



VIRGINIA

INDIVIDUAL HIGH-DEDUCTIBLE

(HSA-Compatible) Health Insurance Plans



UNICARE®

A healthy dose of innovation.™

Health Insurance plans offered to Virginia-resident individuals and families are issued under a certificate pursuant to a group policy.

IMPORTANT VIRGINIA SERVICE AREA NOTIFICATION

As a reminder, due to a limited provider network in some areas, UNICARE is not currently offering Individual coverage in the ZIP codes listed below. Therefore, we are unable to accept Individual applications for coverage in these areas. Applications received from applicants in these areas will be returned along with any premium deposit submitted. We are currently working to develop a Provider Network in these areas and regret the inconvenience this may cause. We do offer life and dental coverage in this area. Thank you!

AREA RESIDENCE ZIP CODES WITH LIMITED PROVIDER ACCESS

22920, 22922, 22924, 22931, 22932, 22937 - 22939, 22943, 22945, 22946, 22949, 22951, 22952, 22954, 22958, 22959, 22964, 22967, 22969, 22971, 22976, 22980, 22987

23004, 23022, 23055, 23123, 23301- 23303, 23308, 23336, 23337, 23356, 23357, 23359, 23395, 23396, 23399, 23401, 23403, 23404, 23407, 23409, 23410, 23412, 23414 - 23418, 23421, 23426, 23427, 23441, 23442, 23480, 23483, 23488, 23911, 23921, 23936, 23939, 23960, 23963

24000–24017, 24019, 24020, 24022–24038, 24040, 24042–24045, 24050, 24064, 24066, 24070, 24077, 24083, 24085, 24086, 24090, 24093, 24094, 24095

24104, 24121, 24122, 24124, 24127, 24128, 24130, 24131, 24134, 24136, 24139, 24147, 24150, 24153, 24156, 24161, 24167, 24174, 24175, 24178, 24179

24218, 24221, 24244, 242248, 24263, 24277, 24281

24314, 24315, 24322, 24326, 24348, 24366

24401, 24402, 24407, 24411, 24412, 24415, 24416, 24421, 24422, 24426, 24430–24432, 24435, 24437–24442, 24448, 24450, 24457–24460, 24463, 24464, 24467, 24469, 24471–24477, 24479, 24482, 24483, 24485–24487

24501–24506, 24512–24515, 24517, 24520–24523, 24526–24528, 24531, 24533, 24536, 24538, 24550–24551, 24553–24557, 24562–24563, 24565–24566, 24569, 24570–24572, 24574, 24576–24579, 24581, 24585–24586, 24588, 24590, 24593–24595, 24597, 24599

24606, 24613, 24635

UNICARE Life & Health Insurance Company is a separately capitalized and incorporated subsidiary of WellPoint Health Networks Inc. WellPoint Health Networks Inc. is one of the largest managed care companies in the United States. WellPoint and its family of companies provide health coverage for over 15 million people and have over 46 million specialty members. UNICARE's High-Deductible (HSA-Compatible) Plans provide:

- Choice of doctors
- Preventive care for children and adults
- Toll-free dedicated customer service numbers
- NO CLAIM FORMS with Network Providers
- Optional easy-issue Term Life Insurance
- Options of Single Party or Family PPO Coverage

UNICARE offers HSA-Compatible health insurance plans so you can choose the right coverage for you and your family.

What Is a High-Deductible Health Plan?

A High-Deductible Health Plan (HDHP) is a health plan that meets certain requirements in terms of annual deductibles and annual out-of-pocket expense maximums. In order for individuals or families to qualify for a Health Savings Account (HSA), they must be enrolled in an HDHP.

A health plan is an HDHP if the annual deductible for a single party is at least \$1,000 and has an out-of-pocket expense maximum that does not exceed \$5,000.

A health plan is an HDHP if the annual deductible for a family is at least \$2,000 and has an out-of-pocket expense maximum that does not exceed \$10,000.

Out-of-pocket expenses include:

- deductibles—the amount you pay for your health care each year before your insurance plan begins to pay
- copayment—a specific dollar amount of a covered service that you pay at the time the service is rendered (for example, prescription drug copays)
- coinsurance—the percentage of a covered service that you pay

What Is a Health Savings Account?

A Health Savings Account (HSA) is a savings account established exclusively to pay for medical expenses of the individual or family who has contributed to the account while covered under a High-Deductible Health Plan.

The HSA provides an avenue to fund your health care expenses now and to save for long-term health care expenses or to bridge a potential gap between your needs and what funds may be available to you once you become eligible for Medicare. When the funds are used for eligible health care expenses, the savings may be tax exempt.

The High-Deductible (HSA-Compatible) Health Plans are provided by UNICARE Life & Health Insurance Company (UNICARE). The HSA is not administered by UNICARE, but by a qualified bank or financial institution. You may choose any bank or financial institution that is qualified to provide this service. We advise you to consult with your tax advisor for assistance in establishing your HSA.

What is the advantage of an HSA?

Your UNICARE High-Deductible Health Plan works in conjunction with your HSA. The plan provides benefits for covered medical services once applicable deductibles are satisfied. The funds you deposit in your HSA can be used to pay for medical expenses applied to your deductible.

Some medical expenses not covered by your HDHP may still qualify for funding from your HSA without tax penalty. Please refer to section 213d of the IRS code for information regarding what medical expenses can be covered by your HSA.

Please note:

This High-Deductible Health Plan is not a “Health Savings Account” or an “HSA” but is designed as a High-Deductible Health Plan that may allow you, if you are an eligible individual, to take advantage of the income tax benefits available to you when you establish an HSA and use the money you deposit into the HSA to pay for qualified medical expenses subject to the provisions under this plan.

Apply for Your UNICARE High-Deductible Health Plan Now

You must first enroll in a High-Deductible Health Plan (HDHP) before you may establish a Health Savings Account (HSA). You also must continue your enrollment in your HDHP in order to continue to make contributions to your HSA.

High-Deductible Plan Options

You have a choice of three UNICARE High-Deductible Health Plans and the option of a family plan or a plan just for yourself. The annual deductible for each plan and the maximum annual amount you may contribute to your HSA in 2004 are listed in the table below. Additional “catch-up” contributions are permitted for those who are between the ages of 55 and 65 by tax year end. Consult your tax advisor for details.

High-Deductible (HSA-Compatible) Plan		Annual Deductible	Amount You May Deposit Into Your HSA Annually
Plan 1	Single Party	\$1,000	\$1,000
	Family	\$2,000	\$2,000
Plan 2	Single Party	\$2,600	\$2,600
	Family	\$5,200	\$5,150
Plan 3	Single Party	\$5,000	\$2,600
	Family	\$10,000	\$5,150

Eligibility for UNICARE High-Deductible (HSA-Compatible) Health Plans

To be eligible for enrollment, you must be:

- age 64^{1/2} or younger*
- the applicant’s spouse, age 64^{1/2} or younger
- the applicant’s unmarried child, up to age 19
- the applicant’s unmarried child who is a full-time student (12 units per semester), age 19-22
- a resident of the United States for at least 6 months
- able to meet UNICARE’s underwriting guidelines
- not eligible for Medicare
- not enrolled in any other group or individual health insurance plan

Eligibility for HSA

To be eligible to establish an HSA:

- you must be covered under a high-deductible health plan (HDHP)
- you may not be covered by any other health plan**
- you may not be entitled to Medicare benefits (generally, this means you are under age 65)
- you may not be claimed as a dependent on another person’s tax return

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

** It is permitted to have insurance under which substantially all of the coverage provided relates to Workers’ Compensation laws, tort liabilities, liabilities relating to ownership of property (e.g. automobile insurance), insurance for a specified disease or illness, insurance that pays a fixed amount per day (or other period) of hospitalization, coverage for accidents, disability, dental care, vision care, or long-term care and still be eligible for an HSA.

UNICARE High-Deductible Single Party and Family Plans

Benefit Summary

Amounts shown below are the member's share of costs.

	High-Deductible (HSA-Compatible) Plan 1				High-Deductible (HSA-Compatible) Plan 2				High-Deductible (HSA-Compatible) Plan 3			
	Single Party		Family		Single Party		Family		Single Party		Family	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$1,000		\$2,000		\$2,600		\$5,200		\$5,000		\$10,000	
		Additional \$4,000 out-of-network deductible		Additional \$8,000 out-of-network deductible		Additional \$4,000 out-of-network deductible		Additional \$8,000 out-of-network deductible		Additional \$4,000 out-of-network deductible		Additional \$8,000 out-of-network deductible
Annual Out-of-Pocket Maximums (Includes annual deductible and pharmacy copays)	\$5,000	\$15,000	\$10,000	\$20,000	\$5,000	\$15,000	\$10,000	\$20,000	\$5,000	\$15,000	\$10,000	\$20,000

The annual deductible applies to all covered expenses. The out-of-network deductible applies to covered expenses incurred from nonparticipating providers and pharmacies after the annual deductible is satisfied. The in-network out-of-pocket maximum includes the annual deductible, copayments and coinsurance incurred from independently contracted participating providers and pharmacies. The out-of-network out-of-pocket maximum includes the annual deductible, the out-of-network deductible and copayments and coinsurance incurred from nonparticipating providers and pharmacies.

It Pays to Use a UNICARE Participating Physician or Hospital

Example using the High-Deductible (HSA-Compatible) Plan 2

Participating Providers		Nonparticipating Providers	
If the billed charges are	\$1,000	If the billed charges are	\$1,000
And UNICARE's negotiated rate is	\$650	Amount UNICARE considers reasonable	\$650
You get a discount of	\$350	UNICARE pays (60% of reasonable charges)	\$390
UNICARE pays 80% of negotiated fee*	\$520	You pay (40% of reasonable charges*)	\$260
You pay	\$130	Plus, the difference between the billed charges and the reasonable charges	\$350
		You pay a total of	\$610

*Assuming any deductible has been met and you have not reached your annual out-of-pocket maximum.

High-Deductible (HSA-Compatible) Single Party and Family Medical Plan Comparison*

All plans feature a \$5,000,000 per member lifetime maximum in benefits.

This matrix is intended to help you compare UNICARE plan benefits and reflects UNICARE's payment for covered expenses after the annual and out-of-network deductibles are met.

When you use UNICARE independently contracted in-network (participating) providers, your costs are based on a specially negotiated rate for UNICARE that may often save you money. When you use out-of-network (nonparticipating) 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.

Refer to the UNICARE provider directory or to the UNICARE Web site at www.unicare.com to determine which providers in your area are participating providers. Ask your agent to provide you with a UNICARE provider directory before you sign an application for coverage.

*This is only a brief description of various plans available. For a more detailed description of coverage, benefits, limitations and exclusions, preservice and utilization benefit review, preauthorization process, additional deductibles, and penalties that may apply, please refer to the applicable Certificate of Coverage. If there are any conflicts between the terms of the Certificate of Coverage and the information in this brochure, the terms of the Certificate of Coverage will govern.

OVERVIEW OF COVERAGE - Amounts below are UNICARE's payment after applicable

Your Plan Features	High-Deductible (HSA-Compatible) Plan 1			
	Single Party		Family	
	Participating	Nonparticipating	Participating	Nonparticipating
Lifetime Maximum	UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member	
Professional Services Office visits, surgery, anesthesia, radiation therapy, in-hospital doctor visits and diagnostic X-ray/lab	80%	60%	80%	60%
Preventive Care for Babies and Children (through age 6) Exams, immunizations, and lab tests	80%	60%	80%	60%
Adult Preventive Care Routine Pap smears, annual mammograms, colorectal cancer screenings and PSA screenings	80%	60%	80%	60%
Inpatient Hospital Services ¹	80%	60%	80%	60%
Outpatient Medical Care ²	80%	60%	80%	60%
Physical/Occupational Therapy and Acupuncture/Acupressure	\$30 maximum per visit; with a combined maximum of 12 visits per year		\$30 maximum per visit; with a combined maximum of 12 visits per year	
Ambulatory Surgical Center ¹	80%	60%	80%	60%
Ambulance Service With a maximum covered expense per trip: ground \$1,000; air \$5,000	80%	60%	80%	60%
Durable Medical Equipment	80%	60%	80%	60%
Initial Care of a Medical Emergency- Inpatient or Outpatient	80%	80%	80%	80%
Prescription Drugs ³ Retail Pharmacy Per prescription (up to 30-day supply)	Generic drugs: 100% after member pays a \$10 copay Brand name formulary drugs: 100% after member pays a \$30 copay Brand name nonformulary drugs: 100% after member pays a \$50 copay	Generic and brand name drugs: 50% of the average wholesale price	Generic drugs: 100% after member pays a \$10 copay Brand name formulary drugs: 100% after member pays a \$30 copay Brand name nonformulary drugs: 100% after member pays a \$50 copay	Generic and brand name drugs: 50% of the average wholesale price
Prescription Drugs ³ Mail Service Per prescription (up to 60-day supply)	Generic drugs: 100% after member pays a \$20 copay Brand name formulary drugs: 100% after member pays a \$60 copay Brand name nonformulary drugs: 100% after member pays a \$100 copay	Not Available	Generic drugs: 100% after member pays a \$20 copay Brand name formulary drugs: 100% after member pays a \$60 copay Brand name nonformulary drugs: 100% after member pays a \$100 copay	Not Available

¹ Services may require preservice review or authorization by UNICARE or you will be required to pay an additional penalty. Please refer to page 6 for specific penalty information.

² Emergency room visits that do not result in an inpatient admission will be subject to a \$60 penalty.

³ Certain Prescription Drugs may require prior authorization by UNICARE.

deductibles are met.

High-Deductible (HSA-Compatible) Plan 2				High-Deductible (HSA-Compatible) Plan 3			
Single Party		Family		Single Party		Family	
Participating	Nonparticipating	Participating	Nonparticipating	Participating	Nonparticipating	Participating	Nonparticipating
UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member		UNICARE pays up to \$5,000,000 per member	
80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	100%	60%	100%	60%
\$30 maximum per visit; with a combined maximum of 12 visits per year		\$30 maximum per visit; with a combined maximum of 12 visits per year		\$30 maximum per visit; with a combined maximum of 12 visits per year		\$30 maximum per visit; with a combined maximum of 12 visits per year	
80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	100%	60%	100%	60%
80%	60%	80%	60%	100%	60%	100%	60%
80%	80%	80%	80%	100%	100%	100%	100%
Generic drugs: 100% after member pays a \$10 copay Brand name formulary drugs: 100% after member pays a \$30 copay Brand name nonformulary drugs: 100% after member pays a \$50 copay	Generic and brand name drugs: 50% of the average wholesale price	Generic drugs: 100% after member pays a \$10 copay Brand name formulary drugs: 100% after member pays a \$30 copay Brand name nonformulary drugs: 100% after member pays a \$50 copay	Generic and brand name drugs: 50% of the average wholesale price	Generic and brand name drugs: 100%	Generic and brand name drugs: 50% of the average wholesale price	Generic and brand name drugs: 100%	Generic and brand name drugs: 50% of the average wholesale price
Generic drugs: 100% after member pays a \$20 copay Brand name formulary drugs: 100% after member pays a \$60 copay Brand name nonformulary drugs: 100% after member pays a \$100 copay		Generic drugs: 100% after member pays a \$20 copay Brand name formulary drugs: 100% after member pays a \$60 copay Brand name nonformulary drugs: 100% after member pays a \$100 copay					

Utilization Management

UNICARE uses a process called Utilization Management to help you receive coverage for appropriate treatment in the correct setting and helps you avoid both unexpected out-of-pocket costs and unnecessary procedures.

Preservice review is performed before services are provided. All inpatient medical care requires preservice review or you will be subject to a \$500 penalty per continuing hospital confinement. All surgical services of an ambulatory surgical center require preservice review or you will be subject to a \$50 penalty. This review must be initiated at least three working days prior to admission to a licensed and accredited hospital or ambulatory surgical center.

Authorization Program

Certain services require prior authorization to be eligible for maximum benefits. There will be a \$1,000 penalty for these services unless UNICARE authorizes benefits in advance for: organ/tissue transplants, infusion therapy, home health services, skilled nursing facilities and hospice.

Other services require authorization to be eligible for maximum benefits. Please see your Certificate of Coverage for additional details on preservice and utilization review, the authorization process, penalties, covered services and limitations and exclusions.

Utilization Management and the authorization program is not the practice of medicine or the provision of medical care to you. Remember, only your doctor can provide you with medical advice and care.

Important Additional Information

Waiting Periods

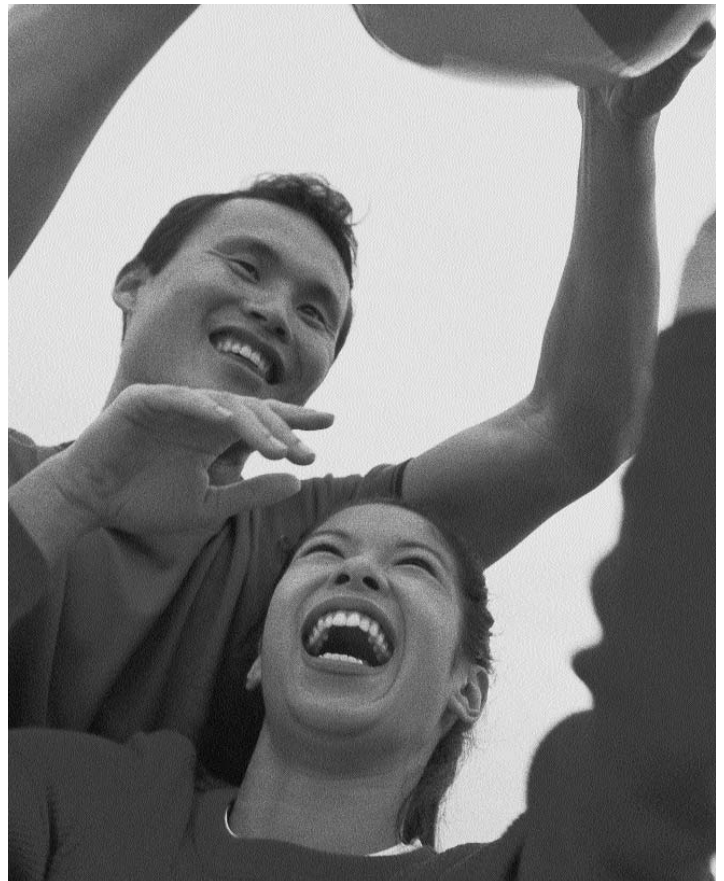
An insured must be covered by the plan for six consecutive months to be eligible for benefits concerning all services related to:

- hernia (except strangulated or incarcerated)
- varicose veins

This includes, but is not limited to, all tests, consultations, examinations, medications and invasive medical, laboratory or surgical procedures that are related to the evaluation or treatment of the above items.

Pre-existing Conditions

For medical conditions that existed 12 months prior to the effective date of your coverage, there will be no coverage for such conditions for 12 months after the effective date of your coverage.



Enrollment and Review Process

Each individual and family member who applies for coverage in any of the UNICARE plans must submit an application for UNICARE underwriting review. If any applicant does not qualify based on UNICARE's underwriting standards, the application will not be approved. Certain conditions, subject to UNICARE's underwriting guidelines, may qualify an applicant for the plan at a premium that is higher than the level I (preferred) premium and/or coverage for a particular medical condition may be excluded for coverage by a waiver. Please follow the instructions on the Individual and Family Plans application form.

If you are accepted, please carefully read your UNICARE Certificate of Coverage. This document lists, in more detail, all the benefits, conditions, limitations, exclusions, and requirements of your plan.

Waivers of Coverage

If you have a condition, illness, or injury that can be identified as one that does not necessarily affect your overall good health but could affect the risk balance of all insureds, we will waive that condition from coverage. This means that expenses for treatment of that condition or any other condition related to it will not be covered for a specified period of time.

Waived conditions will be clearly identified on your plan specification page. The period for which coverage is waived will also be stated. Waivers apply for two years, five years, or ten years. Waivers will be reviewed periodically if you request the review in writing and forward the medical records from your attending physician.

Terms of Coverage

Coverage under this plan remains in force as long as the required premiums are paid on time and as long as the insured remains eligible for coverage. Coverage ceases when an insured no longer lives in the service area, or becomes ineligible because of divorce or a change in dependent status. (In the case of divorce and over-age dependents, UNICARE may offer a similar plan.) UNICARE may change the premiums of this plan after 30 days' written notice to the insured. However, UNICARE will not change the premium schedule for this plan on an individual basis, but only for all insureds in the same class and covered under the same plan as you.

Rates

Medical rates are calculated 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. See pages 15-16 for medical coverage rates.

UNICARE high-deductible plans are not HSAs. The HSA account, which you must establish before you can enjoy tax-advantaged treatment, is a separate arrangement between you 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.

UNICARE has designed these plans to meet government requirements for High-Deductible Health Plans to be used in conjunction with establishing eligibility for HSA tax benefits. Although UNICARE believes that these plans meet these requirements, the Internal Revenue Service has not ruled on whether these plans are qualified as High-Deductible Health Plans.

Should you purchase one of these plans in order to obtain the income tax benefits associated with an HSA, and the Internal Revenue Service were to rule that this plan does not qualify as a High-Deductible Health Plan, you may not be eligible for the income tax benefits associated with an HSA. In this instance, you may have adverse income tax consequences with respect to your HSA for all years in which you were not eligible. However, if there were such a ruling, or if government requirements for a High-Deductible Health Plan change, UNICARE intends to amend the High-Deductible Health Plans prospectively, if necessary, to meet the requirements of a qualified plan. Any changes made to the plans to meet Internal Revenue Service requirements will not be effective until such changes are filed and approved with the appropriate regulatory authorities, as appropriate. A change in the plans' premiums may also be required as a result of a change in the plans.

HealthyExtensionsSM

The Key to a Healthy Life — HealthyExtensions*

HealthyExtensions is an innovative program that gives you discounts on health and wellness products and services.

As a UNICARE member, you can take advantage of discounts up to 50 percent off a variety of alternative health care and wellness products and services offered by independent vendors.

Examples of products and services that are available:

- Vitamins
- Nutrition and fitness programs
- Health clubs
- Hearing aids
- Eyeglasses and contact lenses
- Skin care products
- Educational materials
- Online resources
- Alternative health practitioners

MedCall® — 24/7 Telephone Access to Health Care Professionals

You have access to nurse counselors 24 hours a day, seven days a week who can provide you with medical information whenever you need it. At no additional cost to you, this telephone hotline provides answers to many health questions about:

- Symptoms or procedures and alternatives
- Medications and side effects
- A diagnosis
- Referrals for doctors and medical facilities
- Referrals for local, state and national self-help agencies

In addition to personalized calls, MedCall provides you with recorded information on more than 200 health topics so you can learn more about your health care concerns at your convenience.

*This program is provided as a service to our members. These are not insurance benefits and are subject to change or cancellation without notice. Services and products provided by independent vendors that are not affiliated with UNICARE, its affiliates, subsidiaries, or parent company.

Vision Care Services — A Featured Discount Program for You

As a part of the HealthyExtensions program, you will receive discounts from participating optometrists and ophthalmologists for your vision care needs. Discounts of 10 up to 50 percent are available for eye exams, frames, lenses and contacts at participating providers.

If you wear contact lenses, you may purchase them from your favorite eye care professional or you might take advantage of additional savings and convenience by ordering via phone or the Internet to have your contacts delivered directly to your home.

In addition, LASIK vision correction surgery is available to you at significant savings through TruVision™ and Cole Managed Vision.

Platinum Network Travel Access — Peace-of-Mind While You Travel

What happens if you or one of your family members get sick while traveling outside of Virginia? The Travel Access program helps you take advantage of your health plan benefits while traveling outside of your local independently contracted provider network, but within the continental United States. After all, you and your family deserve the same great benefits when you travel.

With Travel Access:

- There are no additional premium costs
- Your health care benefits are not changed by the addition of Travel Access
- The provider will submit the claim forms to UNICARE on your behalf

All you have to do is call your Travel Access representative, should a medical need arise, and you will be provided with the name, address and phone number of an independently contracted network provider or providers in the immediate area in which you are traveling that can help address your health concern. It's that simple.

Individual and Family Dental PPO Plan Coverage

Keep Your Teeth Healthy and Your Smile Bright.

Good oral health is a quality of life issue, affecting both your mental and physical wellness. UNICARE offers the Individual and Family Dental PPO Plan to provide affordable coverage for regular dental care.

With UNICARE's dental coverage you have:

- access to quality care at discounted fees
- a wide range of services for preventive, diagnostic, basic and major dental care
- no waiting period for preventive and diagnostic care
- freedom to choose any dentist
- additional savings for visiting an independently contracted, in-network dentist
- an annual deductible of \$50 per person or \$150 per family, waived for preventive and diagnostic services performed by a contracted dentist

For more information about the Individual and Family Dental PPO Plan, please call your UNICARE agent or visit the UNICARE Web site at www.unicare.com.



UNICARE Individual Dental Fee for Service Plan Monthly Rates*	
One adult	\$32.50
Two adults	\$65.00
Adult with 1 child	\$48.50
Adult with 2 children	\$64.50
Adult with 3+ children	\$89.00
Family (1 child)	\$81.00
Family (2 children)	\$97.00
Family (3+ children)	\$121.50
One child	\$16.00
Two children	\$32.50
Three+ children	\$56.50

*Rates are current as of May 2004. Rates are subject to change without notice. Please contact your agent or UNICARE for the most current rates.

Individual Term Life Insurance

Is Your Family Prepared for the Unexpected?

For just cents per day, you can enjoy the security and peace of mind of knowing you can help meet your family's financial needs even if you're not there to provide for them.

There are some great reasons to add life insurance to your UNICARE Individual medical coverage:

- Life insurance provides a financial safeguard for your family
- No additional forms to fill out
- No medical exams
- One bill for medical and life coverage
- Available with all UNICARE medical plans, subject to underwriting
- You may choose life insurance for all of your eligible family members

- Child coverage for as little as \$1.50 per month
- Adult coverage for as little as \$2.80 per month*

To apply for enrollment, check the Life box in Section 2 and complete the Term Life portion in Section 5 on the Individual Enrollment Application.

Monthly Rates*			
Age	\$15,000	\$25,000	\$50,000
Under 1	Not Available	Not Available	Not Available
1-18	\$1.50	\$2.50	Not Available
19-29	2.80	4.65	\$9.30
30-39	3.25	5.40	10.80
40-49	7.50	12.50	25.00
50-59	20.90	34.80	69.60
60-64	29.40	49.00	98.00

**The rates for term life insurance will change based on the applicant's age. The age categories are shown in the chart above. The policy is issued for a one-year term, renewable at the policyholder's option. The rate schedule may be changed at the beginning of any annual term. The rates shown in the matrix above are accurate as of May 2004. Rates are subject to change without notice. Please contact your agent or UNICARE for the most current rates.*

The term life insurance coverage is subject to the written provisions of the policy issued by UNICARE. You should consult with your UNICARE agent regarding the specific terms and provisions of the policy. Each family member who has elected the term life insurance option will be sent a separate policy.

The policy will be canceled automatically on the first of the month of the policyholder's 65th birthday. If that birthday falls on the first of the month, the policy will be canceled on the first day of the month prior to the birth month.

Insurance coverage is underwritten by UNICARE Life & Health Insurance Company.

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 Certificate of Coverage.

Limitations

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

Infusion Therapy

Covered Expenses will not exceed: total parenteral nutrition (with or without lipids), \$250 per day; antibiotics, average wholesale price (AWP)+\$125 per day; chemotherapy, AWP + \$150 per day, pain management \$125 per day; aerosol therapy, AWP + \$70 per day; tocolytic therapy, \$250 per day; special Items, AWP; intravenous hydration, \$75 per day.

Ambulance Service

UNICARE pays a maximum covered expense of \$5,000 per trip for air transport or \$1,000 per trip for ground transport.

Home Health Care

Limited to a combined maximum of 60 visits each year

Skilled Nursing Facilities

Limited to a maximum covered expense of \$400 per day, and 100 days per year.

Services for Mental, Emotional or Functional Nervous Disorders

Benefits for eligible treatment are payable up to \$30 per visit up to a maximum of 12 visits per year for in- or outpatient professional charges. Benefits for eligible inpatient hospital services are paid up to \$100 per day, up to a maximum payment of \$3,000 per year.

Physical, Occupational Therapy/Medicine and Acupuncture/Acupressure

Benefits are payable up to \$30 per visit with a combined maximum of 12 visits per year.

Hospice

Limited to a lifetime maximum payment of \$10,000.

Smoking Cessation

Benefits for any smoking cessation program designed to end the dependency on nicotine are payable up to a maximum of \$50 per lifetime.

Diabetes

Covered expenses for diabetes equipment and diabetes supplies are subject to a maximum of \$500 per year.

Exclusions

The Plan does not provide benefits for:

- Services for any condition for which benefits are excluded by a waiver.
- Any amounts in excess of maximum amounts of covered expenses.
- Services not specifically listed in the plan as covered services.

- Services or supplies that are not medically necessary.
- Services or supplies that UNICARE considers to be experimental or investigative procedures.
- Services received before the effective date of coverage or during an inpatient stay that began before the 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 health insurance coverage.
- Any condition for which benefits are recovered, or can be recovered, either by adjudication, settlement or otherwise, under any Workers' Compensation, employer's liability law or occupational disease law, even if you do not claim those benefits.
- Any intentionally, self-inflicted injury or illness.
- Conditions caused by (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy; (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 nonprescribed controlled substances unless administered on the advice of a physician.
- Any services provided by a local, state, or federal government agency except when payment under this plan is expressly required by federal or state law.
- If you are eligible for Medicare, any services covered by Medicare under Part A or B are excluded from consideration of payment regardless of actual enrollment in Medicare or payment by Medicare for those services.
- Any services for which payment may be obtained from any local, state, or federal government agency (except Medicaid). Veterans Administration hospitals and military treatment facilities will be considered for payment according to current law.
- Professional services received or supplies purchased from yourself, a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption, or the insured person's employer.
- 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, a home for the aged, a nursing 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 drug or other substance addiction or abuse,

- except for treatment of alcoholism as specifically provided in the plan.
- Dental services.
 - Orthodontic services.
 - Dental implants or any associated procedure.
 - Hearing aids.
 - Routine hearing tests except as provided under Well Baby and Well Child Care.
 - Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in the plan.
 - An eye surgery solely for the purpose of correcting refractive defects of the eye.
 - Outpatient speech therapy.
 - Any drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in the plan. This includes, but is not limited to items dispensed by a physician.
 - Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to reconstructive surgery to restore a bodily function or to correct a deformity caused by injury or congenital defect of a newborn child, or to medically necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.
 - Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex change.
 - Treatment of sexual dysfunction, impotence and/or inadequacy.
 - All services related to the evaluation or treatment of fertility and/or infertility, including, but not limited to all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures, including sterilization reversals and in vitro fertilization.
 - Cryopreservation of sperm or eggs.
 - All nonprescription contraceptive drugs, devices and/or supplies that are available over the counter or without a prescription, and non-FDA approved prescription contraceptive drugs, devices and/or supplies.
 - 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, including those required by employment or government authority.
 - Charges by a provider for telephone consultations.
 - Items which are furnished primarily for your personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs, etc.).
 - Educational services except for diabetes self-management training and as specifically provided or arranged by UNICARE.
 - Nutritional counseling or food supplements.
 - Any services received on or within 12 months after the effective date of coverage if they are related to a pre-existing condition.
 - Incidental supplies used by a provider in the administration of infusion therapy.
 - Foreign country provider charges except as specifically stated in the plan.
 - Growth hormone treatment except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the insured person's condition.
 - Routine foot care.
 - Charges for which we are unable to determine our liability because you or an insured person 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, including normal delivery, elective abortions and elective nonemergency Cesarean sections, as long as the service is not related to Complications of Pregnancy.
 - Drugs and medications not requiring a prescription, except insulin.
 - Drugs and medications to induce nonspontaneous abortions.
 - Dietary supplements, cosmetics, health or beauty aids.
 - Any vitamin, mineral, herb or botanical product which does not have an FDA (Food and Drug Administration) approved indication to treat, diagnose or cure a medical condition even if it is thought to have health benefits.
 - Any expense incurred in excess of the UNICARE negotiated rate.
 - Any drug labeled "Caution, limited by federal law to investigational use" or non-FDA approved investigational drugs. Any drug or medication prescribed for experimental indications.
 - Drugs used for cosmetic purposes.
 - Drugs used for the primary purpose of treating infertility or promoting fertility.
 - Anorexiants or drugs associated with weight loss.
 - Drugs obtained outside the United States.
 - Drugs for treatment of a condition, illness, or injury for which benefits are excluded or limited by a waiver, pre-existing condition, or other contract limitation.
 - Prescription drugs with a nonprescription (over-the-counter) chemical and dose equivalent.
 - Lost or stolen prescriptions.
- This is only a brief description of the plans. For more complete details, including benefits, limitations and exclusions, please refer to the applicable Certificate of Coverage.*

Rating Area Definitions – Virginia

AREA 1	22003, 22009, 22015, 22020, 22021, 22022, 22024, 22027, 22030-22033, 22035, 22038-22044, 22046, 22060, 22066, 22067, 22070, 22071, 22079, 22081, 22090, 22091, 22094, 22101-22103, 22106, 22116, 22121, 22122, 22124, 22150-22153, 22180-22183, 22199, 22201-22207, 22209-22211, 22213-22216, 22219, 22301-22315, 22320
AREA 2	All ZIP codes beginning with 201, 220-221 except: 22003, 22009, 22015, 22020, 22021, 22022, 22024, 22027, 22030-22033, 22035, 22038-22044, 22046, 22060, 22066, 22067, 22070, 22071, 22079, 22081, 22090, 22091, 22094, 22101-22103, 22106, 22116, 22121, 22122, 22124, 22150-22153, 22180-22183, 22199
AREA 3	All ZIP codes beginning with 232
AREA 4	All ZIP codes beginning with 222 except: 22201-22207, 22209-22211, 22213-22216, 22219. All ZIP codes beginning with 223 except: 22301-22315, 22320. All ZIP codes beginning with 224-246 except those beginning with 232

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, see the Level 1+40 percent rates.

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 first of each month or
 - 2) 3-month (quarterly) billing.

See application instructions for specifics.

These rates are for the products described in this brochure and are intended for use only with this brochure. For a more detailed description of coverage, benefits, limitations and exclusions, preservice and utilization reviews, authorization process, additional deductibles and penalties that may apply, please refer to the applicable Certificate of Coverage.

Virginia Individual High-Deductible (HSA-Compatible) Monthly Rates, Effective 6/1/04

Plan 1 – Level 1 Single Party \$1,000 Family \$2,000

	Area 1	Area 2	Area 3	Area 4
Single Male				
Under 30	73	72	72	65
30-34	82	80	81	73
35-39	93	91	92	83
40-44	109	107	108	97
45-49	130	127	129	116
50-54	164	161	162	146
55-59	210	206	208	187
60-64	269	264	266	240
Single Female				
Under 30	86	84	85	77
30-34	112	110	111	100
35-39	127	124	126	113
40-44	141	138	140	126
45-49	158	155	156	141
50-54	182	178	180	162
55-59	205	201	203	183
60-64	238	233	236	212
Applicant & Spouse				
Under 30	132	129	131	118
30-34	140	137	139	125
35-39	169	166	167	151
40-44	195	191	193	174
45-49	224	220	222	200
50-54	266	261	263	237
55-59	322	316	319	287
60-64	372	365	368	332
Applicant & 1 Child				
Under 30	98	96	97	87
30-34	117	115	116	104
35-39	128	125	127	114
40-44	138	135	137	123
45-49	150	147	149	134
50-54	167	164	165	149
55-59	182	178	180	162
60-64	221	217	219	197
Applicant & 2 Children				
Under 30	139	136	138	124
30-34	159	156	157	142
35-39	171	168	169	153
40-44	181	177	179	161
45-49	194	190	192	173
50-54	211	207	209	188
55-59	227	222	225	202
60-64	262	257	259	234
Applicant & 3+ Children				
Under 30	183	179	181	163
30-34	205	201	203	183
35-39	216	212	214	193
40-44	227	222	225	202
45-49	241	236	239	215
50-54	260	255	257	232
55-59	276	270	273	246
60-64	310	304	307	277
Family w/ 1 Child				
Under 30	177	173	175	158
30-34	184	180	182	164
35-39	216	212	214	193
40-44	240	235	238	214
45-49	269	264	266	240
50-54	313	307	310	279
55-59	371	364	367	331
60-64	422	414	418	376
Family w/ 2 Children				
Under 30	224	220	222	200
30-34	229	224	227	204
35-39	264	259	261	235
40-44	288	282	285	257
45-49	318	312	315	284
50-54	363	356	359	324
55-59	422	414	418	376
60-64	474	465	469	423
Family w/ 3+ Children				
Under 30	272	267	269	243
30-34	279	273	276	249
35-39	313	307	310	279
40-44	338	331	335	301
45-49	369	362	365	329
50-54	416	408	412	371
55-59	475	466	470	424
60-64	528	517	523	471
* Child Under 1	79	77	78	70
* Child 1-17	49	48	49	44
* 2 Children	70	69	69	62
* 3+ Children	110	108	109	98

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

	Area 1	Area 2	Area 3	Area 4
Single Male				
Under 30	51	50	50	45
30-34	58	57	57	52
35-39	66	65	65	59
40-44	77	75	76	69
45-49	92	90	91	82
50-54	116	114	115	103
55-59	149	146	148	133
60-64	190	186	188	169
Single Female				
Under 30	60	59	59	54
30-34	78	76	77	70
35-39	89	87	88	79
40-44	99	97	98	88
45-49	110	108	109	98
50-54	127	124	126	113
55-59	143	140	142	128
60-64	166	163	164	148
Applicant & Spouse				
Under 30	78	76	77	70
30-34	82	80	81	73
35-39	100	98	99	89
40-44	115	113	114	103
45-49	132	129	131	118
50-54	157	154	155	140
55-59	189	185	187	169
60-64	219	215	217	195
Applicant & 1 Child				
Under 30	57	56	56	51
30-34	68	67	67	61
35-39	75	74	74	67
40-44	81	79	80	72
45-49	87	85	86	78
50-54	97	95	96	87
55-59	106	104	105	95
60-64	129	126	128	115
Applicant & 2 Children				
Under 30	80	78	79	71
30-34	91	89	90	81
35-39	98	96	97	87
40-44	104	102	103	93
45-49	111	109	110	99
50-54	121	119	120	108
55-59	130	127	129	116
60-64	150	147	149	134
Applicant & 3+ Children				
Under 30	104	102	103	93
30-34	117	115	116	104
35-39	124	122	123	111
40-44	130	127	129	116
45-49	138	135	137	123
50-54	148	145	147	132
55-59	158	155	156	141
60-64	177	173	175	158
Family w/ 1 Child				
Under 30	103	101	102	92
30-34	107	105	106	95
35-39	126	123	125	112
40-44	140	137	139	125
45-49	157	154	155	140
50-54	183	179	181	163
55-59	216	212	214	193
60-64	246	241	244	219
Family w/ 2 Children				
Under 30	131	128	130	117
30-34	134	131	133	120
35-39	154	151	152	137
40-44	168	165	166	150
45-49	186	182	184	166
50-54	212	208	210	189
55-59	246	241	244	219
60-64	277	271	274	247
Family w/ 3+ Children				
Under 30	160	157	158	143
30-34	164	161	162	146
35-39	184	180	182	164
40-44	199	195	197	178
45-49	217	213	215	194
50-54	244	239	242	218
55-59	279	273	276	249
60-64	311	305	308	277
* Child Under 1	56	55	55	50
* Child 1-17	35	34	35	31
* 2 Children	41	40	41	37
* 3+ Children	63	62	62	56

Plan 3 – Level 1 Single Party \$5,000 Family \$10,000

	Area 1	Area 2	Area 3	Area 4
Single Male				
Under 30	47	46	47	42
30-34	53	52	52	47
35-39	61	60	60	54
40-44	71	70	70	63
45-49	84	82	83	75
50-54	106	104	105	95
55-59	137	134	136	122
60-64	175	172	173	156
Single Female				
Under 30	56	55	55	50
30-34	72	71	71	64
35-39	82	80	81	73
40-44	91	89	90	81
45-49	101	99	100	90
50-54	117	115	116	104
55-59	131	128	130	117
60-64	153	150	151	136
Applicant & Spouse				
Under 30	65	64	64	58
30-34	69	68	68	62
35-39	84	82	83	75
40-44	97	95	96	87
45-49	111	109	110	99
50-54	132	129	131	118
55-59	159	156	157	142
60-64	184	180	182	164
Applicant & 1 Child				
Under 30	48	47	48	43
30-34	57	56	56	51
35-39	63	62	62	56
40-44	67	66	66	60
45-49	73	72	72	65
50-54	81	79	80	72
55-59	89	87	88	79
60-64	108	106	107	96
Applicant & 2 Children				
Under 30	65	64	64	58
30-34	75	74	74	67
35-39	80	78	79	71
40-44	85	83	84	76
45-49	91	89	90	81
50-54	100	98	99	89
55-59	107	105	106	95
60-64	124	122	123	111
Applicant & 3+ Children				
Under 30	85	83	84	76
30-34	95	93	94	85
35-39	100	98	99	89
40-44	105	103	104	94
45-49	112	110	111	100
50-54	120	118	119	107
55-59	128	125	127	114
60-64	144	141	143	128
Family w/ 1 Child				
Under 30	86	84	85	77
30-34	89	87	88	79
35-39	105	103	104	94
40-44	116	114	115	103
45-49	131	128	130	117
50-54	152	149	150	136
55-59	179	175	177	160
60-64	204	200	202	182
Family w/ 2 Children				
Under 30	108	106	107	96
30-34	110	108	109	98
35-39	127	124	126	113
40-44	139	136	138	124
45-49	153	150	151	136
50-54	174	171	172	155
55-59	203	199	201	181
60-64	228	223	226	203
Family w/ 3+ Children				
Under 30	131	128	130	117
30-34	134	131	133	120
35-39	151	148	149	135
40-44	163	160	161	145
45-49	178	174	176	159
50-54	200	196	198	178
55-59	229	224	227	204
60-64	255	250	252	227
* Child Under 1	51	50	50	45
* Child 1-17	32	31	32	29
* 2 Children	34	33	34	30
* 3+ Children	52	51	51	46

* 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.

Virginia Individual High-Deductible (HSA-Compatible) Monthly Rates, Effective 6/1/04

Plan 1 – Level 1+40

Single Party \$1,000
Family \$2,000

	Area 1	Area 2	Area 3	Area 4
Single Male				
Under 30	102	101	101	91
30-34	115	112	113	102
35-39	130	127	129	116
40-44	153	150	151	136
45-49	182	178	181	162
50-54	230	225	227	204
55-59	294	288	291	262
60-64	377	370	372	336
Single Female				
Under 30	120	118	119	108
30-34	157	154	155	140
35-39	178	174	176	158
40-44	197	193	196	176
45-49	221	217	218	197
50-54	255	249	252	227
55-59	287	281	284	256
60-64	333	326	330	297
Applicant & Spouse				
Under 30	185	181	183	165
30-34	196	192	195	175
35-39	237	232	234	211
40-44	273	267	270	244
45-49	314	308	311	280
50-54	372	365	368	332
55-59	451	442	447	402
60-64	521	511	515	465
Applicant & 1 Child				
Under 30	137	134	136	122
30-34	164	161	162	146
35-39	179	175	178	160
40-44	193	189	192	172
45-49	210	206	209	188
50-54	234	230	231	209
55-59	255	249	252	227
60-64	309	304	307	276
Applicant & 2 Children				
Under 30	195	190	193	174
30-34	223	218	220	199
35-39	239	235	237	214
40-44	253	248	251	225
45-49	272	266	269	242
50-54	295	290	293	263
55-59	318	311	315	283
60-64	367	360	363	328
Applicant & 3+ Children				
Under 30	256	251	253	228
30-34	287	281	284	256
35-39	302	297	300	270
40-44	318	311	315	283
45-49	337	330	335	301
50-54	364	357	360	325
55-59	386	378	382	344
60-64	434	426	430	388
Family w/ 1 Child				
Under 30	248	242	245	221
30-34	258	252	255	230
35-39	302	297	300	270
40-44	336	329	333	300
45-49	377	370	372	336
50-54	438	430	434	391
55-59	519	510	514	463
60-64	591	580	585	526
Family w/ 2 Children				
Under 30	314	308	311	280
30-34	321	314	318	286
35-39	370	363	365	329
40-44	403	395	399	360
45-49	445	437	441	398
50-54	508	498	503	454
55-59	591	580	585	526
60-64	664	651	657	592
Family w/ 3+ Children				
Under 30	381	374	377	340
30-34	391	382	386	349
35-39	438	430	434	391
40-44	473	463	469	421
45-49	517	507	511	461
50-54	582	571	577	519
55-59	665	652	658	594
60-64	739	724	732	659
* Child Under 1	111	108	109	98
* Child 1-17	69	67	69	62
* 2 Children	98	97	97	87
* 3+ Children	154	151	153	137

Plan 2 – Level 1+40

Single Party \$2,600
Family \$5,200

	Area 1	Area 2	Area 3	Area 4
Single Male				
Under 30	71	70	70	63
30-34	81	80	80	73
35-39	92	91	91	83
40-44	108	105	106	97
45-49	129	126	127	115
50-54	162	160	161	144
55-59	209	204	207	186
60-64	266	260	263	237
Single Female				
Under 30	84	83	83	76
30-34	109	106	108	98
35-39	125	122	123	111
40-44	139	136	137	123
45-49	154	151	153	137
50-54	178	174	176	158
55-59	200	196	199	179
60-64	232	228	230	207
Applicant & Spouse				
Under 30	109	106	108	98
30-34	115	112	113	102
35-39	140	137	139	125
40-44	161	158	160	144
45-49	185	181	183	165
50-54	220	216	217	196
55-59	265	259	262	237
60-64	307	301	304	273
Applicant & 1 Child				
Under 30	80	78	78	71
30-34	95	94	94	85
35-39	105	104	104	94
40-44	113	111	112	101
45-49	122	119	120	109
50-54	136	133	134	122
55-59	148	146	147	133
60-64	181	176	179	161
Applicant & 2 Children				
Under 30	112	109	111	99
30-34	127	125	126	113
35-39	137	134	136	122
40-44	146	143	144	130
45-49	155	153	154	139
50-54	169	167	168	151
55-59	182	178	181	162
60-64	210	206	209	188
Applicant & 3+ Children				
Under 30	146	143	144	130
30-34	164	161	162	146
35-39	174	171	172	155
40-44	182	178	181	162
45-49	193	189	192	172
50-54	207	203	206	185
55-59	221	217	218	197
60-64	248	242	245	221
Family w/ 1 Child				
Under 30	144	141	143	129
30-34	150	147	148	133
35-39	176	172	175	157
40-44	196	192	195	175
45-49	220	216	217	196
50-54	256	251	253	228
55-59	302	297	300	270
60-64	344	337	342	307
Family w/ 2 Children				
Under 30	183	179	182	164
30-34	188	183	186	168
35-39	216	211	213	192
40-44	235	231	232	210
45-49	260	255	258	232
50-54	297	291	294	265
55-59	344	337	342	307
60-64	388	379	384	346
Family w/ 3+ Children				
Under 30	224	220	221	200
30-34	230	225	227	204
35-39	258	252	255	230
40-44	279	273	276	249
45-49	304	298	301	272
50-54	342	335	339	305
55-59	391	382	386	349
60-64	435	427	431	388
* Child Under 1	78	77	77	70
* Child 1-17	49	48	49	43
* 2 Children	57	56	57	52
* 3+ Children	88	87	87	78

Plan 3 – Level 1+40

Single Party \$5,000
Family \$10,000

	Area 1	Area 2	Area 3	Area 4
Single Male				
Under 30	66	64	66	59
30-34	74	73	73	66
35-39	85	84	84	76
40-44	99	98	98	88
45-49	118	115	116	105
50-54	148	146	147	133
55-59	192	188	190	171
60-64	245	241	242	218
Single Female				
Under 30	78	77	77	70
30-34	101	99	99	90
35-39	115	112	113	102
40-44	127	125	126	113
45-49	141	139	140	126
50-54	164	161	162	146
55-59	183	179	182	164
60-64	214	210	211	190
Applicant & Spouse				
Under 30	91	90	90	81
30-34	97	95	95	87
35-39	118	115	116	105
40-44	136	133	134	122
45-49	155	153	154	139
50-54	185	181	183	165
55-59	223	218	220	199
60-64	258	252	255	230
Applicant & 1 Child				
Under 30	67	66	67	60
30-34	80	78	78	71
35-39	88	87	87	78
40-44	94	92	92	84
45-49	102	101	101	91
50-54	113	111	112	101
55-59	125	122	123	111
60-64	151	148	150	134
Applicant & 2 Children				
Under 30	91	90	90	81
30-34	105	104	104	94
35-39	112	109	111	99
40-44	119	116	118	106
45-49	127	125	126	113
50-54	140	137	139	125
55-59	150	147	148	133
60-64	174	171	172	155
Applicant & 3+ Children				
Under 30	119	116	118	106
30-34	133	130	132	119
35-39	140	137	139	125
40-44	147	144	146	132
45-49	157	154	155	140
50-54	168	165	167	150
55-59	179	175	178	160
60-64	202	197	200	179
Family w/ 1 Child				
Under 30	120	118	119	108
30-34	125	122	123	111
35-39	147	144	146	132
40-44	162	160	161	144
45-49	183	179	182	164
50-54	213	209	210	190
55-59	251	245	248	224
60-64	286	280	283	255
Family w/ 2 Children				
Under 30	151	148	150	134
30-34	154	151	153	137
35-39	178	174	176	158
40-44	195	190	193	174
45-49	214	210	211	190
50-54	244	239	241	217
55-59	284	279	281	253
60-64	319	312	316	284
Family w/ 3+ Children				
Under 30	183	179	182	164
30-34	188	183	186	168
35-39	211	207	209	189
40-44	228	224	225	203
45-49	249	244	246	223
50-54	280	274	277	249
55-59	321	314	318	286
60-64	357	350	353	318
* Child Under 1	71	70	70	63
* Child 1-17	45	43	45	41
* 2 Children	48	46	48	42
* 3+ Children	73	71	71	64

* 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.



A healthy dose of innovation.™

UNICARE Life & Health Insurance Company
Sales Office
Bolingbrook, Illinois

Insurance coverage is underwritten by UNICARE Life & Health Insurance Company.
® Registered Mark and SM Service Mark of WellPoint Health Networks Inc.

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

Rates and benefits effective 6/1/04
0010124VA 4/04