

	Age	Health Plan				Options						
		BasicPlan	ExtendaPlan®	OmniPlan®	OmniPlan® Enhanced	Prescription Drug	Prescription Drug Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days
<b>Single</b>	Under 35	\$5.00	\$13.25	\$30.00	\$39.00	\$25.00	\$53.75	\$55.75	\$7.00	\$2.25	\$3.75	\$5.50
	35 - 44	\$5.25	\$14.25	\$31.00	\$40.25	\$34.00	\$64.00	\$57.00	\$7.25	\$2.75	\$4.50	\$6.25
	45 - 54	\$5.75	\$14.75	\$32.50	\$41.75	\$42.50	\$74.25	\$57.00	\$7.50	\$3.00	\$5.00	\$7.25
	55 - 59	\$7.75	\$15.50	\$34.75	\$44.25	\$48.25	\$82.00	\$57.00	\$9.00	\$4.00	\$6.00	\$8.75
	60 - 64	\$8.50	\$17.25	\$37.75	\$47.75	\$57.50	\$95.75	\$57.00	\$11.50	\$5.50	\$8.25	\$12.00
	65 - 69	\$8.75	\$21.75	\$39.25	\$49.50	\$33.00	\$54.00	\$57.00	\$21.00	\$6.50	\$9.75	\$19.00
	70 - 74	\$11.00	\$31.25	\$42.00	\$52.50	\$33.50	\$56.00	\$57.00	\$22.75	\$8.25	\$11.50	\$25.25
	75 - 79	\$12.75	\$36.00	\$45.50	\$56.50	\$35.25	\$59.00	\$57.00	\$24.50	\$9.25	\$16.50	\$34.75
80 +	\$14.75	\$42.00	\$50.00	\$61.50	\$35.50	\$60.00	\$57.00	\$32.00	\$3.00	\$3.25	\$3.25	

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		BasicPlan	ExtendaPlan®	OmniPlan®	OmniPlan® Enhanced	Prescription Drug	Prescription Drug Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days
<b>Couple</b>	Under 35	\$8.75	\$21.00	\$48.25	\$59.50	\$47.25	\$90.25	\$112.00	\$13.25	\$5.00	\$7.25	\$11.00
	35 - 44	\$9.50	\$22.25	\$50.25	\$61.75	\$67.75	\$114.75	\$114.50	\$13.75	\$5.50	\$8.50	\$12.50
	45 - 54	\$10.50	\$23.00	\$53.00	\$64.75	\$80.75	\$130.50	\$114.50	\$14.75	\$6.00	\$9.75	\$14.50
	55 - 59	\$13.75	\$25.00	\$56.50	\$68.75	\$92.00	\$147.50	\$114.50	\$17.50	\$8.00	\$12.00	\$17.50
	60 - 64	\$15.75	\$27.75	\$60.50	\$73.25	\$108.25	\$172.50	\$114.50	\$22.00	\$11.00	\$16.50	\$24.25
	65 - 69	\$16.50	\$36.00	\$64.75	\$78.00	\$62.75	\$98.50	\$114.50	\$40.00	\$13.50	\$20.00	\$37.50
	70 - 74	\$20.25	\$49.50	\$70.00	\$83.75	\$63.25	\$101.75	\$114.50	\$43.75	\$16.50	\$23.00	\$50.25
	75 - 79	\$24.75	\$58.00	\$80.75	\$96.00	\$66.25	\$107.00	\$114.50	\$46.75	\$19.00	\$32.25	\$69.00
80 +	\$30.00	\$67.75	\$92.25	\$108.75	\$66.75	\$110.00	\$114.50	\$61.00	\$6.00	\$19.50	\$37.50	

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		BasicPlan	ExtendaPlan®	OmniPlan®	OmniPlan® Enhanced	Prescription Drug	Prescription Drug Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days
<b>Family</b>	Under 35	\$9.50	\$26.25	\$71.25	\$85.25	\$65.00	\$115.25	\$167.75	\$19.25	\$5.50	\$8.25	\$12.25
	35 - 44	\$11.00	\$28.00	\$72.00	\$86.00	\$88.75	\$141.50	\$172.25	\$20.25	\$6.00	\$9.25	\$14.25
	45 - 54	\$12.00	\$28.50	\$74.00	\$88.25	\$112.25	\$168.75	\$172.25	\$21.00	\$6.50	\$11.00	\$16.50
	55 - 59	\$14.50	\$31.25	\$76.50	\$91.00	\$128.00	\$190.75	\$172.25	\$24.25	\$8.75	\$13.75	\$19.75
	60 - 64	\$18.25	\$35.00	\$79.75	\$94.75	\$152.25	\$222.75	\$172.25	\$28.50	\$12.00	\$18.00	\$27.00
	65 - 69	\$18.50	\$45.75	\$82.75	\$98.00	\$86.75	\$129.50	\$172.25	\$50.00	\$14.75	\$22.50	\$42.25
	70 - 74	\$22.75	\$64.75	\$88.50	\$104.50	\$88.50	\$133.50	\$172.25	\$53.00	\$18.00	\$25.75	\$56.75
	75 - 79	\$26.25	\$72.50	\$96.50	\$113.50	\$92.50	\$140.00	\$172.25	\$56.50	\$20.75	\$37.00	\$78.00
80 +	\$31.50	\$84.00	\$104.50	\$122.50	\$93.25	\$142.75	\$172.25	\$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.
- If your family has more than six people, please add 30% to the family rate.
- Based on your medical history, you may be assessed a premium adjustment, be excluded for certain benefits or be declined coverage.
- Options are available only in conjunction with a Health Plan Purchase.
- For annual premiums over \$100, monthly Pre-Authorized Debit (PAD) is available.