## Establishing your monthly rate in $\mathcal{4}$ easy steps!

LifeWise rates apply to each person enrolled in an Essentials 20 plan and vary depending upon gender, age range and chosen deductible amount. Please choose your appropriate region (Arizona counties are divided into 3 regions) and follow the steps to determine the monthly deductible amount.

- **Step 1: Choose** a plan and your desired deductible amount.
- **Step 2:** Identify the rate per person based on the chosen deductible amount, your gender and current age range. Circle the appropriate monthly rate.
- **Step 3:** Repeat step 2 for each family member who will be covered under this plan (if applicable).

Eligible family members include you, your spouse, and unmarried children under age 25 who are primarily dependent on you for support.

For children under age 25 and covered under the same plan as a parent or guardian, please use the "per child" rate located at the bottom of each rate table.

For children under age 25 and covered by their own policy, please choose the age band rate that corresponds to the child's age and gender.

**Step 4:** Add up all of the circled amounts. This is your total monthly rate for the plan you selected.

| You \$                                   |  |
|--|--|
| + Spouse \$                              |  |
| + Child \$                               |  |
| + Child \$                               |  |
| + Child \$                               |  |
| + Additional Child<br>(if applicable) \$ |  |
| = Total Rate \$                          |  |

Plan rates on reverse side. >

Need help? Contact your agent or broker, call 1-800-592-6685, or visit www.lifewiseaz.com

## **Important notes:**

- Our benefit plans for individuals and families are available to permanent Arizona residents, except those eligible for Medicare.
- The deductible amount listed is **per person**, **per calendar year**.
- When you fill out your application for coverage, you can elect to pay your rate monthly through an automatic bank withdrawal or receive a monthly billing.

NOTE: Applications postmarked by the 14th of the month will be effective on the 15th of the same month, if approved (for new enrollment only). Applications postmarked by the last day of the month will be effective on the first day of the following month, if approved.



|                               | \$2,500 Deductible |        | \$5,000 Deductible |        |
|-------------------------------|--------------------|--------|--------------------|--------|
| <b>Age Band</b><br>Per Member | MALE               | FEMALE | MALE               | FEMALE |
| <2                            | \$195              | \$195  | \$143              | \$143  |
| 2-14                          | \$59               | \$59   | \$43               | \$43   |
| 15-17                         | \$62               | \$75   | \$46               | \$55   |
| 18-24                         | \$67               | \$86   | \$49               | \$63   |
| 25-29                         | \$71               | \$90   | \$52               | \$66   |
| 30-34                         | \$79               | \$100  | \$58               | \$73   |
| 35-39                         | \$93               | \$112  | \$68               | \$82   |
| 40-44                         | \$110              | \$127  | \$81               | \$93   |
| 45-49                         | \$165              | \$187  | \$121              | \$137  |
| 50-54                         | \$223              | \$228  | \$163              | \$167  |
| 55-59                         | \$297              | \$282  | \$218              | \$207  |
| 60-64                         | \$369              | \$358  | \$270              | \$262  |
| 65+                           | \$807              | \$729  | \$591              | \$534  |
| Per Child†                    | \$59               | \$59   | \$43               | \$43   |

## **REGION 1—Maricopa county**

| REGION | 2—Piı | ma and | Pinal | counties |
|--------|-------|--------|-------|----------|
|--------|-------|--------|-------|----------|

|                               | \$2,500 Deductible |        | \$5,000 Deductible |        |
|-------------------------------|--------------------|--------|--------------------|--------|
| <b>Age Band</b><br>Per Member | MALE               | FEMALE | MALE               | FEMALE |
| <2                            | \$176              | \$176  | \$129              | \$129  |
| 2-14                          | \$53               | \$53   | \$39               | \$39   |
| 15-17                         | \$56               | \$68   | \$41               | \$50   |
| 18-24                         | \$60               | \$77   | \$44               | \$57   |
| 25-29                         | \$64               | \$81   | \$47               | \$59   |
| 30-34                         | \$71               | \$90   | \$52               | \$66   |
| 35-39                         | \$84               | \$101  | \$61               | \$74   |
| 40-44                         | \$99               | \$114  | \$73               | \$84   |
| 45-49                         | \$149              | \$168  | \$109              | \$123  |
| 50-54                         | \$201              | \$205  | \$147              | \$150  |
| 55-59                         | \$267              | \$254  | \$196              | \$186  |
| 60-64                         | \$332              | \$322  | \$243              | \$236  |
| 65+                           | \$726              | \$656  | \$532              | \$481  |
| Per Child†                    | \$53               | \$53   | \$39               | \$39   |

## **REGION 3—All other counties** (Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Santa Cruz, Yavapai and Yuma)

|                               | \$2,500 Deductible |        | \$5,000 Deductible |        |
|-------------------------------|--------------------|--------|--------------------|--------|
| <b>Age Band</b><br>Per Member | MALE               | FEMALE | MALE               | FEMALE |
| <2                            | \$254              | \$254  | \$186              | \$186  |
| 2-14                          | \$77               | \$77   | \$56               | \$56   |
| 15-17                         | \$81               | \$98   | \$60               | \$72   |
| 18-24                         | \$87               | \$112  | \$64               | \$82   |
| 25-29                         | \$92               | \$117  | \$68               | \$86   |
| 30-34                         | \$103              | \$130  | \$75               | \$95   |
| 35-39                         | \$121              | \$146  | \$88               | \$107  |
| 40-44                         | \$143              | \$165  | \$105              | \$121  |
| 45-49                         | \$215              | \$243  | \$157              | \$178  |
| 50-54                         | \$290              | \$296  | \$212              | \$217  |
| 55-59                         | \$386              | \$367  | \$283              | \$269  |
| 60-64                         | \$480              | \$465  | \$351              | \$341  |
| 65+                           | \$1,049            | \$948  | \$768              | \$694  |
| Per Child†                    | \$77               | \$77   | \$56               | \$56   |

<sup>†</sup> Applies to dependent children covered by your plan (the same plan as a parent or legal guardian).