

COLORADO HEALTH RATES

TABLE OF CONTENTS	PAGE
Premium Calculation Guidelines	1
Modal Factor Table	1
Premium Calculation Example	1
Base Plan Annual Premium	2
Base Plan Monthly Premium	3
Hospital Outpatient Benefit Annual Premium	4
Hospital Outpatient Benefit Monthly Premium	5
Optional State Mandated Benefit Premiums	6

INDIVIDUAL PREMIUM CALCULATION GUIDELINES

- Step 1 – Multiply:** Base Plan Annual Premium × Modal factor, round to nearest dollar.
Step 2 – Multiply: Optional Outpatient Annual Premium × Modal factor, round to nearest dollar.
Step 3 – Add: Step 1 + Step 2
Repeat for each insured.

INDIVIDUAL	ANNUAL (1)	SEMI-ANNUAL (2)	QUARTERLY (4)	MONTHLY (12)
Modal Factor	1.00000	0.52000	0.26500	0.09091

INDIVIDUAL EXAMPLE:

FOUNDATION policy, Male, Age 35, \$2,000 coverage, plus one Child, Age 9; premiums paid with Quarterly Payment Mode.

Primary Insured Premium Calculation Step 1 Multiply:	\$ 88	×	0.26500	=	\$ 23
Primary Insured Premium Calculation Step 2 Multiply:	\$ 0	×	0.26500	=	\$ 0
Primary Insured Premium Calculation Step 3 Add:				+	
					\$ 23
Child Premium Calculation Step 1 Multiply:	\$ 110	×	0.26500	=	\$ 29
Total Quarterly Premium Add:					\$ 23
				+	\$ 29
					\$ 52

BASE PLAN – ANNUAL PREMIUMS

ISSUE AGE	MALE – HOSPITAL INPATIENT AT 100% – PREMIUM PER MAXIMUM ANNUAL BENEFIT							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
18-25	\$77	\$99	\$99	\$143	\$176	\$220	\$253	\$319
26-30	88	99	110	143	187	231	275	330
31-35	88	110	132	165	209	253	308	396
36-40	110	143	165	209	264	308	385	495
41-45	154	176	209	264	330	396	484	638
46-50	198	220	264	330	407	484	605	792
51-55	253	297	330	407	506	605	759	990
56-60	286	330	374	473	594	704	880	1,166
61-63	297	352	396	506	627	759	946	1,254

ISSUE AGE	FEMALE – HOSPITAL INPATIENT AT 100% – PREMIUM PER MAXIMUM ANNUAL BENEFIT							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
18-25	\$121	\$143	\$165	\$209	\$264	\$319	\$396	\$517
26-30	132	165	187	242	308	363	462	594
31-35	165	187	220	286	352	429	528	682
36-40	165	187	231	297	374	451	561	737
41-45	187	209	253	319	407	484	616	803
46-50	220	242	286	352	440	528	649	847
51-55	242	264	308	374	462	561	693	913
56-60	275	297	341	429	528	627	770	1,023
61-63	286	330	374	462	572	693	858	1,133

ISSUE AGE	DEPENDENT CHILD RATE – PER CHILD FOR UP TO 3 CHILDREN. THERE IS NO PREMIUM CHARGED FOR THE 4TH AND LATER CHILD ON THE SAME POLICY.							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
0-17	\$110	\$132	\$132	\$176	\$209	\$253	\$286	\$352

BASE PLAN – MONTHLY PREMIUMS

ISSUE AGE	MALE – HOSPITAL INPATIENT AT 100% – PREMIUM PER MAXIMUM ANNUAL BENEFIT							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
18-25	\$7	\$9	\$9	\$13	\$16	\$20	\$23	\$29
26-30	8	9	10	13	17	21	25	30
31-35	8	10	12	15	19	23	28	36
36-40	10	13	15	19	24	28	35	45
41-45	14	16	19	24	30	36	44	58
46-50	18	20	24	30	37	44	55	72
51-55	23	27	30	37	46	55	69	90
56-60	26	30	34	43	54	64	80	106
61-63	27	32	36	46	57	69	86	114

ISSUE AGE	FEMALE – HOSPITAL INPATIENT AT 100% – PREMIUM PER MAXIMUM ANNUAL BENEFIT							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
18-25	\$11	\$13	\$15	\$19	\$24	\$29	\$36	\$47
26-30	12	15	17	22	28	33	42	54
31-35	15	17	20	26	32	39	48	62
36-40	15	17	21	27	34	41	51	67
41-45	17	19	23	29	37	44	56	73
46-50	20	22	26	32	40	48	59	77
51-55	22	24	28	34	42	51	63	83
56-60	25	27	31	39	48	57	70	93
61-63	26	30	34	42	52	63	78	103

ISSUE AGE	DEPENDENT CHILD RATE – PER CHILD FOR UP TO 3 CHILDREN. THERE IS NO PREMIUM CHARGED FOR THE 4TH AND LATER CHILD ON THE SAME POLICY.							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
0-17	\$10	\$12	\$12	\$16	\$19	\$23	\$26	\$32

OPTIONAL HOSPITAL OUTPATIENT BENEFIT (Rider Form R-MMGAP-HO) – ANNUAL PREMIUMS

ISSUE AGE	MALE – OPTIONAL HOSPITAL OUTPATIENT AT 50% – PREMIUM PER MAXIMUM ANNUAL BENEFIT							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
18-25	\$198	\$231	\$253	\$297	\$341	\$374	\$407	\$451
26-30	198	242	264	319	363	396	440	495
31-35	209	253	286	352	396	440	495	550
36-40	231	286	319	396	451	506	561	638
41-45	264	319	363	451	517	583	649	737
46-50	297	363	418	517	594	671	748	858
51-55	330	396	462	583	682	759	858	990
56-60	341	418	495	616	726	814	924	1,067
61-63	352	440	506	638	748	836	957	1,111

ISSUE AGE	FEMALE – OPTIONAL HOSPITAL OUTPATIENT AT 50% – PREMIUM PER MAXIMUM ANNUAL BENEFIT							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
18-25	\$242	\$297	\$341	\$418	\$495	\$550	\$627	\$704
26-30	253	297	352	429	506	572	638	737
31-35	264	319	363	451	528	583	660	759
36-40	275	330	385	473	550	616	693	792
41-45	286	352	407	506	583	649	737	836
46-50	308	385	440	550	638	704	803	913
51-55	341	418	484	605	704	792	891	1,034
56-60	352	429	506	627	737	836	946	1,100
61-63	363	440	517	649	759	858	979	1,133

ISSUE AGE	DEPENDENT CHILD RATE – PER CHILD FOR UP TO 3 CHILDREN. THERE IS NO PREMIUM CHARGED FOR THE 4TH AND LATER CHILD ON THE SAME POLICY.							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
0-17	\$154	\$187	\$209	\$242	\$264	\$286	\$308	\$330

OPTIONAL HOSPITAL OUTPATIENT BENEFIT (Rider Form R-MMGAP-HO) – MONTHLY PREMIUMS

ISSUE AGE	MALE – OPTIONAL HOSPITAL OUTPATIENT AT 50% – PREMIUM PER MAXIMUM ANNUAL BENEFIT							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
18-25	\$18	\$21	\$23	\$27	\$31	\$34	\$37	\$41
26-30	18	22	24	29	33	36	40	45
31-35	19	23	26	32	36	40	45	50
36-40	21	26	29	36	41	46	51	58
41-45	24	29	33	41	47	53	59	67
46-50	27	33	38	47	54	61	68	78
51-55	30	36	42	53	62	69	78	90
56-60	31	38	45	56	66	74	84	97
61-63	32	40	46	58	68	76	87	101

ISSUE AGE	FEMALE – OPTIONAL HOSPITAL OUTPATIENT AT 50% – PREMIUM PER MAXIMUM ANNUAL BENEFIT							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
18-25	\$22	\$27	\$31	\$38	\$45	\$50	\$57	\$64
26-30	23	27	32	39	46	52	58	67
31-35	24	29	33	41	48	53	60	69
36-40	25	30	35	43	50	56	63	72
41-45	26	32	37	46	53	59	67	76
46-50	28	35	40	50	58	64	73	83
51-55	31	38	44	55	64	72	81	94
56-60	32	39	46	57	67	76	86	100
61-63	33	40	47	59	69	78	89	103

ISSUE AGE	DEPENDENT CHILD RATE – PER CHILD FOR UP TO 3 CHILDREN. THERE IS NO PREMIUM CHARGED FOR THE 4TH AND LATER CHILD ON THE SAME POLICY.							
	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$6,000	\$7,500	\$10,000
0-17	\$14	\$17	\$19	\$22	\$24	\$26	\$28	\$30

OPTIONAL STATE MANDATED BENEFIT PREMIUMS

HOME HEALTH SERVICES AND HOSPICE CARE

- (RIDER FORM BR052HH)

ISSUE AGE	MALE		FEMALE	
	Annual	Monthly	Annual	Monthly
18-25	\$11	\$1	\$11	\$1
26-30	11	1	11	1
31-35	11	1	22	2
36-40	11	1	22	2
41-45	22	2	33	3
46-50	33	3	44	4
51-55	33	3	44	4
56-60	44	4	55	5
61-63	44	4	66	6

DEPENDENT CHILD RATE – PER CHILD FOR UP TO 3 CHILDREN. *THERE IS NO PREMIUM CHARGED FOR THE 4TH AND LATER CHILD ON THE SAME POLICY.*

0-17	11	1	11	1
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