

# BlueCare & Century Preferred benefits comparison

See Outline of Coverage for a more detailed description of benefits.

	BlueCare Direct HMO	Century Preferred Direct 80/20 PPO	Century Preferred Direct 100 PPO
<b>Deductible Choices</b> <i>(Individual/Family; per covered person per calendar year)</i>	\$1,500 / \$3,000	\$250 / \$500	\$1,500 / \$3,000 \$5,000 / \$10,000 \$10,000 / \$20,000
<b>Out-of-State Benefits</b>	No, except for urgent or emergency care	Yes	Yes
<b>Out-of-Network Benefits</b>	No, except for urgent or emergency care	Yes - subject to higher coinsurance	Yes - subject to higher coinsurance
<b>Lifetime Maximum</b>	\$5 Million	\$5 Million	\$5 Million
Covered Services	In-Network	In-Network*	In-Network*
<b>Preventive Care</b> <i>(Including routine physicals)</i>	\$20 copay per visit (no copay for Child Preventive Care exams up to age 13)	20% coinsurance after deductible for all these services	0% coinsurance after deductible for all these services
<b>Office Visits</b>	\$20 copay per visit	20% coinsurance after deductible for all these services	0% coinsurance after deductible for all these services
<b>Specialist Visits</b>	\$30 copay per visit	20% coinsurance after deductible for all these services	0% coinsurance after deductible for all these services
<b>Lab/X-ray</b>	No cost to member	20% coinsurance after deductible for all these services	0% coinsurance after deductible for all these services
<b>Diagnostic Services</b> <i>(MRI, MRA, CAT, CTA, PET and SPECT)</i>	\$75 copay per visit Max of \$375 per member per calendar year	20% coinsurance after deductible for all these services	0% coinsurance after deductible for all these services
<b>Outpatient Surgery</b> <i>(in a hospital or surgi-center)</i>	No charge after deductible	20% coinsurance after deductible for all these services	0% coinsurance after deductible for all these services
<b>Hospitalization</b>	No charge after deductible	20% coinsurance after deductible for all these services	0% coinsurance after deductible for all these services
<b>Emergency Room</b> <i>(see accompanying brochure for Anthem's definition of emergency)</i>	\$75 copay per visit (waived if admitted)	20% coinsurance after deductible for all these services	0% coinsurance after deductible for all these services
<b>Vision Care</b>	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
<b>Prescription Drugs</b>	\$10 copay for generic drugs; \$25 copay for Listed Brand Drugs; \$40 copay for Non-listed Brand Drugs; \$500 or \$2,000 maximum per calendar year; not subject to deductible	Optional Coverage Available: \$10 copay for generic drugs; \$25 copay for Listed Brand Drugs; \$40 copay for Non-listed Brand Drugs; \$2,000 maximum per calendar year; Not subject to deductible	
<b>Maternity Care</b>	\$30 copay for initial physician visit No charge for hospital after deductible	Not covered	Not covered

\*Member is responsible for coinsurance amounts below after the policy deductible unless otherwise noted.

# Lumenos benefits comparison

See Outline of Coverage for a more detailed description of benefits.

	Lumenos HSA Plan	Lumenos HIA Plan	Lumenos HIA Plus Plan
<b>Deductible Choices</b> <i>(Individual/Family; per covered person, per calendar year; applies to services in- and out-of-network combined)</i>	\$1,250 / \$ 2,500 \$2,500 / \$ 5,000* \$5,000 / \$10,000	\$1,500 / \$3,000 \$2,500 / \$5,000	\$2,500 / \$5,000 offers \$200 (\$400 Family) to be placed in your account to use first for covered services
<b>Out-of-State Benefits</b>	Yes	Yes	Yes
<b>Out-of-Network Benefits</b>	Yes - subject to higher coinsurance	Yes - subject to higher coinsurance	Yes - subject to higher coinsurance
<b>Lifetime Maximum</b>	Unlimited In-Network; \$1,000,000 Out-of-Network	Unlimited In-Network; \$1,000,000 Out-of-Network	Unlimited In-Network; \$1,000,000 Out-of-Network
<b>Covered Services</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
<b>Preventive Care</b> <i>(including routine physicals)</i>	No cost to member	No cost to member	No cost to member
<b>Office Visits</b>	No charge after deductible*	Deductible & Coinsurance	Deductible & Coinsurance
<b>Specialist Visits</b>	No charge after deductible for all these services*	20% coinsurance after deductible for all these services	20% coinsurance after deductible for all these services
<b>Lab/X-rays</b>	No charge after deductible for all these services*	20% coinsurance after deductible for all these services	20% coinsurance after deductible for all these services
<b>Diagnostic Services</b> <i>(MRI, MRA, CAT, CTA, PET and SPECT)</i>	No charge after deductible for all these services*	20% coinsurance after deductible for all these services	20% coinsurance after deductible for all these services
<b>Outpatient Surgery</b> <i>(in a hospital or surgi-center)</i>	No charge after deductible for all these services*	20% coinsurance after deductible for all these services	20% coinsurance after deductible for all these services
<b>Hospitalization</b> <i>(Office visit, outpatient hospital, inpatient hospital)</i>	No charge after deductible for all these services*	20% coinsurance after deductible for all these services	20% coinsurance after deductible for all these services
<b>Emergency Room</b>	No charge after deductible for all these services*	20% coinsurance after deductible for all these services	20% coinsurance after deductible for all these services
<b>Maternity Care</b>	Not covered	Not covered	Not covered
<b>Prescription Drugs</b>	No charge after deductible*	20% coinsurance after deductible	20% coinsurance after deductible

\*Lumenos HSA \$2,500 has two coinsurance options for in-network services; 80% or 100% coverage after deductible. You'll pay 20% after deductible if you select the 80% option.

## Please be aware that:

- The above benefit comparison chart lists the benefits that would apply for each person on the policy.
- Your choice of deductible will affect your premium. A deductible is the amount you pay before your coverage starts. Some benefits don't require a deductible, but most do.
- You and any family members who apply for coverage will need to qualify medically for these health plans. For more information, please call your Agent/Producer.



**BLUECARE DIRECT HMO**  
Effective January 1, 2010

Creative Health Insurance  
Manchester, CT (860) 647-7353  
Vernon, CT (860) 896-7440

**\$1500 Deductible**

	\$10/\$25/\$40 Rx with \$500 Annual Max				\$10/\$25/\$40 Rx with \$2000 Annual Max			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$246.55	\$444.52	\$732.93	\$1,181.56	\$262.35	\$473.00	\$779.90	\$1,257.27
19-24	\$246.55	\$444.52	\$732.93	\$1,181.56	\$262.35	\$473.00	\$779.90	\$1,257.27
25-29	\$246.55	\$444.52	\$732.93	\$1,181.56	\$262.35	\$473.00	\$779.90	\$1,257.27
30-34	\$328.20	\$497.23	\$743.77	\$1,325.25	\$349.23	\$529.09	\$791.43	\$1,410.17
35-39	\$328.20	\$497.23	\$743.77	\$1,325.25	\$349.23	\$529.09	\$791.43	\$1,410.17
40-44	\$424.35	\$538.06	\$815.63	\$1,412.61	\$451.54	\$572.53	\$867.90	\$1,503.13
45-49	\$491.03	\$592.33	\$905.55	\$1,473.07	\$522.49	\$630.28	\$963.57	\$1,567.46
50-54	\$668.31	\$687.44	\$1,172.77	\$1,630.73	\$711.13	\$731.49	\$1,247.92	\$1,735.22
55-59	\$868.93	\$863.62	\$1,531.49	\$1,974.43	\$930.03	\$923.98	\$1,629.62	\$2,100.95
60-64	\$1,149.60	\$1,020.61	\$1,943.43	\$2,327.99	\$1,249.58	\$1,102.72	\$2,067.96	\$2,477.16
65+	\$1,114.33	\$993.07	\$1,924.30	\$2,210.14	\$1,209.43	\$1,071.37	\$2,047.61	\$2,351.76

**\$3000 Deductible**

FOR RENEWALS ONLY. NOT OPEN TO NEW MEMBERS.

	\$10/\$25/\$40 Rx with \$500 Annual Max				\$10/\$25/\$40 Rx with \$2000 Annual Max			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$232.22	\$418.68	\$690.32	\$1,112.87	\$248.02	\$447.16	\$737.29	\$1,188.58
19-24	\$232.22	\$418.68	\$690.32	\$1,112.87	\$248.02	\$447.16	\$737.29	\$1,188.58
25-29	\$232.22	\$418.68	\$690.32	\$1,112.87	\$248.02	\$447.16	\$737.29	\$1,188.58
30-34	\$309.12	\$468.32	\$700.53	\$1,248.20	\$330.15	\$500.18	\$748.19	\$1,333.12
35-39	\$309.12	\$468.32	\$700.53	\$1,248.20	\$330.15	\$500.18	\$748.19	\$1,333.12
40-44	\$399.68	\$506.78	\$768.21	\$1,330.48	\$426.87	\$541.25	\$820.48	\$1,421.00
45-49	\$462.48	\$557.89	\$852.91	\$1,387.43	\$493.94	\$595.84	\$910.93	\$1,481.82
50-54	\$629.46	\$647.48	\$1,104.59	\$1,535.92	\$672.28	\$691.53	\$1,179.74	\$1,640.41
55-59	\$818.12	\$813.14	\$1,442.45	\$1,859.64	\$879.22	\$873.50	\$1,540.58	\$1,986.16
60-64	\$1,081.32	\$960.36	\$1,830.44	\$2,192.64	\$1,181.30	\$1,042.47	\$1,954.97	\$2,341.81
65+	\$1,048.25	\$934.54	\$1,812.43	\$2,081.65	\$1,143.35	\$1,012.84	\$1,935.74	\$2,223.27



**CENTURY PREFERRED DIRECT PPO**  
Effective January 1, 2010

Creative Health Insurance  
Manchester, Ct 860-647-7353  
Vernon, Ct 860-896-7440

with \$10 Generic/\$25 Listed Brand/\$40 Non-Listed Brand Copay Prescription Drug Plan with \$2000 Annual Max

	Option One - \$250/\$500				Option Two \$1500/\$3000			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$234.29	\$332.18	\$606.36	\$1,032.70	\$195.83	\$277.66	\$506.84	\$863.22
19-24	\$234.29	\$332.18	\$606.36	\$1,032.70	\$195.83	\$277.66	\$506.84	\$863.22
25-29	\$234.29	\$332.18	\$606.36	\$1,032.70	\$195.83	\$277.66	\$506.84	\$863.22
30-34	\$312.23	\$382.28	\$616.57	\$1,169.10	\$260.99	\$319.54	\$515.37	\$977.22
35-39	\$312.23	\$382.28	\$616.57	\$1,169.10	\$260.99	\$319.54	\$515.37	\$977.22
40-44	\$403.16	\$421.26	\$684.77	\$1,252.15	\$337.00	\$352.12	\$572.37	\$1,046.65
45-49	\$466.72	\$472.75	\$770.13	\$1,309.67	\$390.12	\$395.17	\$643.73	\$1,094.73
50-54	\$635.13	\$653.22	\$1,114.36	\$1,549.54	\$530.89	\$546.02	\$931.48	\$1,295.22
55-59	\$830.44	\$824.87	\$1,455.35	\$1,876.14	\$694.14	\$689.49	\$1,216.49	\$1,568.22
60-64	\$1,115.75	\$984.92	\$1,846.45	\$2,212.02	\$932.63	\$823.28	\$1,543.41	\$1,848.98
65+	\$1,079.56	\$956.63	\$1,828.35	\$2,100.20	\$902.38	\$799.63	\$1,528.29	\$1,755.52

Includes \$2,000  
Prescription Coverage

FOR RENEWALS ONLY. NOT OPEN TO NEW MEMBERS

	Option Three - \$5000/\$10000				Option Four - \$10000/\$20000				\$500 Deductible			
	Single		Two -		Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$122.19	\$173.24	\$316.26	\$538.62	\$103.47	\$146.71	\$267.81	\$456.10	\$223.89	\$317.44	\$579.46	\$986.90
19-24	\$122.19	\$173.24	\$316.26	\$538.62	\$103.47	\$146.71	\$267.81	\$456.10	\$223.89	\$317.44	\$579.46	\$986.90
25-29	\$122.19	\$173.24	\$316.26	\$538.62	\$103.47	\$146.71	\$267.81	\$456.10	\$223.89	\$317.44	\$579.46	\$986.90
30-34	\$162.85	\$199.38	\$321.57	\$609.76	\$137.90	\$168.84	\$272.31	\$516.34	\$298.37	\$365.32	\$589.21	\$1,117.24
35-39	\$162.85	\$199.38	\$321.57	\$609.76	\$137.90	\$168.84	\$272.31	\$516.34	\$298.37	\$365.32	\$589.21	\$1,117.24
40-44	\$210.28	\$219.72	\$357.15	\$653.07	\$178.07	\$186.05	\$302.43	\$553.02	\$385.28	\$402.56	\$654.39	\$1,196.61
45-49	\$243.42	\$246.57	\$401.67	\$683.09	\$206.13	\$208.80	\$340.13	\$578.44	\$446.02	\$451.77	\$735.95	\$1,251.59
50-54	\$331.25	\$340.70	\$581.22	\$808.18	\$280.51	\$288.51	\$492.18	\$684.37	\$606.95	\$624.24	\$1,064.94	\$1,480.80
55-59	\$433.12	\$430.23	\$759.05	\$978.52	\$366.77	\$364.32	\$642.76	\$828.62	\$793.60	\$788.29	\$1,390.79	\$1,792.90
60-64	\$581.93	\$513.70	\$963.03	\$1,153.72	\$492.79	\$435.00	\$815.51	\$976.97	\$1,066.25	\$941.22	\$1,764.53	\$2,113.90
65+	\$563.06	\$498.95	\$953.61	\$1,095.40	\$476.80	\$422.51	\$807.51	\$927.58	\$1,031.68	\$914.19	\$1,747.25	\$2,007.04

For help or questions call 1-866-508-0618 Creative Health Insurance in Connecticut



**CENTURY PREFERRED DIRECT PPO**  
Effective January 1, 2010

Medical only - No Drug Benefit

	Option One - \$250/\$500				Option Two \$1500/\$3000			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$198.93	\$282.05	\$514.84	\$876.84	\$160.47	\$227.53	\$415.32	\$707.36
19-24	\$198.93	\$282.05	\$514.84	\$876.84	\$160.47	\$227.53	\$415.32	\$707.36
25-29	\$198.93	\$282.05	\$514.84	\$876.84	\$160.47	\$227.53	\$415.32	\$707.36
30-34	\$265.11	\$324.58	\$523.51	\$992.65	\$213.87	\$261.84	\$422.31	\$800.77
35-39	\$265.11	\$324.58	\$523.51	\$992.65	\$213.87	\$261.84	\$422.31	\$800.77
40-44	\$342.31	\$357.68	\$581.42	\$1,063.17	\$276.15	\$288.54	\$469.02	\$857.67
45-49	\$396.28	\$401.40	\$653.90	\$1,112.00	\$319.68	\$323.82	\$527.50	\$897.06
50-54	\$539.27	\$554.63	\$946.17	\$1,315.67	\$435.03	\$447.43	\$763.29	\$1,061.35
55-59	\$705.10	\$700.37	\$1,235.70	\$1,592.98	\$568.80	\$564.99	\$996.84	\$1,285.06
60-64	\$947.35	\$836.27	\$1,567.77	\$1,878.16	\$764.23	\$674.63	\$1,264.73	\$1,515.12
65+	\$916.62	\$812.25	\$1,552.40	\$1,783.22	\$739.44	\$655.25	\$1,252.34	\$1,438.54

No Prescription Coverage

FOR RENEWALS ONLY. NOT OPEN TO NEW MEMBERS.

	Option Three - \$500/\$10000				Option Four - \$10000/\$20000				\$500 Deductible			
	Single		Two -		Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$86.83	\$123.11	\$224.74	\$382.76	\$68.11	\$96.58	\$176.29	\$300.24	\$188.53	\$267.31	\$487.94	\$831.04
19-24	\$86.83	\$123.11	\$224.74	\$382.76	\$68.11	\$96.58	\$176.29	\$300.24	\$188.53	\$267.31	\$487.94	\$831.04
25-29	\$86.83	\$123.11	\$224.74	\$382.76	\$68.11	\$96.58	\$176.29	\$300.24	\$188.53	\$267.31	\$487.94	\$831.04
30-34	\$115.73	\$141.68	\$228.51	\$433.31	\$90.78	\$111.14	\$179.25	\$339.89	\$251.25	\$307.62	\$496.15	\$940.79
35-39	\$115.73	\$141.68	\$228.51	\$433.31	\$90.78	\$111.14	\$179.25	\$339.89	\$251.25	\$307.62	\$496.15	\$940.79
40-44	\$149.43	\$156.14	\$253.80	\$464.09	\$117.22	\$122.47	\$199.08	\$364.04	\$324.43	\$338.98	\$551.04	\$1,007.63
45-49	\$172.98	\$175.22	\$285.44	\$485.42	\$135.69	\$137.45	\$223.90	\$380.77	\$375.58	\$380.42	\$619.72	\$1,053.92
50-54	\$235.39	\$242.11	\$413.03	\$574.31	\$184.65	\$189.92	\$323.99	\$450.50	\$511.09	\$525.65	\$896.75	\$1,246.93
55-59	\$307.78	\$305.73	\$539.40	\$695.36	\$241.43	\$239.82	\$423.11	\$545.46	\$668.26	\$663.79	\$1,171.14	\$1,509.74
60-64	\$413.53	\$365.05	\$684.35	\$819.86	\$324.39	\$286.35	\$536.83	\$643.11	\$897.85	\$792.57	\$1,485.85	\$1,780.04
65+	\$400.12	\$354.57	\$677.66	\$778.42	\$313.86	\$278.13	\$531.56	\$610.60	\$868.74	\$769.81	\$1,471.30	\$1,690.06

For help or questions call 1-866-508-0618 Creative Health Insurance in Connecticut



**TONIK**  
**Effective January 1, 2010**

Creative Health Insurance  
 Manchester, Ct 860-647-7353  
 Vernon, CT 860-896-7440

	Option One - \$1500 Deductible		Option Two - \$3000 Deductible		Option Three - \$5000 Deductible	
	Male	Female	Male	Female	Male	Female
<b>&lt;19</b>	\$182.87	\$251.98	\$162.24	\$222.73	\$145.83	\$199.46
<b>19-24</b>	\$182.87	\$251.98	\$162.24	\$222.73	\$145.83	\$199.46
<b>25-29</b>	\$182.87	\$251.98	\$162.24	\$222.73	\$145.83	\$199.46
<b>30-34</b>	\$237.89	\$287.34	\$210.39	\$253.67	\$188.53	\$226.91
<b>35-39</b>	\$237.89	\$287.34	\$210.39	\$253.67	\$188.53	\$226.91
<b>40-44</b>	\$302.10	\$314.86	\$266.59	\$277.76	\$238.36	\$248.25
<b>45-49</b>	\$346.97	\$351.22	\$305.86	\$309.58	\$273.17	\$276.47
<b>50-54</b>	\$465.87	\$478.64	\$409.93	\$421.11	\$365.45	\$375.36
<b>55-59</b>	\$603.77	\$599.84	\$530.63	\$527.19	\$472.47	\$469.41
<b>60-64</b>	\$805.21	\$712.84	\$706.94	\$626.10	\$628.80	\$557.12
<b>65+</b>	\$779.66	\$692.86	\$684.58	\$608.60	\$608.97	\$541.61

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**LUMENOS H.S.A.s**  
**Effective January 1, 2010**

Creative Health Insurance  
 Manchester, Ct 860-647-7353  
 Vernon, CT 860-896-7440

**FOR RENEWALS ONLY. NOT OPEN TO NEW MEMBERS.**

	HSA \$1250/2500 100%/70%				HSA \$2500/5000 80%/60%			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$174.82	\$247.86	\$407.18	\$770.56	\$106.40	\$150.84	\$247.84	\$468.98
19-24	\$174.82	\$247.86	\$407.18	\$770.56	\$106.40	\$150.84	\$247.84	\$468.98
25-29	\$174.82	\$247.86	\$407.18	\$770.56	\$106.40	\$150.84	\$247.84	\$468.98
30-34	\$232.96	\$285.24	\$414.04	\$872.32	\$141.78	\$173.60	\$252.00	\$530.92
35-39	\$232.96	\$285.24	\$414.04	\$872.32	\$141.78	\$173.60	\$252.00	\$530.92
40-44	\$300.82	\$314.32	\$459.84	\$934.28	\$183.08	\$191.30	\$279.88	\$568.62
45-49	\$348.24	\$352.74	\$517.16	\$977.20	\$211.94	\$214.68	\$314.76	\$594.74
50-54	\$473.90	\$487.40	\$748.32	\$1,156.18	\$288.42	\$296.64	\$455.46	\$703.68
55-59	\$619.62	\$615.48	\$977.30	\$1,399.88	\$377.12	\$374.58	\$594.84	\$851.98
60-64	\$832.52	\$734.90	\$1,239.92	\$1,650.50	\$506.68	\$447.28	\$754.68	\$1,004.52
65+	\$805.52	\$713.78	\$1,227.78	\$1,567.06	\$490.26	\$434.42	\$747.30	\$953.74

	HSA \$2500/5000 100%/70%				HSA \$5000/10,000 100%/70%			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$140.14	\$198.70	\$326.44	\$617.76	\$87.54	\$124.12	\$203.90	\$385.86
19-24	\$140.14	\$198.70	\$326.44	\$617.76	\$87.54	\$124.12	\$203.90	\$385.86
25-29	\$140.14	\$198.70	\$326.44	\$617.76	\$87.54	\$124.12	\$203.90	\$385.86
30-34	\$186.78	\$228.68	\$331.94	\$699.36	\$116.66	\$142.84	\$207.32	\$436.82
35-39	\$186.78	\$228.68	\$331.94	\$699.36	\$116.66	\$142.84	\$207.32	\$436.82
40-44	\$241.16	\$251.98	\$368.64	\$749.02	\$150.64	\$157.40	\$230.26	\$467.84
45-49	\$279.18	\$282.80	\$414.60	\$783.44	\$174.38	\$176.64	\$258.96	\$489.34
50-54	\$379.92	\$390.74	\$599.92	\$926.92	\$237.30	\$244.06	\$374.72	\$578.96
55-59	\$496.76	\$493.44	\$783.50	\$1,122.30	\$310.28	\$308.20	\$489.38	\$700.98
60-64	\$667.44	\$589.18	\$994.04	\$1,323.22	\$416.88	\$368.00	\$620.88	\$826.48
65+	\$645.78	\$572.24	\$984.30	\$1,256.34	\$403.36	\$357.42	\$614.80	\$784.72

For help or questions call 1-866-508-0618 Creative Health Insurance in Connecticut



**LUMENOS H.I.A.s**  
Effective January 1, 2010

	HIA \$2500/5000 80%/60%				HIA \$1500/3000 80%/60%			
	Single		Two -		Single		Two -	
	Male	Female	Person	Family	Male	Female	Person	Family
<19	\$110.43	\$155.83	\$256.64	\$482.48	\$150.97	\$213.29	\$351.06	\$661.14
19-24	\$110.43	\$155.83	\$256.64	\$482.48	\$150.97	\$213.29	\$351.06	\$661.14
25-29	\$110.43	\$155.83	\$256.64	\$482.48	\$150.97	\$213.29	\$351.06	\$661.14
30-34	\$146.57	\$179.07	\$260.90	\$545.74	\$200.59	\$245.19	\$356.90	\$747.98
35-39	\$146.57	\$179.07	\$260.90	\$545.74	\$200.59	\$245.19	\$356.90	\$747.98
40-44	\$188.75	\$197.13	\$289.36	\$584.24	\$258.49	\$270.01	\$395.98	\$800.86
45-49	\$218.23	\$221.01	\$324.98	\$610.92	\$298.97	\$302.81	\$444.90	\$837.50
50-54	\$296.31	\$304.71	\$468.66	\$722.14	\$406.19	\$417.71	\$642.18	\$990.22
55-59	\$386.89	\$384.31	\$610.96	\$873.60	\$530.55	\$527.01	\$837.58	\$1,198.18
60-64	\$519.21	\$458.53	\$774.18	\$1,029.36	\$712.23	\$628.93	\$1,061.70	\$1,412.04
65+	\$502.43	\$445.41	\$766.64	\$977.52	\$689.19	\$610.91	\$1,051.34	\$1,340.86

	HIAPlus \$2500/5000 80%/60% \$200 Contribution			
	Single		Two -	
	Male	Female	Person	Family
<19	\$122.55	\$167.95	\$280.88	\$506.72
19-24	\$122.55	\$167.95	\$280.88	\$506.72
25-29	\$122.55	\$167.95	\$280.88	\$506.72
30-34	\$158.69	\$191.19	\$285.14	\$569.98
35-39	\$158.69	\$191.19	\$285.14	\$569.98
40-44	\$200.87	\$209.25	\$313.60	\$608.48
45-49	\$230.35	\$233.13	\$349.22	\$635.16
50-54	\$308.43	\$316.83	\$492.90	\$746.38
55-59	\$399.01	\$396.43	\$635.20	\$897.84
60-64	\$531.33	\$470.65	\$798.42	\$1,053.60
65+	\$514.55	\$457.53	\$790.88	\$1,001.76