



\*Plans below Metal Level

Product Summary				
Network	Metal Level	Plan Name	HHS Plan ID	Exchange Status
Individual and Family Network	Bronze	Bronze Essential 7150 EPO Individual and Family Network	69364WA1220004	Off Exchange
Individual and Family Network	Bronze	Bronze HSA 5000 EPO Individual and Family Network	69364WA1220006	Off Exchange
Individual and Family Network	Silver	Silver HSA 2500 EPO Individual and Family Network	69364WA1220005	Off Exchange
Individual and Family Network	Silver	Silver 3000 EPO Individual and Family Network	69364WA1220008	Off Exchange
Individual and Family Network	Gold	Gold 1000 EPO Individual and Family Network	69364WA1220007	Off Exchange

Additional Stand-alone Benefits
Policy Name
Asuris Adult Dental and Vision Policy

**Rating Area 5**  
**INDIVIDUAL AND FAMILY NETWORK**

		NON-TOBACCO		
		Bronze	Bronze	Silver
Benefits	Plan Name	Bronze Essential 7150 EPO Individual and Family Network	Bronze HSA 5000 EPO Individual and Family Network	Silver HSA 2500 EPO Individual and Family Network
		Base	Base	Base
		69364WA1220004	69364WA1220006	69364WA1220005
		Off Exchange	Off Exchange	Off Exchange
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-14	\$232.19	\$227.85	\$269.95	
15	\$252.82	\$248.10	\$293.94	
16	\$260.72	\$255.84	\$303.12	
17	\$268.61	\$263.59	\$312.29	
18	\$277.10	\$271.93	\$322.17	
19	\$285.60	\$280.27	\$332.05	
20	\$294.40	\$288.90	\$342.28	
21	\$303.51	\$297.84	\$352.87	
22	\$303.51	\$297.84	\$352.87	
23	\$303.51	\$297.84	\$352.87	
24	\$303.51	\$297.84	\$352.87	
25	\$304.72	\$299.03	\$354.28	
26	\$310.79	\$304.99	\$361.34	
27	\$318.08	\$312.14	\$369.81	
28	\$329.92	\$323.75	\$383.57	
29	\$339.63	\$333.28	\$394.86	
30	\$344.48	\$338.05	\$400.51	
31	\$351.77	\$345.20	\$408.98	
32	\$359.05	\$352.34	\$417.45	
33	\$363.60	\$356.81	\$422.74	
34	\$368.46	\$361.58	\$428.38	
35	\$370.89	\$363.96	\$431.21	
36	\$373.32	\$366.34	\$434.03	
37	\$375.75	\$368.73	\$436.85	
38	\$378.17	\$371.11	\$439.68	
39	\$383.03	\$375.87	\$445.32	
40	\$387.89	\$380.64	\$450.97	
41	\$395.17	\$387.79	\$459.44	
42	\$402.15	\$394.64	\$467.55	
43	\$411.86	\$404.17	\$478.84	
44	\$424.00	\$416.08	\$492.96	
45	\$438.27	\$430.08	\$509.54	
46	\$455.27	\$446.76	\$529.31	
47	\$474.39	\$465.52	\$551.54	
48	\$496.24	\$486.97	\$576.94	
49	\$517.79	\$508.12	\$602.00	
50	\$542.07	\$531.94	\$630.23	
51	\$566.05	\$555.47	\$658.10	
52	\$592.45	\$581.38	\$688.80	
53	\$619.16	\$607.59	\$719.85	
54	\$647.99	\$635.89	\$753.38	
55	\$676.83	\$664.18	\$786.90	
56	\$708.09	\$694.86	\$823.25	
57	\$739.65	\$725.84	\$859.94	
58	\$773.34	\$758.90	\$899.11	
59	\$790.04	\$775.28	\$918.52	
60	\$823.73	\$808.34	\$957.69	
61	\$852.86	\$836.93	\$991.56	
62	\$871.98	\$855.69	\$1,013.80	
63	\$895.96	\$879.22	\$1,041.67	
64	\$910.53	\$893.52	\$1,058.61	
65+	\$910.53	\$893.52	\$1,058.61	

		TOBACCO		
		Bronze	Bronze	Silver
Benefits	Plan Name	Bronze Essential 7150 EPO Individual and Family Network	Bronze HSA 5000 EPO Individual and Family Network	Silver HSA 2500 EPO Individual and Family Network
		Base	Base	Base
		69364WA1220004	69364WA1220006	69364WA1220005
		Off Exchange	Off Exchange	Off Exchange
Age	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate	Monthly Premium Rate
0-14	\$232.19	\$227.85	\$269.95	
15	\$252.82	\$248.10	\$293.94	
16	\$260.72	\$255.84	\$303.12	
17	\$268.61	\$263.59	\$312.29	
18	\$318.67	\$312.72	\$370.50	
19	\$328.44	\$322.31	\$381.86	
20	\$338.57	\$332.24	\$393.63	
21	\$349.04	\$342.52	\$405.80	
22	\$349.04	\$342.52	\$405.80	
23	\$349.04	\$342.52	\$405.80	
24	\$349.04	\$342.52	\$405.80	
25	\$350.43	\$343.89	\$407.42	
26	\$357.41	\$350.74	\$415.54	
27	\$365.79	\$358.96	\$425.28	
28	\$379.40	\$372.31	\$441.11	
29	\$390.57	\$383.28	\$454.09	
30	\$396.16	\$388.76	\$460.58	
31	\$404.53	\$396.98	\$470.32	
32	\$412.91	\$405.20	\$480.06	
33	\$418.15	\$410.33	\$486.15	
34	\$423.73	\$415.81	\$492.64	
35	\$426.52	\$418.55	\$495.89	
36	\$429.31	\$421.29	\$499.13	
37	\$432.11	\$424.03	\$502.38	
38	\$434.90	\$426.77	\$505.63	
39	\$440.48	\$432.26	\$512.12	
40	\$446.07	\$437.74	\$518.61	
41	\$454.45	\$445.96	\$528.35	
42	\$462.47	\$453.83	\$537.69	
43	\$473.64	\$464.79	\$550.67	
44	\$487.60	\$478.49	\$566.90	
45	\$504.01	\$494.59	\$585.98	
46	\$523.55	\$513.77	\$608.70	
47	\$545.54	\$535.35	\$634.27	
48	\$570.67	\$560.01	\$663.48	
49	\$595.46	\$584.33	\$692.30	
50	\$623.38	\$611.73	\$724.76	
51	\$650.95	\$638.79	\$756.82	
52	\$681.32	\$668.59	\$792.12	
53	\$712.03	\$698.73	\$827.83	
54	\$745.19	\$731.27	\$866.38	
55	\$778.35	\$763.81	\$904.94	
56	\$814.30	\$799.09	\$946.73	
57	\$850.60	\$834.71	\$988.94	
58	\$889.35	\$872.73	\$1,033.98	
59	\$908.54	\$891.57	\$1,056.30	
60	\$947.29	\$929.59	\$1,101.34	
61	\$980.79	\$962.47	\$1,140.30	
62	\$1,002.78	\$984.05	\$1,165.86	
63	\$1,030.36	\$1,011.11	\$1,197.92	
64	\$1,047.11	\$1,027.55	\$1,217.40	
65+	\$1,047.11	\$1,027.55	\$1,217.40	

**Rating Area 5**  
**INDIVIDUAL AND FAMILY NETWORK**

		NON-TOBACCO	
		Silver	Gold
Plan Name	Benefits	Silver 3000 EPO Individual and Family Network	Gold 1000 EPO Individual and Family Network
		Base	Base
		69364WA1220008	69364WA1220007
		Off Exchange	Off Exchange
Age	Monthly Premium Rate	Monthly Premium Rate	
0-14	\$269.07	\$350.67	
15	\$292.99	\$381.84	
16	\$302.14	\$393.76	
17	\$311.28	\$405.68	
18	\$321.13	\$418.51	
19	\$330.98	\$431.34	
20	\$341.18	\$444.64	
21	\$351.73	\$458.39	
22	\$351.73	\$458.39	
23	\$351.73	\$458.39	
24	\$351.73	\$458.39	
25	\$353.14	\$460.22	
26	\$360.17	\$469.39	
27	\$368.61	\$480.39	
28	\$382.33	\$498.27	
29	\$393.59	\$512.94	
30	\$399.21	\$520.27	
31	\$407.66	\$531.27	
32	\$416.10	\$542.28	
33	\$421.37	\$549.15	
34	\$427.00	\$556.49	
35	\$429.81	\$560.15	
36	\$432.63	\$563.82	
37	\$435.44	\$567.49	
38	\$438.26	\$571.15	
39	\$443.88	\$578.49	
40	\$449.51	\$585.82	
41	\$457.95	\$596.82	
42	\$466.04	\$607.37	
43	\$477.30	\$622.04	
44	\$491.37	\$640.37	
45	\$507.90	\$661.92	
46	\$527.60	\$687.59	
47	\$549.75	\$716.46	
48	\$575.08	\$749.47	
49	\$600.05	\$782.01	
50	\$628.19	\$818.68	
51	\$655.98	\$854.90	
52	\$686.58	\$894.78	
53	\$717.53	\$935.12	
54	\$750.94	\$978.66	
55	\$784.36	\$1,022.21	
56	\$820.59	\$1,069.42	
57	\$857.17	\$1,117.10	
58	\$896.21	\$1,167.98	
59	\$915.55	\$1,193.19	
60	\$954.60	\$1,244.07	
61	\$988.36	\$1,288.08	
62	\$1,010.52	\$1,316.95	
63	\$1,038.31	\$1,353.17	
64	\$1,055.19	\$1,375.17	
65+	\$1,055.19	\$1,375.17	

		TOBACCO	
		Silver	Gold
Plan Name	Benefits	Silver 3000 EPO Individual and Family Network	Gold 1000 EPO Individual and Family Network
		Base	Base
		69364WA1220008	69364WA1220007
		Off Exchange	Off Exchange
Age	Monthly Premium Rate	Monthly Premium Rate	
0-14	\$269.07	\$350.67	
15	\$292.99	\$381.84	
16	\$302.14	\$393.76	
17	\$311.28	\$405.68	
18	\$369.30	\$481.29	
19	\$380.62	\$496.05	
20	\$392.35	\$511.33	
21	\$404.49	\$527.15	
22	\$404.49	\$527.15	
23	\$404.49	\$527.15	
24	\$404.49	\$527.15	
25	\$406.11	\$529.26	
26	\$414.20	\$539.80	
27	\$423.90	\$552.45	
28	\$439.68	\$573.01	
29	\$452.62	\$589.88	
30	\$459.10	\$598.31	
31	\$468.80	\$610.97	
32	\$478.51	\$623.62	
33	\$484.58	\$631.52	
34	\$491.05	\$639.96	
35	\$494.29	\$644.18	
36	\$497.52	\$648.39	
37	\$500.76	\$652.61	
38	\$503.99	\$656.83	
39	\$510.47	\$665.26	
40	\$516.94	\$673.70	
41	\$526.65	\$686.35	
42	\$535.95	\$698.47	
43	\$548.89	\$715.34	
44	\$565.07	\$736.43	
45	\$584.08	\$761.20	
46	\$606.73	\$790.72	
47	\$632.22	\$823.93	
48	\$661.34	\$861.89	
49	\$690.06	\$899.32	
50	\$722.42	\$941.49	
51	\$754.37	\$983.13	
52	\$789.56	\$1,028.99	
53	\$825.16	\$1,075.38	
54	\$863.59	\$1,125.46	
55	\$902.01	\$1,175.54	
56	\$943.67	\$1,229.84	
57	\$985.74	\$1,284.66	
58	\$1,030.64	\$1,343.17	
59	\$1,052.89	\$1,372.17	
60	\$1,097.78	\$1,430.68	
61	\$1,136.62	\$1,481.29	
62	\$1,162.10	\$1,514.50	
63	\$1,194.05	\$1,556.14	
64	\$1,213.47	\$1,581.45	
65+	\$1,213.47	\$1,581.45	



**How to Calculate Your Rate**

**Step 1: Choose your plan.** (Example: Gold 1000 EPO Individual and Family Network)

**Step 2: Find each member rate.** Find your rate based on your age, area\* and tobacco usage. Then, find the rate(s) associated with the other applicant(s).

APPLICANT(S)	Age	Is Tobacco User?	Monthly Rate
Self	_____	_____	\$ _____
Spouse	_____	_____	\$ _____
	<b># of Children</b>	<b>Per Child Rate</b>	<b>Monthly Rate</b>
Children (Age 0-20)**	_____	_____	\$ _____
	<b># of Children</b>	<b>Per Child Rate</b>	<b>Monthly Rate</b>
Children (Age 21-24)***	_____	_____	\$ _____
	<b># of Children</b>	<b>Per Child Rate</b>	<b>Monthly Rate</b>
Children (Age 25)***	_____	_____	\$ _____

**Step 3: Calculate the Total Monthly Rate** (Add monthly rate for Self, Spouse & Children)

**Total Monthly Rate**      \$

*\*Area is based on the location of the subscriber for all members.*

*\*\*You will only be charged for up to three children under 21 years of age per family. No additional charge thereafter for children under 21 years of age. Tobacco rates do not apply to children under 18 years of age.*

*\*\*\*Tobacco rates are applicable for children 18 years of age or older.*

**PLEASE NOTE: HSA Plans have single deductibles and family deductibles. The single deductibles apply when there is only one person on the contract. If there is more than one person on the contract (two adults, adult and child, two adults and child(ren)), then the family deductibles will apply.**