

Monthly rates

for individuals and families

Effective January 1, 2010—December 31, 2010

Turn page to find your monthly plan rate >>

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 \$ _____



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.

WiseSimplicity™

\$10,000 DEDUCTIBLE

AGE BAND	NON-SMOKER	SMOKER
<25	\$54	\$62
25-29	60	70
30-34	70	81
35-39	83	97
40-44	98	115
45-49	123	142
50-54	151	175
55-59	175	204
60-64	199	232
65>	199	232
Per Child [†]	\$ 44	

WiseEssentials™ Rx

AGE BAND	\$1,850 DEDUCTIBLE		\$2,500 DEDUCTIBLE		\$3,500 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$109	\$128	\$93	\$109	\$83	\$98
25-29	124	143	105	122	95	110
30-34	142	165	121	140	109	126
35-39	170	198	145	169	130	152
40-44	199	234	170	199	153	179
45-49	251	290	214	247	192	222
50-54	307	357	262	305	235	274
55-59	357	414	305	353	274	317
60-64	407	476	347	405	311	364
65>	407	476	347	405	311	364
Per Child [†]	\$92		\$78		\$70	

WiseEssentials™ Copay

AGE BAND	\$5,000 DEDUCTIBLE		\$7,500 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$75	\$88	\$61	\$72
25-29	84	98	70	80
30-34	97	114	79	93
35-39	117	136	95	111
40-44	137	161	112	132
45-49	173	199	141	162
50-54	211	246	172	200
55-59	246	286	200	233
60-64	280	327	228	267
65>	280	327	228	267
Per Child [†]	\$62		\$51	

WiseSavings™ Individual HSA

AGE BAND	\$1,850 DEDUCTIBLE		\$3,000 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$123	\$144	\$97	\$114
25-29	140	162	109	128
30-34	161	186	128	149
35-39	192	224	153	176
40-44	226	265	181	210
45-49	284	328	225	262
50-54	347	404	275	320
55-59	404	469	323	373
60-64	460	538	362	427
65>	460	538	362	427
Per Child [†]	Not Applicable		Not Applicable	

WiseSavings™ Family HSA

AGE BAND	\$3,700 DEDUCTIBLE		\$6,000 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$91	\$107	\$75	\$87
25-29	103	120	83	97
30-34	119	138	97	113
35-39	142	165	115	135
40-44	167	195	136	160
45-49	210	242	171	198
50-54	257	299	210	245
55-59	299	347	245	284
60-64	340	398	277	324
65>	340	398	277	324
Per Child [†]	\$77		\$62	

WiseChoices™ Prime

AGE BAND	\$1,500 DEDUCTIBLE		\$3,000 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$177	\$207	\$150	\$175
25-29	201	233	170	197
30-34	231	268	195	226
35-39	277	322	234	272
40-44	324	380	274	321
45-49	408	471	345	398
50-54	499	581	422	491
55-59	581	674	491	569
60-64	661	774	558	653
65>	661	774	558	653
Per Child [†]	\$149		\$126	

[†] Applies to dependent children applying on the same plan as a parent or legal guardian.