

# SUMMARY OF BENEFITS

## UniCare MedicareRx Rewards Value, Plus and Premier




UniCare is a WellPoint Company

# SECTION 1

## Introduction to the Summary of Benefits for **UniCare MedicareRx Rewards** – Value, Plus, and Premier January 1, 2007 through December 31, 2007

Thank you for your interest in **UniCare MedicareRx Rewards**. Our plans are offered by Anthem Insurance Co, Inc., a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call **UniCare MedicareRx Rewards** and ask for the "Evidence of Coverage."



# You have choices in your Medicare Prescription Drug Coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **UniCare MedicareRx Rewards**. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

## How Can I Compare My Options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by UniCare MedicareRx Rewards to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

## Where Is UniCare MedicareRx Rewards Available?

The service area for this plan is: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Washington DC, West Virginia, Wisconsin, Wyoming.

You must live in one of these areas to join this plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one and wish to switch to another, you may do so only during certain times of the year. Please call Customer Services for more information.

## Who Is Eligible to Join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO, PFFS) or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

You cannot enroll in UniCare MedicareRx Rewards Plus or UniCare MedicareRx Rewards Premier if your current or former employer helps pay for your drugs.

## Does My Plan Cover Medicare Part B or Part D Drugs?

MedicareRx Rewards does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

## Do you cover Medicare Part B or Part D drugs?

We do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biologicals, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

## Where Can I Get My Prescriptions?

**UniCare MedicareRx Rewards** has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

MedicareRx Rewards has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescriptions.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

## What Is a Prescription Drug Formulary?

**UniCare MedicareRx Rewards** uses a formulary. A formulary is a list of drugs covered by your plan to meet your needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits your ability to fill your prescriptions, we will notify you before the change is made. We will send our formulary to you, plus you can see our complete formulary on our Web site at [www.medicarerewards.com](http://www.medicarerewards.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirement or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's approval. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## What Should I Do If I Have Other Insurance in Addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. This will occur as of the effective date of your coverage in the Medicare Prescription Drug Plan, and they will adjust your premium. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join **UniCare MedicareRx Rewards**. Get this information before you decide to enroll in this plan.

## How Can I Get Help With My Drug Plan Costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join **UniCare MedicareRx Rewards**, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling **1-800-Medicare (1-800-633-4227)**. TTY/TTD users should call 1-877-486-2048.

## What Are My Protections in This Plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare prescription drug coverage. If a plan decides not to continue, it must send you a letter at least 90-days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of UniCare MedicareRx Rewards you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered.

An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to utilization rules, such as a limit on the quantity of a drug.

If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a written statement to support your exception request.

If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

### What Is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer at no additional charge to certain members. You may be invited to participate in a program designed for your specific health and pharmacy needs.

You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected.

Please call **UniCare MedicareRx Rewards** for more information about this plan.

Visit us at [www.medicarerewards.com](http://www.medicarerewards.com) or, call us:

**Customer Service Hours:** 8 a.m. – 8p.m., 7 days a week.

**Current members** should call 1-800-928-6201. (TTY/TDD 1-877-247-1657)

**Prospective members** should call 1-866-892-5334. (TTY/TDD 1-800-297-1538)

**For more information about Medicare**, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**.

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

*If you have special needs, this document may be available in other formats.*

# SECTION 2

## Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact your agent or **UniCare MedicareRx Rewards**.

Benefit Category	UniCare MedicareRx Rewards Value	UniCare MedicareRx Rewards Plus	UniCare MedicareRx Rewards Premier
<i>Prescription Drugs</i>			
<b>Drugs Covered Under Medicare Part D (Prescription Drug Benefit)</b>	Please refer to the Premium Table located after this section to find out what the premium is in your area.	Please refer to the Premium Table located after this section to find out what the premium is in your area.	Please refer to the Premium Table located after this section to find out what the premium is in your area.
	This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet most members' needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits your ability to fill your prescriptions, we will notify you before the change is made.	This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet most members' needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits your ability to fill your prescriptions, we will notify you before the change is made.	This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet most members' needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits your ability to fill your prescriptions, we will notify you before the change is made.
	We will send a formulary to you and you can see our complete formulary on our Web site at <a href="http://www.medicarerxrewards.com">www.medicarerxrewards.com</a> .	We will send a formulary to you and you can see our complete formulary on our Web site at <a href="http://www.medicarerxrewards.com">www.medicarerxrewards.com</a> .	We will send a formulary to you and you can see our complete formulary on our Web site at <a href="http://www.medicarerxrewards.com">www.medicarerxrewards.com</a> .
	If you have limited income, live in a long term care facility, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities, you may have different out-of-pocket drug costs. Contact plan for details.	If you have limited income, live in a long term care facility, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities, you may have different out-of-pocket drug costs. Contact plan for details.	If you have limited income, live in a long term care facility, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities, you may have different out-of-pocket drug costs. Contact plan for details.

Benefit Category	UniCare MedicareRx Rewards Value	UniCare MedicareRx Rewards Plus	UniCare MedicareRx Rewards Premier
<b>Deductible</b>	You pay a \$265 yearly deductible.	There is no deductible.	There is no deductible.
<b>Initial Coverage</b>	After you have paid your yearly deductible and before the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay the following for prescription drugs:	Before the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay the following for prescription drugs:	Before the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay the following for prescription drugs:
<i>In-Network Retail Pharmacy</i>	<ul style="list-style-type: none"> <li>• \$5 for a one-month (30-day) supply of <b>Generic</b> drugs</li> <li>• \$29 for a one-month (30-day) supply of <b>Preferred Brand</b> drugs</li> <li>• 25% coinsurance for a one-month (30-day) supply of <b>Non-Specialty Injectable</b> drugs</li> <li>• 25% coinsurance for a one-month (30-day) supply of <b>Specialty Injectable</b> drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 for a one-month (30-day) supply of <b>Generic</b> drugs</li> <li>• \$30 for a one-month (30-day) supply of <b>Preferred Brand</b> drugs</li> <li>• 30% coinsurance for a one-month (30-day) supply of <b>Non-Specialty Injectable</b> drugs</li> <li>• 30% coinsurance for a one-month (30-day) supply of <b>Specialty Injectable</b> drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 for a one-month (30-day) supply of <b>Generic</b> drugs</li> <li>• \$30 for a one-month (30-day) supply of <b>Preferred Brand</b> drugs</li> <li>• \$60 for a one-month (30-day) supply of <b>Non-Preferred Brand</b> drugs</li> <li>• 30% coinsurance for a one-month (30-day) supply of <b>Non-Specialty Injectable</b> drugs</li> <li>• 30% coinsurance for a one-month (30-day) supply of <b>Specialty Injectable</b> drugs</li> </ul>
	<ul style="list-style-type: none"> <li>• \$15 for a three-month (90-day) supply of <b>Generic</b> drugs</li> <li>• \$87 for a three-month (90-day) supply of <b>Preferred Brand</b> drugs</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Non-Specialty Injectable</b> drugs</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Specialty Injectable</b> drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$30 for a three-month (90-day) supply of <b>Generic</b> drugs</li> <li>• \$90 for a three-month (90-day) supply of <b>Preferred Brand</b> drugs</li> <li>• 30% coinsurance for a three-month (90-day) supply of <b>Non-Specialty Injectable</b> drugs</li> <li>• 30% coinsurance for a three-month (90-day) supply of <b>Specialty Injectable</b> drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$30 for a three-month (90-day) supply of <b>Generic</b> drugs</li> <li>• \$90 for a three-month (90-day) supply of <b>Preferred Brand</b> drugs</li> <li>• \$180 for a three-month (90-day) supply of <b>Non-Preferred Brand</b> drugs</li> <li>• 30% coinsurance for a three-month (90-day) supply of <b>Non-Specialty Injectable</b> drugs</li> <li>• 30% coinsurance for a three-month (90-day) supply of <b>Specialty Injectable</b> drugs</li> </ul>

Benefit Category	UniCare MedicareRx Rewards Value	UniCare MedicareRx Rewards Plus	UniCare MedicareRx Rewards Premier
Mail-Order	<ul style="list-style-type: none"> <li>• \$7.50 for a three-month (90-day) supply of <b>Generic</b> drugs you get through a preferred mail-order</li> <li>• \$72.50 for a three-month (90-day) supply of <b>Preferred Brand</b> drugs you get through a preferred mail-order</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Non-Specialty Injectable</b> drugs you get through a preferred mail-order</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Specialty Injectable</b> drugs you get through a preferred mail-order</li> <li>• \$15 for a three-month (90-day) supply of <b>Generic</b> drugs you get through a <i>non</i>-preferred mail-order</li> <li>• \$87 for a three-month (90-day) supply of <b>Preferred Brand</b> drugs you get through a <i>non</i>-preferred mail-order</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 for a three-month (90-day) supply of <b>Generic</b> drugs you get through a preferred mail order</li> <li>• \$75 for a three-month (90-day) supply of Preferred Brand drugs you get through a preferred mail-order</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Non-Specialty Injectable</b> drugs you get through a preferred mail-order</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Specialty Injectable</b> drugs you get through a preferred mail-order</li> <li>• \$30 for a three-month (90-day) supply of <b>Generic</b> drugs you get through a <i>non</i>-preferred mail-order</li> <li>• \$90 for a three-month (90-day) supply of <b>Preferred Brand</b> drugs you get through a <i>non</i>-preferred mail-order</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 for a three-month (90-day) supply of <b>Generic</b> drugs you get through a preferred mail-order</li> <li>• \$75 for a three-month (90-day) supply of <b>Preferred Brand</b> drugs you get through a preferred mail-order</li> <li>• \$150 for a three-month (90-day) supply of <b>Non-Preferred Brand</b> drugs you get through a preferred mail-order</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Non-Specialty Injectable</b> drugs you get through a preferred mail-order</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Specialty Injectable</b> drugs you get through a preferred mail-order</li> <li>• \$30 for a three-month (90-day) supply of <b>Generic</b> drugs you get through a <i>non</i>-preferred mail-order</li> <li>• \$90 for a three-month (90-day) supply of <b>Preferred Brand</b> drugs you get through a <i>non</i>-preferred mail-order</li> <li>• \$180 for a three-month (90-day) supply of <b>Non-Preferred Brand</b> drugs you get through a <i>non</i>-preferred mail-order</li> </ul>

Benefit Category	UniCare MedicareRx Rewards Value	UniCare MedicareRx Rewards Plus	UniCare MedicareRx Rewards Premier
	<ul style="list-style-type: none"> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Non-Specialty Injectable</b> drugs you get through a <i>non-preferred</i> mail-order</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Specialty Injectable</b> drugs you get through a <i>non-preferred</i> mail-order</li> </ul>	<ul style="list-style-type: none"> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Non-Specialty Injectable</b> drugs you get through a <i>non-preferred</i> mail-order</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Specialty Injectable</b> drugs you get through a <i>non-preferred</i> mail-order</li> </ul>	<ul style="list-style-type: none"> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Non-Specialty Injectable</b> drugs you get through a <i>non-preferred</i> mail-order</li> <li>• 25% coinsurance for a three-month (90-day) supply of <b>Specialty Injectable</b> drugs you get through a <i>non-preferred</i> mail-order</li> </ul>
<b>Coverage After You Reach Your Initial Coverage Limit</b>	After the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3,850.	After the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3,850.	You pay the following:
<i>In-Network Retail Pharmacy</i>			<ul style="list-style-type: none"> <li>• \$10 for a one-month (30-day) supply of <b>Generic</b> drugs</li> <li>• \$30 for a three-month (90-day) supply of <b>Generic</b> drugs</li> </ul>
<i>Mail-order Pharmacy</i>			<ul style="list-style-type: none"> <li>• \$15 for a three-month (90-day) supply of <b>Generic</b> drugs you get through a preferred mail-order pharmacy</li> <li>• \$30 for a three-month (90-day) supply of <b>Generic</b> drugs you get through a <i>non-preferred</i> mail-order pharmacy</li> </ul> <p>For all other covered drugs and after the total yearly drug costs (paid by both you and your plan) reach \$2,400, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$3,850.</p>

Benefit Category	UniCare MedicareRx Rewards Value	UniCare MedicareRx Rewards Plus	UniCare MedicareRx Rewards Premier
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs reach \$3,850, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.15 for generic (including brand drugs with and available generic) and \$5.35 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$3,850, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.15 for generic (including brand drugs with and available generic) and \$5.35 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>	<p>After your yearly out-of-pocket drug costs reach \$3,850, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• \$2.15 for generic (including brand drugs with and available generic) and \$5.35 for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>
<b>General Information</b>	<p>In some cases in order to access your prescription benefits, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>In order to access you benefits, we need your provider to get prior authorization from UniCare MedicareRx Rewards Value for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>	<p>In some cases in order to access your prescription benefits, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>In order to access you benefits, we need your provider to get prior authorization from UniCare MedicareRx Rewards Plus for certain prescription drugs.</p> <p>Some of the drugs covered by this plan do not count toward your out-of-pocket expenses.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>	<p>In some cases in order for you to access your prescription benefits, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits.</p> <p>In order to access you benefits, we need your provider to get prior authorization from UniCare MedicareRx Rewards Premier for certain prescription drugs.</p> <p>Some of the drugs covered by this plan do not count toward your out-of-pocket expenses.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>

# UniCare MedicareRx Rewards – Monthly Premium

UniCare MedicareRx Rewards Value				UniCare MedicareRx Rewards Plus				UniCare MedicareRx Rewards Premier			
State		State		State		State		State		State	
Alabama	\$27.80	Nebraska	\$19.40	Alabama	\$34.70	Nebraska	\$21.50	Alabama	\$49.50	Nebraska	\$33.40
Alaska	\$32.00	Nevada	\$17.70	Alaska	\$39.00	Nevada	*****	Alaska	\$54.30	Nevada	\$36.20
Arizona	\$16.90	New Hampshire	\$25.10	Arizona	\$22.50	New Hampshire	*****	Arizona	\$34.90	New Hampshire	\$46.20
Arkansas	\$30.50	New Jersey	\$27.80	Arkansas	\$37.60	New Jersey	\$34.70	Arkansas	\$52.80	New Jersey	\$49.50
California	\$17.70	New Mexico	\$21.40	California	*****	New Mexico	\$27.60	California	\$36.20	New Mexico	\$41.20
Colorado	\$21.40	New York	\$21.40	Colorado	*****	New York	\$27.60	Colorado	\$41.20	New York	\$41.20
Connecticut	\$22.10	North Carolina	\$33.10	Connecticut	*****	North Carolina	\$36.10	Connecticut	\$42.20	North Carolina	\$51.00
Delaware	\$30.50	North Dakota	\$19.40	Delaware	\$37.60	North Dakota	\$21.50	Delaware	\$52.80	North Dakota	\$33.40
Florida	\$23.10	Ohio	\$23.10	Florida	\$29.60	Ohio	*****	Florida	\$43.50	Ohio	\$43.50
Georgia	\$33.10	Oklahoma	\$30.50	Georgia	*****	Oklahoma	\$37.60	Georgia	\$55.60	Oklahoma	\$52.80
Hawaii	\$21.40	Oregon	\$24.30	Hawaii	\$27.60	Oregon	\$30.80	Hawaii	\$41.20	Oregon	\$45.00
Idaho	\$26.20	Pennsylvania	\$24.30	Idaho	\$32.90	Pennsylvania	\$30.80	Idaho	\$47.40	Pennsylvania	\$45.00
Iowa	\$19.40	Rhode Island	\$22.10	Iowa	\$21.50	Rhode Island	*****	Iowa	\$33.40	Rhode Island	\$42.20
Illinois	\$30.50	South Carolina	\$32.00	Illinois	\$37.60	South Carolina	\$34.90	Illinois	\$52.80	South Carolina	\$49.60
Indiana	\$23.10	South Dakota	\$19.40	Indiana	*****	South Dakota	\$21.50	Indiana	\$43.50	South Dakota	\$33.40
Kansas	\$24.90	Tennessee	\$27.80	Kansas	*****	Tennessee	\$34.70	Kansas	\$45.80	Tennessee	\$49.50
Kentucky	\$23.10	Texas	\$27.80	Kentucky	*****	Texas	\$30.50	Kentucky	\$43.50	Texas	\$44.50
Louisiana	\$30.50	Utah	\$26.20	Louisiana	\$37.60	Utah	\$32.90	Louisiana	\$52.80	Utah	\$47.40
Maine	\$25.10	Vermont	\$22.10	Maine	*****	Vermont	*****	Maine	\$46.20	Vermont	\$42.20
Maryland	\$30.50	Virginia	\$27.00	Maryland	\$37.60	Virginia	*****	Maryland	\$52.80	Virginia	\$48.50
Massachusetts	\$22.10	Washington	\$24.30	Massachusetts	*****	Washington	\$30.80	Massachusetts	\$42.20	Washington	\$45.00
Michigan	\$32.00	Washington DC	\$30.50	Michigan	\$39.00	Washington DC	\$37.60	Michigan	\$54.30	Washington DC	\$52.80
Minnesota	\$19.40	West Virginia	\$24.30	Minnesota	\$21.50	West Virginia	\$30.80	Minnesota	\$33.40	West Virginia	\$45.00
Mississippi	\$32.00	Wisconsin	\$26.20	Mississippi	\$39.00	Wisconsin	*****	Mississippi	\$54.30	Wisconsin	\$47.40
Missouri	\$23.10	Wyoming	\$19.40	Missouri	*****	Wyoming	\$21.50	Missouri	\$43.50	Wyoming	\$33.40
Montana	\$19.40			Montana	\$21.50			Montana	\$33.40		

**Please note:** The UniCare MedicareRx Rewards Plus plan is not available in the following states: California, Colorado, Connecticut, Georgia, Indiana, Kansas, Kentucky, Maine, Massachusetts, Missouri, New Hampshire, Nevada, Ohio, Rhode Island, Vermont, Virginia and Wisconsin.



UniCare is a WellPoint Company