

# Empower Individual HSA Plan Single Rate Sheet

The premium for this plan is determined by the age and health history of each individual seeking coverage. For each age category there is a range of rates. This rate sheet lists the **preferred** rates for the plan. Acceptance for coverage and actual premium will be based on the results of health underwriting and health risk factors of each individual to be covered. **Your final rate may be up to 66.7% higher than our preferred rate, based on your health status and history.**

You can **estimate** your monthly premium using the worksheet below.

Please Note: If your contract status changes from Single to Family during the year, you will be moved to a new Family Rate Structure and your rates may change.

<b>Worksheet for Estimating Premiums</b>
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Choose a Deductible Option \_\_\_\_\_

Applicant Rate \$ \_\_\_\_\_

Estimated Monthly Premium \$ \_\_\_\_\_

Deductible Options without Chemical Dependency Coverage				
Age	80% Plans		100% Plans	
	\$1200	\$2000	\$2600	\$5000
<b>0-29</b>	\$143.70	\$117.38	\$122.18	\$99.15
<b>30-39</b>	\$160.13	\$130.73	\$136.13	\$110.48
<b>40-44</b>	\$177.53	\$144.98	\$150.90	\$122.48
<b>45-49</b>	\$219.75	\$179.48	\$186.75	\$151.65
<b>50-54</b>	\$293.10	\$239.40	\$249.15	\$202.28
<b>55-59</b>	\$369.60	\$301.88	\$314.18	\$255.00
<b>60-64</b>	\$413.03	\$337.28	\$351.08	\$285.00

Deductible Options with Chemical Dependency Coverage				
Age	80% Plans		100% Plans	
	\$1200	\$2000	\$2600	\$5000
<b>0-29</b>	\$147.98	\$120.90	\$125.85	\$102.15
<b>30-39</b>	\$164.93	\$134.63	\$140.18	\$113.78
<b>40-44</b>	\$182.85	\$149.33	\$155.40	\$126.15
<b>45-49</b>	\$226.35	\$184.88	\$192.38	\$156.23
<b>50-54</b>	\$301.88	\$246.60	\$256.65	\$208.35
<b>55-59</b>	\$380.70	\$310.95	\$323.63	\$262.65
<b>60-64</b>	\$425.40	\$347.40	\$361.58	\$293.55

**Note:** Keep this rate sheet for future reference. When a member has a birthday that places he or she in a new age category, that member's rate will be adjusted accordingly. You will not receive additional notification.

*Rates are subject to change.*

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Please Note: If your contract status changes from Single to Family during the year, you will be moved to a new Family Rate Structure and your rates may change.

## Worksheet for Estimating Premiums

Choose a Deductible Option \_\_\_\_\_

Applicant Rate \$ \_\_\_\_\_

Estimated Monthly Premium \$ \_\_\_\_\_

Deductible Options without Chemical Dependency Coverage				
	80% Plans		100% Plans	
Age	\$1200	\$2000	\$2600	\$5000
0-29	\$165.23	\$135.00	\$140.48	\$114.00
30-39	\$184.13	\$150.30	\$156.53	\$127.05
40-44	\$204.15	\$166.73	\$173.55	\$140.85
45-49	\$252.75	\$206.40	\$214.80	\$174.38
50-54	\$337.05	\$275.33	\$286.50	\$232.65
55-59	\$425.03	\$347.18	\$361.28	\$293.25
60-64	\$474.98	\$387.90	\$403.73	\$327.75

Deductible Options with Chemical Dependency Coverage				
	80% Plans		100% Plans	
Age	\$1200	\$2000	\$2600	\$5000
0-29	\$170.18	\$139.05	\$144.75	\$117.45
30-39	\$189.68	\$154.80	\$161.18	\$130.88
40-44	\$210.30	\$171.75	\$178.73	\$145.05
45-49	\$260.33	\$212.63	\$221.25	\$179.63
50-54	\$347.18	\$283.58	\$295.13	\$239.63
55-59	\$437.78	\$357.60	\$372.13	\$302.03
60-64	\$489.23	\$399.53	\$415.80	\$337.58

**Note:** Keep this rate sheet for future reference. When a member has a birthday that places he or she in a new age category, that member's rate will be adjusted accordingly. You will not receive additional notification.

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# Empower Individual HSA Plan Single Rate Sheet

The premium for this plan is determined by the age and health history of each individual seeking coverage. For each age category there is a range of rates. This rate sheet lists the **preferred** rates for the plan. Acceptance for coverage and actual premium will be based on the results of health underwriting and health risk factors of each individual to be covered. **Your final rate may be up to 66.7% higher than our preferred rate, based on your health status and history.**

You can **estimate** your monthly premium using the worksheet below.

Please Note: If your contract status changes from Single to Family during the year, you will be moved to a new Family Rate Structure and your rates may change.

**Worksheet for Estimating Premiums**

Choose a Deductible Option \_\_\_\_\_

Applicant Rate \$ \_\_\_\_\_

Estimated Monthly Premium \$ \_\_\_\_\_

Deductible Options without Chemical Dependency Coverage				
	80% Plans		100% Plans	
Age	\$1200	\$2000	\$2600	\$5000
<b>0-29</b>	\$158.10	\$129.15	\$134.40	\$109.05
<b>30-39</b>	\$176.18	\$143.78	\$149.78	\$121.50
<b>40-44</b>	\$195.30	\$159.45	\$165.98	\$134.70
<b>45-49</b>	\$241.73	\$197.40	\$205.43	\$166.80
<b>50-54</b>	\$322.43	\$263.33	\$274.05	\$222.53
<b>55-59</b>	\$406.58	\$332.10	\$345.60	\$280.50
<b>60-64</b>	\$454.35	\$371.03	\$386.18	\$313.50

Deductible Options with Chemical Dependency Coverage				
	80% Plans		100% Plans	
Age	\$1200	\$2000	\$2600	\$5000
<b>0-29</b>	\$162.75	\$132.98	\$138.45	\$112.35
<b>30-39</b>	\$181.43	\$148.13	\$154.20	\$125.18
<b>40-44</b>	\$201.15	\$164.25	\$170.93	\$138.75
<b>45-49</b>	\$249.00	\$203.40	\$211.65	\$171.83
<b>50-54</b>	\$332.10	\$271.28	\$282.30	\$229.20
<b>55-59</b>	\$418.80	\$342.08	\$356.03	\$288.90
<b>60-64</b>	\$467.93	\$382.13	\$397.73	\$322.88

**Note:** Keep this rate sheet for future reference. When a member has a birthday that places he or she in a new age category, that member's rate will be adjusted accordingly. You will not receive additional notification.

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## Empower Individual HSA Plan Family Rate Sheet

The premium for this plan is determined by the age and health history of each individual seeking coverage. For each age category there is a range of rates. This rate sheet lists the **preferred** rates for the plan. Acceptance for coverage and actual premium will be based on the results of health underwriting and health risk factors of each individual to be covered. **Your final rate may be up to 66.7% higher than our preferred rate, based on your health status and history.**

You can **estimate** your monthly premium using the worksheet below. To calculate your estimated premium, multiply the appropriate rate (based on age and plan selection) by the number of family members in each age category. Adding the totals of all categories will give you the estimated total monthly premium.

### ***Covering your dependents?***

Dependent children must be under age 19; or under age 25 if a full-time student. Premiums are charged for a maximum of three children on a *family contract*. A family contract covers at least one adult policyholder and one or more dependent children.

To estimate your premium when covering your dependent children only, use the **Age 0-29** rates for one child. Additional children will be charged the dependent children rates. Premiums are charged for a maximum of three additional children.

Please Note: If your contract status changes from Family to Single during the year, you will be moved to a new Single Rate Structure and your rates may change.

### Worksheet for Estimating Premiums

<b>Choose a Deductible Option</b>	_____
<b>Applicant Rate</b>	\$ _____
<b>Spouse Rate</b>	\$ _____
<b>Dependent Children Rate</b>	<b>1 Child</b> \$ _____ <b>2 Children</b> \$ _____ <b>3 or more</b> \$ _____
<b>Estimated Monthly Premium</b>	<b>\$ _____</b>

*Rates are subject to change.*

<b>Deductible Options without Chemical Dependency Coverage</b>				
	<b>80% Plans</b>		<b>100% Plans</b>	
<b>Age</b>	<b>\$2400</b>	<b>\$4000</b>	<b>\$5150</b>	<b>\$10000</b>
<b>0-29</b>	\$125.78	\$102.68	\$106.88	\$ 86.78
<b>30-39</b>	\$140.10	\$114.38	\$119.10	\$ 96.68
<b>40-44</b>	\$155.33	\$126.83	\$132.08	\$107.18
<b>45-49</b>	\$192.30	\$157.05	\$163.43	\$132.68
<b>50-54</b>	\$256.50	\$209.48	\$218.03	\$177.00
<b>55-59</b>	\$323.40	\$264.15	\$274.88	\$223.13
<b>60-64</b>	\$361.35	\$295.13	\$307.20	\$249.38

**Dependent Children Rates**

1 child	\$108.83	\$ 88.88	\$ 92.48	\$ 75.08
2 children	\$223.13	\$182.18	\$189.60	\$153.90
3 or more	\$344.63	\$281.48	\$292.88	\$237.75

<b>Deductible Options with Chemical Dependency Coverage</b>				
	<b>80% Plans</b>		<b>100% Plans</b>	
<b>Age</b>	<b>\$2400</b>	<b>\$4000</b>	<b>\$5150</b>	<b>\$10000</b>
<b>0-29</b>	\$129.53	\$105.75	\$110.10	\$ 89.40
<b>30-39</b>	\$144.30	\$117.83	\$122.70	\$ 99.60
<b>40-44</b>	\$159.98	\$130.65	\$136.05	\$110.40
<b>45-49</b>	\$198.08	\$161.78	\$168.30	\$136.65
<b>50-54</b>	\$264.23	\$215.78	\$224.55	\$182.33
<b>55-59</b>	\$333.08	\$272.10	\$283.13	\$229.80
<b>60-64</b>	\$372.23	\$303.98	\$316.43	\$256.88

**Dependent Children Rates**

1 child	\$112.13	\$ 91.58	\$ 95.25	\$ 77.33
2 children	\$229.80	\$187.65	\$195.30	\$158.55
3 or more	\$354.98	\$289.95	\$301.65	\$244.88

**Note:** Keep this rate sheet for future reference. When a member has a birthday that places he or she in a new age category, that member's rate will be adjusted accordingly. You will not receive additional notification.

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# Empower Individual HSA Plan Family Rate Sheet

The premium for this plan is determined by the age and health history of each individual seeking coverage. For each age category there is a range of rates. This rate sheet lists the **preferred** rates for the plan. Acceptance for coverage and actual premium will be based on the results of health underwriting and health risk factors of each individual to be covered. **Your final rate may be up to 66.7% higher than our preferred rate, based on your health status and history.**

You can **estimate** your monthly premium using the worksheet below. To calculate your estimated premium, multiply the appropriate rate (based on age and plan selection) by the number of family members in each age category. Adding the totals of all categories will give you the estimated total monthly premium.

### ***Covering your dependents?***

Dependent children must be under age 19; or under age 25 if a full-time student. Premiums are charged for a maximum of three children on a *family contract*. A family contract covers at least one adult policyholder and one or more dependent children.

To estimate your premium when covering your dependent children only, use the **Age 0-29** rates for one child. Additional children will be charged the dependent children rates. Premiums are charged for a maximum of three additional children.

Please Note: If your contract status changes from Family to Single during the year, you will be moved to a new Single Rate Structure and your rates may change.

## Worksheet for Estimating Premiums

<b>Choose a Deductible Option</b>	_____
<b>Applicant Rate</b>	\$ _____
<b>Spouse Rate</b>	\$ _____
<b>Dependent Children Rate</b>	<b>1 Child</b> \$ _____
	<b>2 Children</b> \$ _____
	<b>3 or more</b> \$ _____
<b>Estimated Monthly Premium</b>	\$ _____

*Rates are subject to change.*

<b>Deductible Options without Chemical Dependency Coverage</b>				
	<b>80% Plans</b>		<b>100% Plans</b>	
<b>Age</b>	<b>\$2400</b>	<b>\$4000</b>	<b>\$5150</b>	<b>\$10000</b>
<b>0-29</b>	\$144.68	\$118.05	\$122.93	\$ 99.83
<b>30-39</b>	\$161.10	\$131.55	\$136.95	\$111.15
<b>40-44</b>	\$178.65	\$145.88	\$151.88	\$123.23
<b>45-49</b>	\$221.18	\$180.60	\$187.95	\$152.55
<b>50-54</b>	\$294.98	\$240.90	\$250.73	\$203.55
<b>55-59</b>	\$371.93	\$303.75	\$316.13	\$256.58
<b>60-64</b>	\$415.58	\$339.38	\$353.25	\$286.80

**Dependent Children Rates**

1 child	\$125.18	\$102.23	\$106.35	\$ 86.33
2 children	\$256.58	\$209.48	\$218.03	\$177.00
3 or more	\$396.30	\$323.70	\$336.83	\$273.45

<b>Deductible Options with Chemical Dependency Coverage</b>				
	<b>80% Plans</b>		<b>100% Plans</b>	
<b>Age</b>	<b>\$2400</b>	<b>\$4000</b>	<b>\$5150</b>	<b>\$10000</b>
<b>0-29</b>	\$148.95	\$121.65	\$126.60	\$102.83
<b>30-39</b>	\$165.98	\$135.53	\$141.08	\$114.53
<b>40-44</b>	\$183.98	\$150.23	\$156.45	\$126.98
<b>45-49</b>	\$227.78	\$186.08	\$193.58	\$157.13
<b>50-54</b>	\$303.83	\$248.18	\$258.23	\$209.70
<b>55-59</b>	\$383.03	\$312.90	\$325.58	\$264.30
<b>60-64</b>	\$428.03	\$349.58	\$363.90	\$295.43

**Dependent Children Rates**

1 child	\$128.93	\$105.30	\$109.58	\$ 88.95
2 children	\$264.30	\$215.78	\$224.63	\$182.33
3 or more	\$408.23	\$333.45	\$346.88	\$281.63

**Note:** Keep this rate sheet for future reference. When a member has a birthday that places him or her in a new age category, that member's rate will be adjusted accordingly; you will not receive additional notification.

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## Empower Individual HSA Plan Family Rate Sheet

The premium for this plan is determined by the age and health history of each individual seeking coverage. For each age category there is a range of rates. This rate sheet lists the **preferred** rates for the plan. Acceptance for coverage and actual premium will be based on the results of health underwriting and health risk factors of each individual to be covered. **Your final rate may be up to 66.7% higher than our preferred rate, based on your health status and history.**

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To estimate your premium when covering your dependent children only, use the **Age 0-29** rates for one child. Additional children will be charged the dependent children rates. Premiums are charged for a maximum of three additional children.

Please Note: If your contract status changes from Family to Single during the year, you will be moved to a new Single Rate Structure and your rates may change.

### Worksheet for Estimating Premiums

<b>Choose a Deductible Option</b>	_____
<b>Applicant Rate</b>	\$ _____
<b>Spouse Rate</b>	\$ _____
<b>Dependent Children Rate</b>	<b>1 Child</b> \$ _____ <b>2 Children</b> \$ _____ <b>3 or more</b> \$ _____
<b>Estimated Monthly Premium</b>	<b>\$ _____</b>

*Rates are subject to change.*

<b>Deductible Options without Chemical Dependency Coverage</b>				
	<b>80% Plans</b>		<b>100% Plans</b>	
<b>Age</b>	<b>\$2400</b>	<b>\$4000</b>	<b>\$5150</b>	<b>\$10000</b>
<b>0-29</b>	\$138.38	\$112.95	\$117.60	\$ 95.48
<b>30-39</b>	\$154.13	\$125.85	\$131.03	\$106.35
<b>40-44</b>	\$170.85	\$139.50	\$145.28	\$117.90
<b>45-49</b>	\$211.50	\$172.73	\$179.78	\$145.95
<b>50-54</b>	\$282.15	\$230.40	\$239.85	\$194.70
<b>55-59</b>	\$355.73	\$290.55	\$302.40	\$245.48
<b>60-64</b>	\$397.50	\$324.68	\$337.95	\$274.35

**Dependent Children Rates**

1 child	\$119.70	\$ 97.80	\$101.70	\$ 82.58
2 children	\$245.48	\$200.40	\$208.58	\$169.28
3 or more	\$379.13	\$309.60	\$322.20	\$261.53

<b>Deductible Options with Chemical Dependency Coverage</b>				
	<b>80% Plans</b>		<b>100% Plans</b>	
<b>Age</b>	<b>\$2400</b>	<b>\$4000</b>	<b>\$5150</b>	<b>\$10000</b>
<b>0-29</b>	\$142.50	\$116.33	\$121.13	\$ 98.33
<b>30-39</b>	\$158.70	\$129.60	\$135.00	\$109.58
<b>40-44</b>	\$175.95	\$143.70	\$149.63	\$121.43
<b>45-49</b>	\$217.88	\$177.98	\$185.10	\$150.30
<b>50-54</b>	\$290.63	\$237.38	\$246.98	\$200.55
<b>55-59</b>	\$366.38	\$299.33	\$311.48	\$252.75
<b>60-64</b>	\$409.43	\$334.35	\$348.08	\$282.60

**Dependent Children Rates**

1 child	\$123.38	\$100.73	\$104.78	\$ 85.05
2 children	\$252.75	\$206.40	\$214.80	\$174.38
3 or more	\$390.45	\$318.98	\$331.80	\$269.40

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