



	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	\$10.00	\$21.50	\$23.50	\$48.75	\$32.25	\$7.00	\$2.25	\$3.75	\$5.50
	35 - 44	\$4.75	\$10.75	\$22.75	\$24.00	\$50.25	\$32.25	\$7.25	\$2.75	\$4.50	\$6.25
	45 - 54	\$5.00	\$11.00	\$24.00	\$25.00	\$52.00	\$32.25	\$7.50	\$3.00	\$5.00	\$7.25
	55 - 59	\$6.25	\$11.75	\$25.50	\$25.75	\$54.25	\$32.25	\$9.00	\$4.00	\$6.00	\$8.75
	60 - 64	\$6.50	\$13.00	\$27.00	\$27.75	\$60.00	\$32.25	\$11.50	\$5.50	\$8.25	\$12.00
	65 - 69	\$7.25	\$14.00	\$29.00	\$28.75	\$63.00	\$32.25	\$21.00	\$6.50	\$9.75	\$19.00
	70 - 74	\$7.50	\$15.75	\$31.00	\$29.75	\$65.50	\$32.25	\$22.75	\$8.25	\$11.50	\$25.25
	75 - 79	\$9.50	\$18.50	\$34.00	\$31.00	\$68.50	\$32.25	\$24.50	\$9.25	\$16.50	\$34.75
80 +	\$11.00	\$20.00	\$35.00	\$32.00	\$71.00	\$32.25	\$32.00	\$3.00	\$3.25	\$3.25	

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		BasicPlan	ExtendaPlan®	OmniPlan®	Prescription Drug	Prescription Drug-Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days
Couple	Under 35	\$7.75	\$18.25	\$41.50	\$42.50	\$80.00	\$64.75	\$13.25	\$5.00	\$7.25	\$11.00
	35 - 44	\$8.75	\$19.75	\$43.00	\$43.50	\$83.25	\$64.75	\$13.75	\$5.50	\$8.50	\$12.50
	45 - 54	\$9.25	\$20.50	\$45.50	\$45.25	\$87.75	\$64.75	\$14.75	\$6.00	\$9.75	\$14.50
	55 - 59	\$11.75	\$22.25	\$49.00	\$46.00	\$93.25	\$64.75	\$17.50	\$8.00	\$12.00	\$17.50
	60 - 64	\$12.00	\$25.25	\$51.75	\$50.00	\$103.75	\$64.75	\$22.00	\$11.00	\$16.50	\$24.25
	65 - 69	\$14.00	\$26.50	\$54.50	\$52.00	\$110.25	\$64.75	\$40.00	\$13.50	\$20.00	\$37.50
	70 - 74	\$14.50	\$29.75	\$59.00	\$53.50	\$116.50	\$64.75	\$43.75	\$16.50	\$23.00	\$50.25
	75 - 79	\$18.00	\$35.50	\$64.75	\$56.00	\$123.75	\$64.75	\$46.75	\$19.00	\$32.25	\$69.00
80 +	\$21.75	\$38.25	\$67.00	\$57.50	\$130.00	\$64.75	\$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	\$23.25	\$52.00	\$50.75	\$93.50	\$97.25	\$19.25	\$5.50	\$8.25	\$12.25
	35 - 44	\$9.50	\$25.25	\$54.25	\$52.00	\$97.00	\$97.25	\$20.25	\$6.00	\$9.25	\$14.25
	45 - 54	\$10.50	\$26.25	\$57.50	\$53.50	\$101.25	\$97.25	\$21.00	\$6.50	\$11.00	\$16.50
	55 - 59	\$12.50	\$28.00	\$61.50	\$55.00	\$107.50	\$97.25	\$24.25	\$8.75	\$13.75	\$19.75
	60 - 64	\$12.75	\$31.50	\$64.75	\$59.50	\$118.50	\$97.25	\$28.50	\$12.00	\$18.00	\$27.00
	65 - 69	\$15.75	\$34.00	\$69.25	\$62.00	\$125.50	\$97.25	\$50.00	\$14.75	\$22.50	\$42.25
	70 - 74	\$16.00	\$37.75	\$75.00	\$64.25	\$132.50	\$97.25	\$53.00	\$18.00	\$25.75	\$56.75
	75 - 79	\$20.25	\$44.75	\$81.75	\$66.50	\$139.50	\$97.25	\$56.50	\$20.75	\$37.00	\$78.00
80 +	\$23.50	\$48.00	\$84.00	\$68.75	\$146.00	\$97.25	\$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.