

PREMIUMS FOR MEDICARE SUPPLEMENT PLANS-ARIZONA Effective February 1, 2007

Non-Tobacco

Rate is determined by your age, tobacco usage and ZIP code.

Issue Age	Standard Plan A		Standard Plan F		PrimeChoice Plan		PrimeChoice Preferred Plan	
	Monthly Premium		Monthly Premium		Monthly Premium		Monthly Premium	
	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2
65	\$ 98	\$ 90	\$ 140	\$ 129	\$ 25	\$ 24	\$ 45	\$ 42
66	100	94	144	133	26	24	46	43
67	104	96	148	137	27	25	48	44
68	107	99	153	141	28	26	49	45
69	110	101	157	145	29	26	51	47
70	113	105	162	150	36	33	64	59
71	117	108	167	155	37	34	66	61
72	121	111	172	159	38	35	68	63
73	124	114	177	164	39	36	70	65
74	128	118	182	169	40	37	72	67
75	131	121	187	173	46	43	81	75
76	134	124	192	178	47	44	83	76
77	138	128	197	182	49	45	85	78
78	142	131	202	187	50	46	87	80
79	145	134	207	191	51	47	89	82
80+	147	136	225	208	60	55	104	97

PrimeChoice Plus Chronic Care Rider - All Areas

Area 1 includes areas with ZIP codes beginning with 850, 852-853, 855-857 and 864.

Area 2 includes all other ZIP codes in Arizona.

Issue Age	65	66	67	68	69	70	71	72	73	74	75
Monthly Premium*	\$39	\$44	\$48	\$53	\$57	\$62	\$70	\$78	\$86	\$94	\$102

Rates for the Chronic Care Rider are based on Issue Age. Your premiums will always be based on the age you are when your policy is issued.

Tobacco

Standard Issue Age	Standard Plan A Monthly Premium		PrimeChoice Plan F Monthly Premium		PrimeChoice Plan Monthly Premium		PrimeChoice Preferred Plan Monthly Premium	
	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2
65	\$ 113	\$ 105	\$ 162	\$ 150	\$ 29	\$ 27	\$ 52	\$ 48
66	117	108	167	155	30	28	54	50
67	121	111	172	159	31	29	55	51
68	124	114	177	164	32	30	57	53
69	128	118	182	168	33	31	59	54
70	132	122	188	174	42	39	74	69
71	136	125	194	179	43	40	77	71
72	140	130	200	185	44	41	79	73
73	144	133	206	190	46	42	81	75
74	148	137	211	196	47	43	84	77
75	153	141	217	201	54	50	93	86
76	156	144	223	206	55	51	96	89
77	160	148	229	211	56	52	98	91
78	165	152	234	217	58	53	101	93
79	168	156	240	222	59	55	103	95
80+	170	158	261	242	69	64	121	112

Area 1 includes areas with ZIP codes beginning with 850, 852-853, 855-857 and 864.

Area 2 includes all other ZIP codes in Arizona.

Please Note: A one-time non-refundable \$5 processing fee will be added to your initial premium.

Your initial premium is for one month's payment and will be due upon enrollment. We will bill you bimonthly (every two months) thereafter, unless you return your Monthly Checking Account Deduction Authorization with your application, in which case we will deduct the amount automatically from your account.

Note: These plans are intended only for people age 65 or older who are enrolled in both Parts A and B of Medicare.

Annual premiums are 12 times the monthly premiums stated.

Quarterly premiums are three times the monthly premiums stated.

Bimonthly premiums are two times the monthly premiums stated.

Please refer to the policy for a complete list of coverage, conditions, restrictions, limitations and exclusions.

UniCare Life & Health Insurance Company is not connected with or endorsed by the U.S. Government or the federal Medicare program. Medical coverage is provided by UniCare Life & Health Insurance Company, a separately incorporated and capitalized subsidiary of WellPoint Inc.

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