	166	161	159
45-49	218	199	186	187	181	179
50-54	258	235	221	221	214	212
55-59	315	287	269	270	261	259
60-64	377	344	322	323	312	310
Family w/ 2 Children						
Under 30	179	163	153	153	148	147
30-34	185	169	158	158	153	152
35-39	210	192	180	180	174	173
40-44	231	211	198	198	191	190
45-49	257	235	220	220	213	211
50-54	297	271	254	254	246	244
55-59	356	325	305	305	295	293
60-64	417	381	357	357	345	343
Family w/ 3+ Children						
Under 30	219	200	187	187	181	180
30-34	225	205	192	193	186	185
35-39	251	229	215	215	208	206
40-44	272	248	233	233	225	224
45-49	300	274	257	257	248	247
50-54	341	311	292	292	282	280
55-59	401	366	343	343	332	330
60-64	464	423	397	397	384	381
Child Under 1						
Child Under 1	68	62	58	58	56	56
Child 1-17	43	39	37	37	36	35
2 Children	53	48	45	45	44	44
3+ Children	82	75	70	70	68	67

Rates are based on the age of the applicant or spouse, whoever is older, and the residence address.

†This plan's deductible may be increased in 2007 in accordance with future deductible requirements set by the U.S. Treasury.

*While children may apply for a UniCare High-Deductible Health Plan (children-only plan), children are not eligible to have a Health Savings Account established in their name.

Illinois Individual High-Deductible (HSA Compatible) Plan Monthly Rates*

Variable Contribution Plan–Level 1

For 2006†

Single Party \$2,700 Deductible

Family \$5,450 Deductible

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Single Male						
Under 30	76	69	65	65	63	62
30-34	84	77	72	72	70	69
35-39	98	89	84	84	81	81
40-44	119	109	102	102	99	98
45-49	154	141	132	132	128	127
50-54	192	175	164	164	159	158
55-59	252	230	216	216	209	207
60-64	322	294	275	276	267	265
Single Female						
Under 30	81	74	69	69	67	67
30-34	106	97	91	91	88	87
35-39	124	113	106	106	103	102
40-44	152	139	130	130	126	125
45-49	179	163	153	153	148	147
50-54	208	190	178	178	172	171
55-59	233	213	199	199	193	191
60-64	273	249	234	234	226	224
Applicant & Spouse						
Under 30	119	109	102	102	99	98
30-34	127	116	109	109	105	104
35-39	154	141	132	132	128	127
40-44	178	162	152	152	147	146
45-49	202	184	173	173	167	166
50-54	246	225	210	211	204	202
55-59	309	282	264	264	256	254
60-64	376	343	322	322	311	309
Applicant & 1 Child						
Under 30	79	72	68	68	65	65
30-34	95	87	81	81	79	78
35-39	108	99	92	92	89	89
40-44	124	113	106	106	103	102
45-49	141	129	121	121	117	116
50-54	161	147	138	138	133	132
55-59	178	162	152	152	147	146
60-64	219	200	187	187	181	180
Applicant & 2 Children						
Under 30	111	101	95	95	92	91
30-34	128	117	109	110	106	105
35-39	142	130	121	122	118	117
40-44	159	145	136	136	132	131
45-49	177	162	151	151	147	145
50-54	196	179	168	168	162	161
55-59	213	194	182	182	176	175
60-64	256	234	219	219	212	210
Applicant & 3+ Children						
Under 30	149	136	127	128	123	122
30-34	164	150	140	140	136	135
35-39	180	164	154	154	149	148
40-44	198	181	169	169	164	163
45-49	217	198	186	186	180	178
50-54	236	215	202	202	195	194
55-59	255	233	218	218	211	210
60-64	300	274	257	257	248	247
Family w/ 1 Child						
Under 30	159	145	136	136	132	131
30-34	164	150	140	140	136	135
35-39	195	178	167	167	161	160
40-44	217	198	186	186	180	178
45-49	244	223	209	209	202	200
50-54	289	264	247	247	239	237
55-59	353	322	302	302	292	290
60-64	420	383	359	359	348	345
Family w/ 2 Children						
Under 30	200	183	171	171	166	164
30-34	206	188	176	176	171	169
35-39	235	214	201	201	195	193
40-44	258	235	221	221	214	212
45-49	288	263	246	246	238	237
50-54	333	304	285	285	276	274
55-59	397	362	340	340	329	326
60-64	467	426	399	400	387	384
Family w/ 3+ Children						
Under 30	245	224	210	210	203	201
30-34	251	229	215	215	208	206
35-39	280	256	240	240	232	230
40-44	304	277	260	260	252	250
45-49	335	306	287	287	277	275
50-54	381	348	326	326	315	313
55-59	449	410	384	384	372	369
60-64	519	474	444	444	430	426
Child Under 1						
Child 1-17	48	44	41	41	40	39
2 Children	59	54	50	50	49	48
3+ Children	91	83	78	78	75	75

Plan 3–Level 1

Single Party \$5,000 Deductible

Family \$10,000 Deductible

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
Single Male						
Under 30	63	57	54	54	52	52
30-34	68	62	58	58	56	56
35-39	81	74	69	69	67	67
40-44	97	89	83	83	80	80
45-49	126	115	108	108	104	104
50-54	157	143	134	134	130	129
55-59	207	189	177	177	171	170
60-64	264	241	226	226	219	217
Single Female						
Under 30	65	59	56	56	54	53
30-34	86	78	74	74	71	71
35-39	101	92	86	86	84	83
40-44	123	112	105	105	102	101
45-49	145	132	124	124	120	119
50-54	169	154	145	145	140	139
55-59	189	172	162	162	156	155
60-64	222	203	190	190	184	182
Applicant & Spouse						
Under 30	89	81	76	76	74	73
30-34	94	86	80	80	78	77
35-39	115	105	98	98	95	94
40-44	133	121	114	114	110	109
45-49	151	138	129	129	125	124
50-54	183	167	157	157	152	150
55-59	231	211	198	198	191	190
60-64	280	256	240	240	232	230
Applicant & 1 Child						
Under 30	59	54	50	50	49	48
30-34	71	65	61	61	59	58
35-39	81	74	69	69	67	67
40-44	92	84	79	79	76	76
45-49	106	97	91	91	88	87
50-54	120	110	103	103	99	99
55-59	133	121	114	114	110	109
60-64	163	149	139	139	135	134
Applicant & 2 Children						
Under 30	81	74	69	69	67	67
30-34	93	85	80	80	77	76
35-39	104	95	89	89	86	85
40-44	116	106	99	99	96	95
45-49	129	118	110	110	107	106
50-54	143	131	122	122	118	118
55-59	156	142	133	133	129	128
60-64	187	171	160	160	155	154
Applicant & 3+ Children						
Under 30	107	98	92	92	89	88
30-34	118	108	101	101	98	97
35-39	130	119	111	111	108	107
40-44	143	131	122	122	118	118
45-49	156	142	133	133	129	128
50-54	170	155	145	145	141	140
55-59	184	168	157	157	152	151
60-64	217	198	186	186	180	178
Family w/ 1 Child						
Under 30	117	107	100	100	97	96
30-34	121	110	103	104	100	99
35-39	143	131	122	122	118	118
40-44	160	146	137	137	132	131
45-49	180	164	154	154	149	148
50-54	213	194	182	182	176	175
55-59	259	236	222	222	214	213
60-64	310	283	265	265	257	255
Family w/ 2 Children						
Under 30	146	133	125	125	121	120
30-34	151	138	129	129	125	124
35-39	173	158	148	148	143	142
40-44	189	172	162	162	156	155
45-49	210	192	180	180	174	173
50-54	243	222	208	208	201	200
55-59	291	266	249	249	241	239
60-64	341	311	292	292	282	280
Family w/ 3+ Children						
Under 30	178	162	152	152	147	146
30-34	183	167	157	157	152	150
35-39	205	187	175	175	170	168
40-44	222	203	190	190	184	182
45-49	245	224	210	210	203	201
50-54	278	254	238	238	230	228
55-59	326	298	279	279	270	268
60-64	379	346	324	324	314	311
Child Under 1						
Child 1-17	62	57	53	53	51	51
2 Children	44	40	38	38	36	36
3+ Children	67	61	57	57	55	55

Rates are based on the age of the applicant or spouse, whoever is older, and the residence address.

†This plan's deductible may be increased in 2007 in accordance with future deductible requirements set by the U.S. Treasury.

*While children may apply for a UniCare High-Deductible Health Plan (children-only plan), children are not eligible to have a Health Savings Account established in their name.

Notes

Notes



An application is required to be completed to apply for coverage and is subject to approval by UniCare.

A high-deductible plan is not an HSA. An HSA, which must be established for tax-advantage treatment, is a separate arrangement between the individual and a bank or other qualified institution. You must be an eligible individual under IRS regulations to receive the tax benefits of an HSA. Consultation with a tax advisor is recommended. The annual deductible for the UniCare Variable Deductible Plan will reflect the U.S. Treasury's minimum deductible requirements for HSA-qualified high-deductible health plans. The amount is subject to change annually. The annual deductible for the UniCare Variable Contribution Plan will reflect the U.S. Treasury's maximum annual contribution limits for Health Savings Accounts. The amount is subject to change annually. Insurance coverage is underwritten by UniCare Health Insurance Company of the Midwest (IL and IN only). ® Registered Mark and SM Service Mark of WellPoint, Inc. © 2005 WellPoint, Inc. 110271L 10/06