



	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	\$4.25	\$10.50	\$22.25	\$16.75	\$41.75	\$26.25	\$7.00	\$2.25	\$3.75	\$5.50
	35 - 44	\$4.50	\$11.50	\$23.25	\$19.25	\$45.50	\$26.25	\$7.25	\$2.75	\$4.50	\$6.25
	45 - 54	\$4.75	\$11.75	\$24.50	\$23.00	\$50.00	\$26.25	\$7.50	\$3.00	\$5.00	\$7.25
	55 - 59	\$5.75	\$12.25	\$25.50	\$28.00	\$57.00	\$26.25	\$9.00	\$4.00	\$6.00	\$8.75
	60 - 64	\$6.00	\$13.75	\$27.75	\$34.75	\$67.50	\$26.25	\$11.50	\$5.50	\$8.25	\$12.00
	65 - 69	\$6.75	\$14.50	\$28.75	\$13.25	\$46.00	\$26.25	\$21.00	\$6.50	\$9.75	\$19.00
	70 - 74	\$7.00	\$16.00	\$31.00	\$14.50	\$47.25	\$26.25	\$22.75	\$8.25	\$11.50	\$25.25
	75 - 79	\$8.25	\$19.00	\$33.75	\$15.25	\$48.75	\$26.25	\$24.50	\$9.25	\$16.50	\$34.75
80 +	\$10.25	\$20.00	\$36.75	\$15.50	\$49.50	\$26.25	\$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	\$6.00	\$16.75	\$36.00	\$31.75	\$69.00	\$51.50	\$13.25	\$5.00	\$7.25	\$11.00
	35 - 44	\$6.25	\$17.75	\$37.25	\$36.75	\$76.75	\$51.50	\$13.75	\$5.50	\$8.50	\$12.50
	45 - 54	\$6.75	\$18.50	\$39.50	\$43.75	\$86.00	\$51.50	\$14.75	\$6.00	\$9.75	\$14.50
	55 - 59	\$8.50	\$19.50	\$41.25	\$53.25	\$100.50	\$51.50	\$17.50	\$8.00	\$12.00	\$17.50
	60 - 64	\$9.50	\$21.75	\$45.00	\$66.25	\$120.25	\$51.50	\$22.00	\$11.00	\$16.50	\$24.25
	65 - 69	\$11.25	\$24.25	\$48.00	\$25.50	\$79.75	\$51.50	\$40.00	\$13.50	\$20.00	\$37.50
	70 - 74	\$11.75	\$26.50	\$51.75	\$27.25	\$82.25	\$51.50	\$43.75	\$16.50	\$23.00	\$50.25
	75 - 79	\$14.75	\$33.00	\$59.50	\$28.50	\$85.00	\$51.50	\$46.75	\$19.00	\$32.25	\$69.00
80 +	\$18.25	\$38.00	\$68.00	\$29.00	\$86.25	\$51.50	\$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	\$7.25	\$20.25	\$46.25	\$42.75	\$85.50	\$74.25	\$19.25	\$5.50	\$8.25	\$12.25
	35 - 44	\$8.25	\$22.00	\$47.75	\$49.50	\$94.25	\$74.25	\$20.25	\$6.00	\$9.25	\$14.25
	45 - 54	\$8.75	\$23.00	\$50.00	\$58.75	\$106.25	\$74.25	\$21.00	\$6.50	\$11.00	\$16.50
	55 - 59	\$11.25	\$24.50	\$53.00	\$71.25	\$123.75	\$74.25	\$24.25	\$8.75	\$13.75	\$19.75
	60 - 64	\$11.75	\$27.00	\$57.75	\$89.00	\$148.25	\$74.25	\$28.50	\$12.00	\$18.00	\$27.00
	65 - 69	\$13.25	\$30.75	\$61.50	\$34.00	\$93.25	\$74.25	\$50.00	\$14.75	\$22.50	\$42.25
	70 - 74	\$14.25	\$34.00	\$66.00	\$36.50	\$96.75	\$74.25	\$53.00	\$18.00	\$25.75	\$56.75
	75 - 79	\$17.50	\$39.50	\$71.75	\$38.25	\$99.25	\$74.25	\$56.50	\$20.75	\$37.00	\$78.00
80 +	\$21.00	\$43.00	\$77.75	\$39.00	\$101.50	\$74.25	\$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.