

Personal Health Coverage - H Plans™



Monthly Premiums Effective 8/1/09

H01 \$250 deductible, 80% Coinsurance, \$1,250 Out-of-Pocket Max \$20 Office Visit Maternity \$331.81				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$255.85	\$255.85	\$255.85	\$255.85
18-24	\$309.34	\$361.87	\$386.69	\$452.36
25-29	\$323.77	\$398.93	\$404.72	\$498.68
30-34	\$344.98	\$450.49	\$448.47	\$585.63
35-39	\$396.64	\$513.57	\$535.47	\$693.33
40-44	\$471.71	\$577.57	\$660.40	\$808.59
45-49	\$601.71	\$666.71	\$872.49	\$966.74
50-54	\$733.65	\$726.10	\$1,100.49	\$1,089.15
55-59	\$861.83	\$786.93	\$1,292.75	\$1,180.39
60-64	\$979.15	\$860.26	\$1,468.73	\$1,290.40
65+	\$1,324.97	\$1,216.24	\$1,987.47	\$1,824.37

H02 \$500 deductible, 80% Coinsurance, \$1,500 Out-of-Pocket Max \$20 Office Visit Maternity \$308.86				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$217.92	\$217.92	\$217.92	\$217.92
18-24	\$263.49	\$308.23	\$329.37	\$385.29
25-29	\$275.78	\$339.79	\$344.73	\$424.75
30-34	\$293.84	\$383.71	\$381.98	\$498.81
35-39	\$337.84	\$437.45	\$456.08	\$590.55
40-44	\$401.78	\$491.95	\$562.50	\$688.73
45-49	\$512.52	\$567.87	\$743.14	\$823.42
50-54	\$624.90	\$618.46	\$937.34	\$927.70
55-59	\$734.07	\$670.26	\$1,101.11	\$1,005.41
60-64	\$834.00	\$732.73	\$1,251.01	\$1,099.11
65+	\$1,128.55	\$1,035.94	\$1,692.85	\$1,553.93

H03 \$1,000 deductible, 80% Coinsurance, \$2,000 Out-of-Pocket Max \$20 Office Visit Maternity \$278.57				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$174.66	\$174.66	\$174.66	\$174.66
18-24	\$211.18	\$247.04	\$263.97	\$308.80
25-29	\$221.03	\$272.34	\$276.28	\$340.42
30-34	\$235.50	\$307.53	\$306.16	\$399.80
35-39	\$270.78	\$350.60	\$365.55	\$473.33
40-44	\$322.03	\$394.29	\$450.83	\$552.01
45-49	\$410.77	\$455.14	\$595.63	\$659.97
50-54	\$500.84	\$495.69	\$751.28	\$743.54
55-59	\$588.35	\$537.21	\$882.53	\$805.83
60-64	\$668.44	\$587.28	\$1,002.67	\$880.92
65+	\$904.51	\$830.28	\$1,356.80	\$1,245.46

H05 \$2,500 deductible, 80% Coinsurance, \$3,500 Out-of-Pocket Max \$20 Office Visit Maternity \$219.50				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$136.40	\$136.40	\$136.40	\$136.40
18-24	\$164.93	\$192.93	\$206.16	\$241.16
25-29	\$172.62	\$212.69	\$215.77	\$265.87
30-34	\$183.92	\$240.17	\$239.09	\$312.23
35-39	\$211.47	\$273.82	\$285.48	\$369.64
40-44	\$251.49	\$307.93	\$352.09	\$431.11
45-49	\$320.80	\$355.46	\$465.16	\$515.41
50-54	\$391.14	\$387.11	\$586.72	\$580.69
55-59	\$459.48	\$419.54	\$689.23	\$629.32
60-64	\$522.02	\$458.64	\$783.05	\$687.97
65+	\$706.40	\$648.44	\$1,059.62	\$972.66

H11 \$1,000 deductible, 80% Coinsurance, \$2,000 Out-of-Pocket Max \$30 Office Visit Maternity \$278.57				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$163.90	\$163.90	\$163.90	\$163.90
18-24	\$198.17	\$231.82	\$247.71	\$289.78
25-29	\$207.41	\$255.56	\$259.26	\$319.45
30-34	\$220.99	\$288.58	\$287.28	\$375.16
35-39	\$254.09	\$329.00	\$343.02	\$444.15
40-44	\$302.18	\$369.99	\$423.04	\$517.98
45-49	\$385.46	\$427.09	\$558.91	\$619.28
50-54	\$469.98	\$465.14	\$704.97	\$697.72
55-59	\$552.08	\$504.10	\$828.13	\$756.16
60-64	\$627.24	\$551.08	\$940.87	\$826.63
65+	\$848.78	\$779.12	\$1,273.17	\$1,168.70

H13 \$2,500 deductible, 80% Coinsurance, \$3,500 Out-of-Pocket Max \$30 Office Visit Maternity \$219.50				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$127.32	\$127.32	\$127.32	\$127.32
18-24	\$153.95	\$180.09	\$192.44	\$225.11
25-29	\$161.13	\$198.54	\$201.41	\$248.17
30-34	\$171.68	\$224.19	\$223.18	\$291.46
35-39	\$197.39	\$255.58	\$266.48	\$345.04
40-44	\$234.76	\$287.43	\$328.65	\$402.41
45-49	\$299.45	\$331.80	\$434.19	\$481.10
50-54	\$365.11	\$361.35	\$547.66	\$542.03
55-59	\$428.90	\$391.62	\$643.35	\$587.43
60-64	\$487.28	\$428.12	\$730.93	\$642.18
65+	\$659.39	\$605.27	\$989.08	\$907.91

H18 \$5,000 deductible, 100% Coinsurance, \$5,000 Out-of-Pocket Max \$30 Office Visit Maternity \$178.44				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$100.83	\$100.83	\$100.83	\$100.83
18-24	\$121.92	\$142.62	\$152.40	\$178.28
25-29	\$127.60	\$157.22	\$159.51	\$196.54
30-34	\$135.96	\$177.54	\$176.74	\$230.81
35-39	\$156.32	\$202.41	\$211.03	\$273.24
40-44	\$185.91	\$227.63	\$260.28	\$318.68
45-49	\$237.14	\$262.76	\$343.86	\$381.01
50-54	\$289.14	\$286.17	\$433.71	\$429.25
55-59	\$339.66	\$310.13	\$509.49	\$465.20
60-64	\$385.89	\$339.04	\$578.84	\$508.56
65+	\$522.19	\$479.34	\$783.29	\$719.00

H20 \$500 deductible, 80% Coinsurance, \$1,500 Out-of-Pocket Max Maternity \$308.86				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$177.39	\$177.39	\$177.39	\$177.39
18-24	\$214.48	\$250.91	\$268.12	\$313.65
25-29	\$224.49	\$276.61	\$280.61	\$345.76
30-34	\$239.19	\$312.35	\$310.94	\$406.06
35-39	\$275.01	\$356.09	\$371.27	\$480.73
40-44	\$327.07	\$400.46	\$457.90	\$560.65
45-49	\$417.21	\$462.28	\$604.95	\$670.30
50-54	\$508.69	\$503.45	\$763.02	\$755.17
55-59	\$597.55	\$545.62	\$896.33	\$818.44
60-64	\$678.90	\$596.47	\$1,018.35	\$894.70
65+	\$918.68	\$843.29	\$1,378.02	\$1,264.93

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Monthly Premiums Effective 8/1/09



H21 \$1,000 deductible, 80% Coinsurance, \$2,000 Out-of-Pocket Max Maternity \$278.57				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$135.05	\$135.05	\$135.05	\$135.05
18-24	\$163.28	\$191.00	\$204.10	\$238.76
25-29	\$170.90	\$210.56	\$213.62	\$263.21
30-34	\$182.08	\$237.77	\$236.71	\$309.12
35-39	\$209.36	\$271.08	\$282.64	\$365.96
40-44	\$248.98	\$304.85	\$348.58	\$426.80
45-49	\$317.60	\$351.91	\$460.52	\$510.27
50-54	\$387.23	\$383.25	\$580.86	\$574.88
55-59	\$454.89	\$415.36	\$682.34	\$623.04
60-64	\$516.82	\$454.06	\$775.23	\$681.10
65+	\$699.35	\$641.96	\$1,049.03	\$962.95

H25 \$2,500 deductible, 100% Coinsurance, \$2,500 Out-of-Pocket Max Maternity \$238.79				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$102.95	\$102.95	\$102.95	\$102.95
18-24	\$124.47	\$145.61	\$155.60	\$182.01
25-29	\$130.28	\$160.53	\$162.85	\$200.65
30-34	\$138.81	\$181.26	\$180.46	\$235.66
35-39	\$159.60	\$206.65	\$215.46	\$278.97
40-44	\$189.80	\$232.40	\$265.74	\$325.37
45-49	\$242.11	\$268.27	\$351.06	\$388.99
50-54	\$295.20	\$292.17	\$442.81	\$438.26
55-59	\$346.78	\$316.64	\$520.18	\$474.97
60-64	\$393.99	\$346.15	\$590.99	\$519.24
65+	\$533.14	\$489.39	\$799.73	\$734.10

H26 \$5,000 deductible, 80% Coinsurance, \$6,000 Out-of-Pocket Max Maternity \$166.44				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$63.91	\$63.91	\$63.91	\$63.91
18-24	\$77.27	\$90.40	\$96.60	\$113.00
25-29	\$80.88	\$99.65	\$101.10	\$124.57
30-34	\$86.17	\$112.54	\$112.03	\$146.29
35-39	\$99.08	\$128.29	\$133.76	\$173.20
40-44	\$117.83	\$144.28	\$164.97	\$201.99
45-49	\$150.30	\$166.54	\$217.95	\$241.50
50-54	\$183.27	\$181.38	\$274.91	\$272.08
55-59	\$215.28	\$196.57	\$322.93	\$294.86
60-64	\$244.59	\$214.89	\$366.89	\$322.34
65+	\$330.98	\$303.82	\$496.47	\$455.74

H28 \$5,000 deductible, 100% Coinsurance, \$5,000 Out-of-Pocket Max Maternity \$178.44				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$66.47	\$66.47	\$66.47	\$66.47
18-24	\$80.37	\$94.02	\$100.46	\$117.51
25-29	\$84.11	\$103.64	\$105.15	\$129.55
30-34	\$89.62	\$117.03	\$116.52	\$152.15
35-39	\$103.04	\$133.42	\$139.11	\$180.12
40-44	\$122.55	\$150.05	\$171.57	\$210.08
45-49	\$156.33	\$173.21	\$226.67	\$251.15
50-54	\$190.60	\$188.64	\$285.90	\$282.96
55-59	\$223.90	\$204.44	\$335.85	\$306.66
60-64	\$254.38	\$223.50	\$381.57	\$335.24
65+	\$344.22	\$315.98	\$516.34	\$473.96

H29 \$20 Office Visit Copay Plan Maternity \$374.33				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$288.17	\$288.17	\$288.17	\$288.17
18-24	\$348.44	\$407.60	\$435.54	\$509.51
25-29	\$364.68	\$449.33	\$455.85	\$561.68
30-34	\$388.56	\$507.40	\$505.13	\$659.63
35-39	\$446.75	\$578.47	\$603.11	\$780.93
40-44	\$531.31	\$650.54	\$743.84	\$910.77
45-49	\$677.74	\$750.95	\$982.72	\$1,088.88
50-54	\$826.35	\$817.84	\$1,239.53	\$1,226.77
55-59	\$970.72	\$886.35	\$1,456.09	\$1,329.53
60-64	\$1,102.86	\$968.96	\$1,654.30	\$1,453.44
65+	\$1,492.38	\$1,369.91	\$2,238.59	\$2,054.88

H30 \$30 Office Visit Copay Plan Maternity \$338.98				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$261.24	\$261.24	\$261.24	\$261.24
18-24	\$315.87	\$369.51	\$394.84	\$461.89
25-29	\$330.60	\$407.34	\$413.25	\$509.19
30-34	\$352.24	\$459.99	\$457.92	\$597.99
35-39	\$405.00	\$524.40	\$546.75	\$707.96
40-44	\$481.65	\$589.75	\$674.32	\$825.65
45-49	\$614.40	\$680.77	\$890.89	\$987.12
50-54	\$749.12	\$741.41	\$1,123.68	\$1,112.11
55-59	\$880.00	\$803.52	\$1,320.00	\$1,205.27
60-64	\$999.79	\$878.40	\$1,499.69	\$1,317.59
65+	\$1,352.91	\$1,241.88	\$2,029.36	\$1,862.82

Estimating Your Personal Health Coverage Monthly Premium

The premium tables can be used to estimate your Personal Health Coverage plan's monthly premium. The premiums listed are for a preferred risk. Your actual rate may vary based on your health status. Your rates will be calculated by our automated system and your final rate may vary due to rounding.

Optional Dental Coverage Available

Monthly premiums are \$26.50 for each adult and \$14.60 for each dependent from age 2 through age 17. Your dental premiums will be billed with your individual health coverage.



of Tennessee
plans for better health. plans for a better life.™

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