



INDIANA

# SHORT-TERM

Individual Health Insurance Plan



A Healthy Dose of Innovation. UniCare Life & Health Insurance Company

## UniCare's Short-Term Policy

The immediate coverage you need:

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

The power to choose:

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

## The UniCare Advantage

- The dependability of UniCare's experience, stability, and operating efficiency.
- Lower overall medical costs help save you money when you use doctors and medical facilities from our independently contracted provider networks.
- Choice of deductible.

UniCare Life & Health Insurance Company is a WellPoint Company. WellPoint, Inc. is the nation's largest health benefits company. UniCare and other WellPoint companies serve the health care needs of 34 million medical members nationwide.

### Maximum Coverage Period

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

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

### Eligibility and Enrollment

Pricing is based on a per member, per day rate. Please remit your check for the entire premium with your application. Your coverage will begin once your application has been approved. For faster service, you may also choose to pay by credit card (VISA, MasterCard, or Discover) and submit via fax.

To qualify for coverage, you must be:

- at least 15 days old and under 65 years old;
- a resident of Indiana; and
- a resident of the United States for at least 6 months.

To qualify for coverage, your dependents must be:

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

### Effective Date of Coverage

Your effective date is determined by the date you choose to start coverage in accordance with the terms of the Policy and acceptance by UniCare. Policies, in most cases, assuming acceptance by UniCare, will take effect at 12:01 a.m. on the date following the U.S. Postal Service postmark date stamped on the envelope or receipt date by UniCare. If you pay by credit card and submit your application via fax, coverage may become effective as early as 12:01 a.m. the next day. If you submit your application by fax, please do not mail your application to UniCare.

### What The Policy Covers\*

- \$2,000,000 per person lifetime benefit
- Emergency care
- Ambulance (\$750 benefit maximum)
- Hospitalization services
- Outpatient services
- Access to any doctor you want
- Professional services including x-ray, lab, and office visits
- Prescription drugs

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

## Short-Term Benefit Overview

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

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

Benefit	UniCare's Share of Costs for Covered Expenses After You Meet Any Applicable Deductibles	
	Participating Providers	Nonparticipating Providers
<b>Deductible<sup>1</sup></b>	\$250, \$500, \$1,000, or \$2,000 per insured, per policy term.	
<b>Out-of-Pocket Maximum</b> Only payment to in-network providers applies to the out-of-pocket maximum.	\$1,000 plus the deductible(s) per insured, per policy term.	There is no out-of-pocket maximum on expenses incurred out-of-network.
<b>Plan Maximum</b>	UniCare pays up to \$2 million per insured, per policy term.	
<b>Professional Services</b> - Office visits, surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic x-rays, and lab work	80%	50%
<b>Preventive Care</b> - Not covered, except for routine mammograms, below.	Not covered	
<b>Preventive/Routine Mammograms</b> (Associated office visits not covered.)	80%	50%
<b>Physical Therapy, Occupational Therapy, Acupuncture/Acupressure</b>	\$30 maximum per visit; with a combined maximum of 6 visits per insured, per policy term	
<b>Inpatient Hospital Services</b> All inpatient medical care requires pre-service review or you will be required to pay a \$500 penalty.	80%	50% after you pay an additional \$500 deductible per continuing hospital confinement for non-emergency stays.
<b>Initial Care of a Medical Emergency</b> (inpatient or outpatient)	80%	80% <sup>2</sup>
<b>Outpatient Medical Care</b> Non-emergency outpatient emergency room visits that do not result in inpatient admission will be subject to a \$60 deductible.	80%	50%
<b>Ambulatory Surgical Center</b> All surgical services of an ambulatory surgical center require pre-service review or the insured will be subject to a \$50 penalty.	80%	50%
<b>Ambulance Service</b> Maximum covered expense of \$750 per trip, air or ground	80%	50%
<b>Home Health Care</b> Maximum 30 visits per insured per policy. Authorization required; failure to obtain authorization will result in a 50% reduction of benefits.	80%	50%
<b>Skilled Nursing Facilities</b> Policy maximum of \$200 per day up to 50 days per insured during policy term. Authorization required; failure to obtain authorization will result in a 50% reduction of benefits.	80%	50%
<b>Retail Pharmacy (maximum 30-day supply)<sup>3</sup></b> <b>Generic Drugs</b>	100% after insured pays a \$15 copay	50% of the average wholesale price
<b>Brand Name Drug Deductible</b>	\$500 per insured, per policy term.	
<b>Brand Name Drugs</b>	60%	UniCare pays 40% of the average wholesale price
<b>Brand Name Drug Maximum</b>	Once UniCare has paid \$1,000 for brand name prescription drugs, your brand name drug prescriptions will no longer be covered, however, you may still get the UniCare network discount when you present your UniCare ID card at the pharmacy.	

<sup>1</sup> All benefits (except prescription drugs) are subject to this deductible.

<sup>2</sup> Until transferable to a participating hospital, then 50% subject to an additional \$500 deductible per continuing hospital confinement.

<sup>3</sup> Certain prescription drugs require prior authorization by UniCare.

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

## What The Policy Does Not Cover

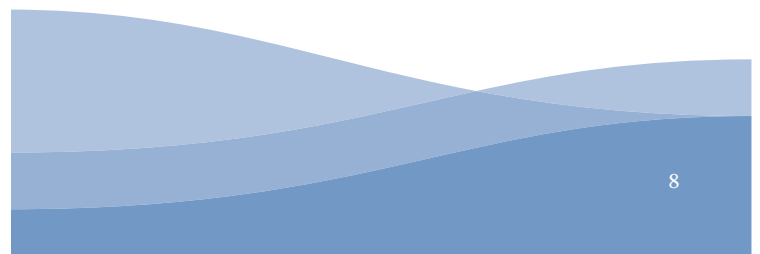
Every health plan has exclusions and limitations. These listings are an overview only. A comprehensive description of what is covered and what is not covered under the Policy can be found in the Policy booklet. Only the actual plan provisions apply.

These Plans do not provide benefits for:

- Surgical procedures for sterilization (i.e., vasectomy, and/or tubal ligations).
- Amounts in excess of maximum amounts of covered expenses stated in the Policy.
- Services not specifically listed in the Policy as covered services.
- Services or supplies that are not medically necessary.
- Services or supplies UniCare considers to be experimental or investigative procedures.
- Services received before the effective date of coverage or during an inpatient stay that began before your effective date.
- Services received after coverage ends.
- Services for which you have no legal obligation to pay or for which no charge would be made if you did not have a health plan or insurance coverage.
- Conditions covered by workers' compensation or similar laws.
- Any intentionally self-inflicted injury or illness.
- Conditions arising from any act of war, an insured participating in the military service of any country, participation in an insurrection, rebellion or riot or release of nuclear energy or as a result of the insured person being engaged in an illegal occupation or, being under the influence of illegal narcotics or non-prescribed controlled substances, possession of which would constitute a felony, unless administered on the advice of a physician.
- Any services provided by a local, state or federal government agency except when expressly required by federal or state law.
- Any services covered by Medicare under parts A or B, regardless of actual enrollment in Medicare or payment by Medicare for those services.
- Services provided by relatives; professional services provided by a person who lives in your home or who is related to you by blood, marriage or adoption or any of the insured person's employers.
- Inpatient or outpatient services of a private duty nurse.
- Custodial care or rest cures; services provided by a rest home or any similar facility service.
- Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests, which could have been performed safely on an outpatient basis.
- Treatment of mental, emotional or functional nervous disorders or psychological testing.
- Treatment of drug, alcohol or other substance addiction or abuse.
- Dental services and dental implants.
- Orthodontic services.
- Services for temporomandibular joint dysfunction.
- Hearing aids.
- Routine hearing tests.
- Optometric services and eye surgery to correct refractive defects.
- Drugs, (including, but not limited to, drug samples), medications, or other substances dispensed or administered in any outpatient setting unless otherwise covered by the Policy.
- Outpatient speech therapy.
- Conditions caused by or contributed by the insured person being intoxicated.
- Cosmetic surgery except for medically necessary reconstructive surgery.
- Sex change operations or related treatment.
- Treatment of sexual dysfunction, impotence and/or inadequacy.

- All services related to the evaluation or treatment of fertility and/or infertility, including all tests, consultations, examinations, medications, surgical, medical or lab procedures and sterilization reversals.
- Cryopreservation of sperm or eggs.
- All contraceptive services and supplies including consultations, examinations, evaluations, medications, medical, laboratory, devices, prescription drugs, or surgical procedures.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for weight reduction or treatment of obesity including morbid obesity or any care which involves weight reduction as a main method for treatment.
- Routine physical exams or tests that do not directly treat an actual illness, injury or condition.
- Charges by a provider for telephone consultations.
- Items which are furnished primarily for your personal comfort or convenience (air conditioners, exercise equipment, and supplies for hygiene or beautification, etc.).
- Educational services except as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements.
- Durable medical equipment.
- Any services received if they are related to a pre-existing condition.
- Infusion Therapy together with any associated supplies, drugs or professional services.
- Smoking cessation programs and medications.
- Routine foot care.
- Charges for which we are unable to determine our liability because you failed, within 60 days, or as soon as reasonably possible to (a) authorize us to receive all the medical records and information we requested or, (b) provide us with information we requested regarding the circumstances of the claim or other insurance coverage.

- Charges for animal to human organ transplants.
- Organ and tissue transplants.
- Charges for pregnancy or maternity care, including normal delivery, elective abortions, cesarean sections and complications of pregnancy.
- Immunizations.
- Services for well baby and well child care.
- Preventive care services, except preventive/routine mammograms.
- Physical and/or occupational therapy/medicine and/or acupuncture/acupressure, except when provided during an inpatient hospital confinement or as specifically provided in the Policy.
- Foreign country provider charges except as specifically stated in the Policy.
- Growth hormone treatment.
- Services received from a hospice.
- Removal or treatment of hernia, except strangulated or incarcerated hernia.
- Treatment of varicose veins.
- Self-administered injectable drugs, except as stated in the prescription drug benefit of the Policy.
- Syringes, except as stated in the prescription drug benefit of the Policy.



## Grievances

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

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

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

## Important Information Regarding HIPAA

Coverage under this Short-Term Policy may make a person ineligible for HIPAA guarantee issue coverage in the Indiana Comprehensive Health Insurance Association (ICHIA). To be eligible for a guarantee issue plan, a person must, among other things, have been most recently covered under an employer plan. This Short-Term Policy is not an employer plan.

## Additional Information

Please contact your agent for information about other UniCare coverage options. Approved and enrolled members will receive a UniCare subscriber identification (ID) card and a Policy booklet. The Policy gives a comprehensive description of what is covered and what is not covered. Before you sign an application for coverage ask your Agent how to use Provider Finder at [www.unicare.com](http://www.unicare.com) to determine which doctors in your area are Participating Providers.

## How To Calculate Your Premium

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

### Example of a Premium Calculation:

Eric, 33 and Teri, 28, live in Area 4.  
They choose the \$1,000 Deductible plan.  
They select 75 days of coverage.

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

Per day rate = \$2.62  
 $\$2.62 \times 75 \text{ days} = \$196.50$   
\$196.50 (Total Premium Due)

## Area Residence ZIP Codes

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

Area 1 - 46303, 46307, 46308, 46311, 46312, 46319-46324, 46342, 46356, 46373, 46375, 46394, all ZIP codes beginning with 464

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Area 2 - All ZIP codes beginning with 463 that are not listed in Area 1

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Area 3 - All ZIP codes beginning with 462, 465, and 466

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Area 4 - All other ZIP codes

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

# Area 1 Indiana

	UniCare 2000	UniCare 1000	UniCare 500	UniCare 250
<b>Single Male</b>				
Under 30	\$1.13	\$1.52	\$2.20	\$2.37
30-34	\$1.32	\$1.73	\$2.39	\$2.56
35-39	\$1.59	\$2.12	\$2.90	\$3.12
40-44	\$2.00	\$2.70	\$3.58	\$3.85
45-49	\$2.64	\$3.56	\$4.49	\$4.83
50-54	\$3.23	\$4.24	\$5.52	\$5.94
55-59	\$4.43	\$5.62	\$7.29	\$7.85
60-64	\$5.44	\$6.94	\$8.80	\$9.47
<b>Single Female</b>				
Under 30	\$1.28	\$1.73	\$2.64	\$2.83
30-34	\$1.59	\$2.16	\$3.15	\$3.38
35-39	\$2.04	\$2.70	\$3.81	\$4.10
40-44	\$2.51	\$3.38	\$4.51	\$4.85
45-49	\$2.90	\$3.91	\$5.07	\$5.45
50-54	\$3.50	\$4.59	\$5.77	\$6.21
55-59	\$3.96	\$5.07	\$6.59	\$7.10
60-64	\$4.57	\$5.83	\$7.42	\$7.98
<b>Applicant &amp; Spouse</b>				
Under 30	\$2.41	\$3.25	\$4.84	\$5.20
30-34	\$2.60	\$3.46	\$5.03	\$5.39
35-39	\$3.18	\$4.28	\$6.05	\$6.50
40-44	\$4.04	\$5.40	\$7.39	\$7.95
45-49	\$5.15	\$6.94	\$9.00	\$9.68
50-54	\$6.13	\$8.15	\$10.59	\$11.39
55-59	\$7.93	\$10.21	\$13.06	\$14.06
60-64	\$9.40	\$12.01	\$15.39	\$16.57
<b>Applicant &amp; 1 Child</b>				
Under 30	\$2.06	\$2.82	\$4.14	\$4.45
30-34	\$2.37	\$3.25	\$4.65	\$5.00
35-39	\$2.82	\$3.79	\$5.31	\$5.72
40-44	\$3.23	\$4.47	\$6.01	\$6.47
45-49	\$3.68	\$5.00	\$6.57	\$7.07
50-54	\$4.28	\$5.68	\$7.27	\$7.83
55-59	\$5.21	\$6.71	\$8.79	\$9.47
60-64	\$6.22	\$8.03	\$10.30	\$11.09
<b>Applicant &amp; 2 Children</b>				
Under 30	\$2.78	\$3.83	\$5.50	\$5.91
30-34	\$3.09	\$4.26	\$6.01	\$6.46
35-39	\$3.54	\$4.80	\$6.87	\$7.18
40-44	\$4.01	\$5.48	\$7.37	\$7.93
45-49	\$4.40	\$6.01	\$7.93	\$8.53
50-54	\$5.00	\$6.69	\$8.63	\$9.29
55-59	\$5.93	\$7.72	\$10.15	\$10.93
60-64	\$6.94	\$9.04	\$11.66	\$12.55
<b>Applicant &amp; 3+ Children</b>				
Under 30	\$3.42	\$4.70	\$6.70	\$7.19
30-34	\$3.73	\$5.13	\$7.21	\$7.74
35-39	\$4.18	\$5.67	\$7.87	\$8.46
40-44	\$4.65	\$6.35	\$8.57	\$9.21
45-49	\$5.04	\$6.88	\$9.13	\$9.81
50-54	\$5.64	\$7.56	\$9.83	\$10.57
55-59	\$6.57	\$8.59	\$11.35	\$12.21
60-64	\$7.58	\$9.91	\$12.86	\$13.83
<b>Family w/ 1 Child</b>				
Under 30	\$3.19	\$4.34	\$6.34	\$6.82
30-34	\$3.38	\$4.55	\$6.53	\$7.01
35-39	\$3.96	\$5.37	\$7.55	\$8.12
40-44	\$4.82	\$6.49	\$8.89	\$9.57
45-49	\$5.93	\$8.03	\$10.50	\$11.30
50-54	\$6.91	\$9.24	\$12.09	\$13.01
55-59	\$8.71	\$11.30	\$14.56	\$15.68
60-64	\$10.18	\$13.10	\$16.89	\$18.19
<b>Family w/ 2 Children</b>				
Under 30	\$3.91	\$5.35	\$7.70	\$8.28
30-34	\$4.10	\$5.56	\$7.89	\$8.47
35-39	\$4.68	\$6.38	\$8.91	\$9.58
40-44	\$5.54	\$7.50	\$10.25	\$11.03
45-49	\$6.65	\$9.04	\$11.86	\$12.76
50-54	\$7.63	\$10.25	\$13.45	\$14.47
55-59	\$9.43	\$12.31	\$15.92	\$17.14
60-64	\$10.90	\$14.11	\$18.25	\$19.65
<b>Family w/ 3+ Children</b>				
Under 30	\$4.55	\$6.22	\$8.90	\$9.56
30-34	\$4.74	\$6.43	\$9.09	\$9.75
35-39	\$5.32	\$7.25	\$10.11	\$10.86
40-44	\$6.18	\$8.37	\$11.45	\$12.31
45-49	\$7.29	\$9.91	\$13.06	\$14.04
50-54	\$8.27	\$11.12	\$14.65	\$15.75
55-59	\$10.07	\$13.18	\$17.12	\$18.42
60-64	\$11.54	\$14.98	\$19.45	\$20.93
<b>Child Under 1</b>				
Child Under 1	\$1.24	\$1.67	\$2.37	\$2.54
Child 1-17	\$0.78	\$1.09	\$1.50	\$1.62
2 Children	\$1.50	\$2.10	\$2.86	\$3.08
3+ Children	\$2.14	\$2.97	\$4.06	\$4.36

Rates effective 1/1/07

# Area 2 Indiana

	UniCare 2000	UniCare 1000	UniCare 500	UniCare 250
<b>Single Male</b>				
Under 30	\$1.14	\$1.53	\$2.21	\$2.38
30-34	\$1.32	\$1.74	\$2.41	\$2.58
35-39	\$1.60	\$2.13	\$2.92	\$3.14
40-44	\$2.01	\$2.71	\$3.60	\$3.87
45-49	\$2.66	\$3.59	\$4.52	\$4.86
50-54	\$3.25	\$4.27	\$5.56	\$5.97
55-59	\$4.46	\$5.66	\$7.34	\$7.90
60-64	\$5.47	\$6.98	\$8.86	\$9.53
<b>Single Female</b>				
Under 30	\$1.29	\$1.74	\$2.66	\$2.84
30-34	\$1.60	\$2.18	\$3.17	\$3.40
35-39	\$2.06	\$2.71	\$3.84	\$4.12
40-44	\$2.53	\$3.40	\$4.54	\$4.88
45-49	\$2.92	\$3.94	\$5.10	\$5.48
50-54	\$3.52	\$4.62	\$5.81	\$6.25
55-59	\$3.98	\$5.10	\$6.63	\$7.14
60-64	\$4.59	\$5.86	\$7.47	\$8.03
<b>Applicant &amp; Spouse</b>				
Under 30	\$2.43	\$3.27	\$4.87	\$5.23
30-34	\$2.61	\$3.48	\$5.07	\$5.43
35-39	\$3.19	\$4.31	\$6.09	\$6.54
40-44	\$4.07	\$5.43	\$7.44	\$8.00
45-49	\$5.19	\$6.99	\$9.06	\$9.74
50-54	\$6.17	\$8.21	\$10.66	\$11.45
55-59	\$7.99	\$10.27	\$13.15	\$14.15
60-64	\$9.45	\$12.08	\$15.49	\$16.67
<b>Applicant &amp; 1 Child</b>				
Under 30	\$2.08	\$2.83	\$4.17	\$4.47
30-34	\$2.38	\$3.27	\$4.68	\$5.03
35-39	\$2.84	\$3.81	\$5.35	\$5.75
40-44	\$3.21	\$4.50	\$6.05	\$6.51
45-49	\$3.71	\$5.03	\$6.61	\$7.11
50-54	\$4.31	\$5.71	\$7.32	\$7.88
55-59	\$5.25	\$6.75	\$8.85	\$9.53
60-64	\$6.26	\$8.07	\$10.37	\$11.16
<b>Applicant &amp; 2 Children</b>				
Under 30	\$2.80	\$3.85	\$5.54	\$5.94
30-34	\$3.11	\$4.29	\$6.05	\$6.50
35-39	\$3.57	\$4.82	\$6.72	\$7.22
40-44	\$4.04	\$5.51	\$7.42	\$7.98
45-49	\$4.43	\$6.05	\$7.98	\$8.58
50-54	\$5.03	\$6.73	\$8.69	\$9.34
55-59	\$5.97	\$7.77	\$10.22	\$10.99
60-64	\$6.98	\$9.09	\$11.74	\$12.62
<b>Applicant &amp; 3+ Children</b>				
Under 30	\$3.45	\$4.73	\$6.75	\$7.23
30-34	\$3.75	\$5.16	\$7.26	\$7.79
35-39	\$4.21	\$5.70	\$7.93	\$8.51
40-44	\$4.68	\$6.39	\$8.63	\$9.27
45-49	\$5.08	\$6.93	\$9.19	\$9.87
50-54	\$5.68	\$7.60	\$9.90	\$10.63
55-59	\$6.62	\$8.64	\$11.43	\$12.29
60-64	\$7.63	\$9.97	\$12.95	\$13.92
<b>Family w/ 1 Child</b>				
Under 30	\$3.22	\$4.37	\$6.38	\$6.86
30-34	\$3.40	\$4.57	\$6.57	\$7.06
35-39	\$3.98	\$5.40	\$7.60	\$8.17
40-44	\$4.86	\$6.52	\$8.95	\$9.63
45-49	\$5.97	\$8.08	\$10.57	\$11.37
50-54	\$6.96	\$9.30	\$12.17	\$13.08
55-59	\$8.77	\$11.37	\$14.66	\$15.78
60-64	\$10.24	\$13.17	\$17.00	\$18.30
<b>Family w/ 2 Children</b>				
Under 30	\$3.94	\$5.38	\$7.75	\$8.33
30-34	\$4.12	\$5.59	\$7.94	\$8.52
35-39	\$4.70	\$6.42	\$8.97	\$9.64
40-44	\$5.58	\$7.54	\$10.32	\$11.09
45-49	\$6.70	\$9.10	\$11.94	\$12.83
50-54	\$7.68	\$10.32	\$13.53	\$14.55
55-59	\$9.50	\$12.38	\$16.03	\$17.24
60-64	\$10.96	\$14.19	\$18.37	\$19.77
<b>Family w/ 3+ Children</b>				
Under 30	\$4.58	\$6.26	\$8.96	\$9.62
30-34	\$4.77	\$6.47	\$9.16	\$9.81
35-39	\$5.35	\$7.30	\$10.19	\$10.93
40-44	\$6.22	\$8.41	\$11.53	\$12.38
45-49	\$7.54	\$9.98	\$13.15	\$14.12
50-54	\$8.33	\$11.19	\$14.75	\$15.84
55-59	\$10.14	\$13.28	\$17.24	\$18.53
60-64	\$11.61	\$15.06	\$19.58	\$21.06
<b>Child Under 1</b>				
Child Under 1	\$1.25	\$1.68	\$2.38	\$2.56
Child 1-17	\$0.79	\$1.09	\$1.51	\$1.63
2 Children	\$1.51	\$2.11	\$2.88	\$3.10
3+ Children	\$2.16	\$2.99	\$4.09	\$4.39

Rates effective 1/1/07

# Area 3 Indiana

	UniCare 2000	UniCare 1000	UniCare 500	UniCare 250
<b>Single Male</b>				
Under 30	\$1.04	\$1.40	\$2.02	\$2.18
30-34	\$1.21	\$1.59	\$2.20	\$2.35
35-39	\$1.47	\$1.95	\$2.67	\$2.87
40-44	\$1.84	\$2.48	\$3.29	\$3.53
45-49	\$2.43	\$3.27	\$4.12	\$4.44
50-54	\$2.96	\$3.89	\$5.08	\$5.46
55-59	\$4.07	\$5.16	\$6.70	\$7.21
60-64	\$5.00	\$6.38	\$8.08	\$8.70
<b>Single Female</b>				
Under 30	\$1.18	\$1.59	\$2.43	\$2.60
30-34	\$1.47	\$1.98	\$2.90	\$3.11
35-39	\$1.87	\$2.48	\$3.50	\$3.76
40-44	\$2.31	\$3.11	\$4.15	\$4.45
45-49	\$2.67	\$3.59	\$4.66	\$5.01
50-54	\$3.22	\$4.22	\$5.31	\$5.71
55-59	\$3.64	\$4.66	\$6.06	\$6.52
60-64	\$4.20	\$5.36	\$6.82	\$7.33
<b>Applicant &amp; Spouse</b>				
Under 30	\$2.22	\$2.99	\$4.45	\$4.78
30-34	\$2.40	\$3.17	\$4.63	\$4.96
35-39	\$2.93	\$3.93	\$5.57	\$5.97
40-44	\$3.71	\$4.97	\$6.79	\$7.30
45-49	\$4.74	\$6.38	\$8.27	\$8.89
50-54	\$5.63	\$7.48	\$9.74	\$10.47
55-59	\$7.29	\$9.39	\$12.00	\$12.92
60-64	\$8.64	\$11.04	\$14.15	\$15.22
<b>Applicant &amp; 1 Child</b>				
Under 30	\$1.90	\$2.59	\$3.81	\$4.09
30-34	\$2.19	\$2.99	\$4.28	\$4.59
35-39	\$2.59	\$3.49	\$4.88	\$5.25
40-44	\$3.03	\$4.11	\$5.52	\$5.94
45-49	\$3.39	\$4.59	\$6.04	\$6.50
50-54	\$3.94	\$5.23	\$6.68	\$7.20
55-59	\$4.79	\$6.17	\$8.07	\$8.70
60-64	\$5.72	\$7.38	\$9.46	\$10.19
<b>Applicant &amp; 2 Children</b>				
Under 30	\$2.56	\$3.51	\$5.05	\$5.44
30-34	\$2.84	\$3.91	\$5.52	\$5.94
35-39	\$3.25	\$4.41	\$6.13	\$6.60
40-44	\$3.69	\$5.03	\$6.77	\$7.29
45-49	\$4.05	\$5.51	\$7.29	\$7.84
50-54	\$4.59	\$6.15	\$7.93	\$8.54
55-59	\$5.45	\$7.09	\$9.32	\$10.04
60-64	\$6.38	\$8.30	\$10.71	\$11.53
<b>Applicant &amp; 3+ Children</b>				
Under 30	\$3.15	\$4.31	\$6.16	\$6.61
30-34	\$3.44	\$4.70	\$6.63	\$7.11
35-39	\$3.84	\$5.21	\$7.23	\$7.77
40-44	\$4.28	\$5.83	\$7.98	\$8.46
45-49	\$4.64	\$6.31	\$8.39	\$9.01
50-54	\$5.19	\$6.95	\$9.04	\$9.71
55-59	\$6.04	\$7.89	\$10.43	\$11.21
60-64	\$6.97	\$9.10	\$11.82	\$12.70
<b>Family w/ 1 Child</b>				
Under 30	\$2.94	\$3.99	\$5.83	\$6.27
30-34	\$3.12	\$4.18	\$6.01	\$6.44
35-39	\$3.65	\$4.93	\$6.95	\$7.46
40-44	\$4.43	\$5.97	\$8.17	\$8.78
45-49	\$5.46	\$7.38	\$9.65	\$10.38
50-54	\$6.36	\$8.49	\$11.12	\$11.96
55-59	\$8.01	\$10.39	\$13.38	\$14.41
60-64	\$9.36	\$12.04	\$15.52	\$16.71
<b>Family w/ 2 Children</b>				
Under 30	\$3.60	\$4.91	\$7.08	\$7.61
30-34	\$3.77	\$5.10	\$7.25	\$7.79
35-39	\$4.31	\$5.85	\$8.19	\$8.81
40-44	\$5.09	\$6.89	\$9.42	\$10.13
45-49	\$6.12	\$8.30	\$10.90	\$11.73
50-54	\$7.01	\$9.41	\$12.36	\$13.30
55-59	\$8.66	\$11.31	\$14.63	\$15.75
60-64	\$10.02	\$12.96	\$16.77	\$18.05
<b>Family w/ 3+ Children</b>				
Under 30	\$4.19	\$5.71	\$8.18	\$8.78
30-34	\$4.37	\$5.90	\$8.36	\$8.96
35-39	\$4.90	\$6.65	\$9.30	\$9.98
40-44	\$5.68	\$7.69	\$10.52	\$11.30
45-49	\$6.71	\$9.10	\$12.00	\$12.90
50-54	\$7.60	\$10.21	\$13.47	\$14.47
55-59	\$9.26	\$12.11	\$15.73	\$16.92
60-64	\$10.61	\$13.76	\$17.88	\$19.22
<b>Child Under 1</b>				
Child 1-17	\$0.72	\$1.01	\$1.38	\$1.49
<b>2 Children</b>				
3+ Children	\$1.38	\$1.93	\$2.63	\$2.83
	\$1.97	\$2.72	\$3.73	\$4.00

# Area 4 Indiana

	UniCare 2000	UniCare 1000	UniCare 500	UniCare 250
<b>Single Male</b>				
Under 30	\$0.94	\$1.27	\$1.83	\$1.97
30-34	\$1.09	\$1.43	\$1.99	\$2.13
35-39	\$1.32	\$1.76	\$2.41	\$2.59
40-44	\$1.66	\$2.24	\$2.98	\$3.21
45-49	\$2.20	\$2.96	\$3.73	\$4.01
50-54	\$2.68	\$3.52	\$4.59	\$4.93
55-59	\$3.69	\$4.67	\$6.06	\$6.53
60-64	\$4.52	\$5.77	\$7.32	\$7.88
<b>Single Female</b>				
Under 30	\$1.06	\$1.43	\$2.20	\$2.35
30-34	\$1.32	\$1.79	\$2.61	\$2.81
35-39	\$1.70	\$2.24	\$3.17	\$3.41
40-44	\$2.09	\$2.81	\$3.75	\$4.04
45-49	\$2.41	\$3.25	\$4.21	\$4.53
50-54	\$2.91	\$3.82	\$4.80	\$5.16
55-59	\$3.29	\$4.21	\$5.48	\$5.91
60-64	\$3.80	\$4.85	\$6.17	\$6.63
<b>Applicant &amp; Spouse</b>				
Under 30	\$2.00	\$2.70	\$4.03	\$4.32
30-34	\$2.16	\$2.87	\$4.19	\$4.49
35-39	\$2.65	\$3.56	\$5.02	\$5.40
40-44	\$3.36	\$4.49	\$6.15	\$6.62
45-49	\$4.29	\$5.78	\$7.48	\$8.05
50-54	\$5.09	\$6.77	\$8.81	\$9.46
55-59	\$6.60	\$8.49	\$10.86	\$11.69
60-64	\$7.81	\$9.98	\$12.80	\$13.78
<b>Applicant &amp; 1 Child</b>				
Under 30	\$1.71	\$2.34	\$3.45	\$3.70
30-34	\$1.97	\$2.70	\$3.86	\$4.16
35-39	\$2.34	\$3.15	\$4.42	\$4.76
40-44	\$2.74	\$3.72	\$5.00	\$5.38
45-49	\$3.05	\$4.16	\$5.46	\$5.87
50-54	\$3.56	\$4.73	\$6.05	\$6.51
55-59	\$4.33	\$5.58	\$7.31	\$7.88
60-64	\$5.16	\$6.67	\$8.57	\$9.22
<b>Applicant &amp; 2 Children</b>				
Under 30	\$2.31	\$3.18	\$4.57	\$4.91
30-34	\$2.57	\$3.54	\$4.99	\$5.37
35-39	\$2.94	\$3.99	\$5.55	\$5.97
40-44	\$3.34	\$4.56	\$6.13	\$6.60
45-49	\$3.65	\$5.00	\$6.59	\$7.09
50-54	\$4.16	\$5.57	\$7.18	\$7.72
55-59	\$4.93	\$6.42	\$8.43	\$9.09
60-64	\$5.77	\$7.52	\$9.69	\$10.44
<b>Applicant &amp; 3+ Children</b>				
Under 30	\$2.84	\$3.91	\$5.58	\$5.97
30-34	\$3.11	\$4.27	\$6.00	\$6.43
35-39	\$3.48	\$4.72	\$6.55	\$7.03
40-44	\$3.67	\$5.28	\$7.13	\$7.66
45-49	\$4.19	\$5.72	\$7.58	\$8.15
50-54	\$4.69	\$6.25	\$8.18	\$8.78
55-59	\$5.47	\$7.14	\$9.44	\$10.15
60-64	\$6.30	\$8.24	\$10.70	\$11.50
<b>Family w/ 1 Child</b>				
Under 30	\$2.65	\$3.61	\$5.27	\$5.67
30-34	\$2.80	\$3.77	\$5.44	\$5.83
35-39	\$3.29	\$4.46	\$6.27	\$6.75
40-44	\$4.00	\$5.39	\$7.40	\$7.98
45-49	\$4.93	\$6.68	\$8.73	\$9.40
50-54	\$5.73	\$7.68	\$10.05	\$10.81
55-59	\$7.24	\$9.40	\$12.11	\$13.04
60-64	\$8.46	\$10.89	\$14.05	\$15.13
<b>Family w/ 2 Children</b>				
Under 30	\$3.25	\$4.45	\$6.40	\$6.88
30-34	\$3.40	\$4.62	\$6.56	\$7.05
35-39	\$3.89	\$5.31	\$7.40	\$7.96
40-44	\$4.61	\$6.24	\$8.52	\$9.18
45-49	\$5.54	\$7.53	\$9.86	\$10.61
50-54	\$6.33	\$8.52	\$11.18	\$12.02
55-59	\$7.84	\$10.24	\$13.24	\$14.25
60-64	\$9.06	\$11.73	\$15.17	\$16.34
<b>Family w/ 3+ Children</b>				
Under 30	\$3.79	\$5.17	\$7.41	\$7.94
30-34	\$3.94	\$5.34	\$7.57	\$8.11
35-39	\$4.43	\$6.03	\$8.40	\$9.03
40-44	\$5.14	\$6.96	\$9.53	\$10.24
45-49	\$6.07	\$8.25	\$10.86	\$11.67
50-54	\$6.87	\$9.24	\$12.19	\$13.08
55-59	\$8.38	\$10.96	\$14.24	\$15.32
60-64	\$9.59	\$12.45	\$16.18	\$17.41
<b>Child Under 1</b>				
Child 1-17	\$1.03	\$1.39	\$1.97	\$2.11
	\$0.65	\$0.91	\$1.25	\$1.35
<b>2 Children</b>				
3+ Children	\$1.25	\$1.75	\$2.37	\$2.56
	\$1.78	\$2.47	\$3.38	\$3.62



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