

MONTHLY PREMIUMS FOR MEDICARE SUPPLEMENT PLANS-ILLINOIS
Effective March 1, 2007

Standard Plan A

Attained Age	Area 1	Area 2
65-69	\$ 98	\$ 78
70-74	118	92
75-79	129	103
80+	141	111

Standard Plan B

Attained Age	Area 1	Area 2
65-69	\$ 144	\$ 128
70-74	168	149
75-79	194	170
80+	215	181

Standard Plan C

Attained Age	Area 1	Area 2
65-69	\$ 173	\$ 162
70-74	209	188
75-79	280	212
80+	308	244

Standard Plan D

Attained Age	Area 1	Area 2
65-69	\$ 155	\$ 125
70-74	190	151
75-79	220	181
80+	249	211

Standard Plan F

Attained Age	Area 1	Area 2
65-69	\$ 174	\$ 164
70-74	214	190
75-79	284	215
80+	310	246

**PrimeChoice Plan Without Drugs-
High Deductible Medicare Supplement Plan F**

Attained Age	Area 1	Area 2
65-69	\$ 43	\$ 33
70-74	51	40
75-79	58	47
80+	69	55

Area 1: ZIP codes beginning with 600-608.

Area 2: All other ZIP codes in Illinois.

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 premium is equal to 12 times the monthly rate.

Bimonthly premium is equal to two times the monthly rate.

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

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

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