



	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
<b>Single</b>	Under 35	\$4.50	\$10.75	\$26.75	\$23.00	\$46.00	\$53.00	\$7.00	\$2.25	\$3.75	\$5.50
	35 - 44	\$4.75	\$11.75	\$27.50	\$31.25	\$54.75	\$54.25	\$7.25	\$2.75	\$4.50	\$6.25
	45 - 54	\$5.00	\$12.00	\$29.00	\$39.25	\$63.50	\$54.25	\$7.50	\$3.00	\$5.00	\$7.25
	55 - 59	\$6.75	\$12.75	\$31.00	\$44.50	\$70.00	\$54.25	\$9.00	\$4.00	\$6.00	\$8.75
	60 - 64	\$7.50	\$14.25	\$33.50	\$53.00	\$81.75	\$54.25	\$11.50	\$5.50	\$8.25	\$12.00
	65 - 69	\$7.75	\$18.00	\$35.00	\$30.25	\$46.25	\$54.25	\$21.00	\$6.50	\$9.75	\$19.00
	70 - 74	\$9.75	\$25.75	\$37.50	\$30.75	\$47.75	\$54.25	\$22.75	\$8.25	\$11.50	\$25.25
	75 - 79	\$11.25	\$30.00	\$40.50	\$32.25	\$50.25	\$54.25	\$24.50	\$9.25	\$16.50	\$34.75
80 +	\$13.25	\$35.00	\$44.50	\$32.50	\$51.25	\$54.25	\$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
<b>Couple</b>	Under 35	\$7.75	\$17.25	\$43.00	\$43.50	\$77.25	\$106.50	\$13.25	\$5.00	\$7.25	\$11.00
	35 - 44	\$8.50	\$18.50	\$44.75	\$62.50	\$98.25	\$109.00	\$13.75	\$5.50	\$8.50	\$12.50
	45 - 54	\$9.50	\$19.00	\$47.25	\$74.50	\$111.75	\$109.00	\$14.75	\$6.00	\$9.75	\$14.50
	55 - 59	\$12.25	\$20.50	\$50.25	\$85.00	\$126.25	\$109.00	\$17.50	\$8.00	\$12.00	\$17.50
	60 - 64	\$14.25	\$23.00	\$54.00	\$100.00	\$147.50	\$109.00	\$22.00	\$11.00	\$16.50	\$24.25
	65 - 69	\$14.75	\$30.00	\$57.75	\$57.75	\$84.25	\$109.00	\$40.00	\$13.50	\$20.00	\$37.50
	70 - 74	\$18.25	\$41.00	\$62.50	\$58.25	\$87.00	\$109.00	\$43.75	\$16.50	\$23.00	\$50.25
	75 - 79	\$22.25	\$48.25	\$72.00	\$61.00	\$91.50	\$109.00	\$46.75	\$19.00	\$32.25	\$69.00
80 +	\$27.00	\$56.25	\$82.25	\$61.50	\$94.00	\$109.00	\$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
<b>Family</b>	Under 35	\$8.50	\$21.75	\$63.50	\$60.00	\$98.50	\$159.75	\$19.25	\$5.50	\$8.25	\$12.25
	35 - 44	\$9.75	\$23.25	\$64.25	\$81.75	\$121.25	\$164.00	\$20.25	\$6.00	\$9.25	\$14.25
	45 - 54	\$10.50	\$23.75	\$66.00	\$103.50	\$144.50	\$164.00	\$21.00	\$6.50	\$11.00	\$16.50
	55 - 59	\$13.00	\$25.75	\$68.25	\$118.25	\$163.25	\$164.00	\$24.25	\$8.75	\$13.75	\$19.75
	60 - 64	\$16.25	\$29.00	\$71.00	\$140.50	\$190.75	\$164.00	\$28.50	\$12.00	\$18.00	\$27.00
	65 - 69	\$16.50	\$38.00	\$73.75	\$80.00	\$110.75	\$164.00	\$50.00	\$14.75	\$22.50	\$42.25
	70 - 74	\$20.25	\$54.00	\$79.00	\$81.50	\$114.25	\$164.00	\$53.00	\$18.00	\$25.75	\$56.75
	75 - 79	\$23.75	\$60.25	\$86.00	\$85.25	\$119.75	\$164.00	\$56.50	\$20.75	\$37.00	\$78.00
80 +	\$28.50	\$70.00	\$93.25	\$86.00	\$122.00	\$164.00	\$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.