

| AGE  | Monthly Price | AGE | Monthly Price | AGE   | Monthly Price |
|------|---------------|-----|---------------|-------|---------------|
| 0-14 | 439.27        | 31  | 665.51        | 48    | 938.84        |
| 15   | 478.32        | 32  | 679.29        | 49    | 979.61        |
| 16   | 493.25        | 33  | 687.91        | 50    | 1025.54       |
| 17   | 508.18        | 34  | 697.09        | 51    | 1070.91       |
| 18   | 524.26        | 35  | 701.69        | 52    | 1120.86       |
| 19   | 540.33        | 36  | 706.28        | 53    | 1171.39       |
| 20   | 556.99        | 37  | 710.87        | 54    | 1225.94       |
| 21   | 574.22        | 38  | 715.47        | 55    | 1280.49       |
| 22   | 574.22        | 39  | 724.66        | 56    | 1339.64       |
| 23   | 574.22        | 40  | 733.84        | 57    | 1399.35       |
| 24   | 574.22        | 41  | 747.62        | 58    | 1463.09       |
| 25   | 576.51        | 42  | 760.83        | 59    | 1494.67       |
| 26   | 587.99        | 43  | 779.21        | 60    | 1558.41       |
| 27   | 601.77        | 44  | 802.17        | 61    | 1613.54       |
| 28   | 624.17        | 45  | 829.16        | 62    | 1649.71       |
| 29   | 642.54        | 46  | 861.32        | 63    | 1695.07       |
| 30   | 651.73        | 47  | 897.49        | 64(+) | 1722.64       |

**Modified community rating is applied as follows:**

- Children:
  - a single age band for age 0 - 14
  - one year age bands for ages 15 - 20
  - limited to rating 3 oldest children under age 21 per family
- Adults: one year age bands for ages 21 - 63
- Older Adults: a single age band for age 64+

**Age will be determined as of the date of policy issuance or renewal and a per-member rating methodology must be used to determine family rates.**

- Rates for small group employers.
- Group total monthly premium varies by plan(s) selected per employee.
- Plan name listed is a brief explanation of covered services. Please consult the Member Certificate, Summary of Benefits and Coverage, Benefits Summary, Group Service Agreement, and any applicable amendments for specific information regarding covered services, services that require Prior Authorization, and Exclusions and Limitations.
- Prescription drug benefit administered by Navitus Health Solutions and GHC-SCW pharmacies.