



	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	\$5.75	\$12.50	\$22.50	\$22.00	\$51.75	\$28.00	\$7.00	\$2.25	\$3.75	\$5.50
	35 - 44	\$6.00	\$13.00	\$23.50	\$22.50	\$53.50	\$28.00	\$7.25	\$2.75	\$4.50	\$6.25
	45 - 54	\$7.25	\$14.00	\$24.75	\$24.00	\$56.00	\$28.00	\$7.50	\$3.00	\$5.00	\$7.25
	55 - 59	\$8.25	\$15.25	\$25.75	\$27.25	\$61.25	\$28.00	\$9.00	\$4.00	\$6.00	\$8.75
	60 - 64	\$9.25	\$16.00	\$27.75	\$35.50	\$74.50	\$28.00	\$11.50	\$5.50	\$8.25	\$12.00
	65 - 69	\$10.75	\$17.50	\$29.75	\$37.75	\$78.50	\$28.00	\$21.00	\$6.50	\$9.75	\$19.00
	70 - 74	\$12.50	\$18.75	\$31.25	\$42.00	\$85.50	\$28.00	\$22.75	\$8.25	\$11.50	\$25.25
	75 - 79	\$14.75	\$20.75	\$32.50	\$43.75	\$88.75	\$28.00	\$24.50	\$9.25	\$16.50	\$34.75
80 +	\$19.25	\$24.25	\$35.50	\$45.25	\$92.50	\$28.00	\$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	\$10.00	\$23.00	\$41.50	\$39.50	\$84.50	\$56.25	\$13.25	\$5.00	\$7.25	\$11.00
	35 - 44	\$11.25	\$24.25	\$43.75	\$40.50	\$88.50	\$56.25	\$13.75	\$5.50	\$8.50	\$12.50
	45 - 54	\$13.75	\$26.25	\$46.00	\$43.50	\$94.00	\$56.25	\$14.75	\$6.00	\$9.75	\$14.50
	55 - 59	\$15.75	\$27.75	\$48.00	\$48.50	\$105.00	\$56.25	\$17.50	\$8.00	\$12.00	\$17.50
	60 - 64	\$16.75	\$29.50	\$51.50	\$64.00	\$129.00	\$56.25	\$22.00	\$11.00	\$16.50	\$24.25
	65 - 69	\$19.50	\$32.25	\$54.25	\$67.50	\$138.25	\$56.25	\$40.00	\$13.50	\$20.00	\$37.50
	70 - 74	\$23.25	\$34.75	\$58.00	\$76.00	\$152.50	\$56.25	\$43.75	\$16.50	\$23.00	\$50.25
	75 - 79	\$27.25	\$38.25	\$60.50	\$78.50	\$160.75	\$56.25	\$46.75	\$19.00	\$32.25	\$69.00
80 +	\$35.50	\$44.50	\$66.00	\$81.50	\$168.75	\$56.25	\$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	\$11.75	\$27.75	\$54.25	\$51.50	\$103.50	\$84.25	\$19.25	\$5.50	\$8.25	\$12.25
	35 - 44	\$12.75	\$29.00	\$56.75	\$53.00	\$107.50	\$84.25	\$20.25	\$6.00	\$9.25	\$14.25
	45 - 54	\$15.50	\$31.25	\$59.25	\$56.50	\$113.75	\$84.25	\$21.00	\$6.50	\$11.00	\$16.50
	55 - 59	\$17.50	\$33.25	\$62.50	\$63.75	\$127.00	\$84.25	\$24.25	\$8.75	\$13.75	\$19.75
	60 - 64	\$18.25	\$34.75	\$66.75	\$83.50	\$155.75	\$84.25	\$28.50	\$12.00	\$18.00	\$27.00
	65 - 69	\$21.75	\$38.25	\$71.25	\$88.50	\$166.75	\$84.25	\$50.00	\$14.75	\$22.50	\$42.25
	70 - 74	\$26.25	\$41.50	\$75.50	\$98.75	\$183.50	\$84.25	\$53.00	\$18.00	\$25.75	\$56.75
	75 - 79	\$30.25	\$45.50	\$78.75	\$102.75	\$192.50	\$84.25	\$56.50	\$20.75	\$37.00	\$78.00
80 +	\$39.25	\$53.25	\$85.25	\$105.50	\$201.25	\$84.25	\$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.