



HMO/PLUS 80/20 COINSURANCE PREMIUM RATES

HMO/Plus 80/20 Coinsurance Base-Level Option Premium Rates

Deductible applies to all services first.



select: value

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	84	153	228	75	135	202	68	122	182	60	108	161
20 - 24	89	169	245	79	150	217	71	135	196	63	119	173
25 - 29	101	193	304	90	171	269	81	155	243	71	136	214
30 - 34	114	218	372	101	193	329	91	174	297	80	154	262
35 - 39	128	235	422	113	208	374	102	188	338	90	166	298
40 - 44	151	270	494	134	239	437	121	216	395	107	191	348
45 - 49	176	334	558	156	295	493	141	267	446	124	235	393
50 - 54	207	397	608	183	351	538	166	318	487	146	280	429
55 - 59	245	490	667	217	434	591	196	392	534	173	345	471
60 - 64	299	583	769	265	516	680	239	466	615	211	411	542



select: med+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	92	166	248	81	147	219	73	133	198	65	117	175
20 - 24	96	184	266	85	163	236	77	147	213	68	129	188
25 - 29	110	210	331	98	186	293	88	168	264	78	148	233
30 - 34	124	237	404	110	210	358	99	190	323	87	167	285
35 - 39	139	255	459	123	226	406	111	204	367	98	180	324
40 - 44	164	294	537	145	260	475	132	235	430	116	207	379
45 - 49	191	363	606	169	321	536	153	290	485	135	256	427
50 - 54	225	432	661	199	382	585	180	345	529	159	304	466
55 - 59	266	533	725	236	471	642	213	426	580	188	375	511
60 - 64	325	634	836	288	561	740	260	507	669	229	447	589



select: care+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	101	183	273	89	162	241	81	146	218	71	129	192
20 - 24	106	202	293	94	179	259	85	162	234	75	142	207
25 - 29	121	231	364	107	205	322	97	185	291	85	163	256
30 - 34	136	261	444	121	231	393	109	208	356	96	184	313
35 - 39	153	281	505	135	249	447	122	225	404	108	198	356
40 - 44	181	323	591	160	286	523	145	259	473	127	228	417
45 - 49	210	399	667	186	353	590	168	319	533	148	281	470
50 - 54	247	475	727	219	420	644	198	380	582	174	335	513
55 - 59	293	586	798	259	519	706	234	469	638	207	413	563
60 - 64	358	697	919	316	617	814	286	558	735	252	491	648



HMO/Plus 80/20 Coinsurance Mid-Level Option Premium Rates

No deductible for office visits. Deductible applies to Rx.

select:value™

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	96	173	259	87	157	235
20 - 24	101	192	278	91	174	252
25 - 29	115	220	345	104	199	313
30 - 34	129	247	422	117	224	383
35 - 39	145	266	479	131	242	435
40 - 44	172	307	561	156	278	509
45 - 49	199	379	633	181	343	574
50 - 54	235	451	690	213	409	626
55 - 59	278	556	757	252	504	687
60 - 64	339	661	872	308	600	791

select:med+™

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	103	186	278	95	172	256
20 - 24	108	206	298	100	190	275
25 - 29	123	236	370	114	217	341
30 - 34	139	266	453	128	245	417
35 - 39	155	286	515	143	264	474
40 - 44	184	329	602	170	303	555
45 - 49	214	407	679	197	375	626
50 - 54	252	484	741	232	446	683
55 - 59	298	597	813	275	550	749
60 - 64	364	710	937	336	654	863

select:care+™

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	114	207	308	103	187	279
20 - 24	120	228	331	108	207	299
25 - 29	137	261	411	124	236	372
30 - 34	154	295	502	139	266	454
35 - 39	172	317	571	156	287	516
40 - 44	204	365	668	185	330	604
45 - 49	238	451	754	215	408	682
50 - 54	280	537	822	253	485	744
55 - 59	331	662	902	299	599	816
60 - 64	404	788	1,039	366	713	940



HMO/PLUS 80/20 COINSURANCE PREMIUM RATES

HMO/Plus 80/20 Coinsurance High-Level Option Premium Rates

No deductible for office visits. No deductible for Rx.



select: valueSM

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	107	194	289	97	176	263	91	165	246
20 - 24	112	214	311	102	194	282	96	182	265
25 - 29	129	245	386	117	223	350	109	209	328
30 - 34	145	276	471	131	251	428	123	235	401
35 - 39	162	298	536	147	270	486	138	254	456
40 - 44	192	343	627	174	311	569	163	292	534
45 - 49	223	423	707	202	384	642	190	360	602
50 - 54	262	503	771	238	457	700	224	429	657
55 - 59	311	621	846	282	564	768	265	529	721
60 - 64	379	739	975	344	671	885	323	629	830



select: med⁺

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	115	208	310	106	192	286	98	176	263
20 - 24	121	230	333	111	212	308	102	195	283
25 - 29	138	263	414	127	243	382	117	223	351
30 - 34	155	297	506	143	274	467	132	252	429
35 - 39	174	320	575	160	295	530	147	271	488
40 - 44	206	368	673	190	339	620	175	312	570
45 - 49	239	454	759	221	419	700	203	385	644
50 - 54	282	540	828	260	498	764	239	458	702
55 - 59	333	667	908	308	615	838	283	566	770
60 - 64	407	793	1,046	375	732	965	345	673	887



select: care⁺

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	128	231	344	116	209	312	107	194	290
20 - 24	134	255	370	121	231	335	113	215	311
25 - 29	153	292	459	139	265	416	129	246	386
30 - 34	172	329	561	156	298	508	145	277	472
35 - 39	193	355	638	174	321	578	162	298	536
40 - 44	228	408	746	207	370	676	192	343	627
45 - 49	265	504	842	240	456	762	223	424	708
50 - 54	313	600	919	283	543	832	263	504	772
55 - 59	370	740	1,008	335	670	913	311	622	847
60 - 64	452	880	1,161	409	797	1,051	380	740	976



HMO/Plus 70/30 Coinsurance Base-Level Option Premium Rates

Deductible applies to all services first.

select:value

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	81	147	219	72	131	195	66	120	179	59	106	159
20 - 24	85	162	235	76	145	210	69	132	192	62	117	170
25 - 29	97	186	292	87	166	260	79	152	238	70	134	211
30 - 34	110	209	357	98	187	318	89	171	291	79	152	258
35 - 39	123	226	406	109	201	362	100	184	331	89	163	294
40 - 44	145	260	475	129	231	423	118	212	387	105	188	344
45 - 49	169	321	536	150	286	477	138	261	437	122	232	388
50 - 54	199	382	585	177	340	521	162	311	476	144	276	423
55 - 59	235	471	641	210	420	571	192	384	523	170	341	464
60 - 64	287	560	739	256	499	658	234	457	602	208	405	534

select:med+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	88	160	238	79	142	212	72	130	194	64	116	172
20 - 24	93	176	256	83	157	228	76	144	209	67	128	185
25 - 29	106	202	318	94	180	283	86	165	259	77	146	230
30 - 34	119	228	388	106	203	346	97	186	316	86	165	281
35 - 39	133	245	441	119	219	393	109	200	360	96	177	319
40 - 44	158	282	516	141	252	460	129	230	421	114	204	373
45 - 49	184	349	582	164	311	519	150	284	475	133	252	421
50 - 54	216	415	635	193	370	566	176	338	518	156	300	460
55 - 59	256	512	697	228	456	621	209	417	568	185	370	504
60 - 64	312	609	803	278	542	715	255	496	654	226	440	581

select:care+

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX			\$1,000 MEDICAL/\$400 RX			\$2,500 MEDICAL/\$1,000 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	97	176	262	86	157	234	79	143	214	70	127	190
20 - 24	102	194	282	91	173	251	83	158	229	74	140	204
25 - 29	116	222	349	104	198	311	95	181	285	84	161	253
30 - 34	131	250	427	117	223	381	107	204	348	95	181	309
35 - 39	147	270	485	131	240	432	119	220	396	106	195	351
40 - 44	174	311	568	155	277	506	142	253	463	126	225	411
45 - 49	202	383	641	180	342	571	165	312	522	146	277	463
50 - 54	238	456	699	212	406	623	194	372	570	172	330	506
55 - 59	282	563	767	251	502	683	229	459	625	204	407	555
60 - 64	344	670	883	306	597	787	280	546	720	249	484	639



HMO/PLUS 70/30 COINSURANCE PREMIUM RATES

HMO/Plus 70/30 Coinsurance Mid-Level Option Premium Rates

No deductible for office visits. Deductible applies to Rx.



select: valueSM

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	91	165	246	82	149	222
20 - 24	96	182	264	86	164	238
25 - 29	109	209	328	99	188	296
30 - 34	123	235	401	111	212	362
35 - 39	138	253	456	124	229	411
40 - 44	163	292	533	147	263	481
45 - 49	190	360	602	171	325	543
50 - 54	223	428	656	201	386	592
55 - 59	264	529	720	238	477	649
60 - 64	323	629	830	291	567	748



select: med⁺

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	98	177	264	90	162	242
20 - 24	103	196	284	94	179	260
25 - 29	117	224	352	108	205	323
30 - 34	132	253	431	121	231	395
35 - 39	148	272	489	135	249	448
40 - 44	175	313	573	160	287	525
45 - 49	204	387	646	186	354	592
50 - 54	240	460	705	220	421	646
55 - 59	284	568	773	260	520	708
60 - 64	346	675	891	317	619	816



select: care⁺

AGE	\$250 MEDICAL/\$100 RX			\$500 MEDICAL/\$200 RX		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	109	197	293	98	177	264
20 - 24	114	217	315	103	195	283
25 - 29	130	249	391	117	224	352
30 - 34	147	280	478	132	252	430
35 - 39	164	302	543	147	271	488
40 - 44	194	347	635	175	313	571
45 - 49	226	429	717	203	386	645
50 - 54	266	510	782	239	459	703
55 - 59	315	630	858	283	566	771
60 - 64	384	749	988	346	674	889



HMO/Plus 70/30 Coinsurance High-Level Option Premium Rates

No deductible for office visits. No deductible for Rx.

select:value

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	102	184	275	92	166	248	87	157	235
20 - 24	107	204	295	97	184	267	91	174	252
25 - 29	122	233	367	110	211	331	104	199	313
30 - 34	138	263	448	124	237	405	117	224	382
35 - 39	154	283	509	139	256	460	131	242	434
40 - 44	182	326	596	165	294	538	156	278	508
45 - 49	212	402	672	191	363	607	181	343	573
50 - 54	250	479	733	225	432	662	213	408	626
55 - 59	295	591	805	267	533	726	252	504	686
60 - 64	361	703	927	326	634	837	308	599	791

select:med+

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	109	198	295	100	182	271	93	168	251
20 - 24	115	219	317	105	201	291	98	186	269
25 - 29	131	250	394	120	230	361	111	213	334
30 - 34	148	282	481	135	259	441	125	240	409
35 - 39	165	304	547	151	279	501	140	258	464
40 - 44	196	350	640	180	321	587	166	297	543
45 - 49	227	432	722	209	396	662	193	367	613
50 - 54	268	514	787	246	471	722	228	436	669
55 - 59	317	634	864	291	582	792	269	539	734
60 - 64	387	755	995	355	692	913	329	641	845

select:care+

AGE	\$250 MEDICAL			\$500 MEDICAL			\$1,000 MEDICAL		
	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY	SINGLE	2-PARTY	FAMILY
0 - 19	121	220	328	109	198	295	102	185	276
20 - 24	127	243	352	115	218	317	107	204	296
25 - 29	146	278	437	131	250	393	123	234	368
30 - 34	164	313	534	147	282	481	138	264	449
35 - 39	183	337	607	165	304	546	154	284	511
40 - 44	217	388	710	196	350	639	183	327	598
45 - 49	252	479	801	227	431	721	212	403	674
50 - 54	297	570	874	268	513	786	250	480	735
55 - 59	352	704	959	317	634	863	296	592	807
60 - 64	430	837	1,104	387	754	994	362	705	930