

New Hampshire Health Plan Single Policy Monthly Premium Rates

Effective July 1, 2010 through December 31, 2010
For 12-month Rate Guarantee

Class: Attained Age	Non-Tobacco User							Tobacco User						
	Indemnity Plan		Managed Care Plan					Indemnity Plan		Managed Care Plan				
	Option A \$1,750 Ded	Option B \$3,500 Ded	Option A \$1,000 Ded	Option B \$2,500 Ded	Option C \$5,000 Ded	Option D \$10,000 Ded	Option H \$5,600 Ded	Option A \$1,750 Ded	Option B \$3,500 Ded	Option A \$1,000 Ded	Option B \$2,500 Ded	Option C \$5,000 Ded	Option D \$10,000 Ded	Option H \$5,600 Ded
0-18	\$313	\$253	\$239	\$194	\$155	\$133	\$167	\$470	\$380	\$359	\$291	\$233	\$200	\$251
19	\$344	\$278	\$262	\$213	\$170	\$146	\$183	\$516	\$417	\$393	\$320	\$255	\$219	\$275
20	\$344	\$278	\$262	\$213	\$170	\$146	\$183	\$516	\$417	\$393	\$320	\$255	\$219	\$275
21	\$344	\$278	\$262	\$213	\$170	\$146	\$183	\$516	\$417	\$393	\$320	\$255	\$219	\$275
22	\$344	\$278	\$262	\$213	\$170	\$146	\$183	\$516	\$417	\$393	\$320	\$255	\$219	\$275
23	\$347	\$281	\$265	\$215	\$172	\$147	\$185	\$521	\$422	\$398	\$323	\$258	\$221	\$278
24	\$350	\$283	\$267	\$216	\$173	\$148	\$186	\$525	\$425	\$401	\$324	\$260	\$222	\$279
25	\$353	\$285	\$269	\$218	\$175	\$149	\$188	\$530	\$428	\$404	\$327	\$263	\$224	\$282
26	\$356	\$288	\$271	\$220	\$176	\$151	\$189	\$534	\$432	\$407	\$330	\$264	\$227	\$284
27	\$359	\$291	\$274	\$222	\$178	\$152	\$191	\$539	\$437	\$411	\$333	\$267	\$228	\$287
28	\$361	\$292	\$275	\$223	\$179	\$153	\$192	\$542	\$438	\$413	\$335	\$269	\$230	\$288
29	\$363	\$293	\$277	\$224	\$180	\$154	\$193	\$545	\$440	\$416	\$336	\$270	\$231	\$290
30	\$364	\$295	\$278	\$226	\$181	\$154	\$194	\$546	\$443	\$417	\$339	\$272	\$231	\$291
31	\$366	\$296	\$279	\$227	\$181	\$155	\$195	\$549	\$444	\$419	\$341	\$272	\$233	\$293
32	\$367	\$297	\$280	\$227	\$182	\$156	\$196	\$551	\$446	\$420	\$341	\$273	\$234	\$294
33	\$383	\$309	\$292	\$237	\$190	\$162	\$204	\$575	\$464	\$438	\$356	\$285	\$243	\$306
34	\$398	\$322	\$304	\$246	\$197	\$169	\$212	\$597	\$483	\$456	\$369	\$296	\$254	\$318
35	\$415	\$335	\$316	\$257	\$205	\$176	\$221	\$623	\$503	\$474	\$386	\$308	\$264	\$332
36	\$432	\$350	\$330	\$267	\$214	\$183	\$230	\$648	\$525	\$495	\$401	\$321	\$275	\$345
37	\$450	\$364	\$344	\$279	\$223	\$191	\$240	\$675	\$546	\$516	\$419	\$335	\$287	\$360
38	\$474	\$384	\$362	\$293	\$235	\$201	\$253	\$711	\$576	\$543	\$440	\$353	\$302	\$380
39	\$499	\$404	\$381	\$309	\$247	\$211	\$266	\$749	\$606	\$572	\$464	\$371	\$317	\$399
40	\$526	\$426	\$401	\$326	\$261	\$223	\$280	\$789	\$639	\$602	\$489	\$392	\$335	\$420
41	\$554	\$448	\$423	\$343	\$275	\$235	\$295	\$831	\$672	\$635	\$515	\$413	\$353	\$443
42	\$584	\$472	\$446	\$361	\$289	\$247	\$311	\$876	\$708	\$669	\$542	\$434	\$371	\$467
43	\$623	\$504	\$475	\$385	\$308	\$264	\$332	\$935	\$756	\$713	\$578	\$462	\$396	\$498
44	\$664	\$537	\$507	\$411	\$329	\$281	\$354	\$996	\$806	\$761	\$617	\$494	\$422	\$531
45	\$708	\$573	\$540	\$438	\$351	\$300	\$377	\$1,062	\$860	\$810	\$657	\$527	\$450	\$566
46	\$755	\$610	\$576	\$467	\$374	\$320	\$402	\$1,133	\$915	\$864	\$701	\$561	\$480	\$603
47	\$805	\$651	\$614	\$498	\$399	\$341	\$429	\$1,208	\$977	\$921	\$747	\$599	\$512	\$644
48	\$835	\$676	\$637	\$517	\$414	\$354	\$445	\$1,253	\$1,014	\$956	\$776	\$621	\$531	\$668
49	\$866	\$701	\$661	\$536	\$429	\$367	\$461	\$1,299	\$1,052	\$992	\$804	\$644	\$551	\$692
50	\$898	\$727	\$685	\$556	\$445	\$380	\$479	\$1,347	\$1,091	\$1,028	\$834	\$668	\$570	\$719
51	\$932	\$754	\$711	\$576	\$461	\$394	\$496	\$1,398	\$1,131	\$1,067	\$864	\$692	\$591	\$744
52	\$967	\$782	\$737	\$598	\$479	\$409	\$515	\$1,451	\$1,173	\$1,106	\$897	\$719	\$614	\$773
53	\$1,033	\$835	\$788	\$639	\$512	\$437	\$550	\$1,550	\$1,253	\$1,182	\$959	\$768	\$656	\$825
54	\$1,103	\$892	\$841	\$682	\$546	\$467	\$587	\$1,655	\$1,338	\$1,262	\$1,023	\$819	\$701	\$881
55	\$1,178	\$953	\$899	\$729	\$584	\$499	\$628	\$1,767	\$1,430	\$1,349	\$1,094	\$876	\$749	\$942
56	\$1,219	\$986	\$930	\$754	\$604	\$516	\$649	\$1,829	\$1,479	\$1,395	\$1,131	\$906	\$774	\$974
57	\$1,262	\$1,020	\$962	\$781	\$625	\$534	\$672	\$1,893	\$1,530	\$1,443	\$1,172	\$938	\$801	\$1,008
58	\$1,305	\$1,056	\$996	\$808	\$647	\$553	\$695	\$1,958	\$1,584	\$1,494	\$1,212	\$971	\$830	\$1,043
59	\$1,351	\$1,093	\$1,031	\$836	\$669	\$572	\$720	\$2,027	\$1,640	\$1,547	\$1,254	\$1,004	\$858	\$1,080
60	\$1,354	\$1,096	\$1,033	\$838	\$671	\$574	\$722	\$2,031	\$1,644	\$1,550	\$1,257	\$1,007	\$861	\$1,083
61	\$1,358	\$1,098	\$1,036	\$840	\$673	\$575	\$723	\$2,037	\$1,647	\$1,554	\$1,260	\$1,010	\$863	\$1,085
62	\$1,363	\$1,102	\$1,040	\$843	\$675	\$577	\$726	\$2,045	\$1,653	\$1,560	\$1,265	\$1,013	\$866	\$1,089
63	\$1,367	\$1,106	\$1,043	\$846	\$677	\$579	\$728	\$2,051	\$1,659	\$1,565	\$1,269	\$1,016	\$869	\$1,092
64	\$1,372	\$1,110	\$1,047	\$849	\$680	\$581	\$731	\$2,058	\$1,665	\$1,571	\$1,274	\$1,020	\$872	\$1,097
65+	\$1,372	\$1,110	\$1,047	\$849	\$680	\$581	\$731	\$2,058	\$1,665	\$1,571	\$1,274	\$1,020	\$872	\$1,097

Optional Maternity Rider

If selected, add the corresponding amount to Managed Care Option A or Indemnity Plan Option A premium rates above.

All	\$1,021	Not Available	\$779	Not Available	\$1,532	Not Available	\$1,169	Not Available
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The rates above are for single policies only. To figure rates for the Family Option please see instructions below.¹
Please note - Only Managed Care Option H is available for a Family Plan.

¹Managed Care Option H Family Plan Premium Rates

Family Structure	Calculate Premium:
2 Adults	¹ Locate both adult single premiums from Managed Care Option H, add together and multiply the result by 0.91
1 Adult + Children	¹ Locate the adult single premium from Managed Care Option H and add \$70 for each child
2 Adults + Children	¹ Figure premium as outlined above for 2 adults and add \$70 for each child

Please add \$10 to each monthly premium for monthly direct billing. Automatic bank withdrawal (ACH) option has no additional fees.