

Establishing your monthly rate in 4 easy steps!

LifeWise rates apply to each person enrolled in a LifeWise HSA 20 or LifeWise HSA Individual or Family 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.

To determine your monthly rate:

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
(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.
- 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.

REGION 1—Maricopa county

HSA 20 PLAN

Age Band Per Member	\$3,000 Deductible Individual		\$6,000 Deductible Family	
	MALE	FEMALE	MALE	FEMALE
<2	\$179	\$179	\$152	\$152
2-14	\$55	\$55	\$47	\$47
15-17	\$57	\$69	\$48	\$59
18-24	\$62	\$78	\$53	\$66
25-29	\$65	\$83	\$55	\$71
30-34	\$72	\$92	\$61	\$78
35-39	\$85	\$102	\$72	\$87
40-44	\$101	\$116	\$86	\$99
45-49	\$151	\$171	\$128	\$145
50-54	\$204	\$209	\$173	\$178
55-59	\$272	\$259	\$231	\$220
60-64	\$338	\$328	\$287	\$279
65+	\$739	\$667	\$628	\$567
Per Child†	N/A	N/A	\$47	\$47

HSA PLAN

Age Band Per Member	\$5,000 Deductible Individual		\$10,000 Deductible Family	
	MALE	FEMALE	MALE	FEMALE
<2	\$168	\$168	\$143	\$143
2-14	\$51	\$51	\$43	\$43
15-17	\$54	\$64	\$46	\$54
18-24	\$58	\$74	\$49	\$63
25-29	\$61	\$77	\$52	\$65
30-34	\$68	\$86	\$58	\$73
35-39	\$80	\$96	\$68	\$82
40-44	\$95	\$109	\$81	\$93
45-49	\$142	\$161	\$121	\$137
50-54	\$191	\$196	\$162	\$167
55-59	\$255	\$243	\$217	\$207
60-64	\$317	\$308	\$269	\$262
65+	\$694	\$626	\$590	\$532
Per Child†	N/A	N/A	\$43	\$43

REGION 2—Pima and Pinal counties

HSA 20 PLAN

Age Band Per Member	\$3,000 Deductible Individual		\$6,000 Deductible Family	
	MALE	FEMALE	MALE	FEMALE
<2	\$161	\$161	\$137	\$137
2-14	\$50	\$50	\$42	\$42
15-17	\$51	\$62	\$43	\$53
18-24	\$56	\$70	\$48	\$59
25-29	\$59	\$75	\$50	\$64
30-34	\$65	\$83	\$55	\$70
35-39	\$77	\$92	\$65	\$78
40-44	\$91	\$104	\$77	\$89
45-49	\$136	\$154	\$115	\$131
50-54	\$184	\$188	\$156	\$160
55-59	\$245	\$233	\$208	\$198
60-64	\$304	\$295	\$258	\$251
65+	\$665	\$600	\$565	\$510
Per Child†	N/A	N/A	\$42	\$42

HSA PLAN

Age Band Per Member	\$5,000 Deductible Individual		\$10,000 Deductible Family	
	MALE	FEMALE	MALE	FEMALE
<2	\$151	\$151	\$129	\$129
2-14	\$46	\$46	\$39	\$39
15-17	\$49	\$58	\$41	\$49
18-24	\$52	\$67	\$44	\$57
25-29	\$55	\$69	\$47	\$59
30-34	\$61	\$77	\$52	\$66
35-39	\$72	\$86	\$61	\$74
40-44	\$86	\$98	\$73	\$84
45-49	\$128	\$145	\$109	\$123
50-54	\$172	\$176	\$146	\$150
55-59	\$230	\$219	\$195	\$186
60-64	\$285	\$277	\$242	\$236
65+	\$625	\$563	\$531	\$479
Per Child†	N/A	N/A	\$39	\$39

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

HSA 20 PLAN

Age Band Per Member	\$3,000 Deductible Individual		\$6,000 Deductible Family	
	MALE	FEMALE	MALE	FEMALE
<2	\$233	\$233	\$198	\$198
2-14	\$72	\$72	\$61	\$61
15-17	\$74	\$90	\$62	\$77
18-24	\$81	\$101	\$69	\$86
25-29	\$85	\$108	\$72	\$92
30-34	\$94	\$120	\$79	\$101
35-39	\$111	\$133	\$94	\$113
40-44	\$131	\$151	\$112	\$129
45-49	\$196	\$222	\$166	\$189
50-54	\$265	\$272	\$225	\$231
55-59	\$354	\$337	\$300	\$286
60-64	\$439	\$426	\$373	\$363
65+	\$961	\$867	\$816	\$737
Per Child†	N/A	N/A	\$61	\$61

HSA PLAN

Age Band Per Member	\$5,000 Deductible Individual		\$10,000 Deductible Family	
	MALE	FEMALE	MALE	FEMALE
<2	\$218	\$218	\$186	\$186
2-14	\$66	\$66	\$56	\$56
15-17	\$70	\$83	\$60	\$70
18-24	\$75	\$96	\$64	\$82
25-29	\$79	\$100	\$68	\$85
30-34	\$88	\$112	\$75	\$95
35-39	\$104	\$125	\$88	\$107
40-44	\$124	\$142	\$105	\$121
45-49	\$185	\$209	\$157	\$178
50-54	\$248	\$255	\$211	\$217
55-59	\$332	\$316	\$282	\$269
60-64	\$412	\$400	\$350	\$341
65+	\$902	\$814	\$767	\$692
Per Child†	N/A	N/A	\$56	\$56

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