

ILLINOIS

PLAN OVERVIEW

Individual and Family Health Insurance Plans

UniCare – Your Trusted Name in Health Insurance

UniCare Solutions and Services

UniCare strives to deliver quality health care benefit plans and products, and part of our mission is working with our customers and partners alike to create an organization that's easy to do business with. Our dedicated and experienced sales team is striving to create dynamic health care benefit solutions that meet the market's changing needs.

More Control and Support

We help give our clients more control by offering an array of health insurance plans, including our new suite of consumer-driven health plans. By harnessing the power of robust web opportunities on the unicare.com website, we are helping to strengthen the position of our agents and clients alike.

More Networks and Offerings

In this dynamic market, strength and agility are key. That's why UniCare nationwide networks offer more than 4,500 independently contracted hospitals and more than 175,000 independently contracted primary care physicians and specialists. Our complete product portfolio – medical, dental, pharmacy, life, and HealthyExtensionsSM programs – are what make us different. They are what make UniCare a top choice for health care benefit products.

UniCare isn't just a solution for the moment – our goal is to be a trusted partner for the long term. Each company in the UniCare Family of Companies is a separately incorporated and capitalized subsidiary of WellPoint, Inc., which is the largest publicly traded commercial health benefits company in terms of membership in the United States. Now that's the UniCare plan power.

General Plan Information

UniCare Individual health insurance plans allow you to choose the plan that best fit you and your family's needs.

The FIT medical plans offer you a wide variety of benefit options with varying deductible levels, while the Solaura and HSA plans provide you with premium savings, investment opportunities and tax advantages.

The UniCare Sound Plans are simplified, comprehensive health insurance plans that were designed to make life a little bit easier for you. Refer to the charts on the following pages to compare the benefits of each plan.

Solaura® Health Insurance Plans

UniCare's Solaura plans give you the ability to help better manage and control your health care dollars.

They are designed to help you reduce your out-of-pocket health expenses, while improving your health and well-being. Plus, you have three plan choices and a variety of deductible options, so you can tailor the plan to fit your exact needs and budget.

Solaura plans are available in three varying options:

- The Solaura Health Savings Account (HSA) Plan is funded by your own contributions, which may be tax-deductible.¹ You can use the funds in your health savings account to pay for medical care and prescriptions. You can also use the funds in your HSA to pay for medical expenses that are not covered by the health plan, like contact lenses, over-the-counter medications, and orthodontic braces.
- The Solaura Health Incentive Account Plan (HIA) is funded entirely through reward credits you can earn for healthy behaviors. The plan gives you an account called a Health Incentive Account, or HIA, which you can use to help pay for covered medical care and prescriptions, and can lower the amount you have to spend out of your pocket.
- The Solaura Health Incentive Account Plus Plan (HIA Plus) is funded by quarterly contributions from UniCare. It gives you an account called a Health Incentive Account, or HIA. You can earn additional reward credits for your account with rewards for healthy behaviors. You use the health credits for covered medical care and prescriptions, and can lower the amount you have to spend out of your pocket.

FIT Plans

The FIT and Saver 2000 Plans offer sensible, in-demand benefit features and come with the support of UniCare dedicated customer service. Choose from a variety of deductibles, coverage levels for in-network doctors and hospitals, and brand-name medication deductibles. Take a look at some FIT and Saver features:

- All FIT plans feature “first-dollar benefits” (coverage with no annual deductible amount) for in-network office visits at a copay of \$30, and certain preventive care screenings with a first-dollar benefit maximum of \$300 per member.
- FIT plans are available with annual deductibles of \$500, \$1,000, \$1,500, \$2,000, \$3,000 and \$5,000.
- The FIT plans and Saver 2000 plan feature a fourth-quarter carry-over for the annual deductible. If your annual deductible is not satisfied in a given year, the covered expenses incurred during the months of October through December will be applied toward your annual deductible for the following year.

To help you make the right choice contact your UniCare agent or your dedicated UniCare Agent Support Team.

HSA Compatible Plans

An HSA is a Health Savings Account established exclusively to pay for current and future qualified medical expenses of eligible individuals. In order for individuals or families to qualify for a Health Savings Account (HSA), they must be enrolled in a High Deductible Health Plan (HDHP). UniCare’s HDHPs are HSA compatible, designed to meet certain requirements in terms of annual deductibles and annual out-of-pocket expense maximums.

UniCare offers the convenience of applying for both an HSA and HDHP together, through an arrangement with JPMorgan Bank, N.A. (Chase).¹ Your HDHP is provided by UniCare. The HSA itself is administered by a financial institution qualified to provide this service. Rather than applying for an HDHP, then finding a bank and going through another enrollment process for your HSA, you can take care of both steps at once.

What is the advantage of an HSA?

- An HSA works in conjunction with your UniCare HDHP. The HDHP provides benefits for covered medical services once your deductible is met. The funds in your HSA can be used to pay for medical expenses applied to your deductible.
- When HSA funds are used for eligible health care expenses, HSA withdrawals are tax- advantaged.²

Sound

We understand that life can be hectic and that health coverage can be a complicated thing. That’s why UniCare Sound plans are simplified benefit plans created to help make life a little bit easier for you. With Sound, everything is online - simple, quick, painless. Check it out:

- Other features include the ability to choose your annual deductible level - \$1,500, \$3,000, or \$5,000.
- Get immediate coverage for covered office visits, emergency room care, and prescription drugs.³
- The fourth-quarter carry-over: if your annual deductible is not satisfied in a given year, the covered expenses incurred during the months of October through December will be applied toward your annual deductible for the following year.

Finally, the Sound plans also include vision and dental into each plan, making it three important products all rolled into one.

¹ JP Morgan Chase Bank N.A. (Chase). Chase is an independent company that is not affiliated with, or owned or controlled, in whole or part, by UniCare or any of its affiliates, subsidiaries or its parent company. The HSA with Chase is governed by the terms and conditions of the contract that individuals have with Chase regarding those accounts and UniCare has no control, nor does it exercise any control, over the contractual relationship between individuals and Chase.

² A high-deductible plan is not an HSA. An HSA, which must be established for tax-advantaged treatment, is a separate arrangement between the individual and a bank or other qualified institutions. You must be an eligible individual under IRS regulation to receive the tax benefits of an HSA. Consultation with a tax advisor is recommended.

³ Brand-name drugs available at higher copays and subject to a separate deductible.

Solaura Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted.

Your Plan Features	HSA PLAN 1A		HSA PLAN 2A		HIA 1		HIA 2	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Member ¹ Shared in- and out-of-network	Single: \$3,000 Family: \$6,000		Single: \$5,000 Family: \$10,000		Single: \$2,500 Family: \$5,000		Single: \$5,000 Family: \$10,000	
Annual Out-of-Pocket Maximum Both out-of-pockets include deductible	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000
Lifetime Maximum	\$5 million per member		\$5 million per member		\$5 million per member		\$5 million per member	
Health Account Contribution by UniCare ² Unlimited rollover	N/A		N/A		N/A		N/A	
Adult Preventive Care Including but not limited to X-rays and lab work for a routine Pap smear, annual mammogram, PSA screening and colorectal cancer screening	100%; deductible waived	60%	100%; deductible waived	70%	100%; deductible waived	60%	100%; deductible waived	70%
Office Visits Diagnostic Radiology and Lab work	80%	60%	100%	70%	80%	60%	100%	70%
Baby Preventive Care and Immunizations Through age 6	100%; deductible waived	60%	100%; deductible waived	70%	100%; deductible waived	60%	100%; deductible waived	70%
Child Preventive Care and Immunizations Well child age 7 through 18	100%; deductible waived	60% ²	100%; deductible waived	70% ²	100%; deductible waived	60% ²	100%; deductible waived	70% ²
Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits	80%	60%	100%	70%	80%	60%	100%	70%
Ambulance Service	80%	80%	100%	100%	80%	80%	100%	100%
Initial Care of Medical Emergency Inpatient or Outpatient	80%	80% until transferable to a participating hospital; 60% thereafter	100%	100% until transferable to a participating hospital; 70% thereafter	80%	80% until transferable to a participating hospital; 60% thereafter	100%	100% until transferable to a participating hospital; 70% thereafter
Inpatient Hospital Services	80%	60%	100%	70%	80%	60%	100%	70%
Outpatient Hospital or Surgical Center	80%	60%	100%	70%	80%	60%	100%	70%
Physical/Occupational Therapy and Acupuncture	\$30 max per visit; 12 visits max per year		\$30 max per visit; 12 visits max per year		\$30 max per visit; 12 visits max per year		\$30 max per visit; 12 visits max per year	
Retail Pharmacy 30-day supply; Administered by NextRx SM	80%	60%	100%	70%	80%	60%	100%	70%
Mail Service Pharmacy 90-day supply; Administered by NextRx SM	80%	N/A	100%	N/A	80%	N/A	100%	N/A

¹ Once the participating out-of-pocket maximum has been met, covered services obtained from an in-network provider, including prescription drugs, will be covered at 100%. Once the nonparticipating out-of-pocket maximum has been met, covered services obtained from an out-of-network provider, including prescription drugs, will be covered at 100%.

² The annual account contribution only applies to the HIA Plus Plans.

Solaura Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted.

HIA PLUS 1		HIA PLUS 2		HIA PLUS 3		Your Plan Features
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
Single: \$5,000 Family: \$10,000		Single: \$5,000 Family: \$10,000		Single: \$10,000 Family: \$20,000		Annual Deductible Per Member ¹ Shared in- and out-of-network
Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000	Single: \$10,000 Family: \$20,000	Single: \$20,000 Family: \$40,000	Annual Out-of-Pocket Maximum Both out-of-pockets include deductible
\$5 million per member		\$5 million per member		\$5 million per member		Lifetime Maximum
Single: \$200 Family: \$400		Single: \$500 Family: \$1,000		Single: \$200 Family: \$400		Health Account Contribution by UniCare ² Unlimited rollover
100%; deductible waived	80%	100%; deductible waived	70%	100%; deductible waived	70%	Adult Preventive Care Including but not limited to X-rays and lab work for a routine Pap smear, annual mammogram, PSA screening and colorectal cancer screening
100%	80%	100%	70%	100%	70%	Office Visits Diagnostic Radiology and Lab work
100%; deductible waived	80%	100%; deductible waived	70%	100%; deductible waived	70%	Baby Preventive Care and Immunizations Through age 6
100%; deductible waived	80% ²	100%; deductible waived	70% ²	100%; deductible waived	70% ²	Child Preventive Care and Immunizations Well child age 7 through 18
100%	80%	100%	70%	100%	70%	Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits
100%	100%	100%	100%	100%	100%	Ambulance Service
100%	100% until transferable to a participating hospital; 80% thereafter	100%	100% until transferable to a participating hospital; 70% thereafter	100%	100% until transferable to a participating hospital; 70% thereafter	Initial Care of Medical Emergency Inpatient or Outpatient
100%	80%	100%	70%	100%	70%	Inpatient Hospital Services
100%	80%	100%	70%	100%	70%	Outpatient Hospital or Surgical Center
\$30 max per visit; 12 visits max per year		\$30 max per visit; 12 visits max per year		\$30 max per visit; 12 visits max per year		Physical/Occupational Therapy and Acupuncture
100%	80%	100%	70%	100%	70%	Retail Pharmacy 30-day supply; Administered by NextRx SM
100%	N/A	100%	N/A	100%	N/A	Mail Service Pharmacy 90-day supply; Administered by NextRx SM

¹ Once the participating out-of-pocket maximum has been met, covered services obtained from an in-network provider, including prescription drugs, will be covered at 100%. Once the nonparticipating out-of-pocket maximum has been met, covered services obtained from an out-of-network provider, including prescription drugs, will be covered at 100%.

² The annual account contribution only applies to the HIA Plus Plans.

FIT and Saver 2000 Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted.

Your Plan Features	FIT 500 FIT 1000		FIT 1500, 2000 FIT 3000, 5000		UNICARE SAVER 2000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Member ¹ Two member maximum	Member: \$500; \$1,000 Family: \$1,000; \$2,000	Additional \$2,000 per insured person per year	Member: \$1,500; \$2,000 \$3,000; \$5,000 Family: \$3,000; \$4,000 \$6,000; \$10,000	Additional \$2,000 per insured person per year	\$2,000	\$1,000; in-network deductible (no 2 member max)
Annual Out-of-Pocket Maximum ¹ In addition to deductibles	Member: \$3,000 Family: \$6,000	Member: \$10,000 Family: \$20,000	Member: \$3,000 Family: \$6,000	Member: \$10,000 Family: \$20,000	Member: \$3,000 Family: \$6,000	Member: \$10,000 Family: \$20,000
Lifetime Maximum	\$5 million per member		\$5 million per member		\$5 million per member	
Adult Preventive Care Routine Pap smear, annual mammogram and PSA screening	100%; deductible waived; max. \$300 then 80% after deductible	60%	100%; deductible waived; max. \$300 then 70% after deductible	60%	70%	60%
Adult Office Visits Exam only for any covered illness or injury, and certain preventive care services for adults	\$30 copay; unlimited visits; deductible waived	60%; unlimited visits	\$30 copay; unlimited visits; deductible waived	60%; unlimited visits	\$30 copay; deductible waived; 2 visits max. in- and out-of-network combined; 3+ visits not covered	60%; deductible waived; 2 visits max. in- and out-of-network combined; 3+ visits not covered
Child Preventive Care and Immunizations Well baby/children through age 6	100%; deductible waived; max. \$300 then 80% after deductible	60%	100%; deductible waived; max. \$300 then 70% after deductible	60%	Not Covered	
Child Office Visits Well baby/children through age 6	\$30 copay; unlimited visits; deductible waived	60%	\$30 copay; unlimited visits; deductible waived	60%	Not Covered	
Colorectal Cancer Screening	80%	60%	70%	60%	70%	60%
Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits	80%	60%	70%	60%	70% for limited services only	60% for limited services only
X-rays and Lab Work	80%	60%	70%	60%	70%; deductible waived; \$300 max. in- and out-of- network combined	60%; deductible waived; \$300 max. in- and out-of- network combined
Ambulance Service	80%; max. \$1,000 per trip ground; max. \$5,000 air	60%; max. \$1,000 per trip ground; max. \$5,000 air	70%; max. \$1,000 per trip ground; max. \$5,000 air	60%; max. \$1,000 per trip ground; max. \$5,000 air	70%; max. \$750 per trip ground or air	60%; max. \$750 per trip ground or air
Initial Care of a Medical Emergency ^{2,3} Inpatient or Outpatient	80%	80% ⁴	70%	70% ⁴	70%	70% ⁴
Inpatient Hospital Services ²	80%	60% after \$500 deductible for non-emergency stays	70%	60% after \$500 deductible for non-emergency stays	70%	60% after \$500 deductible for non-emergency stays
Outpatient Hospital ^{2,3} Or Surgical Center ²	80%	60%	70%	60%	70%; limited services only	60%; limited services only
Physical/Occupational Therapy and Acupuncture All services combined	\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year		Not Covered	
Retail Pharmacy ⁵ Per prescription; 30-day supply Generic Drugs Deductible waived	\$10 copay	50% of avg. wholesale price	\$10 copay	50% of avg. wholesale price	\$10 copay; \$500 max. per year ⁶	50% of avg. wholesale price; \$500 max. per year ⁶
Brand-Name Drugs	\$250 deductible; Formulary: \$30 copay; Nonformulary: \$50 copay	\$250 deductible; 50% of avg. wholesale price	FIT 1500/2000: \$250 deductible; FIT 3000/5000: \$500 deductible; Formulary: \$30 copay; Nonformulary: \$50 copay	FIT 1500/2000: \$250 deductible; FIT 3000/5000: \$500 deductible; Formulary: 50% of avg. wholesale price	\$200 deductible; \$25 copay; \$500 max. per year ⁶	\$200 deductible; 40% of avg. wholesale price; \$500 max. per year
Self-injectable Drugs	80%	50% of avg. wholesale price	70%	50% of avg. wholesale price	Not Covered	Not Covered

¹ Copays do not apply toward satisfying any deductible. Copays, except pharmacy copays, apply toward your annual out-of-pocket maximum.

² Services may require preservice review or authorization by UniCare or you will be required to pay an additional penalty. For more details, see Preservice Review section on back cover.

³ Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 deductible.

⁴ Until transferable to a participating hospital; if stay continues thereafter, then 60% subject to a \$500 deductible.

⁵ Certain prescription drugs may require prior authorization by UniCare.

⁶ Includes generic and brand-name, participating and nonparticipating pharmacies, retail and mail service combined.

HSA-Compatible Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted.

Your Plan Features	HIGH DEDUCTIBLE (HSA-COMPATIBLE) ⁶ VARIABLE DEDUCTIBLE PLAN		HIGH DEDUCTIBLE (HSA-COMPATIBLE) PLAN 2		HIGH DEDUCTIBLE (HSA-COMPATIBLE) ⁶ VARIABLE CONTRIBUTION PLAN		HIGH DEDUCTIBLE (HSA-COMPATIBLE) PLAN 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Member¹ Medical and pharmacy combined	Member: \$1,150 Family: \$2,300	Member: \$5,150 Family: \$10,300	Member: \$2,600 Family: \$5,200	Member: \$6,600 Family: \$13,200	Member: \$3,000 Family: \$5,950	Member: \$7,000 Family: \$13,950	Member: \$5,000 Family: \$10,000	Member: \$9,000 Family: \$13,000
Annual Out-of-Pocket Maximum¹ Includes deductibles, copayments and coinsurance	Member: \$5,000 Family: \$10,000	Member: \$15,000 Family: \$20,000	Member: \$5,000 Family: \$10,000	Member: \$15,000 Family: \$20,000	Member: \$5,000 Family: \$10,000	Member: \$15,000 Family: \$20,000	Member: \$5,000 Family: \$10,000	Member: \$15,000 Family: \$20,000
Lifetime Maximum	\$5 million per member		\$5 million per member		\$5 million per member		\$5 million per member	
Adult Preventive Care X-rays and lab work for a routine Pap smear, annual mammogram and PSA screening and colorectal cancer screening	80%	60%	80%	60%	100%	60%	100%	60%
Adult Office Visits Exam only for any covered illness or injury, and certain preventive care services for adults and children through age 6	80%	60%	80%	60%	100%	60%	100%	60%
Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits and diagnostic X-rays and lab work	80%	60%	80%	60%	100%	60%	100%	60%
Ambulance Service Maximum \$1,000 per trip ground, \$5,000 air	80%	60%	80%	60%	100%	60%	100%	60%
Initial Care of a Medical Emergency^{2,3} Inpatient or Outpatient	80%	80% ⁴	80%	80% ⁴	100%	100% ⁴	100%	100% ⁴
Inpatient Hospital Services²	80%	60%	80%	60%	100%	60%	100%	60%
Outpatient Hospital^{2,3} Or Surgical Center ²	80%	60%	80%	60%	100%	60%	100%	60%
Durable Medical Equipment	80%	80%	80%	80%	100%	60%	100%	60%
Physical/Occupational Therapy and Acupuncture/Acupressure	\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year	
Retail Pharmacy⁵ Per prescription; 30-day supply Generic Drugs	\$10 copay ⁷	50% of avg. wholesale price	\$10 copay	50% of avg. wholesale price	\$10 copay ⁷	50% of avg. wholesale price ⁷	100%	50% of avg. wholesale price
Brand-Name Formulary Drugs	\$30 copay ⁷	50% of avg. wholesale price	\$30 copay	50% of avg. wholesale price	\$30 copay ⁷	50% of avg. wholesale price ⁷	100%	50% of avg. wholesale price
Brand-Name Nonformulary Drugs	\$50 copay ⁷	50% of avg. wholesale price	\$50 copay	50% of avg. wholesale price	\$50 copay ⁷	50% of avg. wholesale price ⁷	100%	50% of avg. wholesale price
Self-injectable Drugs	80% ⁷	50% of avg. wholesale price	80%	50% of avg. wholesale price	80% ⁷	50% of avg. wholesale price ⁷	100%	50% of avg. wholesale price

Please Note: The Variable Deductible Plans have been issued new deductible amounts for individual and family coverage. The new deductible amounts are effective January 1, 2009.

1 Once the in-network out-of-pocket maximum has been met, covered services obtained from an in-network provider, including prescription drugs, will be covered at 100%. Once the out-of-network out-of-pocket maximum has been met, covered services obtained from an out-of-network provider, including prescription drugs, will be covered at 100%.

2 Services may require preservice review or authorization by UniCare or you will be required to pay an additional deductible.

3 Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

4 Until transferable to a participating hospital; if stay continues thereafter, then 60% subject to a \$500 deductible.

5 Certain prescription drugs may require prior authorization by UniCare.

6 The annual deductible will reflect the U.S. Treasury's minimum deductible requirements for HSA-qualified, high deductible health plans. The amount is subject to change annually.

7 The High-Deductible Variable Contribution plan offers prescription drug coverage. Once your annual deductible is satisfied, you only have to pay the appropriate copay for your prescriptions. Once your out-of-pocket maximum is met, you have 100% pharmacy coverage. See the pharmacy benefit for details on the copay amounts.

Health Extras

Full Circle Health®

Your health – and the health of your family – is important to us. That's why we have introduced UniCare Full Circle Health, a comprehensive suite of health care management programs that help keep our members become engaged and empowered to take control of their health.¹ UniCare Full Circle Health surrounds you with services in four areas:

Health Resources: Healthy Living is our online location for health and wellness resources that are designed to help you and your family do what's most important, make smart decisions and live healthier lives. And if you need assistance, we are only a phone call away.

Health Extras: HealthyExtensionsSM gives you access to a large selection of discounted health and fitness materials, services and products, including fitness memberships, massage therapy, exercise programs and more.

Health Guidance: Our MedCall® 24/7 Nurse Information Line offers answers to many of your questions when you need them. Registered nurses will answer general health and wellness questions and also provide guidance.

Health Management: If you or a family member is living with a chronic condition, Condition Management is designed to help you achieve a better level of health. And, there are additional support resources, to help you stay motivated such as our website featuring the latest health news and educational mailings specific to your health needs.

WellPoint NextRxSM – the UniCare Mail Service Program

Many UniCare plans include a mail service drug benefit. If you or a covered family member takes maintenance medications, we offer more convenience in filling your prescriptions. With NextRx you can order maintenance medications and refills from the comfort of your own home – and your medication will be delivered right to your door.² NextRx saves you the time and energy of a trip to the pharmacy. To learn more visit our website www.wellpointnextrx.com.

10-Day Free Look

Once your plan booklet arrives, you have 10 full days to examine and either accept or decline coverage. By returning the plan booklet with a written request to cancel, you are notifying UniCare of your request to discontinue coverage. We will proceed to cancel your coverage as of the original effective date and refund any premium you have paid. After 10 days, you may cancel by sending UniCare a written notice. Upon receipt of the request, UniCare will cancel your policy the first of the following month or a later date specified in the notice. UniCare shall cancel and refund the excess of paid premium.

Travel Access – Peace of Mind While You Travel

Travel Access is available to UniCare plan members at no additional premium cost. When you or one of your family members needs medical care while traveling outside of your local provider network, but within the continental United States, Travel Access can help you get connected.

When you call your Travel Access representative, you will be provided with the name, address and phone number of an independently contracted doctor or hospital that is within the UniCare expanded provider network. The doctor will help address your health concern(s) and submit the claim forms to UniCare on your behalf so that your health care benefits are applied.

Pharmacy benefit management services provided by Professional Claim Services, Inc. dba WellPoint Pharmacy Management.

¹ Please note: the UniCare Full Circle Health program availability varies from plan to plan. Please refer to your Certificate of Coverage for more complete information.

² Please note: Due to state laws, certain medications require a signature at the time of delivery and certain drugs require a hardcopy prescription be mailed in by you or your physician. Pharmacy law requires that prescriptions for controlled substances be mailed in only. WellPoint NextRx cannot accept faxed or phoned-in prescriptions for these medications. Call WellPoint NextRx toll-free at (866) 274-6825 for further information.

Specialty Offerings

How to turn your health plan into the ultimate security package.

One application, one premium bill and two great coverage options make it easy to create a complete benefit solution for you and your family.

Health. Dental. Term Life. One application to help fit all of your needs.

Dental

According to the American Dental Hygienist Association, gum and tooth disease have been linked to a number of major health conditions like heart disease, stroke, respiratory disease and diabetes.* That's why it's important to take good care of your oral health. Enroll in dental coverage from UniCare and appreciate the convenience of:

- Day-one coverage for diagnostic and preventive care – no waiting periods for cleanings and X-rays.
- No deductible for in-network diagnostic and preventive benefits.
- Quality dental benefits up to \$1,000 per member per year.
- In- and out-of-network coverage (but you'll get the greatest savings when you choose a dentist from our broad network. To find a provider, visit unicare.com and click "Find a Doctor").

MONTHLY DENTAL RATES**

UNICARE INDIVIDUAL & FAMILY DENTAL PPO RATES	
1 Adult	\$31.00
2 Adults	\$62.00
Adult with 1 child	\$47.00
Adult with 2 children	\$63.00
Adult with 3+ children	\$87.50
Family – 1 child	\$78.00
Family – 2 children	\$94.50
Family – 3+ children	\$118.50
1 Child	\$16.50
2 Children	\$32.50
3+ Children	\$57.00

**Rates subject to change. The rates listed are monthly rates. Monthly payment is available only through the monthly checking account deduction program. If you prefer to pay quarterly, multiply the monthly rate by three.

SAMPLE BENEFITS FOR DIAGNOSTIC AND PREVENTIVE CARE

PROCEDURE	IN-NETWORK UNICARE DENTAL PAYS ¹	OUT-OF-NETWORK UNICARE DENTAL PAYS ²
Periodic Oral Exam, limited to 2 exams per member per year	100%	\$15
Bitewing X-rays, single film	100%	\$11
Bitewing X-rays, two films	100%	\$14
Single (periapical) X-rays, first film	100%	\$9
Single X-rays, additional films	100%	\$9
Bitewing X-rays, four films	100%	\$20
Full mouth X-rays, limited to one set every 3 years	100%	\$43
Routine Cleaning, limited to 2 per adult ³ per year	100%	\$33
Routine Cleaning, limited to 2 per child ³ per year	100%	\$21
Cleaning with Fluoride, limited to 2 per child per year	100%	\$33
Topical Fluoride Only, limited to 2 per child per year	100%	\$14

Coverage begins on your effective date. The plan deductible is \$50 per member/\$150 per family member. The annual plan maximum is \$1,000. In-network diagnostic and preventive care is not subject to the \$50 deductible. Two oral examinations and two dental cleanings per member, per year. Includes single and bitewing X-rays not to exceed benefit for full-mouth X-rays \$43.

¹ Percentage of negotiated fee for in-network dentist.

² Plan pays lesser of amounts shown or actual fee charged by the out-of-network dentist.

³ Adult – any person or dependent 19 years or older covered by this plan.

Child – any person or dependent 18 years or younger covered by this plan.

SAMPLE BENEFITS FOR BASIC DENTAL CARE

Coverage begins after your plan has been in effect for six continuous months.

PROCEDURE	UNICARE DENTAL PAYS
Filling – one surface; permanent	\$32
Filling – two surfaces; permanent	\$41
Filling – three surfaces; permanent	\$47
Filling – four or more surfaces; permanent	\$55
Extraction – erupted tooth or root	\$36
Surgical – removal of erupted tooth	\$65
Removal of Impacted Tooth – soft tissue	\$90
Removal of Impacted Tooth – partial bony	\$110
Removal of Impacted Tooth – complete bony	\$135

Plan pays lesser of actual fee charged or amounts indicated above for in-network and out-of-network covered services after your deductible has been satisfied. Because we have not negotiated special rates with non-contracting dentists, your share of costs will likely be higher when your services are performed out-of-network.

SAMPLE BENEFITS FOR MAJOR DENTAL CARE

Coverage begins after your plan has been in effect for 12 continuous months.

PROCEDURE	UNICARE DENTAL PAYS
Scaling/Root Planing per Quadrant	\$41
Gingivectomy – per tooth	\$36
Gingivectomy – per quadrant	\$125
Root Canal – 1 canal	\$135
Root Canal – 2 canals	\$160
Root Canal – 3 canals	\$205
Crown (except stainless steel)	\$215
Pontic	\$215
Complete Denture (upper or lower)	\$275
Partial Denture (upper or lower)	\$255
Denture Reline (chair-side)	\$65
Denture Reline (lab)	\$85

Plan pays lesser of actual fee charged or amounts indicated above for in-network and out-of-network covered services after your deductible has been satisfied. Because we have not negotiated special rates with non-contracting dentists, your share of costs will likely be higher when your services are performed out-of-network.

Term life coverage

Losing a loved one is painful enough without having to worry about finances. So why not give your family the extra support they'll need with term life coverage from UniCare?

It's affordable. Just pennies a day.

It's easy. No medical exam or additional enrollment forms needed.

UNICARE INDIVIDUAL

AGE	\$15,000	\$25,000	\$50,000
1–18	\$1.50	\$2.50	N/A
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



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