

RATES EFFECTIVE OCTOBER 1, 2008.

		1 80/20 BENEFIT PERCENTAGE						1 50/50 BENEFIT PERCENTAGE							
		\$250 Ded.		\$500 Ded.		\$1,000 Ded.		\$250 Ded.		\$500 Ded.		\$1,000 Ded.		\$2,500 Ded.	
Age		M	F	M	F	M	F	M	F	M	F	M	F	M	F
18-24		98	98	63	63	52	52	74	74	47	47	39	39	29	29
25-29		98	98	67	67	48	48	74	74	50	50	36	36	23	23
30-34		106	106	72	72	48	48	80	80	54	54	36	36	26	26
35-39		123	123	89	89	60	60	92	92	67	67	45	45	31	31
40-44		135	135	94	94	67	67	101	101	71	71	50	50	37	37
45-49		156	156	114	114	86	86	117	117	86	86	65	65	45	45
50-54		213	213	149	149	113	113	160	160	112	112	85	85	64	64
55-59		283	283	197	197	149	149	212	212	148	148	112	112	85	85
60-63		424	424	296	296	239	239	318	318	222	222	179	179	126	126
Child		53	53	31	31	27	27	40	40	23	23	20	20	11	11

2 COUNTY	AREA FACTOR
Apache, Cochise, Coconino, Gila, Graham, Greenlee, Mohave, Navajo, Pima, Santa Cruz, Yavapai	1.10
LaPaz, Maricopa, Pinal, Yuma	1.00

PLAN CHOSEN:

Deductible: \$250 \$500 \$1,000 \$2,500 80/20 of \$5,000 50/50 of \$5,000

TERM OF INSURANCE:

1 Month 2 Months 3 Months 4 Months 5 Months 6 Months

PREMIUM CALCULATIONS: (figure health premium at age last birthday.)

1 Base Rate	+	2 Area Factor	x	3 Premium Mode	x	Monthly Premium
_____		_____		_____		_____
All key applicants under the age of 18 will pay the male age 18-24 rate. Dependents age 18 or older pay adult rates. Dependent children ages 15 days through 17 years pay the child rate for the first 3 children. No charge for additional children under age 18.						

Male _____ Female _____ Child/Children* _____ Total _____

To calculate EFT or monthly payment options, multiply the monthly premium by the modal factor. To calculate the lump sum payment, multiply the monthly premium by the number of months of coverage.

3 PREMIUM MODES	MODAL FACTOR
Lump Sum Payment	1.00
Electronic Funds Transfer (EFT)	1.05
Monthly Payment Premium	1.10