

## Establishing your monthly rate in 4 easy steps!

LifeWise rates apply to each person enrolled in a Passport 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  
(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](http://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**.
- If you elect family coverage with a Passport plan, please note that the family deductible is 3 times the individual deductible. A family includes you and one or more family members.
- 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.*

# LifeWise Passport Rates

## REGION 1—Maricopa county

Age Band Per Member	\$500 Deductible		\$1,000 Deductible		\$1,500 Deductible		\$2,500 Deductible		\$5,000 Deductible	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<2	\$405	\$405	\$300	\$300	\$264	\$264	\$209	\$209	\$160	\$160
2-14	\$123	\$123	\$85	\$85	\$81	\$81	\$64	\$64	\$49	\$49
15-17	\$129	\$155	\$96	\$115	\$84	\$101	\$67	\$80	\$51	\$61
18-24	\$136	\$177	\$101	\$131	\$90	\$116	\$72	\$92	\$55	\$70
25-29	\$143	\$187	\$106	\$138	\$95	\$122	\$76	\$97	\$58	\$74
30-34	\$159	\$207	\$118	\$154	\$105	\$135	\$84	\$107	\$64	\$82
35-39	\$188	\$231	\$139	\$171	\$125	\$151	\$100	\$119	\$76	\$91
40-44	\$222	\$262	\$165	\$194	\$147	\$171	\$118	\$135	\$90	\$103
45-49	\$334	\$387	\$248	\$287	\$221	\$253	\$177	\$200	\$135	\$153
50-54	\$461	\$472	\$342	\$350	\$301	\$308	\$239	\$244	\$182	\$186
55-59	\$616	\$585	\$456	\$434	\$402	\$382	\$318	\$302	\$243	\$231
60-64	\$764	\$742	\$567	\$550	\$499	\$484	\$395	\$383	\$302	\$293
65+	\$1,672	\$1,509	\$1,239	\$1,119	\$1,092	\$985	\$864	\$780	\$660	\$595
Per Child†	\$123	\$123	\$85	\$85	\$81	\$81	\$64	\$64	\$49	\$49

## REGION 2—Pima and Pinal counties

Age Band Per Member	\$500 Deductible		\$1,000 Deductible		\$1,500 Deductible		\$2,500 Deductible		\$5,000 Deductible	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<2	\$365	\$365	\$270	\$270	\$238	\$238	\$188	\$188	\$144	\$144
2-14	\$111	\$111	\$77	\$77	\$73	\$73	\$58	\$58	\$44	\$44
15-17	\$116	\$140	\$86	\$104	\$76	\$91	\$60	\$72	\$46	\$55
18-24	\$122	\$159	\$91	\$118	\$81	\$104	\$65	\$83	\$50	\$63
25-29	\$129	\$168	\$95	\$124	\$86	\$110	\$68	\$87	\$52	\$67
30-34	\$143	\$186	\$106	\$139	\$95	\$122	\$76	\$96	\$58	\$74
35-39	\$169	\$208	\$125	\$154	\$113	\$136	\$90	\$107	\$68	\$82
40-44	\$200	\$236	\$149	\$175	\$132	\$154	\$106	\$122	\$81	\$93
45-49	\$301	\$348	\$223	\$258	\$199	\$228	\$159	\$180	\$122	\$138
50-54	\$415	\$425	\$308	\$315	\$271	\$277	\$215	\$220	\$164	\$167
55-59	\$554	\$527	\$410	\$391	\$362	\$344	\$286	\$272	\$219	\$208
60-64	\$688	\$668	\$510	\$495	\$449	\$436	\$356	\$345	\$272	\$264
65+	\$1,505	\$1,358	\$1,115	\$1,007	\$983	\$887	\$778	\$702	\$594	\$536
Per Child†	\$111	\$111	\$77	\$77	\$73	\$73	\$58	\$58	\$44	\$44

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

Age Band Per Member	\$500 Deductible		\$1,000 Deductible		\$1,500 Deductible		\$2,500 Deductible		\$5,000 Deductible	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<2	\$527	\$527	\$390	\$390	\$343	\$343	\$272	\$272	\$208	\$208
2-14	\$160	\$160	\$111	\$111	\$105	\$105	\$83	\$83	\$64	\$64
15-17	\$168	\$202	\$125	\$150	\$109	\$131	\$87	\$104	\$66	\$79
18-24	\$177	\$230	\$131	\$170	\$117	\$151	\$94	\$120	\$72	\$91
25-29	\$186	\$243	\$138	\$179	\$124	\$159	\$99	\$126	\$75	\$96
30-34	\$207	\$269	\$153	\$200	\$137	\$176	\$109	\$139	\$83	\$107
35-39	\$244	\$300	\$181	\$222	\$163	\$196	\$130	\$155	\$99	\$118
40-44	\$289	\$341	\$215	\$252	\$191	\$222	\$153	\$176	\$117	\$134
45-49	\$434	\$503	\$322	\$373	\$287	\$329	\$230	\$260	\$176	\$199
50-54	\$599	\$614	\$445	\$455	\$391	\$400	\$311	\$317	\$237	\$242
55-59	\$801	\$761	\$593	\$564	\$523	\$497	\$413	\$393	\$316	\$300
60-64	\$993	\$965	\$737	\$715	\$649	\$629	\$514	\$498	\$393	\$381
65+	\$2,174	\$1,962	\$1,611	\$1,455	\$1,420	\$1,281	\$1,123	\$1,014	\$858	\$774
Per Child†	\$160	\$160	\$111	\$111	\$105	\$105	\$83	\$83	\$64	\$64

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