



	Age	Health Plan			Options						
		BasicPlan	ExtendaPlan®	OmniPlan®	Prescription Drug	Prescription Drug-Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days
Single	Under 35	\$4.50	\$10.75	\$18.75	\$15.25	\$42.25	\$27.25	\$7.00	\$2.25	\$3.75	\$5.50
	35 - 44	\$4.75	\$11.25	\$19.75	\$17.50	\$45.75	\$28.50	\$7.25	\$2.75	\$4.50	\$6.25
	45 - 54	\$5.00	\$12.00	\$21.75	\$21.00	\$50.00	\$28.50	\$7.50	\$3.00	\$5.00	\$7.25
	55 - 59	\$6.00	\$13.75	\$22.50	\$25.25	\$56.25	\$28.50	\$9.00	\$4.00	\$6.00	\$8.75
	60 - 64	\$6.25	\$15.25	\$24.00	\$31.50	\$66.75	\$28.50	\$11.50	\$5.50	\$8.25	\$12.00
	65 - 69	\$3.50	\$15.00	\$26.00	\$11.25	\$33.25	\$28.50	\$21.00	\$6.50	\$9.75	\$19.00
	70 - 74	\$3.75	\$15.25	\$27.50	\$11.50	\$34.75	\$28.50	\$22.75	\$8.25	\$11.50	\$25.25
	75 - 79	\$4.00	\$15.50	\$27.25	\$11.75	\$36.00	\$28.50	\$24.50	\$9.25	\$16.50	\$34.75
80 +	\$4.25	\$15.75	\$28.75	\$11.75	\$37.00	\$28.50	\$32.00	\$3.00	\$3.25	\$3.25	

	Age	Health Plan			Options						
		BasicPlan	ExtendaPlan®	OmniPlan®	Prescription Drug	Prescription Drug-Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days
Couple	Under 35	\$7.50	\$20.50	\$36.75	\$28.50	\$69.00	\$54.50	\$13.25	\$5.00	\$7.25	\$11.00
	35 - 44	\$8.25	\$21.50	\$39.50	\$33.25	\$76.75	\$56.50	\$13.75	\$5.50	\$8.50	\$12.50
	45 - 54	\$9.25	\$23.50	\$42.00	\$39.50	\$85.75	\$56.50	\$14.75	\$6.00	\$9.75	\$14.50
	55 - 59	\$11.00	\$26.50	\$44.00	\$48.00	\$99.75	\$56.50	\$17.50	\$8.00	\$12.00	\$17.50
	60 - 64	\$11.75	\$29.00	\$46.50	\$59.75	\$119.00	\$56.50	\$22.00	\$11.00	\$16.50	\$24.25
	65 - 69	\$6.00	\$28.75	\$53.75	\$21.25	\$57.75	\$56.50	\$40.00	\$13.50	\$20.00	\$37.50
	70 - 74	\$6.00	\$29.00	\$53.00	\$21.75	\$60.25	\$56.50	\$43.75	\$16.50	\$23.00	\$50.25
	75 - 79	\$6.75	\$30.25	\$54.75	\$22.25	\$63.00	\$56.50	\$46.75	\$19.00	\$32.25	\$69.00
80 +	\$7.75	\$30.75	\$56.25	\$22.25	\$65.25	\$56.50	\$61.00	\$6.00	\$19.50	\$37.50	

	Age	Health Plan			Options						
		BasicPlan	ExtendaPlan®	OmniPlan®	Prescription Drug	Prescription Drug-Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days
Family	Under 35	\$8.50	\$25.75	\$46.50	\$38.50	\$84.75	\$82.00	\$19.25	\$5.50	\$8.25	\$12.25
	35 - 44	\$9.25	\$28.00	\$50.25	\$44.50	\$93.75	\$85.00	\$20.25	\$6.00	\$9.25	\$14.25
	45 - 54	\$10.50	\$30.75	\$54.75	\$52.75	\$104.75	\$85.00	\$21.00	\$6.50	\$11.00	\$16.50
	55 - 59	\$11.75	\$34.50	\$57.50	\$64.50	\$122.25	\$85.00	\$24.25	\$8.75	\$13.75	\$19.75
	60 - 64	\$12.25	\$38.25	\$60.25	\$80.75	\$146.00	\$85.00	\$28.50	\$12.00	\$18.00	\$27.00
	65 - 69	\$6.25	\$35.00	\$62.50	\$28.25	\$70.75	\$85.00	\$50.00	\$14.75	\$22.50	\$42.25
	70 - 74	\$6.75	\$36.25	\$65.50	\$29.00	\$73.25	\$85.00	\$53.00	\$18.00	\$25.75	\$56.75
	75 - 79	\$7.50	\$37.00	\$67.25	\$29.75	\$76.25	\$85.00	\$56.50	\$20.75	\$37.00	\$78.00
80 +	\$9.00	\$37.75	\$69.00	\$29.75	\$78.25	\$85.00	\$71.75	\$14.00	\$21.00	\$39.50	

When determining your monthly rate:

- Single means one person; Couple means two people; Family means three or more.
- For Couple or Family, the oldest person on the application determines the rate.
- Options are available only in conjunction with a Health Plan Purchase.
- Based on your medical history, you may be assessed a premium adjustment, be excluded for certain benefits or be declined coverage.
- For annual premiums over \$100, monthly Pre-Authorized Payment (PAP) is available.