



Age/Status	Health Plan			Options							
	BasicPlan	ExtendaPlan®	OmniPlan®	Prescription Drug	Prescription Drug - Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days	
Under 35	Single	\$ 3.75	\$ 9.00	\$19.75	\$15.25	\$36.25	\$24.00	\$ 6.00	\$ 2.00	\$ 3.25	\$ 4.75
	Couple	\$ 5.50	\$14.25	\$31.75	\$29.00	\$59.75	\$47.25	\$11.50	\$ 4.25	\$ 6.25	\$ 9.50
	Family	\$6.75	\$17.50	\$40.75	\$39.00	\$74.00	\$68.00	\$16.75	\$ 4.75	\$ 7.00	\$10.75
35-44	Single	\$ 4.00	\$ 9.75	\$20.50	\$17.50	\$39.25	\$24.00	\$ 6.25	\$ 2.25	\$ 3.75	\$ 5.50
	Couple	\$ 5.75	\$15.25	\$32.75	\$33.50	\$66.50	\$47.25	\$12.00	\$ 4.75	\$ 7.25	\$11.00
	Family	\$ 7.50	\$19.00	\$42.25	\$45.25	\$81.75	\$68.00	\$17.50	\$ 5.25	\$ 8.00	\$12.25
45-54	Single	\$ 4.25	\$10.00	\$21.50	\$21.00	\$43.25	\$24.00	\$ 6.50	\$ 2.50	\$ 4.25	\$ 6.25
	Couple	\$ 6.25	\$15.75	\$34.75	\$40.00	\$74.50	\$47.25	\$12.75	\$ 5.25	\$ 8.50	\$12.50
	Family	\$ 8.00	\$19.75	\$44.00	\$53.75	\$92.00	\$68.00	\$18.00	\$ 5.75	\$ 9.50	\$14.25
55-59	Single	\$ 5.25	\$10.50	\$22.50	\$25.75	\$49.25	\$24.00	\$ 7.75	\$ 3.50	\$ 5.25	\$ 7.50
	Couple	\$ 7.75	\$16.75	\$36.50	\$48.75	\$87.00	\$47.25	\$15.25	\$ 6.75	\$10.50	\$15.25
	Family	\$10.25	\$21.00	\$46.75	\$65.25	\$107.25	\$68.00	\$21.00	\$ 7.50	\$11.75	\$17.00
60-64	Single	\$ 5.50	\$11.75	\$24.50	\$32.00	\$58.25	\$24.00	\$10.00	\$ 4.75	\$ 7.00	\$10.50
	Couple	\$ 8.75	\$18.75	\$39.75	\$60.75	\$104.00	\$47.25	\$19.00	\$ 9.50	\$14.25	\$21.00
	Family	\$10.75	\$23.25	\$51.00	\$81.50	\$128.25	\$68.00	\$24.75	\$10.50	\$15.75	\$23.50
65-69	Single	\$ 6.25	\$12.50	\$25.50	\$12.25	\$39.75	\$24.00	\$18.00	\$ 5.75	\$ 8.50	\$16.25
	Couple	\$10.25	\$20.75	\$42.50	\$23.25	\$69.00	\$47.25	\$34.50	\$11.50	\$17.25	\$32.50
	Family	\$12.25	\$26.25	\$54.25	\$31.25	\$80.75	\$68.00	\$43.25	\$12.75	\$19.50	\$36.50
70-74	Single	\$ 6.50	\$13.75	\$27.25	\$13.25	\$41.00	\$24.00	\$19.75	\$ 7.00	\$10.00	\$21.75
	Couple	\$10.75	\$22.75	\$45.75	\$25.00	\$71.25	\$47.25	\$37.75	\$14.25	\$20.00	\$43.50
	Family	\$13.00	\$29.25	\$58.25	\$33.25	\$83.75	\$68.00	\$46.00	\$15.75	\$22.25	\$49.00
75-79	Single	\$ 7.50	\$16.25	\$29.75	\$14.00	\$42.25	\$24.00	\$21.25	\$ 8.00	\$14.25	\$30.00
	Couple	\$13.50	\$28.25	\$52.50	\$26.25	\$73.50	\$47.25	\$40.50	\$16.25	\$28.00	\$59.75
	Family	\$16.00	\$34.00	\$63.25	\$35.00	\$86.00	\$68.00	\$48.75	\$18.00	\$32.00	\$67.50
80 +	Single	\$ 9.25	\$17.25	\$32.25	\$14.25	\$42.75	\$24.00	\$27.50	\$ 2.50	\$ 2.75	\$ 2.75
	Couple	\$16.75	\$32.50	\$60.00	\$26.75	\$74.75	\$47.25	\$52.75	\$ 5.25	\$16.75	\$32.50
	Family	\$19.25	\$36.75	\$68.50	\$35.75	\$87.75	\$68.00	\$62.25	\$12.00	\$18.25	\$34.00

When determining your premium estimate, please consider:

- 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, excluded for certain benefits or declined coverage.
- For annual premiums greater than \$100, you may choose a monthly Pre-Authorized Payment (PAP) method.



Age/Status	Health Plan			Options							
	BasicPlan	ExtendaPlan®	OmniPlan®	Prescription Drug	Prescription Drug - Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days	
Under 35	Single	\$ 4.00	\$ 9.75	\$16.50	\$14.00	\$35.00	\$23.00	\$ 6.00	\$ 2.00	\$ 3.25	\$ 4.75
	Couple	\$ 7.00	\$18.75	\$32.25	\$26.25	\$57.25	\$46.00	\$11.50	\$ 4.25	\$ 6.25	\$ 9.50
	Family	\$ 7.75	\$23.50	\$41.00	\$35.25	\$70.25	\$69.00	\$16.75	\$ 4.75	\$ 7.00	\$10.75
35-44	Single	\$ 4.25	\$10.25	\$17.50	\$16.00	\$37.75	\$24.00	\$ 6.25	\$ 2.25	\$ 3.75	\$ 5.50
	Couple	\$ 7.50	\$19.25	\$34.75	\$30.50	\$63.50	\$47.50	\$12.00	\$ 4.75	\$ 7.25	\$11.00
	Family	\$ 8.50	\$25.75	\$44.25	\$40.75	\$77.50	\$71.50	\$17.50	\$ 5.25	\$ 8.00	\$12.25
45-54	Single	\$ 4.50	\$11.00	\$19.25	\$19.25	\$41.50	\$24.00	\$ 6.50	\$ 2.50	\$ 4.25	\$ 6.25
	Couple	\$ 8.50	\$21.50	\$37.25	\$36.25	\$71.00	\$47.50	\$12.75	\$ 5.25	\$ 8.50	\$12.50
	Family	\$ 9.50	\$28.00	\$48.50	\$48.25	\$86.75	\$71.50	\$18.00	\$ 5.75	\$ 9.50	\$14.25
55-59	Single	\$ 5.50	\$12.50	\$20.00	\$23.00	\$46.75	\$24.00	\$ 7.75	\$ 3.50	\$ 5.25	\$ 7.50
	Couple	\$10.00	\$24.25	\$38.75	\$44.00	\$82.50	\$47.50	\$15.25	\$ 6.75	\$10.50	\$15.25
	Family	\$10.75	\$31.75	\$50.75	\$59.00	\$101.25	\$71.50	\$21.00	\$7.50	\$11.75	\$17.00
60-64	Single	\$ 5.75	\$14.00	\$21.00	\$28.75	\$55.25	\$24.00	\$10.00	\$ 4.75	\$ 7.00	\$10.50
	Couple	\$10.75	\$26.75	\$41.00	\$54.75	\$98.50	\$47.50	\$19.00	\$ 9.50	\$14.25	\$21.00
	Family	\$11.25	\$35.00	\$53.25	\$74.00	\$121.00	\$71.50	\$24.75	\$10.50	\$15.75	\$23.50
65-69	Single	\$ 3.00	\$13.75	\$23.00	\$10.25	\$27.50	\$24.00	\$18.00	\$ 5.75	\$ 8.50	\$16.25
	Couple	\$ 5.50	\$26.50	\$47.50	\$19.50	\$47.75	\$47.50	\$34.50	\$11.50	\$17.25	\$32.50
	Family	\$ 5.75	\$32.25	\$55.00	\$26.00	\$58.50	\$71.50	\$43.25	\$12.75	\$19.50	\$36.50
70-74	Single	\$ 3.25	\$14.00	\$24.25	\$10.50	\$28.75	\$24.00	\$19.75	\$ 7.00	\$10.00	\$21.75
	Couple	\$ 5.50	\$26.75	\$46.75	\$20.00	\$50.00	\$47.50	\$37.75	\$14.25	\$20.00	\$43.50
	Family	\$ 6.25	\$33.00	\$57.75	\$26.75	\$60.75	\$71.50	\$46.00	\$15.75	\$22.25	\$49.00
75-79	Single	\$ 3.50	\$14.25	\$24.00	\$10.75	\$29.75	\$24.00	\$21.25	\$ 8.00	\$14.25	\$30.00
	Couple	\$ 6.25	\$27.50	\$48.50	\$20.50	\$52.25	\$47.50	\$40.50	\$16.25	\$28.00	\$59.75
	Family	\$ 7.00	\$33.75	\$59.50	\$27.25	\$63.00	\$71.50	\$48.75	\$18.00	\$32.00	\$67.50
80 +	Single	\$ 3.75	\$14.50	\$25.50	\$10.75	\$30.75	\$24.00	\$27.50	\$ 2.50	\$ 2.75	\$ 2.75
	Couple	\$ 7.25	\$28.00	\$49.50	\$20.50	\$54.00	\$47.50	\$52.75	\$ 5.25	\$16.75	\$32.50
	Family	\$ 8.25	\$34.50	\$60.75	\$27.25	\$64.75	\$71.50	\$62.25	\$12.00	\$18.25	\$34.00

When determining your premium estimate, please consider:

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• Options are available only in conjunction with a Health Plan purchase.

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- For annual premiums greater than \$100, you may choose a monthly Pre-Authorized Payment (PAP) method.



Age/Status	Health Plan			Options							
	BasicPlan	ExtendaPlan®	OmniPlan®	Prescription Drug	Prescription Drug - Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days	
Under 35	Single	\$ 4.00	\$ 9.00	\$17.75	\$21.50	\$42.25	\$27.50	\$ 6.00	\$ 2.00	\$ 3.25	\$ 4.75
	Couple	\$ 7.25	\$16.75	\$34.50	\$38.75	\$69.25	\$55.00	\$11.50	\$ 4.25	\$ 6.25	\$ 9.50
	Family	\$ 7.75	\$21.25	\$43.25	\$46.50	\$81.00	\$82.75	\$16.75	\$4.75	\$ 7.00	\$10.75
35-44	Single	\$ 4.25	\$ 9.75	\$19.00	\$22.00	\$43.50	\$27.50	\$ 6.25	\$ 2.25	\$ 3.75	\$ 5.50
	Couple	\$ 8.00	\$18.00	\$36.00	\$39.75	\$72.25	\$55.00	\$12.00	\$ 4.75	\$ 7.25	\$11.00
	Family	\$ 8.75	\$23.00	\$45.25	\$47.50	\$84.00	\$82.75	\$17.50	\$ 5.25	\$ 8.00	\$12.25
45-54	Single	\$ 4.50	\$10.00	\$20.00	\$22.75	\$45.00	\$27.50	\$ 6.50	\$ 2.50	\$ 4.25	\$ 6.25
	Couple	\$ 8.50	\$18.75	\$38.00	\$41.50	\$76.00	\$55.00	\$12.75	\$ 5.25	\$ 8.50	\$12.50
	Family	\$ 9.50	\$24.00	\$48.00	\$49.00	\$87.50	\$82.75	\$18.00	\$ 5.75	\$ 9.50	\$14.25
55-59	Single	\$ 5.75	\$10.75	\$21.25	\$23.50	\$47.00	\$27.50	\$ 7.75	\$ 3.50	\$ 5.25	\$ 7.50
	Couple	\$10.75	\$20.50	\$40.75	\$42.25	\$80.75	\$55.00	\$15.25	\$ 6.75	\$10.50	\$15.25
	Family	\$11.50	\$25.75	\$51.25	\$50.50	\$93.00	\$82.75	\$21.00	\$7.50	\$11.75	\$17.00
60-64	Single	\$ 6.00	\$12.00	\$22.50	\$25.50	\$52.00	\$27.50	\$10.00	\$ 4.75	\$ 7.00	\$10.50
	Couple	\$11.00	\$23.00	\$43.00	\$45.75	\$89.75	\$55.00	\$19.00	\$ 9.50	\$14.25	\$21.00
	Family	\$11.75	\$28.75	\$54.00	\$54.50	\$102.50	\$82.75	\$24.75	\$10.50	\$15.75	\$23.50
65-69	Single	\$ 6.75	\$12.75	\$24.00	\$26.50	\$54.50	\$27.50	\$18.00	\$ 5.75	\$ 8.50	\$16.25
	Couple	\$12.75	\$24.25	\$45.50	\$47.50	\$95.50	\$55.00	\$34.50	\$11.50	\$17.25	\$32.50
	Family	\$14.50	\$31.25	\$57.75	\$56.75	\$108.50	\$82.75	\$43.25	\$12.75	\$19.50	\$36.50
70-74	Single	\$ 7.00	\$14.50	\$26.00	\$27.25	\$56.75	\$27.50	\$19.75	\$ 7.00	\$10.00	\$21.75
	Couple	\$13.25	\$27.25	\$49.25	\$49.00	\$101.00	\$55.00	\$37.75	\$14.25	\$20.00	\$43.50
	Family	\$14.75	\$34.50	\$62.50	\$58.75	\$114.75	\$82.75	\$46.00	\$15.75	\$22.25	\$49.00
75-79	Single	\$ 8.75	\$17.00	\$28.25	\$28.25	\$59.25	\$27.50	\$21.25	\$ 8.00	\$14.25	\$30.00
	Couple	\$16.50	\$32.50	\$54.00	\$51.25	\$107.25	\$55.00	\$40.50	\$16.25	\$28.00	\$59.75
	Family	\$18.50	\$41.00	\$68.25	\$61.00	\$120.75	\$82.75	\$48.75	\$18.00	\$32.00	\$67.50
80 +	Single	\$10.00	\$18.25	\$29.25	\$29.25	\$61.50	\$27.50	\$27.50	\$ 2.50	\$ 2.75	\$ 2.75
	Couple	\$20.00	\$35.00	\$55.75	\$52.50	\$112.50	\$55.00	\$52.75	\$ 5.25	\$16.75	\$32.50
	Family	\$21.50	\$44.00	\$70.00	\$62.75	\$126.50	\$82.75	\$62.25	\$12.00	\$18.25	\$34.00

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Age/Status	Health Plan			Options							
	BasicPlan	ExtendaPlan®	OmniPlan®	Prescription Drug	Prescription Drug - Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days	
Under 35	Single	\$ 5.25	\$11.50	\$20.00	\$20.25	\$41.00	\$25.75	\$ 6.00	\$ 2.00	\$ 3.25	\$ 4.75
	Couple	\$ 9.00	\$21.00	\$36.75	\$36.25	\$66.75	\$51.50	\$11.50	\$ 4.25	\$ 6.25	\$ 9.50
	Family	\$10.75	\$25.50	\$48.00	\$47.25	\$81.75	\$77.25	\$16.75	\$ 4.75	\$ 7.00	\$10.75
35-44	Single	\$ 5.50	\$12.00	\$20.75	\$20.75	\$42.25	\$25.75	\$ 6.25	\$ 2.25	\$ 3.75	\$ 5.50
	Couple	\$10.25	\$22.25	\$38.50	\$37.25	\$70.00	\$51.50	\$12.00	\$ 4.75	\$ 7.25	\$11.00
	Family	\$11.75	\$26.75	\$50.00	\$48.50	\$85.00	\$77.25	\$17.50	\$ 5.25	\$ 8.00	\$12.25
45-54	Single	\$ 6.75	\$12.75	\$21.75	\$22.00	\$44.25	\$25.75	\$ 6.50	\$ 2.50	\$ 4.25	\$ 6.25
	Couple	\$12.50	\$24.00	\$40.50	\$39.75	\$74.25	\$51.50	\$12.75	\$ 5.25	\$ 8.50	\$12.50
	Family	\$14.25	\$28.50	\$52.25	\$51.75	\$90.00	\$77.25	\$18.00	\$ 5.75	\$ 9.50	\$14.25
55-59	Single	\$ 7.50	\$14.00	\$22.75	\$25.00	\$48.50	\$25.75	\$ 7.75	\$ 3.50	\$ 5.25	\$ 7.50
	Couple	\$14.50	\$25.50	\$42.50	\$44.50	\$83.00	\$51.50	\$15.25	\$ 6.75	\$10.50	\$15.25
	Family	\$16.00	\$30.50	\$55.00	\$58.25	\$100.50	\$77.25	\$21.00	\$7.50	\$11.75	\$17.00
60-64	Single	\$ 8.50	\$14.75	\$24.50	\$32.50	\$58.75	\$25.75	\$10.00	\$ 4.75	\$ 7.00	\$10.50
	Couple	\$15.25	\$27.00	\$45.50	\$58.50	\$102.00	\$51.50	\$19.00	\$ 9.50	\$14.25	\$21.00
	Family	\$16.75	\$32.00	\$59.00	\$76.50	\$123.25	\$77.25	\$24.75	\$10.50	\$15.75	\$23.50
65-69	Single	\$ 9.75	\$16.00	\$26.25	\$34.50	\$62.00	\$25.75	\$18.00	\$ 5.75	\$ 8.50	\$16.25
	Couple	\$17.75	\$29.50	\$48.00	\$62.00	\$109.25	\$51.50	\$34.50	\$11.50	\$17.25	\$32.50
	Family	\$20.00	\$35.00	\$62.75	\$81.00	\$131.75	\$77.25	\$43.25	\$12.75	\$19.50	\$36.50
70-74	Single	\$11.50	\$17.25	\$27.50	\$38.50	\$67.50	\$25.75	\$19.75	\$ 7.00	\$10.00	\$21.75
	Couple	\$21.25	\$32.00	\$51.25	\$69.50	\$120.50	\$51.50	\$37.75	\$14.25	\$20.00	\$43.50
	Family	\$24.00	\$38.00	\$66.50	\$90.50	\$145.00	\$77.25	\$46.00	\$15.75	\$22.25	\$49.00
75-79	Single	\$13.50	\$19.00	\$28.75	\$40.00	\$70.25	\$25.75	\$21.25	\$ 8.00	\$14.25	\$30.00
	Couple	\$25.00	\$35.00	\$53.50	\$72.00	\$127.00	\$51.50	\$40.50	\$16.25	\$28.00	\$59.75
	Family	\$27.50	\$41.75	\$69.50	\$94.00	\$152.25	\$77.25	\$48.75	\$18.00	\$32.00	\$67.50
80 +	Single	\$17.50	\$22.25	\$31.50	\$41.50	\$73.25	\$25.75	\$27.50	\$ 2.50	\$ 2.75	\$ 2.75
	Couple	\$32.50	\$40.75	\$58.25	\$74.50	\$133.50	\$51.50	\$52.75	\$ 5.25	\$16.75	\$32.50
	Family	\$36.00	\$48.75	\$75.25	\$96.75	\$159.00	\$77.25	\$62.25	\$12.00	\$18.25	\$34.00

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	BasicPlan	ExtendaPlan®	OmniPlan®	Prescription Drug	Prescription Drug - Enhanced	Dental Care	Hospital Cash	Travel 15 days	Travel 30 days	Travel 48 days	
Under 35	Single	\$ 4.00	\$9.75	\$21.50	\$21.00	\$41.75	\$48.50	\$ 6.00	\$ 2.00	\$ 3.25	\$ 4.75
	Couple	\$ 7.00	\$15.50	\$34.75	\$39.75	\$70.00	\$97.50	\$11.50	\$ 4.25	\$ 6.25	\$ 9.50
	Family	\$7.50	\$19.50	\$51.00	\$55.00	\$89.25	\$146.25	\$16.75	\$ 4.75	\$ 7.00	\$10.75
35-44	Single	\$ 4.25	\$10.50	\$22.25	\$28.50	\$49.75	\$49.75	\$ 6.25	\$ 2.25	\$ 3.75	\$ 5.50
	Couple	\$ 7.50	\$16.75	\$36.00	\$57.25	\$89.00	\$99.75	\$12.00	\$ 4.75	\$ 7.25	\$11.00
	Family	\$ 8.75	\$21.00	\$51.75	\$74.75	\$110.00	\$150.25	\$17.50	\$ 5.25	\$ 8.00	\$12.25
45-54	Single	\$ 4.50	\$10.75	\$23.25	\$36.00	\$57.50	\$49.75	\$ 6.50	\$ 2.50	\$ 4.25	\$ 6.25
	Couple	\$ 8.50	\$17.25	\$38.00	\$68.25	\$101.50	\$99.75	\$12.75	\$ 5.25	\$ 8.50	\$12.50
	Family	\$ 9.50	\$21.50	\$53.00	\$94.75	\$131.00	\$150.25	\$18.00	\$ 5.75	\$ 9.50	\$14.25
55-59	Single	\$ 6.00	\$11.50	\$25.00	\$40.75	\$63.50	\$49.75	\$ 7.75	\$ 3.50	\$ 5.25	\$ 7.50
	Couple	\$11.00	\$18.25	\$40.25	\$77.75	\$114.50	\$99.75	\$15.25	\$ 6.75	\$10.50	\$15.25
	Family	\$11.75	\$23.00	\$54.75	\$108.25	\$148.00	\$150.25	\$21.00	\$7.50	\$11.75	\$17.00
60-64	Single	\$ 6.75	\$12.75	\$27.00	\$48.50	\$74.00	\$49.75	\$10.00	\$ 4.75	\$ 7.00	\$10.50
	Couple	\$12.75	\$20.75	\$43.50	\$91.75	\$133.75	\$99.75	\$19.00	\$ 9.50	\$14.25	\$21.00
	Family	\$14.50	\$26.00	\$57.25	\$128.50	\$173.00	\$150.25	\$24.75	\$10.50	\$15.75	\$23.50
65-69	Single	\$ 7.00	\$16.25	\$28.00	\$27.50	\$42.00	\$49.75	\$18.00	\$ 5.75	\$ 8.50	\$16.25
	Couple	\$13.25	\$27.00	\$46.50	\$52.75	\$76.50	\$99.75	\$34.50	\$11.50	\$17.25	\$32.50
	Family	\$14.75	\$34.00	\$59.50	\$73.25	\$100.50	\$150.25	\$43.25	\$12.75	\$19.50	\$36.50
70-74	Single	\$ 8.75	\$23.00	\$30.25	\$28.00	\$43.25	\$49.75	\$19.75	\$ 7.00	\$10.00	\$21.75
	Couple	\$16.50	\$37.00	\$50.25	\$53.25	\$78.75	\$99.75	\$37.75	\$14.25	\$20.00	\$43.50
	Family	\$18.00	\$48.50	\$63.50	\$74.50	\$103.50	\$150.25	\$46.00	\$15.75	\$22.25	\$49.00
75-79	Single	\$10.00	\$27.00	\$32.75	\$29.50	\$45.50	\$49.75	\$21.25	\$ 8.00	\$14.25	\$30.00
	Couple	\$20.00	\$43.25	\$58.00	\$56.00	\$83.00	\$99.75	\$40.50	\$16.25	\$28.00	\$59.75
	Family	\$21.50	\$54.00	\$69.25	\$78.00	\$108.50	\$150.25	\$48.75	\$18.00	\$32.00	\$67.50
80 +	Single	\$12.00	\$31.50	\$35.75	\$29.75	\$46.50	\$49.75	\$27.50	\$ 2.50	\$ 2.75	\$ 2.75
	Couple	\$24.25	\$50.50	\$66.25	\$56.50	\$85.25	\$99.75	\$52.75	\$ 5.25	\$16.75	\$32.50
	Family	\$25.75	\$62.75	\$75.00	\$78.75	\$110.75	\$150.25	\$62.25	\$12.00	\$18.25	\$34.00

When determining your premium estimate, please consider:

- 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, excluded for certain benefits or declined coverage.
- For annual premiums greater than \$100, you may choose a monthly Pre-Authorized Payment (PAP) method.



Age/Status		Health Plan				Options				
		BasicPlan	ExtendaPlan® Option 1	ExtendaPlan® Option 2	ExtendaPlan® Plus	OmniPlan®	Prescription Drug	Prescription Drug - Enhanced	Dental Care	Hospital Cash
Under 35	Single	\$ 4.50	\$ 7.25	\$ 8.25	\$11.25	\$11.50	\$ 5.25	\$27.50	\$15.75	\$ 2.00
	Couple	\$ 8.00	\$14.50	\$16.00	\$21.50	\$22.75	\$10.00	\$43.00	\$31.25	\$ 3.00
	Family	\$ 8.50	\$15.25	\$16.75	\$22.50	\$27.75	\$15.25	\$52.75	\$47.00	\$ 5.00
35-44	Single	\$ 4.75	\$ 9.00	\$10.25	\$13.25	\$13.00	\$ 7.25	\$30.25	\$17.75	\$ 2.75
	Couple	\$ 8.50	\$17.75	\$19.75	\$25.00	\$25.50	\$11.75	\$47.00	\$35.50	\$ 4.50
	Family	\$ 9.50	\$18.75	\$21.00	\$26.25	\$30.75	\$17.25	\$57.00	\$53.25	\$ 5.50
45-54	Single	\$ 5.00	\$10.25	\$11.50	\$14.50	\$15.25	\$ 9.50	\$33.25	\$17.75	\$ 3.25
	Couple	\$ 9.25	\$19.75	\$21.50	\$27.50	\$29.25	\$15.50	\$52.75	\$35.50	\$ 5.75
	Family	\$10.50	\$21.00	\$22.75	\$29.00	\$35.25	\$21.25	\$63.00	\$53.25	\$ 6.50
55-59	Single	\$ 6.00	\$11.75	\$13.50	\$16.75	\$17.25	\$20.25	\$45.75	\$17.75	\$ 5.00
	Couple	\$11.25	\$22.25	\$25.25	\$31.25	\$33.75	\$32.00	\$73.50	\$35.50	\$ 9.00
	Family	\$12.00	\$24.00	\$27.25	\$33.00	\$39.75	\$45.25	\$91.00	\$53.25	\$10.50
60-64	Single	\$ 6.75	\$13.00	\$15.00	\$20.00	\$18.50	\$23.75	\$52.25	\$17.75	\$ 5.50
	Couple	\$12.25	\$24.25	\$29.00	\$37.75	\$36.25	\$37.50	\$84.75	\$35.50	\$ 9.75
	Family	\$13.00	\$27.00	\$31.50	\$39.75	\$42.75	\$48.50	\$100.25	\$53.25	\$11.25
65-69	Single	\$ 7.25	\$15.25	\$19.25	\$28.00	\$22.25	\$18.75	\$48.25	\$18.75	\$10.50
	Couple	\$13.75	\$27.75	\$36.75	\$54.50	\$43.25	\$28.50	\$78.25	\$37.50	\$19.50
	Family	\$15.50	\$31.25	\$40.00	\$57.00	\$58.75	\$41.00	\$97.00	\$56.25	\$20.25
70-74	Single	\$ 7.75	\$17.75	\$23.00	\$36.00	\$25.00	\$21.00	\$51.25	\$18.75	\$10.75
	Couple	\$14.25	\$31.50	\$44.50	\$71.00	\$49.00	\$30.75	\$82.75	\$37.50	\$20.50
	Family	\$15.75	\$34.75	\$46.75	\$73.75	\$62.75	\$43.50	\$101.25	\$56.25	\$20.75
75-79	Single	\$ 9.25	\$21.25	\$27.75	\$46.75	\$29.50	\$27.00	\$58.50	\$18.75	\$12.75
	Couple	\$17.50	\$38.75	\$53.50	\$92.25	\$57.50	\$39.00	\$94.25	\$37.50	\$21.50
	Family	\$19.25	\$42.50	\$56.75	\$96.00	\$73.50	\$55.25	\$119.25	\$56.25	\$21.50
80 +	Single	\$11.25	\$18.25	N/A	N/A	\$23.75	\$29.25	\$62.00	\$18.75	\$15.25
	Couple	\$22.50	\$41.50	\$47.50	\$65.50	\$52.00	\$42.00	\$100.50	\$37.50	\$23.75
	Family	\$24.00	\$44.00	\$50.25	\$68.75	\$64.00	\$59.50	\$124.25	\$56.25	\$23.75

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