



Getting hurt
without
coverage.
It's pain you'll
feel all the
way to your
wallet.



**Examples of what you
could pay***

	No health coverage	With Sound health coverage (in-network)
Average cost of a day in the hospital	\$5,858	\$1,500 with The Cruiser
Knee surgery	\$28,863	\$3,000 with the Curb Jumper
Burst appendix (ouch)	\$22,215	\$5,000 with the Gravity Bender

*The figures are based on third quarter 2005 averages from UniCare's national claims database.

The bottom line.

You know you need health insurance. I'm here to make it easy for you to find the plan that best fits your lifestyle. And you don't have to pay for my services. Sound is fast and online – so get amped and apply now by calling me or going to my Web site below:

Presented by:

soundhealth.com

TXIMSND0905

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Sound.®

Get hooked up.



UniCare Life & Health Insurance Company

It's all about you.

You're young. You're healthy. But hey, life is unpredictable. All it takes is one slip, one fall, one biff, and the financial pain can outweigh the physical. Whether you're laid out on the snow, sand or grass, you're going to wish you were covered.

UniCare Life & Health Insurance Company (UniCare) offers three straight-up affordable health insurance plans to cover your A-Z. If you're 19-29 years old, rates can be **\$77-\$166 per month**, depending on the plan you pick, where you live, your age and your medical history. Rates are subject to change.

We can help protect you from just about anything – even yourself.



Sound. The big picture.

Three health insurance plans. Same all-around coverage: Preventive, Emergency, Rx, Teeth and Eyes. All featuring preferred provider (PPO) benefits. The only differences between the plans are what you'll pay per month and the amount of the deductible. You'll pay the amounts listed below and we'll pay the rest.

Plan Benefits (in-network)

1 Gravity Bender (CR44)

2 Curb Jumper (CR43)

3 The Cruiser (CR42)

Immediate coverage (no deductible) for the benefits you're most likely to use:

	1 Gravity Bender (CR44)	2 Curb Jumper (CR43)	3 The Cruiser (CR42)
Office Visits (includes covered professional services like preventive care, lab work and X-rays that you receive in your doctor's office during the office visit)	\$40 per visit, unlimited visits with deductible waived	\$40 per visit, unlimited visits with deductible waived	\$40 per visit, unlimited visits with deductible waived
Emergency Room Care (includes all covered services received in ER)	\$150 copay, deductible waived	\$150 copay, deductible waived	\$150 copay, deductible waived
Prescription Drugs¹	Generic: \$10 for 30-day supply from retail pharmacy or \$20 for up to 60-day supply through mail order		
If you need these services, just pay your deductible and we'll pay the rest:			
Other Professional Services (X-rays, blood tests, anesthesia, etc.)	\$0 after you meet your deductible	\$0 after you meet your deductible	\$0 after you meet your deductible
Overnight Hospital Stays (surgery, lab work, doctor charges, anesthesia, and any other covered hospital charges)	\$0 after you meet your deductible	\$0 after you meet your deductible	\$0 after you meet your deductible
If You Don't Stay Overnight (fracture repairs, shoulder or knee arthroscopies, etc.)	\$0 after you meet your deductible	\$0 after you meet your deductible	\$0 after you meet your deductible

Even your teeth and eyes are covered:

Teeth	You'll pay \$0 for cleanings, exams and X-rays. After you pay your \$25 deductible, you'll pay 20% for minor restorative procedures like fillings. We'll pay up to \$500/year for your dental benefits.		
Eyes	We'll pay \$50 toward a routine eye exam, eyeglasses or contact lenses and you'll pay the rest.		
Deductible (How much you'll pay each year before we start paying for services, like hospitalization)	\$5,000	\$3,000	\$1,500
Out-of-Pocket Maximum (This is the max you'll have to pay each year. Basically, meet your deductible and we'll pay the rest.)	\$5,000	\$3,000	\$1,500

Copays for office visits, ER visits and prescription drugs do not apply toward the deductible. This is only a brief overview of the Sound plan benefits. For a more complete listing of benefits, limitations and exclusions, and preservice and utilization review, check out our Web site at soundhealth.com or call 800-337-8407.

¹Brand name available at higher copays and subject to a separate deductible