



	Age	Health Plan					Options			
		BasicPlan	ExtendaPlan® Option 1	ExtendaPlan® Option 2	ExtendaPlan® Plus	OmniPlan®	Prescription Drug	Prescription Drug-Enhanced	Dental Care	Hospital Cash
<b>Single</b>	Under 35	\$5.00	\$8.50	\$9.50	\$13.25	\$13.75	\$6.50	\$37.75	\$19.00	\$2.75
	35 - 44	\$5.25	\$9.75	\$11.50	\$14.50	\$14.75	\$8.25	\$38.00	\$20.75	\$3.75
	45 - 54	\$5.50	\$11.50	\$12.75	\$16.00	\$17.25	\$11.00	\$42.00	\$20.75	\$4.50
	55 - 59	\$6.75	\$13.00	\$14.75	\$18.50	\$19.50	\$23.50	\$57.50	\$21.50	\$7.00
	60 - 64	\$7.50	\$14.50	\$16.75	\$22.25	\$21.00	\$27.50	\$65.75	\$21.50	\$7.75
	65 - 69	\$8.00	\$17.00	\$21.50	\$31.25	\$25.00	\$21.75	\$61.00	\$22.75	\$12.75
	70 - 74	\$8.50	\$19.50	\$25.50	\$39.75	\$28.25	\$24.25	\$64.50	\$22.75	\$14.75
	75 - 79	\$10.00	\$23.25	\$30.50	\$51.50	\$33.50	\$31.00	\$73.75	\$21.75	\$17.50
	80 +	\$12.50	\$20.50	n/a	n/a	\$27.00	\$33.75	\$78.00	\$21.75	\$21.00

	Age	Health Plan					Options			
		BasicPlan	ExtendaPlan® Option 1	ExtendaPlan® Option 2	ExtendaPlan® Plus	OmniPlan®	Prescription Drug	Prescription Drug-Enhanced	Dental Care	Hospital Cash
<b>Couple</b>	Under 35	\$9.00	\$17.00	\$18.50	\$25.25	\$27.00	\$12.75	\$59.50	\$38.00	\$4.25
	35 - 44	\$9.25	\$19.50	\$21.75	\$27.50	\$29.00	\$13.50	\$59.00	\$41.00	\$6.25
	45 - 54	\$10.00	\$21.75	\$23.50	\$30.25	\$33.25	\$18.00	\$66.50	\$41.00	\$8.00
	55 - 59	\$12.50	\$24.75	\$27.75	\$34.50	\$38.25	\$36.75	\$92.75	\$43.00	\$12.50
	60 - 64	\$13.50	\$27.00	\$32.25	\$42.25	\$41.00	\$43.50	\$106.75	\$43.00	\$13.50
	65 - 69	\$15.00	\$31.00	\$40.75	\$60.75	\$49.25	\$33.00	\$98.75	\$45.50	\$23.75
	70 - 74	\$15.75	\$34.75	\$49.00	\$78.25	\$55.50	\$35.50	\$104.50	\$45.50	\$28.25
	75 - 79	\$19.25	\$42.75	\$59.00	\$101.75	\$65.25	\$45.00	\$118.75	\$43.50	\$29.75
	80 +	\$25.25	\$46.00	\$53.00	\$73.00	\$58.75	\$48.50	\$126.50	\$43.50	\$32.75

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		BasicPlan	ExtendaPlan® Option 1	ExtendaPlan® Option 2	ExtendaPlan® Plus	OmniPlan®	Prescription Drug	Prescription Drug-Enhanced	Dental Care	Hospital Cash
<b>Family</b>	Under 35	\$9.50	\$17.75	\$19.50	\$26.25	\$33.00	\$19.25	\$73.00	\$57.00	\$7.00
	35 - 44	\$10.50	\$20.75	\$23.00	\$29.00	\$34.75	\$19.75	\$71.75	\$61.50	\$7.75
	45 - 54	\$11.75	\$23.00	\$25.25	\$32.00	\$40.00	\$24.50	\$79.50	\$61.50	\$9.00
	55 - 59	\$13.25	\$26.50	\$30.00	\$36.25	\$45.00	\$52.25	\$114.50	\$64.25	\$14.50
	60 - 64	\$14.25	\$30.00	\$35.00	\$44.25	\$48.50	\$56.00	\$126.25	\$64.25	\$15.50
	65 - 69	\$17.00	\$34.75	\$44.50	\$63.25	\$66.75	\$47.25	\$122.00	\$68.25	\$24.50
	70 - 74	\$17.50	\$38.50	\$51.50	\$81.25	\$71.25	\$50.25	\$127.50	\$68.25	\$28.50
	75 - 79	\$21.25	\$47.00	\$62.50	\$105.75	\$83.50	\$63.75	\$150.25	\$65.00	\$29.75
	80 +	\$26.75	\$49.00	\$56.00	\$76.50	\$72.75	\$68.75	\$156.50	\$65.00	\$32.75

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.