

Northeastern Pennsylvania

HMO Health Insurance Monthly Plan Rates — (Bradford, Clinton, Columbia, Lackawanna, Luzerne, Lycoming, Northumberland, Pike, Snyder, Sullivan, Susquehanna, Wayne, Wyoming), Effective 10/1/08*

HMO 20						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$340	\$340	N/A	N/A	N/A	N/A
1	\$204	\$204	N/A	N/A	N/A	N/A
2-18	\$109	\$109	\$218	\$327	\$327	\$436
19-24	\$115	\$190	\$305	\$333	\$408	\$523
25-29	\$131	\$230	\$361	\$349	\$448	\$579
30-34	\$152	\$236	\$388	\$370	\$454	\$606
35-39	\$177	\$239	\$416	\$395	\$457	\$634
40-44	\$210	\$244	\$454	\$428	\$462	\$672
45-49	\$260	\$255	\$515	\$478	\$473	\$733
50-54	\$336	\$269	\$605	\$554	\$487	\$823
55-59	\$436	\$317	\$753	\$654	\$535	\$971
60-64	\$615	\$394	\$1,009	\$833	\$612	\$1,227
65+*** Non-Medicare Eligible	\$844	\$451	\$1,295	\$1,062	\$669	\$1,513
65+*** Medicare Eligible	\$633	\$338	\$971	\$851	\$556	\$1,189

HMO 30						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$308	\$308	N/A	N/A	N/A	N/A
1	\$184	\$184	N/A	N/A	N/A	N/A
2-18	\$98	\$98	\$196	\$294	\$294	\$392
19-24	\$104	\$171	\$275	\$300	\$367	\$471
25-29	\$118	\$208	\$326	\$314	\$404	\$522
30-34	\$137	\$213	\$350	\$333	\$409	\$546
35-39	\$160	\$217	\$377	\$356	\$413	\$573
40-44	\$190	\$220	\$410	\$386	\$416	\$606
45-49	\$235	\$230	\$465	\$431	\$426	\$661
50-54	\$303	\$244	\$547	\$499	\$440	\$743
55-59	\$394	\$286	\$680	\$590	\$482	\$876
60-64	\$556	\$356	\$912	\$752	\$552	\$1,108
65+*** Non-Medicare Eligible	\$764	\$408	\$1,172	\$960	\$604	\$1,368
65+*** Medicare Eligible	\$572	\$306	\$878	\$768	\$502	\$1,074

Monthly Dental Rates†			
Single	Couple**	Parent & Child(ren)	Family**
\$12	\$23	\$34	\$45

Your rates are guaranteed not to increase for minimum of 6 months from your effective date once you have been accepted for coverage.

* Rates are subject to increase upon underwriting review.

** Couple and Family rates are based on the age of the oldest spouse.

*** Age 65+ rates are not available to new applicants.

† Dental is offered only if medical coverage is obtained.

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If you need this material translated into another language, please call Member Services at 1-866-565-1236.

Si usted necesita este material en otro lenguaje, por favor llame a Servicios al Miembro al 1-866-565-1236.

Upon request, we will provide you with rates at a different underwriting level.

This material is for information only. Health/dental benefits plans contain exclusions and limitations. Plans may be subject to medical underwriting or other restrictions. Rates and benefits vary by location.

Rates are subject to change based on rate increases implemented to the whole book of business in accordance with state laws and regulations based on your medical history, Aetna's underwriting guidelines and any optional benefits selected. Information is subject to change.



Southeastern Pennsylvania

HMO Health Insurance Monthly Plan Rates — (Berks, Bucks, Carbon, Chester, Delaware, Lehigh, Monroe, Montgomery, Northampton, Philadelphia),
Effective 10/1/08*

HMO 20						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$361	\$361	N/A	N/A	N/A	N/A
1	\$217	\$217	N/A	N/A	N/A	N/A
2-18	\$116	\$116	\$232	\$348	\$348	\$464
19-24	\$122	\$201	\$323	\$354	\$433	\$555
25-29	\$139	\$244	\$383	\$371	\$476	\$615
30-34	\$161	\$250	\$411	\$393	\$482	\$643
35-39	\$188	\$255	\$443	\$420	\$487	\$675
40-44	\$224	\$259	\$483	\$456	\$491	\$715
45-49	\$276	\$270	\$546	\$508	\$502	\$778
50-54	\$356	\$285	\$641	\$588	\$517	\$873
55-59	\$462	\$337	\$799	\$694	\$569	\$1,031
60-64	\$652	\$418	\$1,070	\$884	\$650	\$1,302
65+*** Non-Medicare Eligible	\$895	\$478	\$1,373	\$1,127	\$710	\$1,605
65+*** Medicare Eligible	\$671	\$359	\$1,030	\$903	\$591	\$1,262

HMO 30						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$327	\$327	N/A	N/A	N/A	N/A
1	\$196	\$196	N/A	N/A	N/A	N/A
2-18	\$105	\$105	\$210	\$315	\$315	\$420
19-24	\$110	\$182	\$292	\$320	\$392	\$502
25-29	\$125	\$220	\$345	\$335	\$430	\$555
30-34	\$145	\$227	\$372	\$355	\$437	\$582
35-39	\$170	\$230	\$400	\$380	\$440	\$610
40-44	\$202	\$235	\$437	\$412	\$445	\$647
45-49	\$250	\$244	\$494	\$460	\$454	\$704
50-54	\$322	\$258	\$580	\$532	\$468	\$790
55-59	\$418	\$304	\$722	\$628	\$514	\$932
60-64	\$589	\$378	\$967	\$799	\$588	\$1,177
65+*** Non-Medicare Eligible	\$810	\$432	\$1,242	\$1,020	\$642	\$1,452
65+*** Medicare Eligible	\$607	\$324	\$931	\$817	\$534	\$1,141

Monthly Dental Rates†			
Single	Couple**	Parent & Child(ren)	Family**
\$14	\$28	\$41	\$55

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** Couple and Family rates are based on the age of the oldest spouse.

*** Age 65+ rates are not available to new applicants.

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Western Pennsylvania

HMO Health Insurance Monthly Plan Rates — (Allegheny, Armstrong, Beaver, Blair, Butler, Cambria, Clarion, Erie, Fayette, Greene, Jefferson, Lawrence, Mercer, Somerset, Washington, Westmoreland), Effective 10/1/08*

HMO 20						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$440	\$440	N/A	N/A	N/A	N/A
1	\$264	\$264	N/A	N/A	N/A	N/A
2-18	\$141	\$141	\$282	\$423	\$423	\$564
19-24	\$149	\$245	\$394	\$431	\$527	\$676
25-29	\$170	\$298	\$468	\$452	\$580	\$750
30-34	\$197	\$306	\$503	\$479	\$588	\$785
35-39	\$229	\$310	\$539	\$511	\$592	\$821
40-44	\$273	\$316	\$589	\$555	\$598	\$871
45-49	\$338	\$330	\$668	\$620	\$612	\$950
50-54	\$435	\$348	\$783	\$717	\$630	\$1,065
55-59	\$565	\$411	\$976	\$847	\$693	\$1,258
60-64	\$796	\$511	\$1,307	\$1,078	\$793	\$1,589
65+*** Non-Medicare Eligible	\$1,093	\$585	\$1,678	\$1,375	\$867	\$1,960
65+*** Medicare Eligible	\$820	\$439	\$1,259	\$1,102	\$721	\$1,541

HMO 30						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$398	\$398	N/A	N/A	N/A	N/A
1	\$239	\$239	N/A	N/A	N/A	N/A
2-18	\$127	\$127	\$254	\$381	\$381	\$508
19-24	\$134	\$222	\$356	\$388	\$476	\$610
25-29	\$153	\$269	\$422	\$407	\$523	\$676
30-34	\$178	\$277	\$455	\$432	\$531	\$709
35-39	\$208	\$281	\$489	\$462	\$535	\$743
40-44	\$247	\$286	\$533	\$501	\$540	\$787
45-49	\$305	\$299	\$604	\$559	\$553	\$858
50-54	\$393	\$315	\$708	\$647	\$569	\$962
55-59	\$511	\$372	\$883	\$765	\$626	\$1,137
60-64	\$720	\$462	\$1,182	\$974	\$716	\$1,436
65+*** Non-Medicare Eligible	\$988	\$529	\$1,517	\$1,242	\$783	\$1,771
65+*** Medicare Eligible	\$741	\$397	\$1,138	\$995	\$651	\$1,392

Monthly Dental Rates†			
Single	Couple**	Parent & Child(ren)	Family**
\$12	\$23	\$34	\$45

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Central Pennsylvania

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HMO 20						
Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
0	\$340	\$340	N/A	N/A	N/A	N/A
1	\$204	\$204	N/A	N/A	N/A	N/A
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65+*** Non-Medicare Eligible	\$844	\$451	\$1,295	\$1,062	\$669	\$1,513
65+*** Medicare Eligible	\$633	\$338	\$971	\$851	\$556	\$1,189

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Age	Single Male	Single Female	Couple**	Male & Child(ren)	Female & Child(ren)	Family**
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1	\$184	\$184	N/A	N/A	N/A	N/A
2-18	\$98	\$98	\$196	\$294	\$294	\$392
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40-44	\$190	\$220	\$410	\$386	\$416	\$606
45-49	\$235	\$230	\$465	\$431	\$426	\$661
50-54	\$303	\$244	\$547	\$499	\$440	\$743
55-59	\$394	\$286	\$680	\$590	\$482	\$876
60-64	\$556	\$356	\$912	\$752	\$552	\$1,108
65+*** Non-Medicare Eligible	\$764	\$408	\$1,172	\$960	\$604	\$1,368
65+*** Medicare Eligible	\$572	\$306	\$878	\$768	\$502	\$1,074

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