

# Monthly rates for individuals and families

Effective January 1, 2009—December 31, 2009

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## How to determine your monthly rate:

- STEP 1:** Choose one of the deductible amounts available for the plan in which you wish to enroll (only one plan per application may be selected). For WiseChoices, your family deductible amount will be 3x the individual deductible amount.
- STEP 2:** Identify the individual rate or family rate (for WiseSavings) for the benefit plan based on the chosen deductible amount, your current age range and tobacco use. Circle the appropriate monthly rate.
- STEP 3:** Repeat step 2 for each person who will be covered under this plan.
- STEP 4:** Add up all of the circled amounts. This is your total monthly rate for the plan you selected.

## To calculate your total...

You \$ \_\_\_\_\_  
 + Spouse \$ \_\_\_\_\_  
 + Child \$ \_\_\_\_\_  
 + Child \$ \_\_\_\_\_  
 + Child \$ \_\_\_\_\_  
 + Additional Child  
 (if applicable) \$ \_\_\_\_\_  
 = Total Rate \$ \_\_\_\_\_



## WiseEssentials™

AGE BAND	\$1,750 DEDUCTIBLE		\$2,500 DEDUCTIBLE		\$3,500 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$ 102	\$ 118	\$ 87	\$ 101	\$ 78	\$ 91
25–29	115	133	96	113	88	102
30–34	133	154	113	131	101	118
35–39	159	185	134	155	121	141
40–44	187	218	159	185	142	167
45–49	235	273	199	230	179	207
50–54	287	334	243	282	219	255
55–59	334	389	282	328	255	296
60–64	382	441	322	376	290	339
65>	382	441	322	376	290	339
Per Child <sup>†</sup>	\$ 85		\$ 72		\$ 65	

## WiseChoices™ 20 and 30

AGE BAND	20 \$1,000 DEDUCTIBLE		30 \$1,500 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$ 200	\$ 232	\$ 168	\$ 198
25–29	225	261	191	222
30–34	261	302	220	256
35–39	309	360	263	306
40–44	367	428	312	363
45–49	460	533	389	453
50–54	562	654	476	555
55–59	655	762	556	647
60–64	749	868	630	737
65>	749	868	630	737
Per Child <sup>†</sup>	\$ 166		\$ 141	

### Notes:

- For children covered on their own policy, please use the "25 & under" rate.
- To qualify for non-smoker rate, an individual must not have used any tobacco product during the past 12 months.
- Eligible family members include you, your spouse, and unmarried children under age 25 who are partially or totally dependent on you for support.

## WiseSavings™ Individual HSA

AGE BAND	\$1,750 DEDUCTIBLE		\$3,000 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$ 118	\$ 139	\$ 92	\$ 108
25–29	134	155	103	121
30–34	154	180	121	141
35–39	185	215	145	167
40–44	218	254	172	199
45–49	273	318	213	248
50–54	334	388	261	303
55–59	389	453	306	354
60–64	441	517	343	405
65>	441	517	343	405
Per Child <sup>†</sup>	Not Applicable		Not Applicable	

## WiseSavings™ Family HSA

AGE BAND	\$3,500 DEDUCTIBLE		\$6,000 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$ 88	\$ 102	\$ 71	\$ 82
25–29	100	115	79	92
30–34	114	133	92	107
35–39	136	159	109	128
40–44	161	187	129	152
45–49	202	235	162	188
50–54	248	287	199	232
55–59	288	334	232	269
60–64	328	382	263	307
65>	328	382	263	307
Per Child <sup>†</sup>	\$ 73		\$ 59	

<sup>†</sup> Applies to dependent children applying on the same plan as a parent or legal guardian.