

Rate Guide

Copay 25SM

HSA 100[®]

Plan 100[®] | Plan 80SM | Basic PlanSM

**All plans include a first-year, 12-month rate guarantee
(subject to benefit and address changes)**

Rate Guide effective November 2005

Connecticut



Not For Consumer Use

33068-0107

Optional Benefits

See brochure for coverage details.

OPTIONAL BENEFITS AVAILABLE IN THE FOLLOWING PLANS				
DESIGNATED HEALTH PLAN	SUPPLEMENTAL ACCIDENT	TERM LIFE RIDER	PRESCRIPTION DRUG CARD	HSA HOSPITAL INDEMNITY
Copay 25 SM	X	X	Included	
HSA 100 [®] ,		X		X
Plan 100 [®] , Plan 80 SM	X	X	X	
Basic Plan SM	X	X		

Health Rating Classes

Health rating class is determined on a “per covered person” basis — each family member is evaluated individually. Golden Rule uses 3 health rating classes:

- 1) **Tobacco** — this includes any applicant who has used tobacco products, including smokeless tobacco, within the 12 months prior to application — about 20% of adult applicants;
- 2) **Preferred** — to be eligible for Preferred rates (a 10% discount), the applicant must be age 18 or older and applying as a Primary Insured or Spouse — children are always rated Standard. Additionally, this class includes applicants who are generally healthy and lead a healthy lifestyle — about 40% of adult applicants; and,
- 3) **Standard** — this includes applicants who have not used tobacco within the 12 months preceding application but are not eligible or do not qualify for Preferred rates — all children and about 40% of adult applicants.

How do you decide which health rating class an applicant belongs in?

You can make a reasonable determination by considering the applicant’s health and lifestyle.

First, determine if the applicant belongs in the **Tobacco** class by asking whether or not tobacco products have been used within the past 12 months. If the answer is “yes,” rate the applicant in the **Tobacco** class.

If the answer to the tobacco question is “no,” consider the applicant for the **Preferred** class. Many applicants will qualify. Although you cannot be 100% sure an applicant will qualify, you can make a reasonable determination by using your judgment and the following guidelines.

An applicant will not qualify for the **Preferred** class if he/she:

- 1) Is over or under the **Preferred** class height and weight chart guidelines (see chart);
- 2) Has a history of high blood pressure;
- 3) Has used tobacco products within the past 12 months; or,
- 4) Receives a medical exclusionary rider, whether temporary or permanent (does not include riders for minor conditions, previous C-section deliveries, avocation riders, or 1-year duration riders).

If the applicant answers “no” to the tobacco question and does not, in your opinion, qualify for the Preferred class, rate the applicant as **Standard**.

2 PREFERRED HEALTH CLASS HEIGHT/WEIGHT CHART		
	MALE	FEMALE
HEIGHT	WEIGHT (lbs.)	WEIGHT (lbs.)
4' 10"	106 - 146	99 - 138
4' 11"	109 - 148	100 - 140
5' 0"	112 - 151	103 - 143
5' 1"	115 - 154	106 - 146
5' 2"	117 - 157	108 - 150
5' 3"	121 - 160	111 - 153
5' 4"	124 - 163	113 - 157
5' 5"	128 - 167	116 - 161
5' 6"	131 - 171	119 - 165
5' 7"	134 - 175	122 - 168
5' 8"	138 - 178	125 - 172
5' 9"	141 - 184	129 - 176
5' 10"	145 - 189	132 - 179
5' 11"	149 - 195	136 - 184
6' 0"	153 - 202	140 - 189
6' 1"	157 - 209	144 - 194
6' 2"	161 - 216	148 - 200
6' 3"	165 - 224	151 - 205
6' 4"	170 - 232	155 - 209
6' 5"	174 - 240	160 - 214
6' 6"	179 - 248	165 - 219
6' 7"	183 - 256	171 - 225
6' 8"	187 - 264	177 - 231
6' 9"	194 - 272	182 - 236
6' 10"	200 - 280	188 - 242
6' 11"	206 - 288	194 - 248
7' 0"	212 - 296	200 - 255

To be eligible for Preferred rates, applicant’s weight must fall within the range for his or her gender and height.

Copay 25SM

1 BASE RATES									
\$500 DEDUCTIBLE			\$750 DEDUCTIBLE			\$1,250 DEDUCTIBLE			
AGE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE
0-20	159	174	156	137	149	135	119	130	117
21	160	182	161	138	156	138	120	136	120
22	162	190	165	139	163	142	121	142	123
23	163	197	169	140	170	145	122	148	127
24	165	204	173	142	176	149	124	153	130
25	167	213	177	144	183	153	125	159	133
26	170	218	181	146	188	156	127	164	136
27	172	223	185	148	192	159	129	168	138
28	176	229	189	151	197	162	132	172	142
29	180	235	194	154	202	166	135	176	145
30	183	241	198	158	207	170	137	181	149
31	189	248	204	163	213	176	142	186	153
32	196	255	211	169	220	182	147	191	159
33	204	263	219	175	226	188	153	197	164
34	212	271	226	182	233	194	159	203	169
35	219	278	233	188	239	200	164	208	175
36	227	286	241	195	246	207	170	215	181
37	235	295	249	202	254	214	176	221	187
38	244	304	258	210	261	221	183	228	193
39	254	313	267	218	269	229	190	234	200
40	264	322	276	227	277	237	198	242	207
41	270	332	284	233	285	244	203	249	213
42	278	342	292	239	294	251	208	256	219
43	294	352	305	253	303	262	221	264	229
44	309	362	318	266	312	273	232	272	238
45	326	372	331	280	320	285	244	279	248
46	340	384	344	293	330	296	255	288	258
47	355	396	357	306	340	307	267	297	268
48	372	408	371	320	351	319	279	306	278
49	390	420	386	336	361	332	293	315	289
50	407	431	400	350	371	344	305	323	300
51	430	443	417	370	381	359	323	332	313
52	455	455	436	391	391	375	341	341	327
53	480	466	454	413	401	390	360	350	340
54	504	476	471	433	410	405	378	357	353
55	529	489	490	455	420	422	397	366	368
56	556	501	510	478	431	439	417	376	383
57	590	516	533	507	444	458	442	387	400
58	625	532	557	537	457	479	469	399	418
59	662	548	582	570	471	501	497	411	437
60	702	564	608	604	485	523	527	423	456
61	744	581	636	640	500	547	558	436	477
62	789	599	664	678	515	571	592	449	498
63	836	616	694	719	530	597	627	462	521
64	886	635	725	762	546	624	665	476	544
Per Child: 149			Per Child: 128			Per Child: 111			

2 HEALTH CLASS FACTOR	
(See page 1.)	
Preferred	1.00
Standard	1.10
Tobacco	1.35

3 QUARTERLY TREND FACTOR	
2007	
Effective Date	Factor
January, February, March.....	1.125
April, May, June.....	1.150
July, August, September.....	1.175
October, November, December.....	1.200

4 AREA FACTORS BY FAVORITE ZIP CODES		
ZIP	PREFERRED NETWORK	SAVINGS-BASED NETWORK
060	0.79	N/A
061	0.79	N/A
062	0.79	N/A
063	0.79	N/A
064	0.79	N/A
065	0.79	N/A
066	0.79	N/A
067	0.79	N/A
068	0.87	N/A
069	0.87	N/A

Copay 25SM

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Child Alone:

Rate the child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits.

One-Parent Family:

Use the male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Children Only:

Rate the youngest child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits. Multiply the per child rate by the number of remaining children. Add the individual rate to the rate for the remaining child/children.

Optional Benefits (5, 6):

5 \$500 ACCIDENT BENEFIT				
Deductible	\$500	\$750	\$1,250	
Per Adult	5.53	6.22	7.08	
Per Child	6.59	7.38	8.43	

6 TERM LIFE BENEFIT		
AGE	MALE OR HUSBAND	FEMALE OR WIFE
To 24	6.18	5.38
25-29	6.18	5.38
30-34	6.69	5.84
35-39	7.98	6.95
40-44	11.33	9.88
45-49	17.50	15.26
50-54	16.37	14.29
55-59	25.79	22.50
60-64	24.81	21.62

PREMIUM CALCULATIONS			
	MALE OR HUSBAND	FEMALE OR WIFE	CHILD/CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
3 Quarterly Trend Factor	x _____		
4 Area Factor	x _____		
5 Optional Accident Benefit	+ _____		
6 Optional Term Life Benefit	+ _____		
Total Monthly Payment With Application	= _____		
		If Quarterly x 3	
Total Quarterly Payment With Application	= _____		

Single HSA 100[®]

1

BASE RATES						
2007	\$1,100 SINGLE DEDUCTIBLE		\$1,850 SINGLE DEDUCTIBLE		\$2,850 SINGLE DEDUCTIBLE	
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-20	111	105	91	84	74	68
21	112	111	92	89	75	72
22	113	118	93	94	75	76
23	114	123	94	99	76	80
24	115	129	95	104	77	84
25	117	135	96	108	78	88
26	118	139	97	112	79	91
27	120	143	99	115	80	93
28	123	147	101	119	82	96
29	126	152	103	122	84	99
30	128	156	105	126	85	102
31	133	161	109	130	88	106
32	138	167	113	135	92	109
33	143	172	118	140	95	113
34	149	178	123	145	99	117
35	154	184	127	149	103	121
36	160	190	132	154	107	125
37	166	197	137	160	111	129
38	173	203	143	165	115	134
39	180	210	148	171	120	139
40	187	217	154	177	124	143
41	192	224	158	183	128	148
42	197	232	162	189	131	153
43	209	239	173	195	140	158
44	220	247	182	202	147	163
45	233	255	192	208	155	168
46	243	264	201	214	162	173
47	254	273	210	221	170	179
48	267	282	220	228	178	184
49	280	291	231	235	187	190
50	292	300	241	242	195	195
51	310	309	255	250	206	202
52	328	318	270	257	219	208
53	346	326	285	264	231	213
54	364	334	300	270	243	218
55	382	343	315	278	255	224
56	401	351	331	285	267	230
57	425	362	351	293	284	237
58	451	373	372	302	301	244
59	478	384	394	311	319	251
60	506	395	418	321	338	259
61	537	407	443	330	358	267
62	569	420	469	340	379	275
63	603	432	497	350	402	283
64	639	445	527	361	426	291

2

HEALTH CLASS FACTOR

(See page 1.)

Preferred	1.00
Standard	1.10
Tobacco	1.35

3

QUARTERLY TREND FACTOR

2007

Effective Date	Factor
January, February, March	1.125
April, May, June	1.150
July, August, September	1.175
October, November, December	1.200

4

AREA FACTORS BY FAVORITE ZIP CODES

ZIP	PREFERRED NETWORK	SAVINGS-BASED NETWORK
060	0.79	1.21
061	0.79	1.21
062	0.79	1.21
063	0.79	1.21
064	0.79	1.21
065	0.79	1.21
066	0.79	1.21
067	0.79	1.21
068	0.87	1.30
069	0.87	1.30

HSA 100® — Single Deductibles

Preferred Health Class Eligibility:

To be considered, the applicant must be 18 years of age or older and otherwise meet the Health Rating Classes criteria listed on page 1.

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Optional Benefits (5, 6):

5 TERM LIFE BENEFIT		
AGE	MALE OR HUSBAND	FEMALE OR WIFE
To 24	6.18	5.38
25-29	6.18	5.38
30-34	6.69	5.84
35-39	7.98	6.95
40-44	11.33	9.88
45-49	17.50	15.26
50-54	16.37	14.29
55-59	25.79	22.50
60-64	24.81	21.62

6 HOSPITAL INDEMNITY BENEFIT	
\$1,850 - \$2,850 Deductibles	
One-time premium amount	40.00
<i>(This benefit is not available with \$1,100 deductible.)</i>	

PREMIUM CALCULATIONS			
MALE OR FEMALE			
1	Base Rate	_____	
2	Health Class Factor	x _____	
Sub Total		= _____	= _____
3	Quarterly Trend Factor	x _____	
4	Area Factor	x _____	
5	Optional Term Life Benefit	+ _____	
	HSA Monthly Deposit	+ _____	
Monthly Payment		= _____	
If Quarterly		x 3	
Quarterly Payment		= _____	
	One-Time HSA Set-Up Fee	+ 10.00	+ 10.00
6	Optional One-Time Hospital Indemnity Benefit	+ _____	+ _____
Total Payment With Application		= _____	= _____

Family HSA 100[®]

1

BASE RATES									
2007	\$2,200 FAMILY DEDUCTIBLE			\$3,800 FAMILY DEDUCTIBLE			\$5,650 FAMILY DEDUCTIBLE		
AGE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE
0-20	108	102	98	83	76	74	67	62	60
21	109	108	101	83	81	77	68	66	62
22	110	114	104	84	85	79	68	69	64
23	111	120	107	85	90	81	69	73	66
24	112	125	110	86	94	84	70	76	68
25	113	131	113	87	98	86	70	80	70
26	115	135	116	88	101	88	71	82	71
27	117	139	119	90	104	90	73	85	73
28	119	143	122	91	108	92	74	87	75
29	122	147	125	94	111	95	76	90	77
30	124	151	128	95	114	97	77	92	79
31	129	156	133	99	118	101	80	96	82
32	134	162	138	103	122	105	83	99	85
33	139	167	143	107	127	109	87	103	88
34	144	173	148	111	131	113	90	106	92
35	150	178	153	115	135	117	93	110	95
36	155	184	159	119	140	121	97	113	98
37	161	191	165	124	145	126	100	117	102
38	168	197	171	129	150	131	105	121	106
39	175	204	178	134	155	136	109	126	110
40	181	210	184	139	160	140	113	130	114
41	186	217	190	143	165	145	116	134	117
42	191	225	196	147	171	149	119	139	121
43	203	232	205	156	177	157	126	143	127
44	214	240	214	165	183	164	133	148	133
45	226	247	224	174	188	171	141	152	139
46	236	256	233	182	194	178	147	157	144
47	247	265	243	190	200	186	154	162	150
48	259	273	253	199	207	194	161	167	157
49	272	282	264	209	213	202	169	172	164
50	283	291	273	218	219	210	176	177	170
51	300	300	286	231	226	220	187	183	178
52	318	308	300	245	233	230	198	188	186
53	336	316	313	259	239	240	209	193	194
54	353	324	325	272	245	250	220	198	202
55	371	332	338	285	251	260	231	203	210
56	389	341	352	300	258	270	242	208	219
57	412	351	367	318	266	282	257	215	229
58	437	362	384	337	274	295	272	221	239
59	463	372	401	357	282	308	289	228	250
60	491	384	419	378	290	322	306	235	261
61	521	395	438	401	299	337	324	242	273
62	552	407	458	425	308	352	344	249	285
63	585	419	479	450	317	368	364	256	298
64	620	432	500	478	327	384	386	264	311
Per Child: 80			Per Child: 59			Per Child: 48			

2

HEALTH CLASS FACTOR

(See page 1.)

Preferred	1.00
Standard	1.10
Tobacco	1.35

3

QUARTERLY TREND FACTOR

2007

Effective Date	Factor
January, February, March	1.125
April, May, June	1.150
July, August, September	1.175
October, November, December	1.200

4

AREA FACTORS BY FAVORITE ZIP CODES

ZIP	PREFERRED NETWORK	SAVINGS-BASED NETWORK
060	0.79	1.21
061	0.79	1.21
062	0.79	1.21
063	0.79	1.21
064	0.79	1.21
065	0.79	1.21
066	0.79	1.21
067	0.79	1.21
068	0.87	1.30
069	0.87	1.30

HSA 100® — Family Deductibles

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

One-Parent Family:

Use the 1-parent male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Optional Benefits (5, 6):

5 TERM LIFE BENEFIT		
AGE	MALE OR HUSBAND	FEMALE OR WIFE
To 24	6.18	5.38
25-29	6.18	5.38
30-34	6.69	5.84
35-39	7.98	6.95
40-44	11.33	9.88
45-49	17.50	15.26
50-54	16.37	14.29
55-59	25.79	22.50
60-64	24.81	21.62

6 HOSPITAL INDEMNITY BENEFIT	
\$3,800 - \$5,650 Deductibles	
One-time premium amount	150.00
<i>(This benefit is not available with \$2,200 deductible.)</i>	

PREMIUM CALCULATIONS			
	1-PARENT MALE OR HUSBAND	1-PARENT FEMALE OR WIFE	CHILD/ CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
3 Quarterly Trend Factor	x _____		
4 Area Factor	x _____		
5 Optional Term Life Benefit	+ _____		
HSA Monthly Deposit	+ _____		
Monthly Payment	= _____		
	If Quarterly		If Monthly
	x 3		
Quarterly Payment	= _____		
One-Time HSA Set-Up Fee	+ 10.00		+ 10.00
6 Optional One-Time Hospital Indemnity Benefit	+ _____		+ _____
Total Payment With Application	= _____		= _____

Plan 100[®]

1 BASE RATES												
AGE	\$1,000 DEDUCTIBLE			\$1,500 DEDUCTIBLE			\$2,500 DEDUCTIBLE			\$5,000 DEDUCTIBLE		
	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE
0-20	111	105	101	92	85	83	74	67	66	64	58	56
21	112	111	105	93	90	85	75	72	68	65	62	58
22	113	118	108	94	95	88	76	76	70	65	65	60
23	114	123	111	95	100	90	76	80	72	66	69	62
24	115	129	114	96	104	93	77	84	74	67	72	64
25	117	135	117	97	109	95	78	88	76	67	76	66
26	118	139	120	98	113	98	79	91	78	68	78	67
27	120	143	122	100	116	100	81	94	80	69	81	69
28	123	147	126	102	120	103	82	97	82	71	83	71
29	126	152	129	104	123	106	84	100	85	73	86	73
30	128	156	132	106	127	108	86	103	87	74	88	75
31	133	161	137	110	131	112	89	106	90	77	92	78
32	138	167	142	114	136	116	93	110	94	80	95	81
33	143	172	147	119	141	121	96	114	97	83	98	84
34	149	178	153	124	146	126	100	119	101	86	102	87
35	154	184	158	128	150	130	104	122	105	89	105	90
36	160	190	164	133	156	135	108	127	109	93	109	94
37	166	197	170	138	161	140	112	131	113	96	113	97
38	173	203	177	144	167	145	117	136	118	100	117	101
39	180	210	183	150	172	151	121	141	122	104	121	105
40	187	217	190	155	178	156	126	146	127	108	125	109
41	192	224	195	159	184	161	129	151	131	111	130	112
42	197	232	202	164	190	166	133	156	135	114	134	116
43	209	239	211	174	197	174	141	161	142	121	139	122
44	220	247	221	183	203	182	149	167	148	128	144	127
45	233	255	231	193	210	190	157	172	155	135	148	133
46	243	264	240	202	217	198	165	178	162	142	153	139
47	254	273	250	212	225	207	172	185	168	148	159	145
48	267	282	261	222	232	215	181	191	176	155	164	151
49	280	291	272	233	240	225	190	197	183	163	170	158
50	292	300	282	243	247	233	198	204	190	170	175	164
51	310	309	295	258	255	244	210	210	199	180	181	171
52	328	318	309	273	262	256	222	216	209	191	186	180
53	346	326	322	288	269	267	235	222	218	202	191	188
54	364	334	335	303	276	278	247	228	227	212	196	195
55	382	343	349	318	283	289	259	234	236	223	201	203
56	401	351	363	334	290	301	272	240	246	234	206	211
57	425	362	379	354	299	314	289	247	257	248	213	221
58	451	373	396	375	308	328	306	255	268	263	219	231
59	478	384	414	398	317	343	324	262	280	279	226	241
60	506	395	432	422	327	358	344	270	293	296	232	252
61	537	407	452	447	337	374	364	278	306	313	239	263
62	569	420	472	474	347	391	386	287	320	332	246	275
63	603	432	493	502	357	409	409	295	334	352	254	288
64	639	445	516	532	368	427	434	304	350	373	261	301
Per Child: 83			Per Child: 66			Per Child: 52			Per Child: 45			

2 HEALTH CLASS FACTOR	
(See page 1.)	
Preferred	1.00
Standard	1.10
Tobacco	1.35

3 QUARTERLY TREND FACTOR	
2007	
Effective Date	Factor
January, February, March	1.125
April, May, June	1.150
July, August, September	1.175
October, November, December	1.200

4 AREA FACTORS BY FAVORITE ZIP CODES		
ZIP	PREFERRED NETWORK	SAVINGS-BASED NETWORK
060	0.79	1.21
061	0.79	1.21
062	0.79	1.21
063	0.79	1.21
064	0.79	1.21
065	0.79	1.21
066	0.79	1.21
067	0.79	1.21
068	0.87	1.30
069	0.87	1.30

Plan 100®

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Child Alone:

Rate the child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits.

One-Parent Family:

Use the male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Children Only:

Rate the youngest child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits. Multiply the per child rate by the number of remaining children. Add the individual rate to the rate for the remaining child/children.

Optional Benefits (5-7):

PRESCRIPTION DRUG CARD		
GENERIC: \$0 DEDUCTIBLE, THEN \$15 COPAY		
BRAND: \$250 DEDUCTIBLE, THEN		
– \$30 COPAY FOR PREFERRED		
– \$40 COPAY FOR NON-PREFERRED		
AGE	PER ADULT (based on Deductible)	
	\$1,000	\$1,500 – \$5,000
To 24	12.83	14.92
25-29	14.97	17.40
30-34	17.14	19.93
35-39	18.14	21.08
40-44	21.84	25.39
45-49	24.30	28.25
50-54	27.02	31.41
55-59	34.19	39.73
60-64	42.87	49.83
Per Child	12.83	14.92

\$500 ACCIDENT BENEFIT			
Deductible	\$1,000	\$1,500	\$2,500 – \$5,000
Per Adult	6.86	7.29	8.15
Per Child	8.17	8.69	9.70

TERM LIFE BENEFIT		
AGE	MALE OR HUSBAND	FEMALE OR WIFE
To 24	6.18	5.38
25-29	6.18	5.38
30-34	6.69	5.84
35-39	7.98	6.95
40-44	11.33	9.88
45-49	17.50	15.26
50-54	16.37	14.29
55-59	25.79	22.50
60-64	24.81	21.62

PREMIUM CALCULATIONS			
	MALE OR HUSBAND	FEMALE OR WIFE	CHILD/CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
3 Quarterly Trend Factor	x _____		
4 Area Factor	x _____		
5 Optional Prescription Drug Card Benefit	+ _____		
6 Optional Accident Benefit	+ _____		
7 Optional Term Life Benefit	+ _____		
Total Monthly Payment With Application	= _____		
	If Quarterly	x 3	
Total Quarterly Payment With Application	= _____		

Plan 80SM

1 BASE RATES												
AGE	\$1,000 DEDUCTIBLE			\$1,500 DEDUCTIBLE			\$2,500 DEDUCTIBLE			\$5,000 DEDUCTIBLE		
	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE
0-20	83	79	76	74	69	67	63	57	56	54	49	48
21	84	84	78	75	73	69	64	61	57	55	52	49
22	85	88	81	76	77	71	64	64	59	55	55	51
23	86	92	83	77	81	73	65	68	61	56	58	53
24	87	97	85	77	84	75	66	71	63	56	61	54
25	87	101	88	78	88	77	66	74	65	57	64	56
26	89	104	90	79	91	79	67	77	66	58	66	57
27	90	107	92	81	94	81	68	79	68	59	68	58
28	92	110	94	82	97	83	70	82	70	60	70	60
29	94	114	97	84	100	85	72	85	72	62	73	62
30	96	117	99	86	103	87	73	87	74	63	75	63
31	99	121	103	89	106	91	76	90	76	65	78	66
32	103	125	106	92	110	94	79	94	80	68	80	68
33	107	129	111	96	114	98	82	97	83	70	83	71
34	112	134	115	100	118	102	85	100	86	73	86	74
35	116	138	119	104	122	105	88	104	89	76	89	77
36	120	143	123	108	126	109	91	108	92	79	93	80
37	125	148	128	112	130	113	95	111	96	82	96	83
38	130	153	132	116	135	118	99	115	100	85	99	86
39	135	158	138	121	140	122	103	120	104	89	103	89
40	140	163	142	125	144	126	107	123	107	92	106	92
41	144	168	147	129	149	130	110	128	111	94	110	95
42	148	174	151	132	154	134	113	132	114	97	114	98
43	157	179	159	141	159	141	120	137	120	103	118	103
44	165	185	166	148	165	147	126	142	126	109	122	108
45	174	191	173	156	170	154	133	146	131	115	126	113
46	182	198	180	164	176	160	140	151	137	120	130	118
47	191	205	188	171	182	167	146	157	143	126	135	123
48	200	211	195	180	188	174	153	162	149	132	139	128
49	210	218	204	189	194	182	161	167	155	138	144	134
50	219	225	211	197	200	189	168	173	161	144	149	139
51	232	232	221	208	206	198	178	178	169	153	153	145
52	246	238	232	221	212	207	189	184	177	162	158	152
53	260	245	242	233	218	216	199	189	185	171	162	159
54	273	250	251	245	223	225	210	193	193	180	166	166
55	287	257	261	257	229	234	220	198	200	189	171	172
56	301	264	272	270	235	243	231	204	208	199	175	179
57	319	271	284	286	242	254	245	210	218	210	180	187
58	338	280	297	304	249	265	259	216	228	223	186	196
59	358	288	310	322	257	277	275	222	238	236	191	205
60	380	297	324	341	264	290	291	229	249	251	197	214
61	403	305	339	362	272	303	309	236	260	266	203	223
62	427	315	354	383	280	317	327	243	271	282	209	233
63	452	324	370	406	289	331	347	250	284	298	215	244
64	480	334	387	431	297	346	368	258	296	316	222	255
Per Child: 62			Per Child: 53			Per Child: 44			Per Child: 38			

2 HEALTH CLASS FACTOR	
(See page 1.)	
Preferred	1.00
Standard	1.10
Tobacco	1.35

3 QUARTERLY TREND FACTOR	
2007	
Effective Date	Factor
January, February, March	1.125
April, May, June	1.150
July, August, September	1.175
October, November, December	1.200

4 AREA FACTORS BY FAVORITE ZIP CODES		
ZIP	PREFERRED NETWORK	SAVINGS-BASED NETWORK
060	0.79	1.21
061	0.79	1.21
062	0.79	1.21
063	0.79	1.21
064	0.79	1.21
065	0.79	1.21
066	0.79	1.21
067	0.79	1.21
068	0.87	1.30
069	0.87	1.30

Plan 80SM

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Child Alone:

Rate the child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits.

One-Parent Family:

Use the male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Children Only:

Rate the youngest child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits. Multiply the per child rate by the number of remaining children. Add the individual rate to the rate for the remaining child/children.

Optional Benefits (5-7):

PRESCRIPTION DRUG CARD		
GENERIC: \$0 DEDUCTIBLE, THEN \$15 COPAY		
BRAND: \$250 DEDUCTIBLE, THEN		
– \$30 COPAY FOR PREFERRED		
– \$40 COPAY FOR NON-PREFERRED		
5		
AGE	PER ADULT (based on Deductible)	
	\$1,000	\$1,500 – \$5,000
To 24	12.83	14.92
25-29	14.97	17.40
30-34	17.14	19.93
35-39	18.14	21.08
40-44	21.84	25.39
45-49	24.30	28.25
50-54	27.02	31.41
55-59	34.19	39.73
60-64	42.87	49.83
Per Child	12.83	14.92

6 \$500 ACCIDENT BENEFIT			
Deductible	\$1,000	\$1,500	\$2,500 – \$5,000
Per Adult	6.86	7.29	8.15
Per Child	8.17	8.69	9.70

7 TERM LIFE BENEFIT		
AGE	MALE OR HUSBAND	FEMALE OR WIFE
To 24	6.18	5.38
25-29	6.18	5.38
30-34	6.69	5.84
35-39	7.98	6.95
40-44	11.33	9.88
45-49	17.50	15.26
50-54	16.37	14.29
55-59	25.79	22.50
60-64	24.81	21.62

PREMIUM CALCULATIONS			
	MALE OR HUSBAND	FEMALE OR WIFE	CHILD/CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
3 Quarterly Trend Factor	x _____		
4 Area Factor	x _____		
5 Optional Prescription Drug Card Benefit	+ _____		
6 Optional Accident Benefit	+ _____		
7 Optional Term Life Benefit	+ _____		
Total Monthly Payment With Application	= _____		
	If Quarterly	x 3	
Total Quarterly Payment With Application	= _____		

Basic PlanSM

1 BASE RATES															
\$500 DEDUCTIBLE				\$1,000 DEDUCTIBLE			\$1,500 DEDUCTIBLE			\$2,500 DEDUCTIBLE			\$5,000 DEDUCTIBLE		
AGE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE
0-20	90	100	88	65	63	60	56	57	52	45	46	42	39	40	36
21	91	105	91	66	67	61	57	60	54	46	49	43	39	42	37
22	91	109	93	67	70	63	57	63	55	46	52	45	40	44	38
23	92	114	95	67	74	65	58	66	57	47	54	46	40	47	39
24	93	118	98	68	77	67	58	69	59	47	56	47	41	49	41
25	94	122	100	69	80	69	59	72	60	48	59	48	41	51	42
26	96	126	102	70	83	70	60	75	62	48	61	50	42	52	43
27	97	129	104	71	85	72	61	77	63	49	63	51	42	54	44
28	99	132	107	72	88	74	62	79	65	50	64	52	43	55	45
29	101	135	109	74	91	76	64	81	66	52	66	54	44	57	46
30	103	139	112	75	93	78	65	83	68	52	68	55	45	59	47
31	107	143	115	78	96	81	67	86	70	54	71	57	47	61	49
32	111	147	119	81	100	84	70	89	73	57	73	59	49	63	51
33	115	151	123	84	103	87	73	92	76	59	76	61	51	65	53
34	119	156	128	88	107	90	76	95	79	61	78	64	53	67	55
35	123	160	132	91	110	93	78	98	81	63	81	66	55	69	57
36	128	165	136	94	114	97	81	101	84	66	83	68	57	72	59
37	133	170	141	98	118	100	84	105	87	68	86	71	59	74	61
38	138	175	146	102	122	104	88	108	91	71	89	74	61	77	63
39	144	180	151	106	126	108	91	112	94	74	92	77	64	79	66
40	149	185	156	110	130	112	95	115	97	77	95	79	66	82	68
41	152	191	160	113	134	115	97	119	100	79	98	82	68	84	70
42	157	197	165	116	139	119	100	123	103	81	101	84	70	87	73
43	166	203	172	123	143	125	106	127	108	86	105	88	74	90	76
44	175	209	180	130	148	130	112	131	113	91	108	92	78	93	79
45	184	214	187	137	153	136	118	135	118	96	112	97	83	96	83
46	193	221	194	143	158	141	124	139	123	101	115	101	86	99	87
47	201	228	202	150	163	147	129	144	128	105	119	105	91	103	90
48	211	235	210	157	169	154	136	149	133	110	123	109	95	106	94
49	221	242	219	165	174	160	143	153	139	116	127	114	100	109	98
50	231	249	226	172	180	166	149	158	144	121	131	118	104	113	102
51	244	256	237	183	185	174	157	163	151	128	135	124	110	116	106
52	258	263	247	193	190	182	167	168	158	136	139	130	117	120	111
53	272	269	257	204	195	190	176	172	165	144	143	135	123	123	116
54	286	275	267	215	200	197	185	176	172	151	146	141	130	126	121
55	300	282	278	225	205	205	195	180	178	159	150	146	136	129	126
56	315	288	288	237	210	213	204	185	185	166	154	152	143	132	131
57	334	297	301	251	217	223	216	191	194	176	158	159	152	136	137
58	354	306	315	266	223	233	229	196	202	187	163	166	161	140	143
59	375	315	329	282	230	244	243	202	212	198	168	173	170	144	149
60	398	325	344	299	237	255	258	208	221	210	173	181	181	149	156
61	421	334	359	317	244	266	273	214	231	223	178	189	191	153	163
62	447	344	375	336	251	278	290	221	241	236	183	198	203	158	170
63	474	355	392	356	259	290	307	227	252	250	189	207	215	163	178
64	502	365	410	377	267	304	325	234	264	265	195	216	228	167	186
Per Child: 81				Per Child: 49			Per Child: 41			Per Child: 32			Per Child: 28		

2 HEALTH CLASS FACTOR	
(See page 1.)	
Preferred	1.00
Standard	1.10
Tobacco	1.35

3 QUARTERLY TREND FACTOR	
2007	
Effective Date	Factor
January, February, March.....	1.125
April, May, June.....	1.150
July, August, September.....	1.175
October, November, December.....	1.200

4 AREA FACTORS BY FAVORITE ZIP CODES		
ZIP	PREFERRED NETWORK	SAVINGS-BASED NETWORK
060	0.79	1.21
061	0.79	1.21
062	0.79	1.21
063	0.79	1.21
064	0.79	1.21
065	0.79	1.21
066	0.79	1.21
067	0.79	1.21
068	0.87	1.30
069	0.87	1.30

Basic PlanSM

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Child Alone:

Rate the child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits.

One-Parent Family:

Use the male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Children Only:

Rate the youngest child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits. Multiply the per child rate by the number of remaining children. Add the individual rate to the rate for the remaining child/children.

Optional Benefits (5, 6):

5 \$500 ACCIDENT BENEFIT	
All Deductibles	
Per Adult	8.15
Per Child	9.70

6 TERM LIFE BENEFIT		
AGE	MALE OR HUSBAND	FEMALE OR WIFE
To 24	6.18	5.38
25-29	6.18	5.38
30-34	6.69	5.84
35-39	7.98	6.95
40-44	11.33	9.88
45-49	17.50	15.26
50-54	16.37	14.29
55-59	25.79	22.50
60-64	24.81	21.62

PREMIUM CALCULATIONS			
	MALE OR HUSBAND	FEMALE OR WIFE	CHILD/CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
		3 Quarterly Trend Factor	x _____
		4 Area Factor	x _____
		5 Optional Accident Benefit	+ _____
		6 Optional Term Life Benefit	+ _____
		Total Monthly Payment With Application	= _____
		If Quarterly	x 3
		Total Quarterly Payment With Application	= _____

2 easy ways to access information and service.

Online

Visit **www.goldenrule.com/estore** — Golden Rule's quoting and application Web site.*

- **Increase Your Sales** — Invite clients to shop in your own personalized E-Store, with all the resources you need to quote, track, and follow up electronically.
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- **E-Submission** — Go from quote to purchase in minutes — applications are signed electronically.

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