

IHC Health Plans, Inc.
Small Employer Rates
Effective: 1/1/2006

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - HEALTH CHOICE PREMIER

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$145.42	\$309.87	\$481.21
20 - 24	\$150.51	\$323.75	\$504.41
25 - 29	\$167.07	\$348.07	\$557.14
30 - 34	\$178.15	\$365.95	\$594.01
35 - 39	\$204.94	\$387.27	\$651.69
40 - 44	\$219.18	\$413.67	\$695.36
45 - 49	\$248.63	\$463.23	\$734.78
50 - 54	\$294.90	\$560.03	\$770.59
55 - 59	\$355.39	\$663.33	\$839.42
60 - 64	\$432.58	\$815.70	\$973.15
65 - 120	\$532.14	\$1,057.43	\$1,177.35

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$138.66	\$295.47	\$458.85
20 - 24	\$143.52	\$308.70	\$480.97
25 - 29	\$159.31	\$331.89	\$531.25
30 - 34	\$169.87	\$348.94	\$566.40
35 - 39	\$195.42	\$369.27	\$621.40
40 - 44	\$208.99	\$394.45	\$663.04
45 - 49	\$237.07	\$441.70	\$700.63
50 - 54	\$281.20	\$534.00	\$734.78
55 - 59	\$338.87	\$632.50	\$800.41
60 - 64	\$412.47	\$777.79	\$927.92
65 - 120	\$507.41	\$1,008.28	\$1,122.63

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$127.29	\$271.24	\$421.23
20 - 24	\$131.75	\$283.39	\$441.54
25 - 29	\$146.25	\$304.68	\$487.69
30 - 34	\$155.94	\$320.33	\$519.96
35 - 39	\$179.39	\$338.99	\$570.45
40 - 44	\$191.85	\$362.10	\$608.68
45 - 49	\$217.63	\$405.49	\$643.19
50 - 54	\$258.14	\$490.22	\$674.54
55 - 59	\$311.09	\$580.64	\$734.78
60 - 64	\$378.66	\$714.02	\$851.84
65 - 120	\$465.81	\$925.62	\$1,030.59

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$125.82	\$268.09	\$416.33
20 - 24	\$130.22	\$280.10	\$436.40
25 - 29	\$144.55	\$301.14	\$482.02
30 - 34	\$154.13	\$316.61	\$513.92
35 - 39	\$177.31	\$335.05	\$563.82
40 - 44	\$189.62	\$357.90	\$601.61
45 - 49	\$215.11	\$400.78	\$635.71
50 - 54	\$255.14	\$484.52	\$666.70
55 - 59	\$307.47	\$573.90	\$726.24
60 - 64	\$374.25	\$705.73	\$841.94
65 - 120	\$460.40	\$914.86	\$1,018.61

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Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$141.90	\$302.37	\$469.57
20 - 24	\$146.87	\$315.91	\$492.21
25 - 29	\$163.03	\$339.65	\$543.66
30 - 34	\$173.84	\$357.09	\$579.63
35 - 39	\$199.98	\$377.89	\$635.92
40 - 44	\$213.87	\$403.66	\$678.53
45 - 49	\$242.61	\$452.02	\$717.00
50 - 54	\$287.76	\$546.47	\$751.95
55 - 59	\$346.79	\$647.28	\$819.10
60 - 64	\$422.11	\$795.96	\$949.60
65 - 120	\$519.26	\$1,031.84	\$1,148.86

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$133.85	\$285.20	\$442.90
20 - 24	\$138.53	\$297.97	\$464.26
25 - 29	\$153.77	\$320.36	\$512.79
30 - 34	\$163.97	\$336.82	\$546.72
35 - 39	\$188.62	\$356.44	\$599.81
40 - 44	\$201.73	\$380.74	\$640.00
45 - 49	\$228.83	\$426.35	\$676.29
50 - 54	\$271.42	\$515.44	\$709.25
55 - 59	\$327.09	\$610.52	\$772.59
60 - 64	\$398.14	\$750.77	\$895.68
65 - 120	\$489.78	\$973.25	\$1,083.62

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$121.00	\$257.83	\$400.41
20 - 24	\$125.24	\$269.38	\$419.71
25 - 29	\$139.02	\$289.62	\$463.59
30 - 34	\$148.24	\$304.50	\$494.26
35 - 39	\$170.53	\$322.24	\$542.26
40 - 44	\$182.37	\$344.21	\$578.59
45 - 49	\$206.88	\$385.44	\$611.40
50 - 54	\$245.38	\$465.99	\$641.20
55 - 59	\$295.71	\$551.94	\$698.46
60 - 64	\$359.94	\$678.73	\$809.74
65 - 120	\$442.78	\$879.86	\$979.65

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$118.58	\$252.67	\$392.39
20 - 24	\$122.73	\$263.99	\$411.31
25 - 29	\$136.24	\$283.83	\$454.31
30 - 34	\$145.27	\$298.41	\$484.37
35 - 39	\$167.11	\$315.79	\$531.41
40 - 44	\$178.72	\$337.32	\$567.02
45 - 49	\$202.74	\$377.73	\$599.16
50 - 54	\$240.47	\$456.66	\$628.37
55 - 59	\$289.79	\$540.90	\$684.49
60 - 64	\$352.74	\$665.15	\$793.54
65 - 120	\$433.93	\$862.26	\$960.05

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Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$134.95	\$256.41	\$380.83
20 - 24	\$139.67	\$267.89	\$399.19
25 - 29	\$158.86	\$302.35	\$463.17
30 - 34	\$169.39	\$317.89	\$493.81
35 - 39	\$201.00	\$364.49	\$599.37
40 - 44	\$214.96	\$389.34	\$639.53
45 - 49	\$248.63	\$457.24	\$725.21
50 - 54	\$294.90	\$556.02	\$765.69
55 - 59	\$355.39	\$660.75	\$836.82
60 - 64	\$432.58	\$815.70	\$973.15
65 - 120	\$532.14	\$1,057.43	\$1,177.35

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$128.68	\$244.49	\$363.13
20 - 24	\$133.18	\$255.44	\$380.63
25 - 29	\$151.48	\$288.30	\$441.64
30 - 34	\$161.52	\$303.11	\$470.86
35 - 39	\$191.66	\$347.55	\$571.51
40 - 44	\$204.97	\$371.24	\$609.81
45 - 49	\$237.07	\$435.99	\$691.51
50 - 54	\$281.20	\$530.18	\$730.11
55 - 59	\$338.87	\$630.05	\$797.93
60 - 64	\$412.47	\$777.79	\$927.92
65 - 120	\$507.41	\$1,008.28	\$1,122.63

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$118.13	\$224.44	\$333.35
20 - 24	\$122.26	\$234.50	\$349.43
25 - 29	\$139.06	\$264.66	\$405.43
30 - 34	\$148.28	\$278.26	\$432.26
35 - 39	\$175.94	\$319.05	\$524.65
40 - 44	\$188.17	\$340.80	\$559.81
45 - 49	\$217.63	\$400.24	\$634.81
50 - 54	\$258.14	\$486.71	\$670.25
55 - 59	\$311.09	\$578.39	\$732.51
60 - 64	\$378.66	\$714.02	\$851.84
65 - 120	\$465.81	\$925.62	\$1,030.59

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$116.76	\$221.84	\$329.48
20 - 24	\$120.84	\$231.77	\$345.37
25 - 29	\$137.44	\$261.59	\$400.72
30 - 34	\$146.55	\$275.03	\$427.23
35 - 39	\$173.90	\$315.34	\$518.55
40 - 44	\$185.98	\$336.84	\$553.30
45 - 49	\$215.11	\$395.59	\$627.43
50 - 54	\$255.14	\$481.06	\$662.46
55 - 59	\$307.47	\$571.67	\$724.00
60 - 64	\$374.25	\$705.73	\$841.94
65 - 120	\$460.40	\$914.86	\$1,018.61

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Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$131.68	\$250.20	\$371.61
20 - 24	\$136.29	\$261.41	\$389.53
25 - 29	\$155.01	\$295.04	\$451.96
30 - 34	\$165.29	\$310.19	\$481.86
35 - 39	\$196.14	\$355.67	\$584.86
40 - 44	\$209.76	\$379.91	\$624.05
45 - 49	\$242.61	\$446.18	\$707.66
50 - 54	\$287.76	\$542.57	\$747.16
55 - 59	\$346.79	\$644.76	\$816.57
60 - 64	\$422.11	\$795.96	\$949.60
65 - 120	\$519.26	\$1,031.84	\$1,148.86

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$124.21	\$235.99	\$350.51
20 - 24	\$128.55	\$246.57	\$367.41
25 - 29	\$146.21	\$278.28	\$426.29
30 - 34	\$155.91	\$292.58	\$454.50
35 - 39	\$185.00	\$335.47	\$551.65
40 - 44	\$197.85	\$358.34	\$588.62
45 - 49	\$228.83	\$420.84	\$667.48
50 - 54	\$271.42	\$511.76	\$704.74
55 - 59	\$327.09	\$608.15	\$770.21
60 - 64	\$398.14	\$750.77	\$895.68
65 - 120	\$489.78	\$973.25	\$1,083.62

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$112.29	\$213.35	\$316.88
20 - 24	\$116.22	\$222.91	\$332.15
25 - 29	\$132.18	\$251.58	\$385.39
30 - 34	\$140.95	\$264.51	\$410.89
35 - 39	\$167.25	\$303.28	\$498.72
40 - 44	\$178.87	\$323.96	\$532.14
45 - 49	\$206.88	\$380.46	\$603.43
50 - 54	\$245.38	\$462.65	\$637.12
55 - 59	\$295.71	\$549.80	\$696.30
60 - 64	\$359.94	\$678.73	\$809.74
65 - 120	\$442.78	\$879.86	\$979.65

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$110.04	\$209.08	\$310.54
20 - 24	\$113.89	\$218.45	\$325.51
25 - 29	\$129.54	\$246.55	\$377.68
30 - 34	\$138.13	\$259.21	\$402.67
35 - 39	\$163.90	\$297.21	\$488.74
40 - 44	\$175.29	\$317.48	\$521.49
45 - 49	\$202.74	\$372.85	\$591.36
50 - 54	\$240.47	\$453.40	\$624.37
55 - 59	\$289.79	\$538.80	\$682.37
60 - 64	\$352.74	\$665.15	\$793.54
65 - 120	\$433.93	\$862.26	\$960.05

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Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$141.38	\$306.53	\$476.46
20 - 24	\$146.33	\$320.26	\$499.43
25 - 29	\$162.59	\$342.20	\$549.99
30 - 34	\$173.37	\$359.78	\$586.38
35 - 39	\$198.87	\$378.05	\$637.53
40 - 44	\$212.68	\$403.82	\$680.26
45 - 49	\$240.22	\$448.85	\$711.55
50 - 54	\$284.93	\$542.06	\$745.65
55 - 59	\$343.37	\$641.22	\$811.28
60 - 64	\$417.95	\$788.13	\$940.25
65 - 120	\$514.15	\$1,021.68	\$1,137.54

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$134.80	\$292.26	\$454.29
20 - 24	\$139.52	\$305.36	\$476.20
25 - 29	\$155.02	\$326.28	\$524.40
30 - 34	\$165.31	\$343.04	\$559.10
35 - 39	\$189.61	\$360.46	\$607.87
40 - 44	\$202.78	\$385.04	\$648.61
45 - 49	\$229.05	\$427.97	\$678.45
50 - 54	\$271.67	\$516.84	\$710.96
55 - 59	\$327.40	\$611.39	\$773.54
60 - 64	\$398.51	\$751.46	\$896.50
65 - 120	\$490.23	\$974.14	\$1,084.62

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$121.99	\$264.48	\$411.11
20 - 24	\$126.26	\$276.33	\$430.93
25 - 29	\$140.29	\$295.26	\$474.55
30 - 34	\$149.59	\$310.43	\$505.95
35 - 39	\$171.59	\$326.19	\$550.09
40 - 44	\$183.51	\$348.43	\$586.95
45 - 49	\$207.27	\$387.28	\$613.95
50 - 54	\$245.85	\$467.71	\$643.37
55 - 59	\$296.27	\$553.27	\$700.00
60 - 64	\$360.62	\$680.02	\$811.28
65 - 120	\$443.63	\$881.54	\$981.51

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$113.03	\$245.06	\$380.92
20 - 24	\$116.99	\$256.04	\$399.29
25 - 29	\$129.99	\$273.58	\$439.70
30 - 34	\$138.61	\$287.64	\$468.80
35 - 39	\$158.99	\$302.24	\$509.70
40 - 44	\$170.03	\$322.85	\$543.85
45 - 49	\$192.05	\$358.85	\$568.87
50 - 54	\$227.80	\$433.37	\$596.14
55 - 59	\$274.52	\$512.65	\$648.60
60 - 64	\$334.15	\$630.09	\$751.71
65 - 120	\$411.06	\$816.81	\$909.45

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Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$137.96	\$299.11	\$464.93
20 - 24	\$142.79	\$312.51	\$487.35
25 - 29	\$158.65	\$333.92	\$536.68
30 - 34	\$169.18	\$351.08	\$572.19
35 - 39	\$194.05	\$368.90	\$622.11
40 - 44	\$207.53	\$394.05	\$663.79
45 - 49	\$234.41	\$437.99	\$694.33
50 - 54	\$278.04	\$528.94	\$727.61
55 - 59	\$335.06	\$625.71	\$791.65
60 - 64	\$407.84	\$769.05	\$917.49
65 - 120	\$501.71	\$996.95	\$1,110.02

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$130.12	\$282.11	\$438.51
20 - 24	\$134.67	\$294.75	\$459.65
25 - 29	\$149.64	\$314.94	\$506.18
30 - 34	\$159.56	\$331.12	\$539.67
35 - 39	\$183.02	\$347.93	\$586.75
40 - 44	\$195.74	\$371.66	\$626.07
45 - 49	\$221.09	\$413.10	\$654.87
50 - 54	\$262.23	\$498.88	\$686.26
55 - 59	\$316.02	\$590.15	\$746.66
60 - 64	\$384.66	\$725.35	\$865.35
65 - 120	\$473.20	\$940.29	\$1,046.93

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$115.96	\$251.41	\$390.78
20 - 24	\$120.02	\$262.67	\$409.63
25 - 29	\$133.35	\$280.67	\$451.09
30 - 34	\$142.20	\$295.09	\$480.94
35 - 39	\$163.11	\$310.07	\$522.89
40 - 44	\$174.44	\$331.21	\$557.93
45 - 49	\$197.03	\$368.14	\$583.60
50 - 54	\$233.70	\$444.59	\$611.57
55 - 59	\$281.63	\$525.92	\$665.40
60 - 64	\$342.80	\$646.41	\$771.18
65 - 120	\$421.70	\$837.96	\$933.00

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$106.53	\$230.97	\$359.02
20 - 24	\$110.26	\$241.32	\$376.33
25 - 29	\$122.51	\$257.86	\$414.42
30 - 34	\$130.64	\$271.10	\$441.85
35 - 39	\$149.85	\$284.87	\$480.39
40 - 44	\$160.26	\$304.29	\$512.58
45 - 49	\$181.01	\$338.22	\$536.17
50 - 54	\$214.70	\$408.45	\$561.86
55 - 59	\$258.74	\$483.17	\$611.31
60 - 64	\$314.93	\$593.87	\$708.49
65 - 120	\$387.42	\$769.85	\$857.16

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Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$134.31	\$296.22	\$460.87
20 - 24	\$139.02	\$309.49	\$483.09
25 - 29	\$153.80	\$328.36	\$529.58
30 - 34	\$164.00	\$345.23	\$564.62
35 - 39	\$187.26	\$358.34	\$606.32
40 - 44	\$200.27	\$382.77	\$646.95
45 - 49	\$225.35	\$422.06	\$669.14
50 - 54	\$267.29	\$509.25	\$700.32
55 - 59	\$322.11	\$601.94	\$761.51
60 - 64	\$392.08	\$739.33	\$882.03
65 - 120	\$482.32	\$958.42	\$1,067.11

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$125.25	\$276.22	\$429.75
20 - 24	\$129.63	\$288.59	\$450.47
25 - 29	\$143.42	\$306.19	\$493.82
30 - 34	\$152.93	\$321.92	\$526.50
35 - 39	\$174.62	\$334.15	\$565.38
40 - 44	\$186.75	\$356.93	\$603.27
45 - 49	\$210.13	\$393.56	\$623.96
50 - 54	\$249.24	\$474.87	\$653.03
55 - 59	\$300.36	\$561.30	\$710.09
60 - 64	\$365.60	\$689.41	\$822.48
65 - 120	\$449.75	\$893.71	\$995.06

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$110.30	\$243.26	\$378.48
20 - 24	\$114.16	\$254.16	\$396.73
25 - 29	\$126.31	\$269.66	\$434.91
30 - 34	\$134.69	\$283.51	\$463.68
35 - 39	\$153.79	\$294.28	\$497.93
40 - 44	\$164.47	\$314.35	\$531.30
45 - 49	\$185.06	\$346.61	\$549.52
50 - 54	\$219.51	\$418.22	\$575.12
55 - 59	\$264.53	\$494.34	\$625.37
60 - 64	\$321.99	\$607.16	\$724.36
65 - 120	\$396.10	\$787.09	\$876.35

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$95.95	\$211.61	\$329.23
20 - 24	\$99.31	\$221.09	\$345.11
25 - 29	\$109.87	\$234.57	\$378.32
30 - 34	\$117.16	\$246.62	\$403.35
35 - 39	\$133.78	\$255.99	\$433.14
40 - 44	\$143.07	\$273.44	\$462.16
45 - 49	\$160.98	\$301.51	\$478.02
50 - 54	\$190.95	\$363.80	\$500.29
55 - 59	\$230.11	\$430.01	\$544.00
60 - 64	\$280.09	\$528.16	\$630.10
65 - 120	\$344.56	\$684.67	\$762.32

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Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$131.06	\$289.05	\$449.72
20 - 24	\$135.65	\$302.00	\$471.40
25 - 29	\$150.08	\$320.41	\$516.76
30 - 34	\$160.04	\$336.87	\$550.96
35 - 39	\$182.73	\$349.67	\$591.65
40 - 44	\$195.43	\$373.51	\$631.29
45 - 49	\$219.90	\$411.84	\$652.95
50 - 54	\$260.82	\$496.93	\$683.37
55 - 59	\$314.32	\$587.38	\$743.08
60 - 64	\$382.59	\$721.44	\$860.69
65 - 120	\$470.65	\$935.23	\$1,041.29

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$120.89	\$266.62	\$414.82
20 - 24	\$125.12	\$278.56	\$434.82
25 - 29	\$138.44	\$295.55	\$476.66
30 - 34	\$147.62	\$310.73	\$508.20
35 - 39	\$168.55	\$322.53	\$545.73
40 - 44	\$180.26	\$344.53	\$582.30
45 - 49	\$202.83	\$379.88	\$602.28
50 - 54	\$240.58	\$458.37	\$630.34
55 - 59	\$289.93	\$541.80	\$685.42
60 - 64	\$352.90	\$665.46	\$793.90
65 - 120	\$434.12	\$862.66	\$960.49

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$104.85	\$231.24	\$359.77
20 - 24	\$108.52	\$241.60	\$377.12
25 - 29	\$120.07	\$256.33	\$413.41
30 - 34	\$128.03	\$269.50	\$440.76
35 - 39	\$146.19	\$279.74	\$473.32
40 - 44	\$156.34	\$298.81	\$505.03
45 - 49	\$175.92	\$329.47	\$522.36
50 - 54	\$208.66	\$397.54	\$546.70
55 - 59	\$251.45	\$469.90	\$594.46
60 - 64	\$306.07	\$577.15	\$688.55
65 - 120	\$376.52	\$748.18	\$833.03

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$90.43	\$199.44	\$310.30
20 - 24	\$93.60	\$208.38	\$325.27
25 - 29	\$103.56	\$221.09	\$356.57
30 - 34	\$110.42	\$232.44	\$380.16
35 - 39	\$126.09	\$241.27	\$408.24
40 - 44	\$134.84	\$257.72	\$435.59
45 - 49	\$151.73	\$284.17	\$450.53
50 - 54	\$179.97	\$342.88	\$471.53
55 - 59	\$216.88	\$405.29	\$512.72
60 - 64	\$263.99	\$497.79	\$593.88
65 - 120	\$324.75	\$645.31	\$718.49

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - HEALTH CHOICE PREMIER

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$130.39	\$247.74	\$367.95
20 - 24	\$134.95	\$258.84	\$385.69
25 - 29	\$153.49	\$292.13	\$447.51
30 - 34	\$163.67	\$307.14	\$477.12
35 - 39	\$194.20	\$352.16	\$579.10
40 - 44	\$207.69	\$376.17	\$617.91
45 - 49	\$240.22	\$441.78	\$700.69
50 - 54	\$284.93	\$537.22	\$739.81
55 - 59	\$343.37	\$638.42	\$808.53
60 - 64	\$417.95	\$788.13	\$940.25
65 - 120	\$514.15	\$1,021.68	\$1,137.54

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$124.32	\$236.21	\$350.83
20 - 24	\$128.67	\$246.79	\$367.75
25 - 29	\$146.35	\$278.54	\$426.69
30 - 34	\$156.05	\$292.85	\$454.92
35 - 39	\$185.17	\$335.78	\$552.16
40 - 44	\$198.03	\$358.67	\$589.16
45 - 49	\$229.05	\$421.23	\$668.09
50 - 54	\$271.67	\$512.23	\$705.39
55 - 59	\$327.40	\$608.71	\$770.92
60 - 64	\$398.51	\$751.46	\$896.50
65 - 120	\$490.23	\$974.14	\$1,084.62

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$112.50	\$213.76	\$317.48
20 - 24	\$116.44	\$223.33	\$332.79
25 - 29	\$132.43	\$252.06	\$386.12
30 - 34	\$141.22	\$265.01	\$411.67
35 - 39	\$167.57	\$303.86	\$499.67
40 - 44	\$179.21	\$324.58	\$533.15
45 - 49	\$207.27	\$381.19	\$604.58
50 - 54	\$245.85	\$463.54	\$638.33
55 - 59	\$296.27	\$550.85	\$697.63
60 - 64	\$360.62	\$680.02	\$811.28
65 - 120	\$443.63	\$881.54	\$981.51

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$104.24	\$198.06	\$294.17
20 - 24	\$107.89	\$206.93	\$308.35
25 - 29	\$122.71	\$233.55	\$357.77
30 - 34	\$130.85	\$245.55	\$381.45
35 - 39	\$155.26	\$281.55	\$462.98
40 - 44	\$166.05	\$300.74	\$494.01
45 - 49	\$192.05	\$353.20	\$560.19
50 - 54	\$227.80	\$429.50	\$591.46
55 - 59	\$274.52	\$510.40	\$646.41
60 - 64	\$334.15	\$630.09	\$751.71
65 - 120	\$411.06	\$816.81	\$909.45

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - HEALTH CHOICE PREMIER

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$127.23	\$241.74	\$359.05
20 - 24	\$131.69	\$252.57	\$376.36
25 - 29	\$149.77	\$285.06	\$436.68
30 - 34	\$159.71	\$299.71	\$465.57
35 - 39	\$189.51	\$343.64	\$565.09
40 - 44	\$202.67	\$367.07	\$602.95
45 - 49	\$234.41	\$431.09	\$683.73
50 - 54	\$278.04	\$524.22	\$721.90
55 - 59	\$335.06	\$622.97	\$788.97
60 - 64	\$407.84	\$769.05	\$917.49
65 - 120	\$501.71	\$996.95	\$1,110.02

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$120.00	\$228.00	\$338.64
20 - 24	\$124.20	\$238.22	\$354.97
25 - 29	\$141.26	\$268.86	\$411.86
30 - 34	\$150.63	\$282.67	\$439.11
35 - 39	\$178.74	\$324.11	\$532.97
40 - 44	\$191.15	\$346.21	\$568.69
45 - 49	\$221.09	\$406.59	\$644.88
50 - 54	\$262.23	\$494.43	\$680.88
55 - 59	\$316.02	\$587.56	\$744.13
60 - 64	\$384.66	\$725.35	\$865.35
65 - 120	\$473.20	\$940.29	\$1,046.93

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$106.94	\$203.19	\$301.79
20 - 24	\$110.69	\$212.29	\$316.34
25 - 29	\$125.89	\$239.60	\$367.04
30 - 34	\$134.24	\$251.91	\$391.32
35 - 39	\$159.28	\$288.84	\$474.97
40 - 44	\$170.35	\$308.53	\$506.80
45 - 49	\$197.03	\$362.34	\$574.70
50 - 54	\$233.70	\$440.62	\$606.78
55 - 59	\$281.63	\$523.62	\$663.15
60 - 64	\$342.80	\$646.41	\$771.18
65 - 120	\$421.70	\$837.96	\$933.00

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$98.25	\$186.67	\$277.26
20 - 24	\$101.69	\$195.04	\$290.63
25 - 29	\$115.66	\$220.13	\$337.20
30 - 34	\$123.33	\$231.43	\$359.52
35 - 39	\$146.34	\$265.36	\$436.36
40 - 44	\$156.50	\$283.45	\$465.60
45 - 49	\$181.01	\$332.89	\$527.98
50 - 54	\$214.70	\$404.81	\$557.46
55 - 59	\$258.74	\$481.06	\$609.24
60 - 64	\$314.93	\$593.87	\$708.49
65 - 120	\$387.42	\$769.85	\$857.16

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - HEALTH CHOICE PREMIER

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$122.32	\$232.40	\$345.17
20 - 24	\$126.60	\$242.81	\$361.81
25 - 29	\$143.98	\$274.04	\$419.80
30 - 34	\$153.53	\$288.12	\$447.58
35 - 39	\$182.18	\$330.36	\$543.25
40 - 44	\$194.84	\$352.88	\$579.65
45 - 49	\$225.35	\$414.43	\$657.31
50 - 54	\$267.29	\$503.96	\$694.00
55 - 59	\$322.11	\$598.89	\$758.47
60 - 64	\$392.08	\$739.33	\$882.03
65 - 120	\$482.32	\$958.42	\$1,067.11

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$114.06	\$216.71	\$321.86
20 - 24	\$118.05	\$226.42	\$337.38
25 - 29	\$134.26	\$255.54	\$391.46
30 - 34	\$143.17	\$268.67	\$417.36
35 - 39	\$169.88	\$308.05	\$506.57
40 - 44	\$181.68	\$329.06	\$540.51
45 - 49	\$210.13	\$386.45	\$612.93
50 - 54	\$249.24	\$469.94	\$647.14
55 - 59	\$300.36	\$558.45	\$707.26
60 - 64	\$365.60	\$689.41	\$822.48
65 - 120	\$449.75	\$893.71	\$995.06

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$100.45	\$190.85	\$283.46
20 - 24	\$103.96	\$199.40	\$297.13
25 - 29	\$118.24	\$225.05	\$344.75
30 - 34	\$126.09	\$236.62	\$367.57
35 - 39	\$149.61	\$271.30	\$446.13
40 - 44	\$160.01	\$289.80	\$476.03
45 - 49	\$185.06	\$340.34	\$539.80
50 - 54	\$219.51	\$413.87	\$569.94
55 - 59	\$264.53	\$491.83	\$622.88
60 - 64	\$321.99	\$607.16	\$724.36
65 - 120	\$396.10	\$787.09	\$876.35

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$87.38	\$166.02	\$246.58
20 - 24	\$90.44	\$173.46	\$258.47
25 - 29	\$102.86	\$195.77	\$299.89
30 - 34	\$109.68	\$205.83	\$319.74
35 - 39	\$130.15	\$236.00	\$388.08
40 - 44	\$139.19	\$252.09	\$414.09
45 - 49	\$160.98	\$296.06	\$469.56
50 - 54	\$190.95	\$360.02	\$495.78
55 - 59	\$230.11	\$427.83	\$541.83
60 - 64	\$280.09	\$528.16	\$630.10
65 - 120	\$344.56	\$684.67	\$762.32

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - HEALTH CHOICE PREMIER

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$119.36	\$226.77	\$336.82
20 - 24	\$123.53	\$236.93	\$353.06
25 - 29	\$140.50	\$267.41	\$409.64
30 - 34	\$149.82	\$281.15	\$436.75
35 - 39	\$177.77	\$322.36	\$530.10
40 - 44	\$190.12	\$344.34	\$565.62
45 - 49	\$219.90	\$404.40	\$641.40
50 - 54	\$260.82	\$491.77	\$677.21
55 - 59	\$314.32	\$584.40	\$740.12
60 - 64	\$382.59	\$721.44	\$860.69
65 - 120	\$470.65	\$935.23	\$1,041.29

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$110.09	\$209.18	\$310.68
20 - 24	\$113.95	\$218.55	\$325.66
25 - 29	\$129.60	\$246.66	\$377.85
30 - 34	\$138.19	\$259.33	\$402.85
35 - 39	\$163.98	\$297.35	\$488.97
40 - 44	\$175.37	\$317.62	\$521.73
45 - 49	\$202.83	\$373.02	\$591.63
50 - 54	\$240.58	\$453.61	\$624.66
55 - 59	\$289.93	\$539.05	\$682.69
60 - 64	\$352.90	\$665.46	\$793.90
65 - 120	\$434.12	\$862.66	\$960.49

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$95.48	\$181.42	\$269.45
20 - 24	\$98.83	\$189.55	\$282.44
25 - 29	\$112.40	\$213.93	\$327.71
30 - 34	\$119.85	\$224.92	\$349.40
35 - 39	\$142.22	\$257.89	\$424.08
40 - 44	\$152.10	\$275.48	\$452.50
45 - 49	\$175.92	\$323.52	\$513.12
50 - 54	\$208.66	\$393.41	\$541.77
55 - 59	\$251.45	\$467.52	\$592.09
60 - 64	\$306.07	\$577.15	\$688.55
65 - 120	\$376.52	\$748.18	\$833.03

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$82.36	\$156.47	\$232.40
20 - 24	\$85.24	\$163.48	\$243.61
25 - 29	\$96.95	\$184.51	\$282.65
30 - 34	\$103.37	\$193.99	\$301.36
35 - 39	\$122.66	\$222.43	\$365.77
40 - 44	\$131.18	\$237.60	\$390.28
45 - 49	\$151.73	\$279.04	\$442.57
50 - 54	\$179.97	\$339.32	\$467.27
55 - 59	\$216.88	\$403.23	\$510.68
60 - 64	\$263.99	\$497.79	\$593.88
65 - 120	\$324.75	\$645.31	\$718.49

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$127.96	\$272.66	\$423.43
20 - 24	\$132.44	\$284.87	\$443.84
25 - 29	\$147.01	\$306.27	\$490.24
30 - 34	\$156.76	\$322.01	\$522.68
35 - 39	\$180.33	\$340.76	\$573.44
40 - 44	\$192.86	\$364.00	\$611.86
45 - 49	\$218.77	\$407.61	\$646.55
50 - 54	\$259.49	\$492.78	\$678.06
55 - 59	\$312.71	\$583.68	\$738.62
60 - 64	\$380.63	\$717.76	\$856.29
65 - 120	\$468.24	\$930.45	\$1,035.97

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$122.02	\$260.01	\$403.78
20 - 24	\$126.29	\$271.66	\$423.25
25 - 29	\$140.19	\$292.06	\$467.50
30 - 34	\$149.49	\$307.07	\$498.43
35 - 39	\$171.96	\$324.95	\$546.83
40 - 44	\$183.91	\$347.11	\$583.48
45 - 49	\$208.62	\$388.70	\$616.55
50 - 54	\$247.45	\$469.92	\$646.60
55 - 59	\$298.20	\$556.60	\$704.35
60 - 64	\$362.98	\$684.46	\$816.57
65 - 120	\$446.52	\$887.29	\$987.91

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$112.01	\$238.67	\$370.65
20 - 24	\$115.93	\$249.37	\$388.52
25 - 29	\$128.69	\$268.10	\$429.14
30 - 34	\$137.22	\$281.87	\$457.53
35 - 39	\$157.85	\$298.29	\$501.96
40 - 44	\$168.82	\$318.63	\$535.60
45 - 49	\$191.50	\$356.80	\$565.96
50 - 54	\$227.15	\$431.36	\$593.55
55 - 59	\$273.73	\$510.93	\$646.56
60 - 64	\$333.19	\$628.29	\$749.56
65 - 120	\$409.88	\$814.48	\$906.85

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$110.71	\$235.90	\$366.35
20 - 24	\$114.59	\$246.47	\$384.01
25 - 29	\$127.19	\$264.99	\$424.16
30 - 34	\$135.63	\$278.60	\$452.22
35 - 39	\$156.02	\$294.83	\$496.14
40 - 44	\$166.86	\$314.93	\$529.38
45 - 49	\$189.28	\$352.66	\$559.40
50 - 54	\$224.51	\$426.35	\$586.66
55 - 59	\$270.56	\$505.00	\$639.06
60 - 64	\$329.33	\$621.00	\$740.87
65 - 120	\$405.13	\$805.03	\$896.33

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$124.86	\$266.06	\$413.18
20 - 24	\$129.23	\$277.98	\$433.10
25 - 29	\$143.45	\$298.86	\$478.38
30 - 34	\$152.97	\$314.22	\$510.03
35 - 39	\$175.97	\$332.52	\$559.56
40 - 44	\$188.19	\$355.19	\$597.06
45 - 49	\$213.48	\$397.74	\$630.90
50 - 54	\$253.21	\$480.85	\$661.65
55 - 59	\$305.14	\$569.55	\$720.75
60 - 64	\$371.42	\$700.39	\$835.57
65 - 120	\$456.91	\$907.94	\$1,010.90

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$117.78	\$250.97	\$389.75
20 - 24	\$121.91	\$262.22	\$408.54
25 - 29	\$135.32	\$281.92	\$451.25
30 - 34	\$144.29	\$296.40	\$481.11
35 - 39	\$165.99	\$313.66	\$527.83
40 - 44	\$177.52	\$335.05	\$563.20
45 - 49	\$201.37	\$375.19	\$595.13
50 - 54	\$238.85	\$453.59	\$624.14
55 - 59	\$287.84	\$537.26	\$679.88
60 - 64	\$350.36	\$660.67	\$788.19
65 - 120	\$431.00	\$856.45	\$953.58

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$106.47	\$226.88	\$352.33
20 - 24	\$110.20	\$237.04	\$369.32
25 - 29	\$122.32	\$254.85	\$407.92
30 - 34	\$130.44	\$267.94	\$434.92
35 - 39	\$150.05	\$283.55	\$477.15
40 - 44	\$160.47	\$302.88	\$509.12
45 - 49	\$182.04	\$339.16	\$537.99
50 - 54	\$215.92	\$410.04	\$564.21
55 - 59	\$260.20	\$485.67	\$614.60
60 - 64	\$316.72	\$597.24	\$712.51
65 - 120	\$389.62	\$774.22	\$862.02

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$104.35	\$222.34	\$345.29
20 - 24	\$108.00	\$232.30	\$361.94
25 - 29	\$119.88	\$249.75	\$399.77
30 - 34	\$127.83	\$262.58	\$426.22
35 - 39	\$147.05	\$277.88	\$467.61
40 - 44	\$157.27	\$296.82	\$498.95
45 - 49	\$178.40	\$332.39	\$527.23
50 - 54	\$211.60	\$401.84	\$552.93
55 - 59	\$255.00	\$475.97	\$602.32
60 - 64	\$310.39	\$585.30	\$698.27
65 - 120	\$381.83	\$758.75	\$844.79

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$118.75	\$225.62	\$335.10
20 - 24	\$122.90	\$235.72	\$351.25
25 - 29	\$139.78	\$266.05	\$407.55
30 - 34	\$149.05	\$279.72	\$434.52
35 - 39	\$176.86	\$320.72	\$527.39
40 - 44	\$189.15	\$342.59	\$562.74
45 - 49	\$218.77	\$402.34	\$638.13
50 - 54	\$259.49	\$489.26	\$673.75
55 - 59	\$312.71	\$581.41	\$736.34
60 - 64	\$380.63	\$717.76	\$856.29
65 - 120	\$468.24	\$930.45	\$1,035.97

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$113.24	\$215.15	\$319.55
20 - 24	\$117.20	\$224.79	\$334.96
25 - 29	\$133.30	\$253.70	\$388.64
30 - 34	\$142.14	\$266.74	\$414.36
35 - 39	\$168.66	\$305.84	\$502.93
40 - 44	\$180.37	\$326.69	\$536.63
45 - 49	\$208.62	\$383.67	\$608.52
50 - 54	\$247.45	\$466.56	\$642.49
55 - 59	\$298.20	\$554.44	\$702.18
60 - 64	\$362.98	\$684.46	\$816.57
65 - 120	\$446.52	\$887.29	\$987.91

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$103.94	\$197.50	\$293.33
20 - 24	\$107.58	\$206.34	\$307.47
25 - 29	\$122.36	\$232.89	\$356.75
30 - 34	\$130.47	\$244.85	\$380.36
35 - 39	\$154.82	\$280.74	\$461.66
40 - 44	\$165.57	\$299.88	\$492.59
45 - 49	\$191.50	\$352.19	\$558.59
50 - 54	\$227.15	\$428.27	\$589.77
55 - 59	\$273.73	\$508.94	\$644.56
60 - 64	\$333.19	\$628.29	\$749.56
65 - 120	\$409.88	\$814.48	\$906.85

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$102.74	\$195.20	\$289.93
20 - 24	\$106.33	\$203.95	\$303.90
25 - 29	\$120.94	\$230.18	\$352.61
30 - 34	\$128.96	\$242.01	\$375.94
35 - 39	\$153.02	\$277.49	\$456.30
40 - 44	\$163.65	\$296.41	\$486.88
45 - 49	\$189.28	\$348.10	\$552.11
50 - 54	\$224.51	\$423.30	\$582.93
55 - 59	\$270.56	\$503.04	\$637.08
60 - 64	\$329.33	\$621.00	\$740.87
65 - 120	\$405.13	\$805.03	\$896.33

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$115.87	\$220.16	\$326.99
20 - 24	\$119.93	\$230.02	\$342.75
25 - 29	\$136.40	\$259.61	\$397.69
30 - 34	\$145.45	\$272.95	\$424.00
35 - 39	\$172.58	\$312.96	\$514.63
40 - 44	\$184.57	\$334.30	\$549.12
45 - 49	\$213.48	\$392.60	\$622.68
50 - 54	\$253.21	\$477.42	\$657.45
55 - 59	\$305.14	\$567.34	\$718.52
60 - 64	\$371.42	\$700.39	\$835.57
65 - 120	\$456.91	\$907.94	\$1,010.90

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$109.30	\$207.67	\$308.45
20 - 24	\$113.13	\$216.98	\$323.32
25 - 29	\$128.67	\$244.89	\$375.14
30 - 34	\$137.20	\$257.47	\$399.96
35 - 39	\$162.80	\$295.21	\$485.45
40 - 44	\$174.11	\$315.34	\$517.98
45 - 49	\$201.37	\$370.34	\$587.38
50 - 54	\$238.85	\$450.34	\$620.17
55 - 59	\$287.84	\$535.17	\$677.78
60 - 64	\$350.36	\$660.67	\$788.19
65 - 120	\$431.00	\$856.45	\$953.58

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$98.81	\$187.73	\$278.83
20 - 24	\$102.27	\$196.14	\$292.27
25 - 29	\$116.31	\$221.37	\$339.12
30 - 34	\$124.03	\$232.75	\$361.56
35 - 39	\$147.17	\$266.87	\$438.84
40 - 44	\$157.39	\$285.06	\$468.25
45 - 49	\$182.04	\$334.78	\$530.98
50 - 54	\$215.92	\$407.10	\$560.62
55 - 59	\$260.20	\$483.79	\$612.70
60 - 64	\$316.72	\$597.24	\$712.51
65 - 120	\$389.62	\$774.22	\$862.02

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$96.83	\$183.98	\$273.26
20 - 24	\$100.22	\$192.22	\$286.43
25 - 29	\$113.99	\$216.95	\$332.34
30 - 34	\$121.55	\$228.10	\$354.33
35 - 39	\$144.23	\$261.53	\$430.07
40 - 44	\$154.24	\$279.36	\$458.89
45 - 49	\$178.40	\$328.09	\$520.37
50 - 54	\$211.60	\$398.97	\$549.42
55 - 59	\$255.00	\$474.12	\$600.45
60 - 64	\$310.39	\$585.30	\$698.27
65 - 120	\$381.83	\$758.75	\$844.79

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$124.40	\$269.72	\$419.25
20 - 24	\$128.76	\$281.80	\$439.47
25 - 29	\$143.07	\$301.12	\$483.95
30 - 34	\$152.56	\$316.58	\$515.97
35 - 39	\$174.99	\$332.66	\$560.99
40 - 44	\$187.14	\$355.34	\$598.58
45 - 49	\$211.38	\$394.96	\$626.12
50 - 54	\$250.72	\$476.97	\$656.12
55 - 59	\$302.14	\$564.23	\$713.87
60 - 64	\$367.77	\$693.50	\$827.35
65 - 120	\$452.42	\$899.01	\$1,000.96

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$118.63	\$257.20	\$399.79
20 - 24	\$122.78	\$268.72	\$419.07
25 - 29	\$136.43	\$287.14	\$461.49
30 - 34	\$145.47	\$301.89	\$492.02
35 - 39	\$166.87	\$317.21	\$534.95
40 - 44	\$178.46	\$338.84	\$570.79
45 - 49	\$201.57	\$376.62	\$597.05
50 - 54	\$239.08	\$454.83	\$625.67
55 - 59	\$288.12	\$538.04	\$680.73
60 - 64	\$350.70	\$661.31	\$788.95
65 - 120	\$431.42	\$857.28	\$954.50

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$107.34	\$232.72	\$361.74
20 - 24	\$111.09	\$243.15	\$379.18
25 - 29	\$123.44	\$259.81	\$417.56
30 - 34	\$131.63	\$273.15	\$445.19
35 - 39	\$150.98	\$287.02	\$484.03
40 - 44	\$161.47	\$306.59	\$516.46
45 - 49	\$182.38	\$340.78	\$540.22
50 - 54	\$216.33	\$411.54	\$566.11
55 - 59	\$260.69	\$486.83	\$615.94
60 - 64	\$317.32	\$598.36	\$713.85
65 - 120	\$390.35	\$775.68	\$863.64

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$99.46	\$215.64	\$335.19
20 - 24	\$102.94	\$225.30	\$351.35
25 - 29	\$114.38	\$240.74	\$386.92
30 - 34	\$121.97	\$253.11	\$412.52
35 - 39	\$139.90	\$265.96	\$448.51
40 - 44	\$149.62	\$284.09	\$478.56
45 - 49	\$169.00	\$315.77	\$500.58
50 - 54	\$200.45	\$381.34	\$524.57
55 - 59	\$241.56	\$451.10	\$570.74
60 - 64	\$294.03	\$554.45	\$661.47
65 - 120	\$361.71	\$718.75	\$800.27

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$121.39	\$263.19	\$409.11
20 - 24	\$125.64	\$274.98	\$428.83
25 - 29	\$139.61	\$293.83	\$472.24
30 - 34	\$148.86	\$308.92	\$503.49
35 - 39	\$170.75	\$324.61	\$547.41
40 - 44	\$182.61	\$346.74	\$584.09
45 - 49	\$206.26	\$385.40	\$610.97
50 - 54	\$244.65	\$465.43	\$640.24
55 - 59	\$294.83	\$550.58	\$696.60
60 - 64	\$358.87	\$676.72	\$807.33
65 - 120	\$441.47	\$877.25	\$976.74

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$114.51	\$248.26	\$385.90
20 - 24	\$118.52	\$259.39	\$404.50
25 - 29	\$131.69	\$277.16	\$445.45
30 - 34	\$140.42	\$291.40	\$474.92
35 - 39	\$161.07	\$306.19	\$516.36
40 - 44	\$172.26	\$327.07	\$550.96
45 - 49	\$194.56	\$363.54	\$576.31
50 - 54	\$230.77	\$439.03	\$603.92
55 - 59	\$278.11	\$519.35	\$657.08
60 - 64	\$338.51	\$638.33	\$761.53
65 - 120	\$416.43	\$827.49	\$921.33

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$102.03	\$221.22	\$343.86
20 - 24	\$105.60	\$231.13	\$360.43
25 - 29	\$117.34	\$246.96	\$396.92
30 - 34	\$125.12	\$259.65	\$423.18
35 - 39	\$143.52	\$272.83	\$460.10
40 - 44	\$153.49	\$291.44	\$490.93
45 - 49	\$173.37	\$323.93	\$513.52
50 - 54	\$205.63	\$391.20	\$538.13
55 - 59	\$247.81	\$462.77	\$585.49
60 - 64	\$301.63	\$568.78	\$678.57
65 - 120	\$371.06	\$737.34	\$820.95

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$93.74	\$203.24	\$315.92
20 - 24	\$97.02	\$212.35	\$331.15
25 - 29	\$107.81	\$226.90	\$364.67
30 - 34	\$114.96	\$238.56	\$388.80
35 - 39	\$131.86	\$250.67	\$422.72
40 - 44	\$141.02	\$267.76	\$451.05
45 - 49	\$159.28	\$297.61	\$471.80
50 - 54	\$188.93	\$359.42	\$494.41
55 - 59	\$227.67	\$425.17	\$537.93
60 - 64	\$277.13	\$522.57	\$623.44
65 - 120	\$340.91	\$677.43	\$754.26

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$119.43	\$263.39	\$409.80
20 - 24	\$123.61	\$275.19	\$429.56
25 - 29	\$136.76	\$291.97	\$470.90
30 - 34	\$145.83	\$306.97	\$502.05
35 - 39	\$166.51	\$318.63	\$539.13
40 - 44	\$178.08	\$340.36	\$575.26
45 - 49	\$200.38	\$375.29	\$594.99
50 - 54	\$237.67	\$452.82	\$622.72
55 - 59	\$286.42	\$535.24	\$677.13
60 - 64	\$348.63	\$657.41	\$784.30
65 - 120	\$428.87	\$852.22	\$948.87

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$112.75	\$248.67	\$386.89
20 - 24	\$116.70	\$259.81	\$405.54
25 - 29	\$129.12	\$275.65	\$444.57
30 - 34	\$137.68	\$289.81	\$473.99
35 - 39	\$157.20	\$300.82	\$508.99
40 - 44	\$168.12	\$321.33	\$543.10
45 - 49	\$189.18	\$354.31	\$561.73
50 - 54	\$224.38	\$427.51	\$587.90
55 - 59	\$270.41	\$505.32	\$639.27
60 - 64	\$329.14	\$620.65	\$740.45
65 - 120	\$404.90	\$804.58	\$895.82

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$99.77	\$220.04	\$342.35
20 - 24	\$103.27	\$229.90	\$358.86
25 - 29	\$114.25	\$243.92	\$393.39
30 - 34	\$121.83	\$256.45	\$419.42
35 - 39	\$139.11	\$266.19	\$450.40
40 - 44	\$148.77	\$284.34	\$480.58
45 - 49	\$167.40	\$313.52	\$497.07
50 - 54	\$198.55	\$378.30	\$520.23
55 - 59	\$239.28	\$447.15	\$565.68
60 - 64	\$291.25	\$549.21	\$655.21
65 - 120	\$358.29	\$711.96	\$792.70

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$87.55	\$193.08	\$300.41
20 - 24	\$90.61	\$201.73	\$314.89
25 - 29	\$100.25	\$214.04	\$345.20
30 - 34	\$106.90	\$225.03	\$368.04
35 - 39	\$122.06	\$233.58	\$395.22
40 - 44	\$130.54	\$249.50	\$421.70
45 - 49	\$146.89	\$275.11	\$436.17
50 - 54	\$174.23	\$331.95	\$456.49
55 - 59	\$209.96	\$392.37	\$496.38
60 - 64	\$255.57	\$481.92	\$574.94
65 - 120	\$314.39	\$624.73	\$695.58

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$116.54	\$257.02	\$399.88
20 - 24	\$120.62	\$268.53	\$419.16
25 - 29	\$133.45	\$284.91	\$459.50
30 - 34	\$142.30	\$299.55	\$489.90
35 - 39	\$162.48	\$310.92	\$526.09
40 - 44	\$173.77	\$332.12	\$561.34
45 - 49	\$195.53	\$366.21	\$580.59
50 - 54	\$231.92	\$441.87	\$607.65
55 - 59	\$279.49	\$522.29	\$660.74
60 - 64	\$340.19	\$641.50	\$765.32
65 - 120	\$418.49	\$831.60	\$925.91

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$108.84	\$240.03	\$373.45
20 - 24	\$112.65	\$250.78	\$391.45
25 - 29	\$124.63	\$266.07	\$429.12
30 - 34	\$132.89	\$279.74	\$457.52
35 - 39	\$151.74	\$290.37	\$491.31
40 - 44	\$162.28	\$310.16	\$524.23
45 - 49	\$182.60	\$342.00	\$542.21
50 - 54	\$216.59	\$412.65	\$567.47
55 - 59	\$261.01	\$487.76	\$617.06
60 - 64	\$317.70	\$599.09	\$714.72
65 - 120	\$390.83	\$776.62	\$864.69

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.84	\$209.16	\$325.43
20 - 24	\$98.16	\$218.54	\$341.12
25 - 29	\$108.60	\$231.86	\$373.95
30 - 34	\$115.81	\$243.77	\$398.69
35 - 39	\$132.23	\$253.03	\$428.14
40 - 44	\$141.42	\$270.29	\$456.83
45 - 49	\$159.12	\$298.02	\$472.50
50 - 54	\$188.74	\$359.60	\$494.51
55 - 59	\$227.45	\$425.05	\$537.72
60 - 64	\$276.85	\$522.06	\$622.83
65 - 120	\$340.58	\$676.77	\$753.52

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$82.52	\$181.98	\$283.14
20 - 24	\$85.41	\$190.13	\$296.79
25 - 29	\$94.49	\$201.73	\$325.35
30 - 34	\$100.76	\$212.09	\$346.88
35 - 39	\$115.05	\$220.15	\$372.50
40 - 44	\$123.04	\$235.16	\$397.46
45 - 49	\$138.44	\$259.29	\$411.09
50 - 54	\$164.21	\$312.86	\$430.25
55 - 59	\$197.89	\$369.81	\$467.84
60 - 64	\$240.87	\$454.21	\$541.88
65 - 120	\$296.32	\$588.81	\$655.59

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$114.73	\$217.99	\$323.77
20 - 24	\$118.75	\$227.76	\$339.38
25 - 29	\$135.06	\$257.06	\$393.78
30 - 34	\$144.02	\$270.26	\$419.83
35 - 39	\$170.89	\$309.88	\$509.57
40 - 44	\$182.76	\$331.01	\$543.72
45 - 49	\$211.38	\$388.74	\$616.56
50 - 54	\$250.72	\$472.72	\$650.98
55 - 59	\$302.14	\$561.76	\$711.45
60 - 64	\$367.77	\$693.50	\$827.35
65 - 120	\$452.42	\$899.01	\$1,000.96

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$109.41	\$207.87	\$308.74
20 - 24	\$113.24	\$217.19	\$323.63
25 - 29	\$128.79	\$245.12	\$375.50
30 - 34	\$137.33	\$257.72	\$400.34
35 - 39	\$162.95	\$295.50	\$485.92
40 - 44	\$174.27	\$315.64	\$518.48
45 - 49	\$201.57	\$370.69	\$587.94
50 - 54	\$239.08	\$450.78	\$620.76
55 - 59	\$288.12	\$535.69	\$678.43
60 - 64	\$350.70	\$661.31	\$788.95
65 - 120	\$431.42	\$857.28	\$954.50

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$98.99	\$188.09	\$279.35
20 - 24	\$102.46	\$196.51	\$292.82
25 - 29	\$116.53	\$221.79	\$339.76
30 - 34	\$124.26	\$233.19	\$362.24
35 - 39	\$147.44	\$267.37	\$439.66
40 - 44	\$157.69	\$285.60	\$469.13
45 - 49	\$182.38	\$335.41	\$531.98
50 - 54	\$216.33	\$407.87	\$561.68
55 - 59	\$260.69	\$484.70	\$613.85
60 - 64	\$317.32	\$598.36	\$713.85
65 - 120	\$390.35	\$775.68	\$863.64

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$91.73	\$174.28	\$258.85
20 - 24	\$94.94	\$182.09	\$271.34
25 - 29	\$107.98	\$205.52	\$314.82
30 - 34	\$115.14	\$216.07	\$335.65
35 - 39	\$136.62	\$247.75	\$407.40
40 - 44	\$146.11	\$264.64	\$434.70
45 - 49	\$169.00	\$310.80	\$492.94
50 - 54	\$200.45	\$377.94	\$520.46
55 - 59	\$241.56	\$449.13	\$568.81
60 - 64	\$294.03	\$554.45	\$661.47
65 - 120	\$361.71	\$718.75	\$800.27

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$111.96	\$212.72	\$315.94
20 - 24	\$115.87	\$222.25	\$331.17
25 - 29	\$131.79	\$250.83	\$384.25
30 - 34	\$140.53	\$263.72	\$409.67
35 - 39	\$166.75	\$302.38	\$497.24
40 - 44	\$178.33	\$323.00	\$530.56
45 - 49	\$206.26	\$379.33	\$601.64
50 - 54	\$244.65	\$461.28	\$635.23
55 - 59	\$294.83	\$548.17	\$694.24
60 - 64	\$358.87	\$676.72	\$807.33
65 - 120	\$441.47	\$877.25	\$976.74

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$105.60	\$200.65	\$298.01
20 - 24	\$109.30	\$209.64	\$312.38
25 - 29	\$124.31	\$236.61	\$362.45
30 - 34	\$132.56	\$248.76	\$386.43
35 - 39	\$157.29	\$285.23	\$469.03
40 - 44	\$168.22	\$304.67	\$500.46
45 - 49	\$194.56	\$357.81	\$567.51
50 - 54	\$230.77	\$435.11	\$599.19
55 - 59	\$278.11	\$517.07	\$654.85
60 - 64	\$338.51	\$638.33	\$761.53
65 - 120	\$416.43	\$827.49	\$921.33

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.10	\$178.79	\$265.55
20 - 24	\$97.39	\$186.80	\$278.35
25 - 29	\$110.77	\$210.83	\$322.96
30 - 34	\$118.12	\$221.66	\$344.33
35 - 39	\$140.16	\$254.15	\$417.93
40 - 44	\$149.89	\$271.48	\$445.94
45 - 49	\$173.37	\$318.83	\$505.68
50 - 54	\$205.63	\$387.71	\$533.91
55 - 59	\$247.81	\$460.74	\$583.51
60 - 64	\$301.63	\$568.78	\$678.57
65 - 120	\$371.06	\$737.34	\$820.95

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$86.45	\$164.26	\$243.97
20 - 24	\$89.48	\$171.62	\$255.74
25 - 29	\$101.77	\$193.70	\$296.72
30 - 34	\$108.52	\$203.65	\$316.36
35 - 39	\$128.77	\$233.50	\$383.98
40 - 44	\$137.71	\$249.42	\$409.71
45 - 49	\$159.28	\$292.93	\$464.60
50 - 54	\$188.93	\$356.21	\$490.53
55 - 59	\$227.67	\$423.31	\$536.10
60 - 64	\$277.13	\$522.57	\$623.44
65 - 120	\$340.91	\$677.43	\$754.26

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$108.76	\$206.65	\$306.92
20 - 24	\$112.57	\$215.90	\$321.72
25 - 29	\$128.03	\$243.68	\$373.28
30 - 34	\$136.52	\$256.20	\$397.98
35 - 39	\$161.99	\$293.75	\$483.05
40 - 44	\$173.25	\$313.78	\$515.42
45 - 49	\$200.38	\$368.51	\$584.47
50 - 54	\$237.67	\$448.12	\$617.10
55 - 59	\$286.42	\$532.53	\$674.43
60 - 64	\$348.63	\$657.41	\$784.30
65 - 120	\$428.87	\$852.22	\$948.87

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$102.68	\$195.09	\$289.76
20 - 24	\$106.27	\$203.83	\$303.73
25 - 29	\$120.87	\$230.05	\$352.41
30 - 34	\$128.89	\$241.87	\$375.73
35 - 39	\$152.94	\$277.33	\$456.05
40 - 44	\$163.56	\$296.24	\$486.61
45 - 49	\$189.18	\$347.91	\$551.80
50 - 54	\$224.38	\$423.07	\$582.60
55 - 59	\$270.41	\$502.75	\$636.72
60 - 64	\$329.14	\$620.65	\$740.45
65 - 120	\$404.90	\$804.58	\$895.82

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$90.86	\$172.64	\$256.41
20 - 24	\$94.04	\$180.37	\$268.77
25 - 29	\$106.96	\$203.57	\$311.85
30 - 34	\$114.05	\$214.03	\$332.48
35 - 39	\$135.33	\$245.41	\$403.55
40 - 44	\$144.73	\$262.14	\$430.59
45 - 49	\$167.40	\$307.86	\$488.28
50 - 54	\$198.55	\$374.36	\$515.54
55 - 59	\$239.28	\$444.88	\$563.43
60 - 64	\$291.25	\$549.21	\$655.21
65 - 120	\$358.29	\$711.96	\$792.70

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$79.73	\$151.49	\$224.99
20 - 24	\$82.52	\$158.27	\$235.84
25 - 29	\$93.85	\$178.63	\$273.64
30 - 34	\$100.08	\$187.81	\$291.75
35 - 39	\$118.75	\$215.34	\$354.11
40 - 44	\$127.00	\$230.02	\$377.84
45 - 49	\$146.89	\$270.14	\$428.46
50 - 54	\$174.23	\$328.50	\$452.37
55 - 59	\$209.96	\$390.38	\$494.40
60 - 64	\$255.57	\$481.92	\$574.94
65 - 120	\$314.39	\$624.73	\$695.58

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$106.13	\$201.65	\$299.49
20 - 24	\$109.84	\$210.68	\$313.93
25 - 29	\$124.93	\$237.78	\$364.25
30 - 34	\$133.22	\$250.00	\$388.35
35 - 39	\$158.07	\$286.64	\$471.36
40 - 44	\$169.05	\$306.19	\$502.95
45 - 49	\$195.53	\$359.59	\$570.33
50 - 54	\$231.92	\$437.27	\$602.17
55 - 59	\$279.49	\$519.64	\$658.11
60 - 64	\$340.19	\$641.50	\$765.32
65 - 120	\$418.49	\$831.60	\$925.91

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$99.11	\$188.31	\$279.69
20 - 24	\$102.58	\$196.75	\$293.18
25 - 29	\$116.67	\$222.06	\$340.17
30 - 34	\$124.41	\$233.47	\$362.68
35 - 39	\$147.62	\$267.69	\$440.20
40 - 44	\$157.88	\$285.94	\$469.70
45 - 49	\$182.60	\$335.82	\$532.62
50 - 54	\$216.59	\$408.36	\$562.36
55 - 59	\$261.01	\$485.28	\$614.60
60 - 64	\$317.70	\$599.09	\$714.72
65 - 120	\$390.83	\$776.62	\$864.69

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$86.37	\$164.10	\$243.73
20 - 24	\$89.39	\$171.45	\$255.48
25 - 29	\$101.67	\$193.51	\$296.43
30 - 34	\$108.41	\$203.45	\$316.05
35 - 39	\$128.64	\$233.27	\$383.60
40 - 44	\$137.58	\$249.18	\$409.31
45 - 49	\$159.12	\$292.64	\$464.14
50 - 54	\$188.74	\$355.86	\$490.05
55 - 59	\$227.45	\$422.89	\$535.58
60 - 64	\$276.85	\$522.06	\$622.83
65 - 120	\$340.58	\$676.77	\$753.52

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$75.15	\$142.78	\$212.06
20 - 24	\$77.78	\$149.17	\$222.28
25 - 29	\$88.46	\$168.36	\$257.91
30 - 34	\$94.32	\$177.01	\$274.97
35 - 39	\$111.92	\$202.96	\$333.75
40 - 44	\$119.70	\$216.80	\$356.11
45 - 49	\$138.44	\$254.61	\$403.82
50 - 54	\$164.21	\$309.61	\$426.37
55 - 59	\$197.89	\$367.93	\$465.97
60 - 64	\$240.87	\$454.21	\$541.88
65 - 120	\$296.32	\$588.81	\$655.59

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$135.33	\$288.36	\$447.82
20 - 24	\$140.07	\$301.28	\$469.41
25 - 29	\$155.48	\$323.91	\$518.48
30 - 34	\$165.79	\$340.55	\$552.78
35 - 39	\$190.72	\$360.39	\$606.46
40 - 44	\$203.97	\$384.96	\$647.10
45 - 49	\$231.37	\$431.08	\$683.79
50 - 54	\$274.44	\$521.16	\$717.12
55 - 59	\$330.72	\$617.30	\$781.16
60 - 64	\$402.56	\$759.10	\$905.61
65 - 120	\$495.21	\$984.05	\$1,095.64

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$129.04	\$274.96	\$427.00
20 - 24	\$133.56	\$287.28	\$447.59
25 - 29	\$148.25	\$308.86	\$494.38
30 - 34	\$158.08	\$324.73	\$527.09
35 - 39	\$181.85	\$343.64	\$578.28
40 - 44	\$194.49	\$367.07	\$617.03
45 - 49	\$220.62	\$411.05	\$652.01
50 - 54	\$261.68	\$496.94	\$683.79
55 - 59	\$315.35	\$588.61	\$744.86
60 - 64	\$383.85	\$723.82	\$863.53
65 - 120	\$472.20	\$938.31	\$1,044.72

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$118.46	\$252.42	\$391.99
20 - 24	\$122.61	\$263.72	\$410.89
25 - 29	\$136.10	\$283.54	\$453.85
30 - 34	\$145.12	\$298.10	\$483.88
35 - 39	\$166.94	\$315.47	\$530.87
40 - 44	\$178.54	\$336.98	\$566.44
45 - 49	\$202.53	\$377.35	\$598.55
50 - 54	\$240.23	\$456.20	\$627.73
55 - 59	\$289.50	\$540.35	\$683.79
60 - 64	\$352.38	\$664.47	\$792.73
65 - 120	\$433.48	\$861.38	\$959.07

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$117.08	\$249.48	\$387.44
20 - 24	\$121.18	\$260.66	\$406.12
25 - 29	\$134.51	\$280.24	\$448.57
30 - 34	\$143.44	\$294.64	\$478.25
35 - 39	\$165.00	\$311.80	\$524.70
40 - 44	\$176.47	\$333.06	\$559.86
45 - 49	\$200.18	\$372.96	\$591.60
50 - 54	\$237.43	\$450.89	\$620.43
55 - 59	\$286.13	\$534.07	\$675.84
60 - 64	\$348.28	\$656.75	\$783.51
65 - 120	\$428.44	\$851.37	\$947.92

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$132.06	\$281.38	\$436.98
20 - 24	\$136.68	\$293.99	\$458.05
25 - 29	\$151.71	\$316.08	\$505.93
30 - 34	\$161.78	\$332.31	\$539.41
35 - 39	\$186.10	\$351.67	\$591.79
40 - 44	\$199.03	\$375.65	\$631.44
45 - 49	\$225.77	\$420.65	\$667.24
50 - 54	\$267.79	\$508.55	\$699.76
55 - 59	\$322.72	\$602.36	\$762.26
60 - 64	\$392.82	\$740.73	\$883.70
65 - 120	\$483.23	\$960.23	\$1,069.13

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$124.56	\$265.41	\$412.17
20 - 24	\$128.92	\$277.30	\$432.04
25 - 29	\$143.10	\$298.13	\$477.20
30 - 34	\$152.59	\$313.44	\$508.78
35 - 39	\$175.53	\$331.70	\$558.18
40 - 44	\$187.73	\$354.32	\$595.59
45 - 49	\$212.95	\$396.77	\$629.35
50 - 54	\$252.59	\$479.67	\$660.03
55 - 59	\$304.39	\$568.16	\$718.98
60 - 64	\$370.51	\$698.67	\$833.52
65 - 120	\$455.79	\$905.71	\$1,008.42

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$112.61	\$239.94	\$372.62
20 - 24	\$116.55	\$250.69	\$390.58
25 - 29	\$129.37	\$269.52	\$431.41
30 - 34	\$137.95	\$283.37	\$459.96
35 - 39	\$158.69	\$299.87	\$504.63
40 - 44	\$169.72	\$320.32	\$538.44
45 - 49	\$192.52	\$358.70	\$568.97
50 - 54	\$228.35	\$433.65	\$596.70
55 - 59	\$275.19	\$513.64	\$649.99
60 - 64	\$334.96	\$631.63	\$753.54
65 - 120	\$412.06	\$818.80	\$911.66

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$110.35	\$235.14	\$365.16
20 - 24	\$114.22	\$245.67	\$382.77
25 - 29	\$126.78	\$264.13	\$422.78
30 - 34	\$135.19	\$277.70	\$450.76
35 - 39	\$155.52	\$293.87	\$494.53
40 - 44	\$166.32	\$313.91	\$527.67
45 - 49	\$188.67	\$351.52	\$557.58
50 - 54	\$223.78	\$424.97	\$584.76
55 - 59	\$269.68	\$503.36	\$636.99
60 - 64	\$328.26	\$618.99	\$738.47
65 - 120	\$403.81	\$802.42	\$893.42

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$125.58	\$238.61	\$354.40
20 - 24	\$129.98	\$249.30	\$371.48
25 - 29	\$147.83	\$281.37	\$431.02
30 - 34	\$157.64	\$295.83	\$459.54
35 - 39	\$187.05	\$339.19	\$557.77
40 - 44	\$200.04	\$362.32	\$595.15
45 - 49	\$231.37	\$425.51	\$674.88
50 - 54	\$274.44	\$517.44	\$712.56
55 - 59	\$330.72	\$614.90	\$778.75
60 - 64	\$402.56	\$759.10	\$905.61
65 - 120	\$495.21	\$984.05	\$1,095.64

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$119.75	\$227.52	\$337.93
20 - 24	\$123.94	\$237.72	\$354.22
25 - 29	\$140.96	\$268.29	\$410.99
30 - 34	\$150.31	\$282.08	\$438.19
35 - 39	\$178.36	\$323.43	\$531.85
40 - 44	\$190.75	\$345.48	\$567.49
45 - 49	\$220.62	\$405.73	\$643.52
50 - 54	\$261.68	\$493.39	\$679.44
55 - 59	\$315.35	\$586.32	\$742.56
60 - 64	\$383.85	\$723.82	\$863.53
65 - 120	\$472.20	\$938.31	\$1,044.72

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$109.93	\$208.87	\$310.22
20 - 24	\$113.78	\$218.22	\$325.18
25 - 29	\$129.41	\$246.30	\$377.29
30 - 34	\$137.99	\$258.95	\$402.26
35 - 39	\$163.73	\$296.91	\$488.24
40 - 44	\$175.11	\$317.15	\$520.96
45 - 49	\$202.53	\$372.47	\$590.75
50 - 54	\$240.23	\$452.94	\$623.73
55 - 59	\$289.50	\$538.25	\$681.68
60 - 64	\$352.38	\$664.47	\$792.73
65 - 120	\$433.48	\$861.38	\$959.07

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$108.65	\$206.44	\$306.61
20 - 24	\$112.46	\$215.69	\$321.40
25 - 29	\$127.90	\$243.43	\$372.91
30 - 34	\$136.38	\$255.94	\$397.58
35 - 39	\$161.83	\$293.46	\$482.57
40 - 44	\$173.07	\$313.47	\$514.91
45 - 49	\$200.18	\$368.14	\$583.89
50 - 54	\$237.43	\$447.67	\$616.48
55 - 59	\$286.13	\$531.99	\$673.75
60 - 64	\$348.28	\$656.75	\$783.51
65 - 120	\$428.44	\$851.37	\$947.92

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$122.55	\$232.84	\$345.82
20 - 24	\$126.83	\$243.27	\$362.49
25 - 29	\$144.26	\$274.56	\$420.59
30 - 34	\$153.82	\$288.67	\$448.42
35 - 39	\$182.52	\$330.98	\$544.27
40 - 44	\$195.20	\$353.55	\$580.74
45 - 49	\$225.77	\$415.21	\$658.55
50 - 54	\$267.79	\$504.91	\$695.31
55 - 59	\$322.72	\$600.02	\$759.90
60 - 64	\$392.82	\$740.73	\$883.70
65 - 120	\$483.23	\$960.23	\$1,069.13

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$115.59	\$219.62	\$326.18
20 - 24	\$119.63	\$229.45	\$341.91
25 - 29	\$136.06	\$258.97	\$396.71
30 - 34	\$145.09	\$272.28	\$422.96
35 - 39	\$172.16	\$312.19	\$513.37
40 - 44	\$184.12	\$333.47	\$547.77
45 - 49	\$212.95	\$391.64	\$621.15
50 - 54	\$252.59	\$476.24	\$655.83
55 - 59	\$304.39	\$565.95	\$716.75
60 - 64	\$370.51	\$698.67	\$833.52
65 - 120	\$455.79	\$905.71	\$1,008.42

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$104.50	\$198.54	\$294.89
20 - 24	\$108.15	\$207.44	\$309.10
25 - 29	\$123.01	\$234.12	\$358.64
30 - 34	\$131.17	\$246.15	\$382.38
35 - 39	\$155.64	\$282.23	\$464.11
40 - 44	\$166.45	\$301.48	\$495.21
45 - 49	\$192.52	\$354.06	\$561.55
50 - 54	\$228.35	\$430.55	\$592.90
55 - 59	\$275.19	\$511.64	\$647.98
60 - 64	\$334.96	\$631.63	\$753.54
65 - 120	\$412.06	\$818.80	\$911.66

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$102.41	\$194.57	\$288.99
20 - 24	\$105.99	\$203.29	\$302.92
25 - 29	\$120.55	\$229.44	\$351.47
30 - 34	\$128.54	\$241.23	\$374.73
35 - 39	\$152.53	\$276.59	\$454.82
40 - 44	\$163.12	\$295.45	\$485.30
45 - 49	\$188.67	\$346.97	\$550.32
50 - 54	\$223.78	\$421.93	\$581.04
55 - 59	\$269.68	\$501.41	\$635.02
60 - 64	\$328.26	\$618.99	\$738.47
65 - 120	\$403.81	\$802.42	\$893.42

IHC Health Plans, Inc.

Small Employer Rates Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$131.57	\$285.25	\$443.39
20 - 24	\$136.17	\$298.03	\$464.77
25 - 29	\$151.31	\$318.45	\$511.82
30 - 34	\$161.34	\$334.81	\$545.68
35 - 39	\$185.06	\$351.81	\$593.29
40 - 44	\$197.92	\$375.80	\$633.05
45 - 49	\$223.55	\$417.70	\$662.17
50 - 54	\$265.16	\$504.44	\$693.91
55 - 59	\$319.54	\$596.73	\$754.98
60 - 64	\$388.95	\$733.43	\$875.00
65 - 120	\$478.47	\$950.78	\$1,058.60

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$125.45	\$271.98	\$422.77
20 - 24	\$129.84	\$284.17	\$443.15
25 - 29	\$144.27	\$303.64	\$488.01
30 - 34	\$153.83	\$319.24	\$520.30
35 - 39	\$176.45	\$335.44	\$565.69
40 - 44	\$188.71	\$358.31	\$603.59
45 - 49	\$213.15	\$398.27	\$631.36
50 - 54	\$252.82	\$480.97	\$661.62
55 - 59	\$304.68	\$568.96	\$719.85
60 - 64	\$370.85	\$699.31	\$834.29
65 - 120	\$456.21	\$906.54	\$1,009.35

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$113.52	\$246.13	\$382.58
20 - 24	\$117.49	\$257.15	\$401.02
25 - 29	\$130.55	\$274.77	\$441.61
30 - 34	\$139.21	\$288.89	\$470.84
35 - 39	\$159.68	\$303.55	\$511.91
40 - 44	\$170.77	\$324.25	\$546.21
45 - 49	\$192.89	\$360.41	\$571.34
50 - 54	\$228.79	\$435.25	\$598.73
55 - 59	\$275.71	\$514.87	\$651.42
60 - 64	\$335.60	\$632.83	\$754.98
65 - 120	\$412.84	\$820.36	\$913.40

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$105.19	\$228.05	\$354.49
20 - 24	\$108.87	\$238.27	\$371.58
25 - 29	\$120.97	\$254.60	\$409.19
30 - 34	\$128.99	\$267.68	\$436.26
35 - 39	\$147.96	\$281.27	\$474.32
40 - 44	\$158.23	\$300.44	\$506.11
45 - 49	\$178.72	\$333.94	\$529.39
50 - 54	\$211.99	\$403.29	\$554.76
55 - 59	\$255.47	\$477.07	\$603.59
60 - 64	\$310.96	\$586.37	\$699.54
65 - 120	\$382.53	\$760.13	\$846.33

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$128.38	\$278.35	\$432.66
20 - 24	\$132.88	\$290.82	\$453.52
25 - 29	\$147.64	\$310.75	\$499.43
30 - 34	\$157.44	\$326.71	\$532.48
35 - 39	\$180.59	\$343.30	\$578.93
40 - 44	\$193.13	\$366.70	\$617.73
45 - 49	\$218.14	\$407.59	\$646.15
50 - 54	\$258.74	\$492.23	\$677.11
55 - 59	\$311.81	\$582.28	\$736.71
60 - 64	\$379.54	\$715.68	\$853.82
65 - 120	\$466.89	\$927.77	\$1,032.98

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$121.09	\$262.53	\$408.07
20 - 24	\$125.33	\$274.29	\$427.75
25 - 29	\$139.25	\$293.09	\$471.05
30 - 34	\$148.49	\$308.14	\$502.22
35 - 39	\$170.32	\$323.79	\$546.03
40 - 44	\$182.15	\$345.86	\$582.62
45 - 49	\$205.74	\$384.43	\$609.42
50 - 54	\$244.04	\$464.26	\$638.63
55 - 59	\$294.09	\$549.19	\$694.84
60 - 64	\$357.97	\$675.01	\$805.30
65 - 120	\$440.36	\$875.04	\$974.28

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$107.91	\$233.96	\$363.66
20 - 24	\$111.69	\$244.44	\$381.20
25 - 29	\$124.10	\$261.19	\$419.79
30 - 34	\$132.33	\$274.61	\$447.56
35 - 39	\$151.79	\$288.55	\$486.61
40 - 44	\$162.33	\$308.22	\$519.21
45 - 49	\$183.35	\$342.59	\$543.10
50 - 54	\$217.48	\$413.73	\$569.13
55 - 59	\$262.08	\$489.42	\$619.22
60 - 64	\$319.01	\$601.55	\$717.66
65 - 120	\$392.43	\$779.81	\$868.25

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$99.14	\$214.94	\$334.10
20 - 24	\$102.61	\$224.57	\$350.21
25 - 29	\$114.01	\$239.96	\$385.66
30 - 34	\$121.57	\$252.29	\$411.18
35 - 39	\$139.45	\$265.10	\$447.05
40 - 44	\$149.14	\$283.17	\$477.01
45 - 49	\$168.45	\$314.75	\$498.96
50 - 54	\$199.80	\$380.11	\$522.87
55 - 59	\$240.78	\$449.64	\$568.89
60 - 64	\$293.08	\$552.65	\$659.32
65 - 120	\$360.54	\$716.43	\$797.67

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$124.99	\$275.66	\$428.89
20 - 24	\$129.37	\$288.01	\$449.57
25 - 29	\$143.13	\$305.57	\$492.83
30 - 34	\$152.62	\$321.27	\$525.44
35 - 39	\$174.27	\$333.47	\$564.24
40 - 44	\$186.37	\$356.21	\$602.05
45 - 49	\$209.71	\$392.77	\$622.70
50 - 54	\$248.74	\$473.91	\$651.72
55 - 59	\$299.76	\$560.17	\$708.66
60 - 64	\$364.87	\$688.02	\$820.82
65 - 120	\$448.85	\$891.91	\$993.06

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$116.55	\$257.05	\$399.93
20 - 24	\$120.63	\$268.56	\$419.21
25 - 29	\$133.47	\$284.94	\$459.55
30 - 34	\$142.32	\$299.58	\$489.96
35 - 39	\$162.50	\$310.96	\$526.14
40 - 44	\$173.79	\$332.16	\$561.40
45 - 49	\$195.55	\$366.25	\$580.66
50 - 54	\$231.95	\$441.91	\$607.71
55 - 59	\$279.52	\$522.35	\$660.81
60 - 64	\$340.23	\$641.57	\$765.40
65 - 120	\$418.54	\$831.69	\$926.01

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$102.65	\$226.38	\$352.22
20 - 24	\$106.24	\$236.52	\$369.20
25 - 29	\$117.54	\$250.95	\$404.73
30 - 34	\$125.34	\$263.84	\$431.51
35 - 39	\$143.11	\$273.86	\$463.37
40 - 44	\$153.06	\$292.53	\$494.42
45 - 49	\$172.22	\$322.55	\$511.38
50 - 54	\$204.27	\$389.19	\$535.21
55 - 59	\$246.17	\$460.03	\$581.98
60 - 64	\$299.64	\$565.03	\$674.09
65 - 120	\$368.61	\$732.47	\$815.53

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$89.29	\$196.92	\$306.39
20 - 24	\$92.42	\$205.75	\$321.16
25 - 29	\$102.25	\$218.29	\$352.06
30 - 34	\$109.03	\$229.51	\$375.36
35 - 39	\$124.49	\$238.22	\$403.08
40 - 44	\$133.14	\$254.47	\$430.09
45 - 49	\$149.81	\$280.58	\$444.84
50 - 54	\$177.69	\$338.55	\$465.57
55 - 59	\$214.14	\$400.17	\$506.25
60 - 64	\$260.65	\$491.51	\$586.37
65 - 120	\$320.64	\$637.16	\$709.41

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$121.97	\$268.99	\$418.51
20 - 24	\$126.24	\$281.04	\$438.69
25 - 29	\$139.67	\$298.18	\$480.90
30 - 34	\$148.93	\$313.50	\$512.72
35 - 39	\$170.05	\$325.40	\$550.59
40 - 44	\$181.86	\$347.59	\$587.48
45 - 49	\$204.63	\$383.26	\$607.63
50 - 54	\$242.72	\$462.44	\$635.95
55 - 59	\$292.50	\$546.61	\$691.51
60 - 64	\$356.04	\$671.37	\$800.96
65 - 120	\$437.99	\$870.33	\$969.03

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$112.50	\$248.11	\$386.03
20 - 24	\$116.44	\$259.23	\$404.64
25 - 29	\$128.83	\$275.04	\$443.58
30 - 34	\$137.37	\$289.17	\$472.93
35 - 39	\$156.85	\$300.15	\$507.86
40 - 44	\$167.75	\$320.62	\$541.89
45 - 49	\$188.76	\$353.52	\$560.48
50 - 54	\$223.89	\$426.56	\$586.60
55 - 59	\$269.81	\$504.20	\$637.85
60 - 64	\$328.41	\$619.27	\$738.80
65 - 120	\$404.00	\$802.79	\$893.83

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$97.57	\$215.19	\$334.81
20 - 24	\$100.99	\$224.83	\$350.95
25 - 29	\$111.73	\$238.54	\$384.72
30 - 34	\$119.14	\$250.80	\$410.18
35 - 39	\$136.04	\$260.32	\$440.47
40 - 44	\$145.49	\$278.07	\$469.99
45 - 49	\$163.71	\$306.61	\$486.11
50 - 54	\$194.18	\$369.96	\$508.76
55 - 59	\$234.00	\$437.29	\$553.21
60 - 64	\$284.83	\$537.10	\$640.77
65 - 120	\$350.39	\$696.26	\$775.22

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$84.16	\$185.60	\$288.77
20 - 24	\$87.10	\$193.92	\$302.69
25 - 29	\$96.37	\$205.74	\$331.82
30 - 34	\$102.76	\$216.31	\$353.78
35 - 39	\$117.34	\$224.53	\$379.90
40 - 44	\$125.49	\$239.84	\$405.36
45 - 49	\$141.20	\$264.45	\$419.27
50 - 54	\$167.48	\$319.09	\$438.80
55 - 59	\$201.83	\$377.16	\$477.14
60 - 64	\$245.67	\$463.25	\$552.66
65 - 120	\$302.21	\$600.52	\$668.63

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$1500/3000 Med.

Age	Single	Two Party	Family
0 - 19	\$91.82	\$188.29	\$311.37
20 - 24	\$95.03	\$196.73	\$326.38
25 - 29	\$105.14	\$208.72	\$357.79
30 - 34	\$112.11	\$219.45	\$381.46
35 - 39	\$128.01	\$227.78	\$409.64
40 - 44	\$136.91	\$243.31	\$437.09
45 - 49	\$154.05	\$268.28	\$452.08
50 - 54	\$182.72	\$323.71	\$473.14
55 - 59	\$220.20	\$382.63	\$514.48
60 - 64	\$268.02	\$469.96	\$595.91
65 - 120	\$329.71	\$609.23	\$720.96

Ded. \$1500/3000 Med.

Age	Single	Two Party	Family
0 - 19	\$91.82	\$188.29	\$311.37
20 - 24	\$95.03	\$196.73	\$326.38
25 - 29	\$105.14	\$208.72	\$357.79
30 - 34	\$112.11	\$219.45	\$381.46
35 - 39	\$128.01	\$227.78	\$409.64
40 - 44	\$136.91	\$243.31	\$437.09
45 - 49	\$154.05	\$268.28	\$452.08
50 - 54	\$182.72	\$323.71	\$473.14
55 - 59	\$220.20	\$382.63	\$514.48
60 - 64	\$268.02	\$469.96	\$595.91
65 - 120	\$329.71	\$609.23	\$720.96

Ded. \$2700/5400 Med.

Age	Single	Two Party	Family
0 - 19	\$81.28	\$160.53	\$284.59
20 - 24	\$84.12	\$167.72	\$298.31
25 - 29	\$93.07	\$177.95	\$327.01
30 - 34	\$99.25	\$187.09	\$348.65
35 - 39	\$113.32	\$194.20	\$374.40
40 - 44	\$121.19	\$207.44	\$399.49
45 - 49	\$136.37	\$228.73	\$413.19
50 - 54	\$161.75	\$275.99	\$432.44
55 - 59	\$194.92	\$326.22	\$470.23
60 - 64	\$237.26	\$400.68	\$544.65
65 - 120	\$291.87	\$519.41	\$658.94

Ded. \$2700/5400 Med.

Age	Single	Two Party	Family
0 - 19	\$81.28	\$160.53	\$284.59
20 - 24	\$84.12	\$167.72	\$298.31
25 - 29	\$93.07	\$177.95	\$327.01
30 - 34	\$99.25	\$187.09	\$348.65
35 - 39	\$113.32	\$194.20	\$374.40
40 - 44	\$121.19	\$207.44	\$399.49
45 - 49	\$136.37	\$228.73	\$413.19
50 - 54	\$161.75	\$275.99	\$432.44
55 - 59	\$194.92	\$326.22	\$470.23
60 - 64	\$237.26	\$400.68	\$544.65
65 - 120	\$291.87	\$519.41	\$658.94

IHC Health Plans, Inc.

Small Employer Rates Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then 100%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$69.96	\$130.41	\$258.14
20 - 24	\$72.41	\$136.25	\$270.58
25 - 29	\$80.11	\$144.56	\$296.62
30 - 34	\$85.43	\$151.98	\$316.25
35 - 39	\$97.54	\$157.76	\$339.60
40 - 44	\$104.32	\$168.51	\$362.36
45 - 49	\$117.38	\$185.80	\$374.79
50 - 54	\$139.22	\$224.19	\$392.25
55 - 59	\$167.78	\$265.00	\$426.52
60 - 64	\$204.22	\$325.48	\$494.03
65 - 120	\$251.23	\$421.93	\$597.70

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$69.96	\$130.41	\$258.14
20 - 24	\$72.41	\$136.25	\$270.58
25 - 29	\$80.11	\$144.56	\$296.62
30 - 34	\$85.43	\$151.98	\$316.25
35 - 39	\$97.54	\$157.76	\$339.60
40 - 44	\$104.32	\$168.51	\$362.36
45 - 49	\$117.38	\$185.80	\$374.79
50 - 54	\$139.22	\$224.19	\$392.25
55 - 59	\$167.78	\$265.00	\$426.52
60 - 64	\$204.22	\$325.48	\$494.03
65 - 120	\$251.23	\$421.93	\$597.70

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$121.34	\$230.54	\$342.42
20 - 24	\$125.59	\$240.87	\$358.93
25 - 29	\$142.84	\$271.86	\$416.45
30 - 34	\$152.31	\$285.82	\$444.01
35 - 39	\$180.73	\$327.72	\$538.91
40 - 44	\$193.28	\$350.07	\$575.03
45 - 49	\$223.55	\$411.12	\$652.06
50 - 54	\$265.16	\$499.94	\$688.47
55 - 59	\$319.54	\$594.11	\$752.42
60 - 64	\$388.95	\$733.43	\$875.00
65 - 120	\$478.47	\$950.78	\$1,058.60

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$115.69	\$219.82	\$326.48
20 - 24	\$119.74	\$229.67	\$342.23
25 - 29	\$136.19	\$259.21	\$397.08
30 - 34	\$145.22	\$272.53	\$423.35
35 - 39	\$172.32	\$312.48	\$513.84
40 - 44	\$184.29	\$333.78	\$548.27
45 - 49	\$213.15	\$392.00	\$621.73
50 - 54	\$252.82	\$476.68	\$656.44
55 - 59	\$304.68	\$566.47	\$717.42
60 - 64	\$370.85	\$699.31	\$834.29
65 - 120	\$456.21	\$906.54	\$1,009.35

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$104.70	\$198.92	\$295.45
20 - 24	\$108.36	\$207.83	\$309.69
25 - 29	\$123.24	\$234.57	\$359.33
30 - 34	\$131.42	\$246.62	\$383.10
35 - 39	\$155.94	\$282.77	\$464.99
40 - 44	\$166.77	\$302.05	\$496.15
45 - 49	\$192.89	\$354.73	\$562.62
50 - 54	\$228.79	\$431.37	\$594.03
55 - 59	\$275.71	\$512.62	\$649.22
60 - 64	\$335.60	\$632.83	\$754.98
65 - 120	\$412.84	\$820.36	\$913.40

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$97.01	\$184.32	\$273.75
20 - 24	\$100.40	\$192.57	\$286.95
25 - 29	\$114.19	\$217.35	\$332.94
30 - 34	\$121.77	\$228.51	\$354.98
35 - 39	\$144.49	\$262.01	\$430.85
40 - 44	\$154.52	\$279.87	\$459.72
45 - 49	\$178.72	\$328.69	\$521.31
50 - 54	\$211.99	\$399.69	\$550.42
55 - 59	\$255.47	\$474.98	\$601.55
60 - 64	\$310.96	\$586.37	\$699.54
65 - 120	\$382.53	\$760.13	\$846.33

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$118.40	\$224.97	\$334.13
20 - 24	\$122.55	\$235.04	\$350.24
25 - 29	\$139.38	\$265.28	\$406.37
30 - 34	\$148.62	\$278.91	\$433.26
35 - 39	\$176.35	\$319.79	\$525.87
40 - 44	\$188.60	\$341.60	\$561.11
45 - 49	\$218.14	\$401.17	\$636.29
50 - 54	\$258.74	\$487.84	\$671.81
55 - 59	\$311.81	\$579.73	\$734.21
60 - 64	\$379.54	\$715.68	\$853.82
65 - 120	\$466.89	\$927.77	\$1,032.98

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$111.67	\$212.18	\$315.14
20 - 24	\$115.58	\$221.69	\$330.33
25 - 29	\$131.46	\$250.20	\$383.28
30 - 34	\$140.18	\$263.06	\$408.64
35 - 39	\$166.33	\$301.62	\$495.99
40 - 44	\$177.88	\$322.18	\$529.22
45 - 49	\$205.74	\$378.37	\$600.12
50 - 54	\$244.04	\$460.12	\$633.63
55 - 59	\$294.09	\$546.79	\$692.49
60 - 64	\$357.97	\$675.01	\$805.30
65 - 120	\$440.36	\$875.04	\$974.28

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$99.52	\$189.09	\$280.84
20 - 24	\$103.00	\$197.56	\$294.38
25 - 29	\$117.15	\$222.97	\$341.57
30 - 34	\$124.92	\$234.43	\$364.17
35 - 39	\$148.23	\$268.79	\$442.01
40 - 44	\$158.53	\$287.12	\$471.63
45 - 49	\$183.35	\$337.20	\$534.81
50 - 54	\$217.48	\$410.04	\$564.67
55 - 59	\$262.08	\$487.28	\$617.12
60 - 64	\$319.01	\$601.55	\$717.66
65 - 120	\$392.43	\$779.81	\$868.25

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$91.43	\$173.72	\$258.02
20 - 24	\$94.63	\$181.50	\$270.46
25 - 29	\$107.63	\$204.85	\$313.80
30 - 34	\$114.77	\$215.37	\$334.57
35 - 39	\$136.18	\$246.95	\$406.08
40 - 44	\$145.64	\$263.78	\$433.29
45 - 49	\$168.45	\$309.79	\$491.34
50 - 54	\$199.80	\$376.71	\$518.77
55 - 59	\$240.78	\$447.67	\$566.96
60 - 64	\$293.08	\$552.65	\$659.32
65 - 120	\$360.54	\$716.43	\$797.67

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$113.83	\$216.27	\$321.22
20 - 24	\$117.81	\$225.96	\$336.70
25 - 29	\$133.99	\$255.03	\$390.67
30 - 34	\$142.88	\$268.13	\$416.52
35 - 39	\$169.54	\$307.43	\$505.55
40 - 44	\$181.31	\$328.39	\$539.42
45 - 49	\$209.71	\$385.67	\$611.69
50 - 54	\$248.74	\$468.99	\$645.84
55 - 59	\$299.76	\$557.33	\$705.84
60 - 64	\$364.87	\$688.02	\$820.82
65 - 120	\$448.85	\$891.91	\$993.06

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$106.14	\$201.67	\$299.53
20 - 24	\$109.86	\$210.70	\$313.97
25 - 29	\$124.95	\$237.81	\$364.29
30 - 34	\$133.23	\$250.02	\$388.39
35 - 39	\$158.09	\$286.68	\$471.41
40 - 44	\$169.07	\$306.22	\$503.00
45 - 49	\$195.55	\$359.63	\$570.39
50 - 54	\$231.95	\$437.32	\$602.23
55 - 59	\$279.52	\$519.70	\$658.18
60 - 64	\$340.23	\$641.57	\$765.40
65 - 120	\$418.54	\$831.69	\$926.01

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$93.48	\$177.61	\$263.79
20 - 24	\$96.75	\$185.57	\$276.51
25 - 29	\$110.04	\$209.44	\$320.83
30 - 34	\$117.34	\$220.20	\$342.06
35 - 39	\$139.23	\$252.47	\$415.17
40 - 44	\$148.90	\$269.69	\$442.99
45 - 49	\$172.22	\$316.72	\$502.34
50 - 54	\$204.27	\$385.15	\$530.39
55 - 59	\$246.17	\$457.70	\$579.66
60 - 64	\$299.64	\$565.03	\$674.09
65 - 120	\$368.61	\$732.47	\$815.53

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$81.31	\$154.50	\$229.47
20 - 24	\$84.16	\$161.42	\$240.53
25 - 29	\$95.72	\$182.18	\$279.08
30 - 34	\$102.07	\$191.54	\$297.55
35 - 39	\$121.11	\$219.62	\$361.15
40 - 44	\$129.53	\$234.60	\$385.35
45 - 49	\$149.81	\$275.51	\$436.98
50 - 54	\$177.69	\$335.03	\$461.37
55 - 59	\$214.14	\$398.14	\$504.23
60 - 64	\$260.65	\$491.51	\$586.37
65 - 120	\$320.64	\$637.16	\$709.41

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$111.07	\$211.04	\$313.44
20 - 24	\$114.96	\$220.49	\$328.55
25 - 29	\$130.75	\$248.85	\$381.21
30 - 34	\$139.42	\$261.64	\$406.44
35 - 39	\$165.44	\$299.99	\$493.31
40 - 44	\$176.93	\$320.45	\$526.37
45 - 49	\$204.63	\$376.34	\$596.89
50 - 54	\$242.72	\$457.64	\$630.21
55 - 59	\$292.50	\$543.84	\$688.76
60 - 64	\$356.04	\$671.37	\$800.96
65 - 120	\$437.99	\$870.33	\$969.03

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$102.45	\$194.66	\$289.12
20 - 24	\$106.04	\$203.38	\$303.06
25 - 29	\$120.60	\$229.54	\$351.63
30 - 34	\$128.60	\$241.34	\$374.90
35 - 39	\$152.60	\$276.71	\$455.03
40 - 44	\$163.20	\$295.58	\$485.52
45 - 49	\$188.76	\$347.13	\$550.57
50 - 54	\$223.89	\$422.13	\$581.31
55 - 59	\$269.81	\$501.64	\$635.31
60 - 64	\$328.41	\$619.27	\$738.80
65 - 120	\$404.00	\$802.79	\$893.83

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$88.86	\$168.83	\$250.75
20 - 24	\$91.97	\$176.39	\$262.84
25 - 29	\$104.60	\$199.08	\$304.97
30 - 34	\$111.54	\$209.31	\$325.15
35 - 39	\$132.35	\$239.99	\$394.65
40 - 44	\$141.54	\$256.36	\$421.10
45 - 49	\$163.71	\$301.07	\$477.51
50 - 54	\$194.18	\$366.11	\$504.17
55 - 59	\$234.00	\$435.07	\$551.00
60 - 64	\$284.83	\$537.10	\$640.77
65 - 120	\$350.39	\$696.26	\$775.22

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$76.64	\$145.62	\$216.27
20 - 24	\$79.32	\$152.14	\$226.70
25 - 29	\$90.22	\$171.71	\$263.04
30 - 34	\$96.20	\$180.53	\$280.44
35 - 39	\$114.15	\$207.00	\$340.39
40 - 44	\$122.08	\$221.11	\$363.20
45 - 49	\$141.20	\$259.67	\$411.85
50 - 54	\$167.48	\$315.77	\$434.85
55 - 59	\$201.83	\$375.25	\$475.24
60 - 64	\$245.67	\$463.25	\$552.66
65 - 120	\$302.21	\$600.52	\$668.63

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$1500/3000 Med.

Age	Single	Two Party	Family
0 - 19	\$83.62	\$147.73	\$233.20
20 - 24	\$86.54	\$154.34	\$244.44
25 - 29	\$98.43	\$174.20	\$283.62
30 - 34	\$104.96	\$183.15	\$302.39
35 - 39	\$124.54	\$210.00	\$367.02
40 - 44	\$133.19	\$224.31	\$391.62
45 - 49	\$154.05	\$263.44	\$444.09
50 - 54	\$182.72	\$320.35	\$468.88
55 - 59	\$220.20	\$380.69	\$512.43
60 - 64	\$268.02	\$469.96	\$595.91
65 - 120	\$329.71	\$609.23	\$720.96

Ded. \$1500/3000 Med.

Age	Single	Two Party	Family
0 - 19	\$83.62	\$147.73	\$233.20
20 - 24	\$86.54	\$154.34	\$244.44
25 - 29	\$98.43	\$174.20	\$283.62
30 - 34	\$104.96	\$183.15	\$302.39
35 - 39	\$124.54	\$210.00	\$367.02
40 - 44	\$133.19	\$224.31	\$391.62
45 - 49	\$154.05	\$263.44	\$444.09
50 - 54	\$182.72	\$320.35	\$468.88
55 - 59	\$220.20	\$380.69	\$512.43
60 - 64	\$268.02	\$469.96	\$595.91
65 - 120	\$329.71	\$609.23	\$720.96

Ded. \$2700/5400 Med.

Age	Single	Two Party	Family
0 - 19	\$74.02	\$125.95	\$213.14
20 - 24	\$76.61	\$131.59	\$223.42
25 - 29	\$87.13	\$148.52	\$259.22
30 - 34	\$92.91	\$156.15	\$276.38
35 - 39	\$110.25	\$179.04	\$335.45
40 - 44	\$117.90	\$191.24	\$357.93
45 - 49	\$136.37	\$224.60	\$405.89
50 - 54	\$161.75	\$273.12	\$428.54
55 - 59	\$194.92	\$324.56	\$468.35
60 - 64	\$237.26	\$400.68	\$544.65
65 - 120	\$291.87	\$519.41	\$658.94

Ded. \$2700/5400 Med.

Age	Single	Two Party	Family
0 - 19	\$74.02	\$125.95	\$213.14
20 - 24	\$76.61	\$131.59	\$223.42
25 - 29	\$87.13	\$148.52	\$259.22
30 - 34	\$92.91	\$156.15	\$276.38
35 - 39	\$110.25	\$179.04	\$335.45
40 - 44	\$117.90	\$191.24	\$357.93
45 - 49	\$136.37	\$224.60	\$405.89
50 - 54	\$161.75	\$273.12	\$428.54
55 - 59	\$194.92	\$324.56	\$468.35
60 - 64	\$237.26	\$400.68	\$544.65
65 - 120	\$291.87	\$519.41	\$658.94

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then 100%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$63.71	\$102.31	\$193.33
20 - 24	\$65.94	\$106.89	\$202.65
25 - 29	\$75.00	\$120.64	\$235.13
30 - 34	\$79.97	\$126.84	\$250.69
35 - 39	\$94.89	\$145.44	\$304.28
40 - 44	\$101.49	\$155.35	\$324.67
45 - 49	\$117.38	\$182.45	\$368.16
50 - 54	\$139.22	\$221.86	\$388.71
55 - 59	\$167.78	\$263.65	\$424.82
60 - 64	\$204.22	\$325.48	\$494.03
65 - 120	\$251.23	\$421.93	\$597.70

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$63.71	\$102.31	\$193.33
20 - 24	\$65.94	\$106.89	\$202.65
25 - 29	\$75.00	\$120.64	\$235.13
30 - 34	\$79.97	\$126.84	\$250.69
35 - 39	\$94.89	\$145.44	\$304.28
40 - 44	\$101.49	\$155.35	\$324.67
45 - 49	\$117.38	\$182.45	\$368.16
50 - 54	\$139.22	\$221.86	\$388.71
55 - 59	\$167.78	\$263.65	\$424.82
60 - 64	\$204.22	\$325.48	\$494.03
65 - 120	\$251.23	\$421.93	\$597.70

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$131.14	\$279.44	\$433.95
20 - 24	\$135.73	\$291.96	\$454.88
25 - 29	\$150.66	\$313.89	\$502.43
30 - 34	\$160.66	\$330.01	\$535.67
35 - 39	\$184.81	\$349.24	\$587.69
40 - 44	\$197.65	\$373.05	\$627.07
45 - 49	\$224.21	\$417.74	\$662.62
50 - 54	\$265.94	\$505.03	\$694.92
55 - 59	\$320.49	\$598.19	\$756.98
60 - 64	\$390.10	\$735.60	\$877.58
65 - 120	\$479.88	\$953.59	\$1,061.73

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$125.14	\$266.64	\$414.09
20 - 24	\$129.52	\$278.59	\$434.05
25 - 29	\$143.77	\$299.52	\$479.42
30 - 34	\$153.30	\$314.90	\$511.15
35 - 39	\$176.35	\$333.24	\$560.78
40 - 44	\$188.60	\$355.97	\$598.36
45 - 49	\$213.94	\$398.61	\$632.28
50 - 54	\$253.76	\$481.91	\$663.10
55 - 59	\$305.81	\$570.80	\$722.32
60 - 64	\$372.24	\$701.92	\$837.40
65 - 120	\$457.91	\$909.92	\$1,013.11

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$115.09	\$245.22	\$380.82
20 - 24	\$119.11	\$256.21	\$399.18
25 - 29	\$132.22	\$275.46	\$440.91
30 - 34	\$140.99	\$289.61	\$470.09
35 - 39	\$162.19	\$306.48	\$515.74
40 - 44	\$173.45	\$327.37	\$550.30
45 - 49	\$196.76	\$366.59	\$581.49
50 - 54	\$233.38	\$443.20	\$609.84
55 - 59	\$281.25	\$524.95	\$664.30
60 - 64	\$342.34	\$645.54	\$770.13
65 - 120	\$421.13	\$836.83	\$931.73

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$113.92	\$242.74	\$376.96
20 - 24	\$117.91	\$253.61	\$395.14
25 - 29	\$130.88	\$272.67	\$436.45
30 - 34	\$139.56	\$286.67	\$465.33
35 - 39	\$160.54	\$303.37	\$510.51
40 - 44	\$171.69	\$324.06	\$544.72
45 - 49	\$194.77	\$362.88	\$575.60
50 - 54	\$231.02	\$438.71	\$603.66
55 - 59	\$278.40	\$519.63	\$657.57
60 - 64	\$338.87	\$639.00	\$762.33
65 - 120	\$416.86	\$828.35	\$922.29

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$127.97	\$272.67	\$423.45
20 - 24	\$132.45	\$284.89	\$443.87
25 - 29	\$147.02	\$306.29	\$490.27
30 - 34	\$156.77	\$322.03	\$522.71
35 - 39	\$180.34	\$340.78	\$573.47
40 - 44	\$192.87	\$364.02	\$611.90
45 - 49	\$218.79	\$407.63	\$646.59
50 - 54	\$259.51	\$492.81	\$678.10
55 - 59	\$312.73	\$583.71	\$738.67
60 - 64	\$380.66	\$717.80	\$856.34
65 - 120	\$468.27	\$930.51	\$1,036.04

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$120.79	\$257.38	\$399.70
20 - 24	\$125.02	\$268.91	\$418.97
25 - 29	\$138.77	\$289.11	\$462.76
30 - 34	\$147.97	\$303.96	\$493.38
35 - 39	\$170.22	\$321.66	\$541.30
40 - 44	\$182.05	\$343.60	\$577.57
45 - 49	\$206.51	\$384.76	\$610.31
50 - 54	\$244.95	\$465.16	\$640.06
55 - 59	\$295.19	\$550.97	\$697.22
60 - 64	\$359.30	\$677.53	\$808.30
65 - 120	\$442.00	\$878.30	\$977.91

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$109.40	\$233.10	\$362.00
20 - 24	\$113.23	\$243.54	\$379.45
25 - 29	\$125.68	\$261.84	\$419.12
30 - 34	\$134.02	\$275.29	\$446.85
35 - 39	\$154.17	\$291.33	\$490.24
40 - 44	\$164.88	\$311.19	\$523.10
45 - 49	\$187.03	\$348.47	\$552.75
50 - 54	\$221.84	\$421.29	\$579.69
55 - 59	\$267.35	\$499.00	\$631.47
60 - 64	\$325.41	\$613.63	\$732.07
65 - 120	\$400.31	\$795.47	\$885.68

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$107.37	\$228.78	\$355.29
20 - 24	\$111.13	\$239.03	\$372.42
25 - 29	\$123.35	\$256.99	\$411.35
30 - 34	\$131.53	\$270.19	\$438.57
35 - 39	\$151.31	\$285.93	\$481.16
40 - 44	\$161.82	\$305.42	\$513.40
45 - 49	\$183.57	\$342.02	\$542.51
50 - 54	\$217.73	\$413.48	\$568.95
55 - 59	\$262.39	\$489.76	\$619.77
60 - 64	\$319.38	\$602.26	\$718.50
65 - 120	\$392.90	\$780.73	\$869.27

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$121.70	\$231.23	\$343.43
20 - 24	\$125.96	\$241.58	\$359.99
25 - 29	\$143.26	\$272.66	\$417.68
30 - 34	\$152.76	\$286.67	\$445.32
35 - 39	\$181.26	\$328.69	\$540.51
40 - 44	\$193.85	\$351.10	\$576.73
45 - 49	\$224.21	\$412.34	\$653.99
50 - 54	\$265.94	\$501.42	\$690.50
55 - 59	\$320.49	\$595.87	\$754.65
60 - 64	\$390.10	\$735.60	\$877.58
65 - 120	\$479.88	\$953.59	\$1,061.73

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$116.13	\$220.64	\$327.70
20 - 24	\$120.19	\$230.52	\$343.50
25 - 29	\$136.70	\$260.18	\$398.56
30 - 34	\$145.76	\$273.54	\$424.93
35 - 39	\$172.96	\$313.64	\$515.76
40 - 44	\$184.98	\$335.03	\$550.32
45 - 49	\$213.94	\$393.46	\$624.05
50 - 54	\$253.76	\$478.46	\$658.88
55 - 59	\$305.81	\$568.58	\$720.09
60 - 64	\$372.24	\$701.92	\$837.40
65 - 120	\$457.91	\$909.92	\$1,013.11

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$106.80	\$202.92	\$301.38
20 - 24	\$110.54	\$212.01	\$315.91
25 - 29	\$125.72	\$239.28	\$366.54
30 - 34	\$134.06	\$251.57	\$390.80
35 - 39	\$159.07	\$288.45	\$474.33
40 - 44	\$170.12	\$308.12	\$506.11
45 - 49	\$196.76	\$361.85	\$573.92
50 - 54	\$233.38	\$440.03	\$605.96
55 - 59	\$281.25	\$522.91	\$662.25
60 - 64	\$342.34	\$645.54	\$770.13
65 - 120	\$421.13	\$836.83	\$931.73

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$105.72	\$200.86	\$298.33
20 - 24	\$109.42	\$209.86	\$312.71
25 - 29	\$124.44	\$236.85	\$362.83
30 - 34	\$132.70	\$249.02	\$386.84
35 - 39	\$157.46	\$285.53	\$469.52
40 - 44	\$168.39	\$304.99	\$500.99
45 - 49	\$194.77	\$358.19	\$568.10
50 - 54	\$231.02	\$435.57	\$599.82
55 - 59	\$278.40	\$517.61	\$655.54
60 - 64	\$338.87	\$639.00	\$762.33
65 - 120	\$416.86	\$828.35	\$922.29

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$118.75	\$225.63	\$335.12
20 - 24	\$122.91	\$235.74	\$351.27
25 - 29	\$139.79	\$266.06	\$407.57
30 - 34	\$149.06	\$279.73	\$434.54
35 - 39	\$176.87	\$320.74	\$527.43
40 - 44	\$189.16	\$342.61	\$562.77
45 - 49	\$218.79	\$402.36	\$638.17
50 - 54	\$259.51	\$489.28	\$673.79
55 - 59	\$312.73	\$581.45	\$736.38
60 - 64	\$380.66	\$717.80	\$856.34
65 - 120	\$468.27	\$930.51	\$1,036.04

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$112.09	\$212.97	\$316.32
20 - 24	\$116.01	\$222.51	\$331.57
25 - 29	\$131.95	\$251.14	\$384.71
30 - 34	\$140.70	\$264.04	\$410.16
35 - 39	\$166.95	\$302.74	\$497.84
40 - 44	\$178.55	\$323.38	\$531.20
45 - 49	\$206.51	\$379.79	\$602.36
50 - 54	\$244.95	\$461.83	\$635.99
55 - 59	\$295.19	\$548.83	\$695.07
60 - 64	\$359.30	\$677.53	\$808.30
65 - 120	\$442.00	\$878.30	\$977.91

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$101.52	\$192.89	\$286.48
20 - 24	\$105.07	\$201.53	\$300.29
25 - 29	\$119.50	\$227.45	\$348.42
30 - 34	\$127.43	\$239.14	\$371.48
35 - 39	\$151.21	\$274.19	\$450.88
40 - 44	\$161.71	\$292.89	\$481.10
45 - 49	\$187.03	\$343.97	\$545.55
50 - 54	\$221.84	\$418.28	\$576.01
55 - 59	\$267.35	\$497.06	\$629.51
60 - 64	\$325.41	\$613.63	\$732.07
65 - 120	\$400.31	\$795.47	\$885.68

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$99.64	\$189.31	\$281.17
20 - 24	\$103.12	\$197.79	\$294.73
25 - 29	\$117.29	\$223.24	\$341.97
30 - 34	\$125.07	\$234.70	\$364.60
35 - 39	\$148.40	\$269.11	\$442.53
40 - 44	\$158.71	\$287.46	\$472.18
45 - 49	\$183.57	\$337.59	\$535.44
50 - 54	\$217.73	\$410.53	\$565.33
55 - 59	\$262.39	\$487.85	\$617.85
60 - 64	\$319.38	\$602.26	\$718.50
65 - 120	\$392.90	\$780.73	\$869.27

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$127.49	\$276.41	\$429.65
20 - 24	\$131.95	\$288.80	\$450.37
25 - 29	\$146.62	\$308.59	\$495.96
30 - 34	\$156.34	\$324.44	\$528.77
35 - 39	\$179.33	\$340.91	\$574.90
40 - 44	\$191.79	\$364.15	\$613.43
45 - 49	\$216.62	\$404.76	\$641.65
50 - 54	\$256.94	\$488.81	\$672.40
55 - 59	\$309.64	\$578.23	\$731.58
60 - 64	\$376.89	\$710.70	\$847.88
65 - 120	\$463.64	\$921.31	\$1,025.79

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$121.66	\$263.77	\$410.00
20 - 24	\$125.92	\$275.59	\$429.77
25 - 29	\$139.91	\$294.47	\$473.27
30 - 34	\$149.19	\$309.60	\$504.59
35 - 39	\$171.13	\$325.32	\$548.61
40 - 44	\$183.01	\$347.50	\$585.37
45 - 49	\$206.71	\$386.24	\$612.30
50 - 54	\$245.19	\$466.45	\$641.65
55 - 59	\$295.48	\$551.78	\$698.12
60 - 64	\$359.66	\$678.20	\$809.10
65 - 120	\$442.44	\$879.17	\$978.88

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$110.28	\$239.10	\$371.65
20 - 24	\$114.14	\$249.81	\$389.57
25 - 29	\$126.82	\$266.93	\$429.01
30 - 34	\$135.24	\$280.64	\$457.39
35 - 39	\$155.12	\$294.89	\$497.30
40 - 44	\$165.90	\$314.99	\$530.62
45 - 49	\$187.38	\$350.12	\$555.03
50 - 54	\$222.26	\$422.82	\$581.63
55 - 59	\$267.84	\$500.18	\$632.83
60 - 64	\$326.02	\$614.76	\$733.42
65 - 120	\$401.05	\$796.94	\$887.32

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$102.34	\$221.89	\$344.90
20 - 24	\$105.92	\$231.83	\$361.53
25 - 29	\$117.69	\$247.71	\$398.12
30 - 34	\$125.50	\$260.44	\$424.47
35 - 39	\$143.95	\$273.66	\$461.50
40 - 44	\$153.95	\$292.32	\$492.42
45 - 49	\$173.89	\$324.91	\$515.08
50 - 54	\$206.26	\$392.39	\$539.76
55 - 59	\$248.56	\$464.17	\$587.27
60 - 64	\$302.55	\$570.51	\$680.63
65 - 120	\$372.18	\$739.57	\$823.44

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$124.41	\$269.72	\$419.26
20 - 24	\$128.76	\$281.81	\$439.47
25 - 29	\$143.07	\$301.12	\$483.95
30 - 34	\$152.56	\$316.59	\$515.98
35 - 39	\$174.99	\$332.66	\$560.99
40 - 44	\$187.15	\$355.34	\$598.58
45 - 49	\$211.38	\$394.96	\$626.12
50 - 54	\$250.72	\$476.98	\$656.13
55 - 59	\$302.15	\$564.24	\$713.88
60 - 64	\$367.77	\$693.50	\$827.36
65 - 120	\$452.42	\$899.02	\$1,000.97

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$117.43	\$254.60	\$395.75
20 - 24	\$121.54	\$266.01	\$414.84
25 - 29	\$135.05	\$284.24	\$456.83
30 - 34	\$144.01	\$298.84	\$487.05
35 - 39	\$165.18	\$314.01	\$529.54
40 - 44	\$176.65	\$335.42	\$565.03
45 - 49	\$199.53	\$372.82	\$591.03
50 - 54	\$236.67	\$450.24	\$619.35
55 - 59	\$285.21	\$532.61	\$673.86
60 - 64	\$347.16	\$654.63	\$780.98
65 - 120	\$427.06	\$848.62	\$944.86

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$104.83	\$227.28	\$353.28
20 - 24	\$108.50	\$237.46	\$370.32
25 - 29	\$120.56	\$253.73	\$407.80
30 - 34	\$128.55	\$266.77	\$434.78
35 - 39	\$147.45	\$280.31	\$472.71
40 - 44	\$157.70	\$299.42	\$504.39
45 - 49	\$178.12	\$332.81	\$527.60
50 - 54	\$211.27	\$401.92	\$552.88
55 - 59	\$254.60	\$475.45	\$601.54
60 - 64	\$309.90	\$584.38	\$697.17
65 - 120	\$381.23	\$757.55	\$843.46

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$96.46	\$209.13	\$325.07
20 - 24	\$99.83	\$218.50	\$340.74
25 - 29	\$110.93	\$233.47	\$375.23
30 - 34	\$118.29	\$245.47	\$400.06
35 - 39	\$135.68	\$257.93	\$434.96
40 - 44	\$145.10	\$275.51	\$464.11
45 - 49	\$163.89	\$306.23	\$485.46
50 - 54	\$194.40	\$369.83	\$508.73
55 - 59	\$234.27	\$437.48	\$553.51
60 - 64	\$285.15	\$537.71	\$641.49
65 - 120	\$350.79	\$697.05	\$776.10

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$122.24	\$269.59	\$419.45
20 - 24	\$126.52	\$281.67	\$439.68
25 - 29	\$139.98	\$298.85	\$481.98
30 - 34	\$149.27	\$314.20	\$513.88
35 - 39	\$170.43	\$326.14	\$551.83
40 - 44	\$182.27	\$348.37	\$588.81
45 - 49	\$205.10	\$384.13	\$609.00
50 - 54	\$243.27	\$463.49	\$637.38
55 - 59	\$293.16	\$547.85	\$693.07
60 - 64	\$356.84	\$672.89	\$802.76
65 - 120	\$438.97	\$872.29	\$971.21

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$114.92	\$253.45	\$394.33
20 - 24	\$118.94	\$264.80	\$413.34
25 - 29	\$131.60	\$280.95	\$453.12
30 - 34	\$140.33	\$295.38	\$483.10
35 - 39	\$160.23	\$306.60	\$518.78
40 - 44	\$171.36	\$327.51	\$553.54
45 - 49	\$192.81	\$361.12	\$572.53
50 - 54	\$228.70	\$435.73	\$599.21
55 - 59	\$275.61	\$515.03	\$651.56
60 - 64	\$335.47	\$632.59	\$754.69
65 - 120	\$412.68	\$820.05	\$913.05

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$101.83	\$224.57	\$349.40
20 - 24	\$105.39	\$234.63	\$366.24
25 - 29	\$116.60	\$248.94	\$401.49
30 - 34	\$124.34	\$261.73	\$428.05
35 - 39	\$141.97	\$271.67	\$459.67
40 - 44	\$151.83	\$290.19	\$490.47
45 - 49	\$170.84	\$319.97	\$507.29
50 - 54	\$202.64	\$386.08	\$530.93
55 - 59	\$244.20	\$456.35	\$577.32
60 - 64	\$297.24	\$560.51	\$668.69
65 - 120	\$365.66	\$726.61	\$809.01

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$88.93	\$196.14	\$305.16
20 - 24	\$92.05	\$204.92	\$319.87
25 - 29	\$101.84	\$217.42	\$350.65
30 - 34	\$108.59	\$228.59	\$373.86
35 - 39	\$123.99	\$237.27	\$401.47
40 - 44	\$132.61	\$253.45	\$428.37
45 - 49	\$149.21	\$279.46	\$443.06
50 - 54	\$176.98	\$337.20	\$463.71
55 - 59	\$213.28	\$398.57	\$504.22
60 - 64	\$259.61	\$489.54	\$584.03
65 - 120	\$319.36	\$634.61	\$706.58

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$119.28	\$263.07	\$409.30
20 - 24	\$123.46	\$274.86	\$429.03
25 - 29	\$136.59	\$291.62	\$470.32
30 - 34	\$145.65	\$306.60	\$501.44
35 - 39	\$166.31	\$318.24	\$538.47
40 - 44	\$177.86	\$339.94	\$574.56
45 - 49	\$200.13	\$374.83	\$594.27
50 - 54	\$237.38	\$452.27	\$621.96
55 - 59	\$286.07	\$534.59	\$676.30
60 - 64	\$348.20	\$656.60	\$783.34
65 - 120	\$428.35	\$851.18	\$947.71

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$110.93	\$244.64	\$380.63
20 - 24	\$114.81	\$255.60	\$398.98
25 - 29	\$127.03	\$271.19	\$437.37
30 - 34	\$135.45	\$285.12	\$466.31
35 - 39	\$154.66	\$295.95	\$500.75
40 - 44	\$165.40	\$316.13	\$534.31
45 - 49	\$186.11	\$348.57	\$552.64
50 - 54	\$220.75	\$420.59	\$578.39
55 - 59	\$266.03	\$497.14	\$628.92
60 - 64	\$323.81	\$610.60	\$728.46
65 - 120	\$398.34	\$791.55	\$881.32

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$96.79	\$213.47	\$332.13
20 - 24	\$100.18	\$223.03	\$348.14
25 - 29	\$110.84	\$236.63	\$381.64
30 - 34	\$118.19	\$248.79	\$406.89
35 - 39	\$134.95	\$258.24	\$436.95
40 - 44	\$144.33	\$275.85	\$466.23
45 - 49	\$162.40	\$304.16	\$482.22
50 - 54	\$192.62	\$367.00	\$504.69
55 - 59	\$232.13	\$433.79	\$548.78
60 - 64	\$282.55	\$532.80	\$635.64
65 - 120	\$347.58	\$690.69	\$769.02

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$83.82	\$184.86	\$287.62
20 - 24	\$86.76	\$193.14	\$301.48
25 - 29	\$95.98	\$204.92	\$330.49
30 - 34	\$102.35	\$215.45	\$352.36
35 - 39	\$116.87	\$223.63	\$378.39
40 - 44	\$124.98	\$238.88	\$403.74
45 - 49	\$140.63	\$263.39	\$417.59
50 - 54	\$166.81	\$317.81	\$437.05
55 - 59	\$201.02	\$375.65	\$475.23
60 - 64	\$244.68	\$461.39	\$550.45
65 - 120	\$301.00	\$598.12	\$665.95

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$117.58	\$223.40	\$331.80
20 - 24	\$121.69	\$233.41	\$347.80
25 - 29	\$138.41	\$263.43	\$403.54
30 - 34	\$147.59	\$276.97	\$430.25
35 - 39	\$175.13	\$317.57	\$522.21
40 - 44	\$187.29	\$339.22	\$557.21
45 - 49	\$216.62	\$398.38	\$631.86
50 - 54	\$256.94	\$484.45	\$667.13
55 - 59	\$309.64	\$575.70	\$729.10
60 - 64	\$376.89	\$710.70	\$847.88
65 - 120	\$463.64	\$921.31	\$1,025.79

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$112.20	\$213.18	\$316.63
20 - 24	\$116.13	\$222.73	\$331.89
25 - 29	\$132.08	\$251.38	\$385.09
30 - 34	\$140.84	\$264.30	\$410.57
35 - 39	\$167.12	\$303.04	\$498.33
40 - 44	\$178.72	\$323.70	\$531.72
45 - 49	\$206.71	\$380.16	\$602.96
50 - 54	\$245.19	\$462.29	\$636.62
55 - 59	\$295.48	\$549.37	\$695.76
60 - 64	\$359.66	\$678.20	\$809.10
65 - 120	\$442.44	\$879.17	\$978.88

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$101.71	\$193.24	\$287.01
20 - 24	\$105.27	\$201.90	\$300.85
25 - 29	\$119.72	\$227.87	\$349.07
30 - 34	\$127.67	\$239.58	\$372.17
35 - 39	\$151.49	\$274.70	\$451.72
40 - 44	\$162.01	\$293.43	\$481.99
45 - 49	\$187.38	\$344.60	\$546.56
50 - 54	\$222.26	\$419.05	\$577.07
55 - 59	\$267.84	\$497.98	\$630.68
60 - 64	\$326.02	\$614.76	\$733.42
65 - 120	\$401.05	\$796.94	\$887.32

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.39	\$179.33	\$266.35
20 - 24	\$97.69	\$187.37	\$279.19
25 - 29	\$111.11	\$211.47	\$323.94
30 - 34	\$118.47	\$222.33	\$345.38
35 - 39	\$140.58	\$254.92	\$419.20
40 - 44	\$150.35	\$272.30	\$447.29
45 - 49	\$173.89	\$319.80	\$507.22
50 - 54	\$206.26	\$388.89	\$535.53
55 - 59	\$248.56	\$462.14	\$585.28
60 - 64	\$302.55	\$570.51	\$680.63
65 - 120	\$372.18	\$739.57	\$823.44

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$114.73	\$217.99	\$323.77
20 - 24	\$118.75	\$227.76	\$339.38
25 - 29	\$135.06	\$257.06	\$393.78
30 - 34	\$144.02	\$270.26	\$419.83
35 - 39	\$170.89	\$309.88	\$509.57
40 - 44	\$182.76	\$331.01	\$543.72
45 - 49	\$211.38	\$388.74	\$616.57
50 - 54	\$250.72	\$472.72	\$650.99
55 - 59	\$302.15	\$561.77	\$711.46
60 - 64	\$367.77	\$693.50	\$827.36
65 - 120	\$452.42	\$899.02	\$1,000.97

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$108.30	\$205.77	\$305.63
20 - 24	\$112.09	\$214.99	\$320.36
25 - 29	\$127.49	\$242.65	\$371.71
30 - 34	\$135.94	\$255.11	\$396.30
35 - 39	\$161.31	\$292.51	\$481.01
40 - 44	\$172.51	\$312.46	\$513.24
45 - 49	\$199.53	\$366.95	\$582.00
50 - 54	\$236.67	\$446.23	\$614.49
55 - 59	\$285.21	\$530.28	\$671.58
60 - 64	\$347.16	\$654.63	\$780.98
65 - 120	\$427.06	\$848.62	\$944.86

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$96.68	\$183.69	\$272.83
20 - 24	\$100.06	\$191.92	\$285.98
25 - 29	\$113.81	\$216.61	\$331.81
30 - 34	\$121.35	\$227.74	\$353.77
35 - 39	\$144.00	\$261.12	\$429.39
40 - 44	\$154.00	\$278.92	\$458.16
45 - 49	\$178.12	\$327.57	\$519.54
50 - 54	\$211.27	\$398.34	\$548.55
55 - 59	\$254.60	\$473.37	\$599.51
60 - 64	\$309.90	\$584.38	\$697.17
65 - 120	\$381.23	\$757.55	\$843.46

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$88.96	\$169.02	\$251.04
20 - 24	\$92.07	\$176.59	\$263.14
25 - 29	\$104.72	\$199.31	\$305.32
30 - 34	\$111.66	\$209.55	\$325.52
35 - 39	\$132.50	\$240.27	\$395.10
40 - 44	\$141.70	\$256.65	\$421.57
45 - 49	\$163.89	\$301.41	\$478.05
50 - 54	\$194.40	\$366.53	\$504.74
55 - 59	\$234.27	\$435.57	\$551.63
60 - 64	\$285.15	\$537.71	\$641.49
65 - 120	\$350.79	\$697.05	\$776.10

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$111.32	\$211.51	\$314.15
20 - 24	\$115.22	\$220.99	\$329.30
25 - 29	\$131.04	\$249.42	\$382.07
30 - 34	\$139.74	\$262.23	\$407.35
35 - 39	\$165.81	\$300.67	\$494.43
40 - 44	\$177.33	\$321.17	\$527.56
45 - 49	\$205.10	\$377.19	\$598.24
50 - 54	\$243.27	\$458.67	\$631.63
55 - 59	\$293.16	\$545.07	\$690.31
60 - 64	\$356.84	\$672.89	\$802.76
65 - 120	\$438.97	\$872.29	\$971.21

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$104.66	\$198.85	\$295.33
20 - 24	\$108.32	\$207.75	\$309.57
25 - 29	\$123.20	\$234.48	\$359.19
30 - 34	\$131.37	\$246.52	\$382.96
35 - 39	\$155.88	\$282.66	\$464.81
40 - 44	\$166.71	\$301.93	\$495.96
45 - 49	\$192.81	\$354.60	\$562.41
50 - 54	\$228.70	\$431.20	\$593.80
55 - 59	\$275.61	\$512.42	\$648.97
60 - 64	\$335.47	\$632.59	\$754.69
65 - 120	\$412.68	\$820.05	\$913.05

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$92.73	\$176.19	\$261.68
20 - 24	\$95.98	\$184.08	\$274.30
25 - 29	\$109.16	\$207.76	\$318.26
30 - 34	\$116.40	\$218.43	\$339.32
35 - 39	\$138.12	\$250.45	\$411.85
40 - 44	\$147.71	\$267.53	\$439.45
45 - 49	\$170.84	\$314.19	\$498.32
50 - 54	\$202.64	\$382.07	\$526.14
55 - 59	\$244.20	\$454.03	\$575.02
60 - 64	\$297.24	\$560.51	\$668.69
65 - 120	\$365.66	\$726.61	\$809.01

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$80.99	\$153.88	\$228.55
20 - 24	\$83.82	\$160.77	\$239.57
25 - 29	\$95.34	\$181.46	\$277.97
30 - 34	\$101.66	\$190.78	\$296.36
35 - 39	\$120.63	\$218.74	\$359.70
40 - 44	\$129.01	\$233.66	\$383.81
45 - 49	\$149.21	\$274.41	\$435.23
50 - 54	\$176.98	\$333.69	\$459.53
55 - 59	\$213.28	\$396.55	\$502.21
60 - 64	\$259.61	\$489.54	\$584.03
65 - 120	\$319.36	\$634.61	\$706.58

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$108.63	\$206.39	\$306.55
20 - 24	\$112.43	\$215.64	\$321.33
25 - 29	\$127.87	\$243.38	\$372.83
30 - 34	\$136.35	\$255.88	\$397.50
35 - 39	\$161.80	\$293.39	\$482.46
40 - 44	\$173.03	\$313.40	\$514.79
45 - 49	\$200.13	\$368.06	\$583.76
50 - 54	\$237.38	\$447.57	\$616.35
55 - 59	\$286.07	\$531.88	\$673.60
60 - 64	\$348.20	\$656.60	\$783.34
65 - 120	\$428.35	\$851.18	\$947.71

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$101.02	\$191.94	\$285.07
20 - 24	\$104.55	\$200.53	\$298.82
25 - 29	\$118.92	\$226.33	\$346.71
30 - 34	\$126.80	\$237.96	\$369.65
35 - 39	\$150.46	\$272.84	\$448.66
40 - 44	\$160.91	\$291.44	\$478.73
45 - 49	\$186.11	\$342.27	\$542.86
50 - 54	\$220.75	\$416.22	\$573.17
55 - 59	\$266.03	\$494.62	\$626.41
60 - 64	\$323.81	\$610.60	\$728.46
65 - 120	\$398.34	\$791.55	\$881.32

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$88.15	\$167.48	\$248.75
20 - 24	\$91.23	\$174.98	\$260.74
25 - 29	\$103.76	\$197.49	\$302.53
30 - 34	\$110.64	\$207.64	\$322.55
35 - 39	\$131.29	\$238.07	\$391.49
40 - 44	\$140.41	\$254.31	\$417.73
45 - 49	\$162.40	\$298.66	\$473.69
50 - 54	\$192.62	\$363.18	\$500.14
55 - 59	\$232.13	\$431.59	\$546.60
60 - 64	\$282.55	\$532.80	\$635.64
65 - 120	\$347.58	\$690.69	\$769.02

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$76.33	\$145.03	\$215.41
20 - 24	\$79.00	\$151.53	\$225.80
25 - 29	\$89.86	\$171.02	\$261.98
30 - 34	\$95.82	\$179.81	\$279.32
35 - 39	\$113.69	\$206.17	\$339.02
40 - 44	\$121.59	\$220.22	\$361.74
45 - 49	\$140.63	\$258.63	\$410.21
50 - 54	\$166.81	\$314.51	\$433.11
55 - 59	\$201.02	\$373.75	\$473.34
60 - 64	\$244.68	\$461.39	\$550.45
65 - 120	\$301.00	\$598.12	\$665.95

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$132.44	\$282.21	\$438.27
20 - 24	\$137.08	\$294.86	\$459.40
25 - 29	\$152.16	\$317.01	\$507.42
30 - 34	\$162.25	\$333.29	\$540.99
35 - 39	\$186.65	\$352.70	\$593.53
40 - 44	\$199.62	\$376.75	\$633.30
45 - 49	\$226.44	\$421.89	\$669.21
50 - 54	\$268.58	\$510.05	\$701.82
55 - 59	\$323.67	\$604.13	\$764.50
60 - 64	\$393.97	\$742.91	\$886.30
65 - 120	\$484.65	\$963.06	\$1,072.28

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$126.30	\$269.12	\$417.93
20 - 24	\$130.72	\$281.18	\$438.08
25 - 29	\$145.10	\$302.30	\$483.88
30 - 34	\$154.72	\$317.83	\$515.90
35 - 39	\$177.99	\$336.34	\$565.99
40 - 44	\$190.35	\$359.27	\$603.92
45 - 49	\$215.93	\$402.32	\$638.16
50 - 54	\$256.12	\$486.38	\$669.26
55 - 59	\$308.65	\$576.10	\$729.04
60 - 64	\$375.69	\$708.44	\$845.18
65 - 120	\$462.17	\$918.38	\$1,022.53

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$115.94	\$247.04	\$383.64
20 - 24	\$119.99	\$258.10	\$402.14
25 - 29	\$133.19	\$277.49	\$444.17
30 - 34	\$142.03	\$291.75	\$473.56
35 - 39	\$163.39	\$308.74	\$519.55
40 - 44	\$174.73	\$329.79	\$554.37
45 - 49	\$198.21	\$369.30	\$585.79
50 - 54	\$235.11	\$446.47	\$614.35
55 - 59	\$283.33	\$528.83	\$669.21
60 - 64	\$344.87	\$650.31	\$775.83
65 - 120	\$424.24	\$843.02	\$938.62

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$114.59	\$244.17	\$379.19
20 - 24	\$118.60	\$255.11	\$397.47
25 - 29	\$131.65	\$274.27	\$439.02
30 - 34	\$140.38	\$288.36	\$468.07
35 - 39	\$161.49	\$305.16	\$513.52
40 - 44	\$172.71	\$325.97	\$547.93
45 - 49	\$195.91	\$365.02	\$579.00
50 - 54	\$232.38	\$441.29	\$607.22
55 - 59	\$280.04	\$522.70	\$661.45
60 - 64	\$340.87	\$642.76	\$766.83
65 - 120	\$419.32	\$833.24	\$927.73

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$129.24	\$275.38	\$427.66
20 - 24	\$133.76	\$287.72	\$448.28
25 - 29	\$148.48	\$309.33	\$495.14
30 - 34	\$158.33	\$325.23	\$527.90
35 - 39	\$182.13	\$344.17	\$579.17
40 - 44	\$194.78	\$367.63	\$617.98
45 - 49	\$220.96	\$411.68	\$653.01
50 - 54	\$262.08	\$497.70	\$684.84
55 - 59	\$315.84	\$589.51	\$746.00
60 - 64	\$384.44	\$724.93	\$864.85
65 - 120	\$472.92	\$939.75	\$1,046.33

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$121.91	\$259.77	\$403.41
20 - 24	\$126.18	\$271.41	\$422.86
25 - 29	\$140.06	\$291.79	\$467.06
30 - 34	\$149.35	\$306.78	\$497.97
35 - 39	\$171.81	\$324.65	\$546.33
40 - 44	\$183.74	\$346.79	\$582.94
45 - 49	\$208.43	\$388.34	\$615.98
50 - 54	\$247.22	\$469.48	\$646.01
55 - 59	\$297.93	\$556.08	\$703.70
60 - 64	\$362.64	\$683.82	\$815.81
65 - 120	\$446.11	\$886.47	\$987.00

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$110.21	\$234.83	\$364.68
20 - 24	\$114.06	\$245.35	\$382.26
25 - 29	\$126.61	\$263.78	\$422.22
30 - 34	\$135.01	\$277.33	\$450.16
35 - 39	\$155.31	\$293.48	\$493.87
40 - 44	\$166.10	\$313.49	\$526.96
45 - 49	\$188.42	\$351.05	\$556.84
50 - 54	\$223.48	\$424.40	\$583.98
55 - 59	\$269.32	\$502.69	\$636.13
60 - 64	\$327.82	\$618.16	\$737.48
65 - 120	\$403.27	\$801.35	\$892.23

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$108.00	\$230.13	\$357.39
20 - 24	\$111.78	\$240.44	\$374.62
25 - 29	\$124.08	\$258.51	\$413.78
30 - 34	\$132.31	\$271.79	\$441.16
35 - 39	\$152.21	\$287.62	\$484.00
40 - 44	\$162.78	\$307.23	\$516.43
45 - 49	\$184.65	\$344.03	\$545.71
50 - 54	\$219.02	\$415.92	\$572.31
55 - 59	\$263.94	\$492.64	\$623.42
60 - 64	\$321.27	\$605.81	\$722.74
65 - 120	\$395.21	\$785.33	\$874.40

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$122.91	\$233.52	\$346.84
20 - 24	\$127.21	\$243.98	\$363.56
25 - 29	\$144.68	\$275.37	\$421.83
30 - 34	\$154.28	\$289.52	\$449.74
35 - 39	\$183.06	\$331.96	\$545.87
40 - 44	\$195.78	\$354.59	\$582.45
45 - 49	\$226.44	\$416.43	\$660.49
50 - 54	\$268.58	\$506.40	\$697.36
55 - 59	\$323.67	\$601.79	\$762.14
60 - 64	\$393.97	\$742.91	\$886.30
65 - 120	\$484.65	\$963.06	\$1,072.28

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$117.20	\$222.69	\$330.75
20 - 24	\$121.31	\$232.66	\$346.69
25 - 29	\$137.97	\$262.59	\$402.26
30 - 34	\$147.12	\$276.08	\$428.88
35 - 39	\$174.57	\$316.56	\$520.55
40 - 44	\$186.70	\$338.14	\$555.43
45 - 49	\$215.93	\$397.11	\$629.85
50 - 54	\$256.12	\$482.91	\$665.01
55 - 59	\$308.65	\$573.87	\$726.78
60 - 64	\$375.69	\$708.44	\$845.18
65 - 120	\$462.17	\$918.38	\$1,022.53

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$107.59	\$204.42	\$303.61
20 - 24	\$111.35	\$213.57	\$318.25
25 - 29	\$126.65	\$241.05	\$369.25
30 - 34	\$135.05	\$253.43	\$393.68
35 - 39	\$160.24	\$290.58	\$477.84
40 - 44	\$171.38	\$310.39	\$509.86
45 - 49	\$198.21	\$364.53	\$578.16
50 - 54	\$235.11	\$443.28	\$610.44
55 - 59	\$283.33	\$526.78	\$667.15
60 - 64	\$344.87	\$650.31	\$775.83
65 - 120	\$424.24	\$843.02	\$938.62

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$106.34	\$202.04	\$300.09
20 - 24	\$110.06	\$211.10	\$314.55
25 - 29	\$125.18	\$238.25	\$364.97
30 - 34	\$133.48	\$250.49	\$389.12
35 - 39	\$158.39	\$287.21	\$472.29
40 - 44	\$169.39	\$306.79	\$503.94
45 - 49	\$195.91	\$360.30	\$571.46
50 - 54	\$232.38	\$438.14	\$603.36
55 - 59	\$280.04	\$520.67	\$659.41
60 - 64	\$340.87	\$642.76	\$766.83
65 - 120	\$419.32	\$833.24	\$927.73

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$119.93	\$227.87	\$338.45
20 - 24	\$124.13	\$238.08	\$354.76
25 - 29	\$141.18	\$268.71	\$411.62
30 - 34	\$150.54	\$282.51	\$438.86
35 - 39	\$178.63	\$323.92	\$532.66
40 - 44	\$191.04	\$346.01	\$568.36
45 - 49	\$220.96	\$406.36	\$644.50
50 - 54	\$262.08	\$494.14	\$680.48
55 - 59	\$315.84	\$587.22	\$743.70
60 - 64	\$384.44	\$724.93	\$864.85
65 - 120	\$472.92	\$939.75	\$1,046.33

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$113.13	\$214.95	\$319.25
20 - 24	\$117.09	\$224.58	\$334.65
25 - 29	\$133.17	\$253.47	\$388.28
30 - 34	\$142.01	\$266.49	\$413.97
35 - 39	\$168.50	\$305.56	\$502.46
40 - 44	\$180.21	\$326.39	\$536.13
45 - 49	\$208.43	\$383.32	\$607.96
50 - 54	\$247.22	\$466.13	\$641.90
55 - 59	\$297.93	\$553.92	\$701.53
60 - 64	\$362.64	\$683.82	\$815.81
65 - 120	\$446.11	\$886.47	\$987.00

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$102.27	\$194.31	\$288.60
20 - 24	\$105.85	\$203.02	\$302.52
25 - 29	\$120.39	\$229.13	\$351.00
30 - 34	\$128.37	\$240.90	\$374.23
35 - 39	\$152.32	\$276.22	\$454.22
40 - 44	\$162.90	\$295.05	\$484.65
45 - 49	\$188.42	\$346.51	\$549.58
50 - 54	\$223.48	\$421.37	\$580.26
55 - 59	\$269.32	\$500.74	\$634.17
60 - 64	\$327.82	\$618.16	\$737.48
65 - 120	\$403.27	\$801.35	\$892.23

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$100.23	\$190.43	\$282.83
20 - 24	\$103.73	\$198.96	\$296.47
25 - 29	\$117.98	\$224.55	\$343.99
30 - 34	\$125.81	\$236.09	\$366.75
35 - 39	\$149.28	\$270.70	\$445.14
40 - 44	\$159.65	\$289.15	\$474.97
45 - 49	\$184.65	\$339.59	\$538.60
50 - 54	\$219.02	\$412.95	\$568.67
55 - 59	\$263.94	\$490.73	\$621.49
60 - 64	\$321.27	\$605.81	\$722.74
65 - 120	\$395.21	\$785.33	\$874.40

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$128.76	\$279.17	\$433.94
20 - 24	\$133.27	\$291.68	\$454.86
25 - 29	\$148.08	\$311.67	\$500.91
30 - 34	\$157.90	\$327.68	\$534.05
35 - 39	\$181.12	\$344.31	\$580.64
40 - 44	\$193.70	\$367.79	\$619.55
45 - 49	\$218.79	\$408.80	\$648.06
50 - 54	\$259.51	\$493.69	\$679.11
55 - 59	\$312.73	\$584.00	\$738.89
60 - 64	\$380.66	\$717.80	\$856.34
65 - 120	\$468.27	\$930.51	\$1,036.04

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$122.79	\$266.21	\$413.80
20 - 24	\$127.08	\$278.14	\$433.75
25 - 29	\$141.21	\$297.20	\$477.66
30 - 34	\$150.57	\$312.47	\$509.26
35 - 39	\$172.71	\$328.33	\$553.69
40 - 44	\$184.71	\$350.72	\$590.79
45 - 49	\$208.63	\$389.82	\$617.97
50 - 54	\$247.46	\$470.77	\$647.59
55 - 59	\$298.21	\$556.90	\$704.59
60 - 64	\$362.99	\$684.48	\$816.59
65 - 120	\$446.53	\$887.32	\$987.94

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$111.10	\$240.87	\$374.41
20 - 24	\$114.99	\$251.67	\$392.46
25 - 29	\$127.77	\$268.91	\$432.19
30 - 34	\$136.24	\$282.73	\$460.79
35 - 39	\$156.27	\$297.08	\$500.99
40 - 44	\$167.13	\$317.33	\$534.56
45 - 49	\$188.77	\$352.72	\$559.15
50 - 54	\$223.91	\$425.96	\$585.95
55 - 59	\$269.83	\$503.89	\$637.52
60 - 64	\$328.44	\$619.33	\$738.87
65 - 120	\$404.03	\$802.86	\$893.91

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$102.95	\$223.20	\$346.94
20 - 24	\$106.55	\$233.20	\$363.66
25 - 29	\$118.39	\$249.18	\$400.47
30 - 34	\$126.24	\$261.98	\$426.97
35 - 39	\$144.81	\$275.28	\$464.22
40 - 44	\$154.86	\$294.05	\$495.33
45 - 49	\$174.92	\$326.83	\$518.12
50 - 54	\$207.47	\$394.70	\$542.95
55 - 59	\$250.03	\$466.91	\$590.74
60 - 64	\$304.33	\$573.88	\$684.65
65 - 120	\$374.38	\$743.94	\$828.31

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$125.65	\$272.42	\$423.44
20 - 24	\$130.05	\$284.62	\$443.86
25 - 29	\$144.50	\$304.12	\$488.79
30 - 34	\$154.08	\$319.75	\$521.13
35 - 39	\$176.74	\$335.98	\$566.59
40 - 44	\$189.01	\$358.89	\$604.56
45 - 49	\$213.49	\$398.91	\$632.37
50 - 54	\$253.23	\$481.74	\$662.68
55 - 59	\$305.16	\$569.87	\$721.01
60 - 64	\$371.45	\$700.43	\$835.62
65 - 120	\$456.94	\$907.99	\$1,010.96

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$118.52	\$256.96	\$399.42
20 - 24	\$122.67	\$268.47	\$418.68
25 - 29	\$136.30	\$286.87	\$461.06
30 - 34	\$145.34	\$301.61	\$491.57
35 - 39	\$166.71	\$316.92	\$534.45
40 - 44	\$178.29	\$338.53	\$570.26
45 - 49	\$201.38	\$376.28	\$596.50
50 - 54	\$238.86	\$454.41	\$625.09
55 - 59	\$287.85	\$537.54	\$680.10
60 - 64	\$350.37	\$660.69	\$788.22
65 - 120	\$431.02	\$856.48	\$953.61

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$105.61	\$228.97	\$355.91
20 - 24	\$109.30	\$239.23	\$373.07
25 - 29	\$121.45	\$255.62	\$410.83
30 - 34	\$129.51	\$268.75	\$438.01
35 - 39	\$148.55	\$282.39	\$476.22
40 - 44	\$158.87	\$301.65	\$508.14
45 - 49	\$179.44	\$335.28	\$531.51
50 - 54	\$212.84	\$404.91	\$556.99
55 - 59	\$256.49	\$478.98	\$606.01
60 - 64	\$312.20	\$588.71	\$702.35
65 - 120	\$384.06	\$763.17	\$849.72

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$97.03	\$210.37	\$326.99
20 - 24	\$100.42	\$219.79	\$342.76
25 - 29	\$111.58	\$234.85	\$377.45
30 - 34	\$118.98	\$246.92	\$402.43
35 - 39	\$136.48	\$259.45	\$437.53
40 - 44	\$145.96	\$277.14	\$466.85
45 - 49	\$164.86	\$308.04	\$488.33
50 - 54	\$195.55	\$372.01	\$511.73
55 - 59	\$235.65	\$440.07	\$556.78
60 - 64	\$286.84	\$540.88	\$645.28
65 - 120	\$352.86	\$701.17	\$780.69

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$123.62	\$272.62	\$424.16
20 - 24	\$127.94	\$284.83	\$444.61
25 - 29	\$141.55	\$302.21	\$487.40
30 - 34	\$150.94	\$317.73	\$519.65
35 - 39	\$172.35	\$329.80	\$558.02
40 - 44	\$184.32	\$352.28	\$595.42
45 - 49	\$207.40	\$388.44	\$615.84
50 - 54	\$246.00	\$468.69	\$644.54
55 - 59	\$296.46	\$554.00	\$700.85
60 - 64	\$360.85	\$680.44	\$811.78
65 - 120	\$443.90	\$882.08	\$982.12

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$116.70	\$257.38	\$400.45
20 - 24	\$120.79	\$268.91	\$419.76
25 - 29	\$133.64	\$285.31	\$460.15
30 - 34	\$142.50	\$299.97	\$490.60
35 - 39	\$162.71	\$311.36	\$526.83
40 - 44	\$174.02	\$332.59	\$562.13
45 - 49	\$195.80	\$366.72	\$581.41
50 - 54	\$232.25	\$442.49	\$608.50
55 - 59	\$279.88	\$523.03	\$661.67
60 - 64	\$340.67	\$642.40	\$766.39
65 - 120	\$419.08	\$832.77	\$927.21

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$103.27	\$227.75	\$354.35
20 - 24	\$106.88	\$237.96	\$371.44
25 - 29	\$118.26	\$252.47	\$407.18
30 - 34	\$126.10	\$265.44	\$434.12
35 - 39	\$143.98	\$275.52	\$466.18
40 - 44	\$153.98	\$294.30	\$497.42
45 - 49	\$173.26	\$324.51	\$514.48
50 - 54	\$205.51	\$391.55	\$538.46
55 - 59	\$247.66	\$462.82	\$585.50
60 - 64	\$301.46	\$568.45	\$678.17
65 - 120	\$370.84	\$736.91	\$820.48

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$90.62	\$199.85	\$310.94
20 - 24	\$93.79	\$208.80	\$325.93
25 - 29	\$103.77	\$221.54	\$357.29
30 - 34	\$110.65	\$232.92	\$380.93
35 - 39	\$126.34	\$241.76	\$409.07
40 - 44	\$135.12	\$258.25	\$436.48
45 - 49	\$152.04	\$284.75	\$451.45
50 - 54	\$180.33	\$343.58	\$472.49
55 - 59	\$217.32	\$406.12	\$513.77
60 - 64	\$264.52	\$498.81	\$595.09
65 - 120	\$325.41	\$646.62	\$719.96

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$120.62	\$266.02	\$413.90
20 - 24	\$124.85	\$277.94	\$433.85
25 - 29	\$138.13	\$294.89	\$475.60
30 - 34	\$147.29	\$310.04	\$507.07
35 - 39	\$168.18	\$321.82	\$544.52
40 - 44	\$179.86	\$343.76	\$581.01
45 - 49	\$202.38	\$379.04	\$600.94
50 - 54	\$240.05	\$457.35	\$628.94
55 - 59	\$289.28	\$540.59	\$683.89
60 - 64	\$352.11	\$663.98	\$792.13
65 - 120	\$433.16	\$860.74	\$958.35

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$112.65	\$248.44	\$386.53
20 - 24	\$116.59	\$259.57	\$405.17
25 - 29	\$129.00	\$275.40	\$444.16
30 - 34	\$137.55	\$289.54	\$473.55
35 - 39	\$157.06	\$300.54	\$508.52
40 - 44	\$167.97	\$321.03	\$542.60
45 - 49	\$189.00	\$353.98	\$561.21
50 - 54	\$224.18	\$427.11	\$587.36
55 - 59	\$270.16	\$504.85	\$638.68
60 - 64	\$328.83	\$620.08	\$739.76
65 - 120	\$404.52	\$803.83	\$894.99

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$98.17	\$216.49	\$336.84
20 - 24	\$101.60	\$226.19	\$353.08
25 - 29	\$112.41	\$239.99	\$387.05
30 - 34	\$119.87	\$252.32	\$412.66
35 - 39	\$136.87	\$261.90	\$443.14
40 - 44	\$146.37	\$279.76	\$472.83
45 - 49	\$164.70	\$308.47	\$489.05
50 - 54	\$195.35	\$372.20	\$511.84
55 - 59	\$235.42	\$439.94	\$556.56
60 - 64	\$286.56	\$540.35	\$644.65
65 - 120	\$352.51	\$700.48	\$779.92

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$85.41	\$188.36	\$293.06
20 - 24	\$88.40	\$196.80	\$307.19
25 - 29	\$97.80	\$208.80	\$336.75
30 - 34	\$104.29	\$219.53	\$359.03
35 - 39	\$119.08	\$227.86	\$385.55
40 - 44	\$127.35	\$243.40	\$411.39
45 - 49	\$143.30	\$268.38	\$425.50
50 - 54	\$169.97	\$323.83	\$445.32
55 - 59	\$204.83	\$382.77	\$484.23
60 - 64	\$249.32	\$470.13	\$560.87
65 - 120	\$306.70	\$609.45	\$678.56

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$118.75	\$225.63	\$335.12
20 - 24	\$122.91	\$235.74	\$351.27
25 - 29	\$139.79	\$266.06	\$407.57
30 - 34	\$149.06	\$279.73	\$434.54
35 - 39	\$176.87	\$320.74	\$527.43
40 - 44	\$189.16	\$342.61	\$562.77
45 - 49	\$218.79	\$402.36	\$638.16
50 - 54	\$259.51	\$489.28	\$673.79
55 - 59	\$312.73	\$581.45	\$736.38
60 - 64	\$380.66	\$717.80	\$856.34
65 - 120	\$468.27	\$930.51	\$1,036.04

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$113.24	\$215.16	\$319.56
20 - 24	\$117.20	\$224.80	\$334.97
25 - 29	\$133.30	\$253.71	\$388.65
30 - 34	\$142.14	\$266.75	\$414.37
35 - 39	\$168.66	\$305.85	\$502.94
40 - 44	\$180.38	\$326.70	\$536.65
45 - 49	\$208.63	\$383.68	\$608.54
50 - 54	\$247.46	\$466.57	\$642.51
55 - 59	\$298.21	\$554.46	\$702.20
60 - 64	\$362.99	\$684.48	\$816.59
65 - 120	\$446.53	\$887.32	\$987.94

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$102.46	\$194.68	\$289.14
20 - 24	\$106.05	\$203.40	\$303.08
25 - 29	\$120.61	\$229.56	\$351.66
30 - 34	\$128.61	\$241.36	\$374.93
35 - 39	\$152.61	\$276.74	\$455.07
40 - 44	\$163.21	\$295.61	\$485.57
45 - 49	\$188.77	\$347.16	\$550.62
50 - 54	\$223.91	\$422.16	\$581.36
55 - 59	\$269.83	\$501.68	\$635.36
60 - 64	\$328.44	\$619.33	\$738.87
65 - 120	\$404.03	\$802.86	\$893.91

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$94.94	\$180.39	\$267.93
20 - 24	\$98.27	\$188.47	\$280.84
25 - 29	\$111.76	\$212.72	\$325.85
30 - 34	\$119.17	\$223.64	\$347.42
35 - 39	\$141.41	\$256.43	\$421.68
40 - 44	\$151.23	\$273.91	\$449.93
45 - 49	\$174.92	\$321.69	\$510.21
50 - 54	\$207.47	\$391.18	\$538.69
55 - 59	\$250.03	\$464.87	\$588.74
60 - 64	\$304.33	\$573.88	\$684.65
65 - 120	\$374.38	\$743.94	\$828.31

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$115.88	\$220.17	\$327.01
20 - 24	\$119.93	\$230.03	\$342.77
25 - 29	\$136.41	\$259.62	\$397.71
30 - 34	\$145.45	\$272.96	\$424.03
35 - 39	\$172.59	\$312.98	\$514.66
40 - 44	\$184.58	\$334.32	\$549.15
45 - 49	\$213.49	\$392.62	\$622.72
50 - 54	\$253.23	\$477.44	\$657.49
55 - 59	\$305.16	\$567.38	\$718.56
60 - 64	\$371.45	\$700.43	\$835.62
65 - 120	\$456.94	\$907.99	\$1,010.96

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$109.31	\$207.68	\$308.46
20 - 24	\$113.13	\$216.98	\$323.33
25 - 29	\$128.67	\$244.90	\$375.15
30 - 34	\$137.20	\$257.48	\$399.97
35 - 39	\$162.80	\$295.22	\$485.47
40 - 44	\$174.11	\$315.35	\$518.00
45 - 49	\$201.38	\$370.35	\$587.40
50 - 54	\$238.86	\$450.36	\$620.19
55 - 59	\$287.85	\$535.19	\$677.80
60 - 64	\$350.37	\$660.69	\$788.22
65 - 120	\$431.02	\$856.48	\$953.61

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$97.40	\$185.05	\$274.85
20 - 24	\$100.81	\$193.34	\$288.10
25 - 29	\$114.65	\$218.22	\$334.28
30 - 34	\$122.26	\$229.43	\$356.40
35 - 39	\$145.07	\$263.06	\$432.58
40 - 44	\$155.14	\$280.99	\$461.56
45 - 49	\$179.44	\$330.00	\$523.40
50 - 54	\$212.84	\$401.30	\$552.62
55 - 59	\$256.49	\$476.88	\$603.96
60 - 64	\$312.20	\$588.71	\$702.35
65 - 120	\$384.06	\$763.17	\$849.72

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$89.48	\$170.02	\$252.52
20 - 24	\$92.62	\$177.64	\$264.70
25 - 29	\$105.34	\$200.49	\$307.12
30 - 34	\$112.32	\$210.79	\$327.44
35 - 39	\$133.28	\$241.69	\$397.43
40 - 44	\$142.54	\$258.17	\$424.06
45 - 49	\$164.86	\$303.19	\$480.88
50 - 54	\$195.55	\$368.69	\$507.72
55 - 59	\$235.65	\$438.14	\$554.89
60 - 64	\$286.84	\$540.88	\$645.28
65 - 120	\$352.86	\$701.17	\$780.69

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$112.57	\$213.89	\$317.68
20 - 24	\$116.51	\$223.47	\$332.99
25 - 29	\$132.52	\$252.22	\$386.36
30 - 34	\$141.30	\$265.17	\$411.93
35 - 39	\$167.67	\$304.05	\$499.98
40 - 44	\$179.32	\$324.78	\$533.48
45 - 49	\$207.40	\$381.42	\$604.95
50 - 54	\$246.00	\$463.82	\$638.72
55 - 59	\$296.46	\$551.19	\$698.06
60 - 64	\$360.85	\$680.44	\$811.78
65 - 120	\$443.90	\$882.08	\$982.12

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$106.28	\$201.93	\$299.92
20 - 24	\$110.00	\$210.98	\$314.38
25 - 29	\$125.11	\$238.12	\$364.76
30 - 34	\$133.40	\$250.35	\$388.90
35 - 39	\$158.30	\$287.05	\$472.03
40 - 44	\$169.29	\$306.62	\$503.66
45 - 49	\$195.80	\$360.10	\$571.13
50 - 54	\$232.25	\$437.89	\$603.02
55 - 59	\$279.88	\$520.37	\$659.03
60 - 64	\$340.67	\$642.40	\$766.39
65 - 120	\$419.08	\$832.77	\$927.21

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$94.04	\$178.68	\$265.39
20 - 24	\$97.34	\$186.69	\$278.19
25 - 29	\$110.71	\$210.71	\$322.77
30 - 34	\$118.05	\$221.53	\$344.13
35 - 39	\$140.07	\$254.00	\$417.69
40 - 44	\$149.80	\$271.32	\$445.68
45 - 49	\$173.26	\$318.64	\$505.39
50 - 54	\$205.51	\$387.48	\$533.60
55 - 59	\$247.66	\$460.47	\$583.17
60 - 64	\$301.46	\$568.45	\$678.17
65 - 120	\$370.84	\$736.91	\$820.48

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$82.52	\$156.79	\$232.88
20 - 24	\$85.41	\$163.82	\$244.11
25 - 29	\$97.14	\$184.89	\$283.23
30 - 34	\$103.59	\$194.39	\$301.97
35 - 39	\$122.91	\$222.89	\$366.52
40 - 44	\$131.45	\$238.08	\$391.08
45 - 49	\$152.04	\$279.61	\$443.47
50 - 54	\$180.33	\$340.01	\$468.23
55 - 59	\$217.32	\$404.06	\$511.72
60 - 64	\$264.52	\$498.81	\$595.09
65 - 120	\$325.41	\$646.62	\$719.96

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$109.85	\$208.71	\$309.99
20 - 24	\$113.69	\$218.06	\$324.93
25 - 29	\$129.31	\$246.11	\$377.01
30 - 34	\$137.88	\$258.76	\$401.96
35 - 39	\$163.61	\$296.69	\$487.88
40 - 44	\$174.98	\$316.92	\$520.57
45 - 49	\$202.38	\$372.19	\$590.31
50 - 54	\$240.05	\$452.60	\$623.27
55 - 59	\$289.28	\$537.85	\$681.17
60 - 64	\$352.11	\$663.98	\$792.13
65 - 120	\$433.16	\$860.74	\$958.35

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$102.59	\$194.91	\$289.49
20 - 24	\$106.18	\$203.65	\$303.45
25 - 29	\$120.76	\$229.84	\$352.09
30 - 34	\$128.77	\$241.65	\$375.38
35 - 39	\$152.80	\$277.07	\$455.62
40 - 44	\$163.41	\$295.96	\$486.15
45 - 49	\$189.00	\$347.58	\$551.29
50 - 54	\$224.18	\$422.67	\$582.06
55 - 59	\$270.16	\$502.29	\$636.13
60 - 64	\$328.83	\$620.08	\$739.76
65 - 120	\$404.52	\$803.83	\$894.99

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$89.40	\$169.85	\$252.27
20 - 24	\$92.52	\$177.46	\$264.44
25 - 29	\$105.23	\$200.29	\$306.82
30 - 34	\$112.21	\$210.58	\$327.12
35 - 39	\$133.15	\$241.45	\$397.04
40 - 44	\$142.40	\$257.91	\$423.65
45 - 49	\$164.70	\$302.89	\$480.41
50 - 54	\$195.35	\$368.33	\$507.22
55 - 59	\$235.42	\$437.71	\$554.34
60 - 64	\$286.56	\$540.35	\$644.65
65 - 120	\$352.51	\$700.48	\$779.92

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$77.78	\$147.78	\$219.49
20 - 24	\$80.50	\$154.40	\$230.07
25 - 29	\$91.56	\$174.26	\$266.94
30 - 34	\$97.63	\$183.21	\$284.61
35 - 39	\$115.85	\$210.07	\$345.44
40 - 44	\$123.89	\$224.39	\$368.59
45 - 49	\$143.30	\$263.53	\$417.97
50 - 54	\$169.97	\$320.46	\$441.31
55 - 59	\$204.83	\$380.82	\$482.30
60 - 64	\$249.32	\$470.13	\$560.87
65 - 120	\$306.70	\$609.45	\$678.56

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$140.07	\$298.47	\$463.51
20 - 24	\$144.97	\$311.84	\$485.86
25 - 29	\$160.92	\$335.26	\$536.64
30 - 34	\$171.60	\$352.49	\$572.15
35 - 39	\$197.40	\$373.02	\$627.71
40 - 44	\$211.11	\$398.45	\$669.78
45 - 49	\$239.48	\$446.19	\$707.75
50 - 54	\$284.05	\$539.42	\$742.25
55 - 59	\$342.31	\$638.93	\$808.54
60 - 64	\$416.66	\$785.69	\$937.35
65 - 120	\$512.57	\$1,018.53	\$1,134.03

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$133.56	\$284.60	\$441.97
20 - 24	\$138.24	\$297.35	\$463.28
25 - 29	\$153.45	\$319.68	\$511.70
30 - 34	\$163.62	\$336.11	\$545.56
35 - 39	\$188.23	\$355.68	\$598.54
40 - 44	\$201.30	\$379.93	\$638.65
45 - 49	\$228.35	\$425.45	\$674.86
50 - 54	\$270.85	\$514.35	\$707.75
55 - 59	\$326.40	\$609.23	\$770.96
60 - 64	\$397.30	\$749.18	\$893.78
65 - 120	\$488.74	\$971.19	\$1,081.33

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$122.61	\$261.26	\$405.73
20 - 24	\$126.90	\$272.97	\$425.29
25 - 29	\$140.86	\$293.47	\$469.75
30 - 34	\$150.21	\$308.55	\$500.83
35 - 39	\$172.79	\$326.52	\$549.47
40 - 44	\$184.80	\$348.78	\$586.29
45 - 49	\$209.63	\$390.57	\$619.53
50 - 54	\$248.64	\$472.18	\$649.72
55 - 59	\$299.64	\$559.28	\$707.75
60 - 64	\$364.73	\$687.76	\$820.50
65 - 120	\$448.67	\$891.56	\$992.67

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$121.19	\$258.22	\$401.01
20 - 24	\$125.43	\$269.79	\$420.35
25 - 29	\$139.23	\$290.06	\$464.29
30 - 34	\$148.46	\$304.96	\$495.01
35 - 39	\$170.79	\$322.73	\$543.08
40 - 44	\$182.65	\$344.73	\$579.47
45 - 49	\$207.19	\$386.03	\$612.33
50 - 54	\$245.75	\$466.69	\$642.17
55 - 59	\$296.16	\$552.78	\$699.52
60 - 64	\$360.49	\$679.76	\$810.97
65 - 120	\$443.46	\$881.20	\$981.14

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$136.68	\$291.24	\$452.29
20 - 24	\$141.47	\$304.29	\$474.10
25 - 29	\$157.03	\$327.15	\$523.66
30 - 34	\$167.44	\$343.96	\$558.31
35 - 39	\$192.62	\$363.99	\$612.52
40 - 44	\$206.00	\$388.81	\$653.57
45 - 49	\$233.68	\$435.39	\$690.62
50 - 54	\$277.18	\$526.37	\$724.28
55 - 59	\$334.03	\$623.47	\$788.97
60 - 64	\$406.58	\$766.68	\$914.66
65 - 120	\$500.16	\$993.88	\$1,106.59

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$128.92	\$274.71	\$426.61
20 - 24	\$133.43	\$287.01	\$447.18
25 - 29	\$148.11	\$308.57	\$493.92
30 - 34	\$157.94	\$324.43	\$526.61
35 - 39	\$181.69	\$343.32	\$577.74
40 - 44	\$194.31	\$366.73	\$616.46
45 - 49	\$220.42	\$410.67	\$651.41
50 - 54	\$261.44	\$496.48	\$683.16
55 - 59	\$315.06	\$588.06	\$744.17
60 - 64	\$383.49	\$723.15	\$862.73
65 - 120	\$471.76	\$937.44	\$1,043.76

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$116.55	\$248.35	\$385.68
20 - 24	\$120.63	\$259.47	\$404.27
25 - 29	\$133.90	\$278.97	\$446.53
30 - 34	\$142.78	\$293.30	\$476.08
35 - 39	\$164.25	\$310.38	\$522.31
40 - 44	\$175.66	\$331.54	\$557.31
45 - 49	\$199.27	\$371.26	\$588.90
50 - 54	\$236.35	\$448.84	\$617.61
55 - 59	\$284.83	\$531.64	\$672.77
60 - 64	\$346.70	\$653.76	\$779.95
65 - 120	\$426.50	\$847.49	\$943.61

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$114.22	\$243.38	\$377.96
20 - 24	\$118.22	\$254.28	\$396.18
25 - 29	\$131.22	\$273.38	\$437.60
30 - 34	\$139.93	\$287.43	\$466.55
35 - 39	\$160.97	\$304.17	\$511.86
40 - 44	\$172.15	\$324.91	\$546.16
45 - 49	\$195.28	\$363.84	\$577.12
50 - 54	\$231.63	\$439.86	\$605.25
55 - 59	\$279.13	\$521.00	\$659.31
60 - 64	\$339.76	\$640.68	\$764.34
65 - 120	\$417.96	\$830.54	\$924.73

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$129.99	\$246.97	\$366.82
20 - 24	\$134.54	\$258.04	\$384.50
25 - 29	\$153.01	\$291.23	\$446.13
30 - 34	\$163.16	\$306.19	\$475.65
35 - 39	\$193.61	\$351.08	\$577.32
40 - 44	\$207.05	\$375.01	\$616.00
45 - 49	\$239.48	\$440.42	\$698.53
50 - 54	\$284.05	\$535.57	\$737.52
55 - 59	\$342.31	\$636.45	\$806.04
60 - 64	\$416.66	\$785.69	\$937.35
65 - 120	\$512.57	\$1,018.53	\$1,134.03

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$123.94	\$235.49	\$349.77
20 - 24	\$128.28	\$246.04	\$366.63
25 - 29	\$145.90	\$277.70	\$425.39
30 - 34	\$155.58	\$291.96	\$453.54
35 - 39	\$184.61	\$334.76	\$550.48
40 - 44	\$197.43	\$357.58	\$587.37
45 - 49	\$228.35	\$419.95	\$666.07
50 - 54	\$270.85	\$510.68	\$703.25
55 - 59	\$326.40	\$606.87	\$768.58
60 - 64	\$397.30	\$749.18	\$893.78
65 - 120	\$488.74	\$971.19	\$1,081.33

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$113.78	\$216.19	\$321.09
20 - 24	\$117.76	\$225.87	\$336.57
25 - 29	\$133.94	\$254.93	\$390.52
30 - 34	\$142.82	\$268.02	\$416.36
35 - 39	\$169.47	\$307.31	\$505.35
40 - 44	\$181.24	\$328.27	\$539.22
45 - 49	\$209.63	\$385.52	\$611.46
50 - 54	\$248.64	\$468.81	\$645.59
55 - 59	\$299.64	\$557.11	\$705.56
60 - 64	\$364.73	\$687.76	\$820.50
65 - 120	\$448.67	\$891.56	\$992.67

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$112.46	\$213.67	\$317.36
20 - 24	\$116.40	\$223.25	\$332.66
25 - 29	\$132.38	\$251.96	\$385.98
30 - 34	\$141.16	\$264.91	\$411.52
35 - 39	\$167.50	\$303.74	\$499.48
40 - 44	\$179.14	\$324.45	\$532.95
45 - 49	\$207.19	\$381.04	\$604.35
50 - 54	\$245.75	\$463.36	\$638.09
55 - 59	\$296.16	\$550.64	\$697.36
60 - 64	\$360.49	\$679.76	\$810.97
65 - 120	\$443.46	\$881.20	\$981.14

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$126.84	\$241.00	\$357.94
20 - 24	\$131.28	\$251.79	\$375.20
25 - 29	\$149.31	\$284.18	\$435.33
30 - 34	\$159.21	\$298.78	\$464.14
35 - 39	\$188.92	\$342.58	\$563.34
40 - 44	\$202.04	\$365.94	\$601.09
45 - 49	\$233.68	\$429.76	\$681.62
50 - 54	\$277.18	\$522.61	\$719.68
55 - 59	\$334.03	\$621.04	\$786.53
60 - 64	\$406.58	\$766.68	\$914.66
65 - 120	\$500.16	\$993.88	\$1,106.59

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$119.64	\$227.31	\$337.61
20 - 24	\$123.82	\$237.49	\$353.89
25 - 29	\$140.83	\$268.05	\$410.61
30 - 34	\$150.17	\$281.82	\$437.78
35 - 39	\$178.19	\$323.13	\$531.36
40 - 44	\$190.57	\$345.16	\$566.96
45 - 49	\$220.42	\$405.36	\$642.92
50 - 54	\$261.44	\$492.93	\$678.81
55 - 59	\$315.06	\$585.78	\$741.87
60 - 64	\$383.49	\$723.15	\$862.73
65 - 120	\$471.76	\$937.44	\$1,043.76

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$108.16	\$205.50	\$305.22
20 - 24	\$111.94	\$214.71	\$319.94
25 - 29	\$127.32	\$242.33	\$371.21
30 - 34	\$135.76	\$254.78	\$395.77
35 - 39	\$161.10	\$292.12	\$480.37
40 - 44	\$172.29	\$312.04	\$512.56
45 - 49	\$199.27	\$366.46	\$581.23
50 - 54	\$236.35	\$445.63	\$613.68
55 - 59	\$284.83	\$529.57	\$670.69
60 - 64	\$346.70	\$653.76	\$779.95
65 - 120	\$426.50	\$847.49	\$943.61

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$105.99	\$201.39	\$299.11
20 - 24	\$109.70	\$210.41	\$313.53
25 - 29	\$124.77	\$237.48	\$363.79
30 - 34	\$133.05	\$249.68	\$387.86
35 - 39	\$157.87	\$286.28	\$470.76
40 - 44	\$168.84	\$305.80	\$502.31
45 - 49	\$195.28	\$359.13	\$569.60
50 - 54	\$231.63	\$436.72	\$601.40
55 - 59	\$279.13	\$518.98	\$657.27
60 - 64	\$339.76	\$640.68	\$764.34
65 - 120	\$417.96	\$830.54	\$924.73

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$136.18	\$295.25	\$458.93
20 - 24	\$140.94	\$308.48	\$481.06
25 - 29	\$156.61	\$329.61	\$529.75
30 - 34	\$166.99	\$346.55	\$564.81
35 - 39	\$191.55	\$364.14	\$614.08
40 - 44	\$204.86	\$388.97	\$655.23
45 - 49	\$231.38	\$432.34	\$685.37
50 - 54	\$274.45	\$522.12	\$718.22
55 - 59	\$330.74	\$617.63	\$781.44
60 - 64	\$402.58	\$759.13	\$905.66
65 - 120	\$495.24	\$984.09	\$1,095.69

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$129.84	\$281.51	\$437.58
20 - 24	\$134.39	\$294.12	\$458.68
25 - 29	\$149.32	\$314.28	\$505.11
30 - 34	\$159.22	\$330.42	\$538.53
35 - 39	\$182.64	\$347.20	\$585.51
40 - 44	\$195.32	\$370.87	\$624.74
45 - 49	\$220.62	\$412.22	\$653.49
50 - 54	\$261.68	\$497.83	\$684.81
55 - 59	\$315.35	\$588.90	\$745.08
60 - 64	\$383.85	\$723.81	\$863.52
65 - 120	\$472.20	\$938.31	\$1,044.72

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$117.50	\$254.75	\$395.98
20 - 24	\$121.61	\$266.16	\$415.07
25 - 29	\$135.13	\$284.40	\$457.09
30 - 34	\$144.09	\$299.01	\$487.33
35 - 39	\$165.28	\$314.19	\$529.85
40 - 44	\$176.76	\$335.61	\$565.35
45 - 49	\$199.65	\$373.04	\$591.36
50 - 54	\$236.80	\$450.50	\$619.71
55 - 59	\$285.37	\$532.92	\$674.25
60 - 64	\$347.36	\$655.01	\$781.43
65 - 120	\$427.31	\$849.11	\$945.40

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$108.87	\$236.05	\$366.91
20 - 24	\$112.68	\$246.62	\$384.60
25 - 29	\$125.20	\$263.52	\$423.53
30 - 34	\$133.51	\$277.06	\$451.55
35 - 39	\$153.14	\$291.12	\$490.94
40 - 44	\$163.78	\$310.97	\$523.84
45 - 49	\$184.99	\$345.65	\$547.94
50 - 54	\$219.42	\$417.42	\$574.20
55 - 59	\$264.42	\$493.79	\$624.74
60 - 64	\$321.85	\$606.91	\$724.06
65 - 120	\$395.93	\$786.76	\$875.99

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$132.88	\$288.10	\$447.82
20 - 24	\$137.53	\$301.01	\$469.42
25 - 29	\$152.82	\$321.64	\$516.93
30 - 34	\$162.95	\$338.16	\$551.14
35 - 39	\$186.91	\$355.33	\$599.22
40 - 44	\$199.90	\$379.55	\$639.37
45 - 49	\$225.78	\$421.88	\$668.79
50 - 54	\$267.81	\$509.48	\$700.84
55 - 59	\$322.74	\$602.69	\$762.52
60 - 64	\$392.83	\$740.76	\$883.74
65 - 120	\$483.25	\$960.28	\$1,069.18

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$125.33	\$271.73	\$422.37
20 - 24	\$129.72	\$283.90	\$442.74
25 - 29	\$144.13	\$303.36	\$487.55
30 - 34	\$153.69	\$318.94	\$519.81
35 - 39	\$176.29	\$335.13	\$565.16
40 - 44	\$188.54	\$357.98	\$603.04
45 - 49	\$212.95	\$397.90	\$630.78
50 - 54	\$252.59	\$480.53	\$661.01
55 - 59	\$304.39	\$568.44	\$719.19
60 - 64	\$370.51	\$698.66	\$833.51
65 - 120	\$455.79	\$905.70	\$1,008.41

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$111.69	\$242.16	\$376.41
20 - 24	\$115.60	\$253.01	\$394.56
25 - 29	\$128.45	\$270.34	\$434.49
30 - 34	\$136.97	\$284.23	\$463.25
35 - 39	\$157.11	\$298.66	\$503.66
40 - 44	\$168.02	\$319.02	\$537.41
45 - 49	\$189.78	\$354.60	\$562.13
50 - 54	\$225.10	\$428.23	\$589.07
55 - 59	\$271.27	\$506.57	\$640.92
60 - 64	\$330.19	\$622.63	\$742.81
65 - 120	\$406.19	\$807.14	\$898.67

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$102.61	\$222.47	\$345.81
20 - 24	\$106.20	\$232.44	\$362.49
25 - 29	\$118.01	\$248.37	\$399.18
30 - 34	\$125.83	\$261.13	\$425.59
35 - 39	\$144.34	\$274.39	\$462.72
40 - 44	\$154.36	\$293.09	\$493.73
45 - 49	\$174.35	\$325.77	\$516.44
50 - 54	\$206.80	\$393.42	\$541.19
55 - 59	\$249.22	\$465.40	\$588.82
60 - 64	\$303.35	\$572.02	\$682.43
65 - 120	\$373.17	\$741.53	\$825.62

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$129.37	\$285.32	\$443.92
20 - 24	\$133.90	\$298.10	\$465.32
25 - 29	\$148.15	\$316.28	\$510.10
30 - 34	\$157.97	\$332.53	\$543.85
35 - 39	\$180.37	\$345.16	\$584.01
40 - 44	\$192.90	\$368.69	\$623.15
45 - 49	\$217.06	\$406.53	\$644.52
50 - 54	\$257.46	\$490.52	\$674.55
55 - 59	\$310.26	\$579.80	\$733.49
60 - 64	\$377.65	\$712.13	\$849.58
65 - 120	\$464.57	\$923.16	\$1,027.86

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$120.64	\$266.05	\$413.94
20 - 24	\$124.86	\$277.97	\$433.90
25 - 29	\$138.14	\$294.93	\$475.65
30 - 34	\$147.30	\$310.08	\$507.13
35 - 39	\$168.20	\$321.85	\$544.58
40 - 44	\$179.88	\$343.80	\$581.07
45 - 49	\$202.40	\$379.08	\$601.01
50 - 54	\$240.07	\$457.40	\$629.01
55 - 59	\$289.31	\$540.65	\$683.97
60 - 64	\$352.15	\$664.05	\$792.22
65 - 120	\$433.21	\$860.83	\$958.46

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$106.25	\$234.31	\$364.56
20 - 24	\$109.96	\$244.81	\$382.14
25 - 29	\$121.66	\$259.74	\$418.91
30 - 34	\$129.73	\$273.08	\$446.63
35 - 39	\$148.13	\$283.46	\$479.61
40 - 44	\$158.42	\$302.78	\$511.75
45 - 49	\$178.26	\$333.86	\$529.30
50 - 54	\$211.43	\$402.83	\$553.97
55 - 59	\$254.80	\$476.15	\$602.37
60 - 64	\$310.14	\$584.83	\$697.71
65 - 120	\$381.52	\$758.13	\$844.11

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$92.42	\$203.82	\$317.12
20 - 24	\$95.66	\$212.95	\$332.41
25 - 29	\$105.83	\$225.94	\$364.40
30 - 34	\$112.85	\$237.55	\$388.51
35 - 39	\$128.85	\$246.57	\$417.20
40 - 44	\$137.81	\$263.38	\$445.16
45 - 49	\$155.06	\$290.41	\$460.43
50 - 54	\$183.92	\$350.41	\$481.88
55 - 59	\$221.64	\$414.19	\$523.99
60 - 64	\$269.78	\$508.73	\$606.92
65 - 120	\$331.88	\$659.48	\$734.27

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$126.24	\$278.41	\$433.17
20 - 24	\$130.66	\$290.89	\$454.06
25 - 29	\$144.56	\$308.63	\$497.75
30 - 34	\$154.15	\$324.48	\$530.69
35 - 39	\$176.01	\$336.81	\$569.88
40 - 44	\$188.24	\$359.77	\$608.07
45 - 49	\$211.81	\$396.69	\$628.93
50 - 54	\$251.23	\$478.65	\$658.23
55 - 59	\$302.75	\$565.77	\$715.74
60 - 64	\$368.51	\$694.90	\$829.02
65 - 120	\$453.33	\$900.82	\$1,002.98

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$116.45	\$256.81	\$399.56
20 - 24	\$120.52	\$268.31	\$418.82
25 - 29	\$133.34	\$284.68	\$459.13
30 - 34	\$142.19	\$299.30	\$489.51
35 - 39	\$162.35	\$310.67	\$525.66
40 - 44	\$173.63	\$331.85	\$560.88
45 - 49	\$195.37	\$365.91	\$580.12
50 - 54	\$231.73	\$441.51	\$607.15
55 - 59	\$279.26	\$521.86	\$660.20
60 - 64	\$339.92	\$640.97	\$764.69
65 - 120	\$418.15	\$830.92	\$925.15

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$100.99	\$222.73	\$346.54
20 - 24	\$104.53	\$232.71	\$363.25
25 - 29	\$115.65	\$246.90	\$398.20
30 - 34	\$123.32	\$259.58	\$424.55
35 - 39	\$140.81	\$269.44	\$455.90
40 - 44	\$150.59	\$287.82	\$486.45
45 - 49	\$169.44	\$317.35	\$503.14
50 - 54	\$200.98	\$382.92	\$526.58
55 - 59	\$242.20	\$452.61	\$572.59
60 - 64	\$294.81	\$555.92	\$663.22
65 - 120	\$362.67	\$720.66	\$802.39

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$87.11	\$192.11	\$298.89
20 - 24	\$90.16	\$200.71	\$313.30
25 - 29	\$99.75	\$212.95	\$343.45
30 - 34	\$106.36	\$223.89	\$366.17
35 - 39	\$121.45	\$232.40	\$393.22
40 - 44	\$129.88	\$248.24	\$419.57
45 - 49	\$146.15	\$273.72	\$433.96
50 - 54	\$173.35	\$330.27	\$454.18
55 - 59	\$208.90	\$390.38	\$493.86
60 - 64	\$254.27	\$479.48	\$572.03
65 - 120	\$312.80	\$621.57	\$692.06

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$125.59	\$238.62	\$354.41
20 - 24	\$129.99	\$249.31	\$371.50
25 - 29	\$147.84	\$281.38	\$431.04
30 - 34	\$157.65	\$295.84	\$459.57
35 - 39	\$187.06	\$339.21	\$557.80
40 - 44	\$200.05	\$362.34	\$595.18
45 - 49	\$231.38	\$425.53	\$674.91
50 - 54	\$274.45	\$517.46	\$712.59
55 - 59	\$330.74	\$614.93	\$778.79
60 - 64	\$402.58	\$759.13	\$905.66
65 - 120	\$495.24	\$984.09	\$1,095.69

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$119.75	\$227.52	\$337.92
20 - 24	\$123.94	\$237.71	\$354.22
25 - 29	\$140.96	\$268.29	\$410.99
30 - 34	\$150.31	\$282.08	\$438.18
35 - 39	\$178.36	\$323.43	\$531.85
40 - 44	\$190.75	\$345.48	\$567.49
45 - 49	\$220.62	\$405.73	\$643.51
50 - 54	\$261.68	\$493.39	\$679.44
55 - 59	\$315.35	\$586.32	\$742.55
60 - 64	\$383.85	\$723.81	\$863.52
65 - 120	\$472.20	\$938.31	\$1,044.72

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$108.36	\$205.89	\$305.80
20 - 24	\$112.16	\$215.12	\$320.54
25 - 29	\$127.56	\$242.79	\$371.92
30 - 34	\$136.02	\$255.26	\$396.53
35 - 39	\$161.40	\$292.68	\$481.29
40 - 44	\$172.61	\$312.64	\$513.54
45 - 49	\$199.65	\$367.16	\$582.34
50 - 54	\$236.80	\$446.48	\$614.85
55 - 59	\$285.37	\$530.58	\$671.96
60 - 64	\$347.36	\$655.01	\$781.43
65 - 120	\$427.31	\$849.11	\$945.40

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$100.41	\$190.77	\$283.35
20 - 24	\$103.92	\$199.32	\$297.01
25 - 29	\$118.20	\$224.96	\$344.61
30 - 34	\$126.03	\$236.52	\$367.41
35 - 39	\$149.55	\$271.19	\$445.95
40 - 44	\$159.94	\$289.68	\$475.83
45 - 49	\$184.99	\$340.20	\$539.58
50 - 54	\$219.42	\$413.70	\$569.70
55 - 59	\$264.42	\$491.62	\$622.63
60 - 64	\$321.85	\$606.91	\$724.06
65 - 120	\$395.93	\$786.76	\$875.99

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$122.55	\$232.85	\$345.84
20 - 24	\$126.84	\$243.28	\$362.51
25 - 29	\$144.26	\$274.57	\$420.61
30 - 34	\$153.83	\$288.68	\$448.44
35 - 39	\$182.53	\$331.00	\$544.30
40 - 44	\$195.21	\$353.57	\$580.77
45 - 49	\$225.78	\$415.23	\$658.58
50 - 54	\$267.81	\$504.94	\$695.35
55 - 59	\$322.74	\$600.05	\$759.94
60 - 64	\$392.83	\$740.76	\$883.74
65 - 120	\$483.25	\$960.28	\$1,069.18

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$115.59	\$219.61	\$326.18
20 - 24	\$119.63	\$229.45	\$341.91
25 - 29	\$136.06	\$258.97	\$396.71
30 - 34	\$145.09	\$272.27	\$422.96
35 - 39	\$172.16	\$312.19	\$513.36
40 - 44	\$184.12	\$333.47	\$547.77
45 - 49	\$212.95	\$391.63	\$621.15
50 - 54	\$252.59	\$476.24	\$655.83
55 - 59	\$304.39	\$565.95	\$716.75
60 - 64	\$370.51	\$698.66	\$833.51
65 - 120	\$455.79	\$905.70	\$1,008.41

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$103.01	\$195.71	\$290.69
20 - 24	\$106.61	\$204.48	\$304.70
25 - 29	\$121.26	\$230.79	\$353.54
30 - 34	\$129.30	\$242.64	\$376.93
35 - 39	\$153.42	\$278.21	\$457.50
40 - 44	\$164.08	\$297.18	\$488.15
45 - 49	\$189.78	\$349.01	\$553.55
50 - 54	\$225.10	\$424.41	\$584.46
55 - 59	\$271.27	\$504.36	\$638.75
60 - 64	\$330.19	\$622.63	\$742.81
65 - 120	\$406.19	\$807.14	\$898.67

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.63	\$179.81	\$267.06
20 - 24	\$97.95	\$187.86	\$279.93
25 - 29	\$111.40	\$212.03	\$324.80
30 - 34	\$118.79	\$222.92	\$346.29
35 - 39	\$140.95	\$255.60	\$420.31
40 - 44	\$150.74	\$273.03	\$448.48
45 - 49	\$174.35	\$320.64	\$508.56
50 - 54	\$206.80	\$389.91	\$536.95
55 - 59	\$249.22	\$463.36	\$586.83
60 - 64	\$303.35	\$572.02	\$682.43
65 - 120	\$373.17	\$741.53	\$825.62

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$117.82	\$223.85	\$332.47
20 - 24	\$121.94	\$233.88	\$348.50
25 - 29	\$138.69	\$263.96	\$404.36
30 - 34	\$147.89	\$277.52	\$431.11
35 - 39	\$175.48	\$318.21	\$523.26
40 - 44	\$187.67	\$339.90	\$558.33
45 - 49	\$217.06	\$399.18	\$633.13
50 - 54	\$257.46	\$485.42	\$668.47
55 - 59	\$310.26	\$576.86	\$730.57
60 - 64	\$377.65	\$712.13	\$849.58
65 - 120	\$464.57	\$923.16	\$1,027.86

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$109.86	\$208.73	\$310.02
20 - 24	\$113.71	\$218.09	\$324.97
25 - 29	\$129.32	\$246.14	\$377.05
30 - 34	\$137.90	\$258.79	\$402.00
35 - 39	\$163.63	\$296.72	\$487.93
40 - 44	\$175.00	\$316.95	\$520.63
45 - 49	\$202.40	\$372.23	\$590.38
50 - 54	\$240.07	\$452.65	\$623.34
55 - 59	\$289.31	\$537.91	\$681.24
60 - 64	\$352.15	\$664.05	\$792.22
65 - 120	\$433.21	\$860.83	\$958.46

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$96.75	\$183.83	\$273.04
20 - 24	\$100.14	\$192.07	\$286.20
25 - 29	\$113.89	\$216.77	\$332.07
30 - 34	\$121.45	\$227.91	\$354.04
35 - 39	\$144.11	\$261.32	\$429.72
40 - 44	\$154.12	\$279.14	\$458.52
45 - 49	\$178.26	\$327.82	\$519.95
50 - 54	\$211.43	\$398.65	\$548.97
55 - 59	\$254.80	\$473.73	\$599.97
60 - 64	\$310.14	\$584.83	\$697.71
65 - 120	\$381.52	\$758.13	\$844.11

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$84.16	\$159.91	\$237.51
20 - 24	\$87.11	\$167.08	\$248.96
25 - 29	\$99.07	\$188.57	\$288.86
30 - 34	\$105.65	\$198.26	\$307.97
35 - 39	\$125.36	\$227.32	\$373.80
40 - 44	\$134.06	\$242.82	\$398.85
45 - 49	\$155.06	\$285.17	\$452.29
50 - 54	\$183.92	\$346.77	\$477.54
55 - 59	\$221.64	\$412.09	\$521.90
60 - 64	\$269.78	\$508.73	\$606.92
65 - 120	\$331.88	\$659.48	\$734.27

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$114.96	\$218.43	\$324.43
20 - 24	\$118.99	\$228.22	\$340.07
25 - 29	\$135.33	\$257.57	\$394.57
30 - 34	\$144.31	\$270.81	\$420.68
35 - 39	\$171.23	\$310.51	\$510.60
40 - 44	\$183.13	\$331.68	\$544.81
45 - 49	\$211.81	\$389.52	\$617.81
50 - 54	\$251.23	\$473.68	\$652.29
55 - 59	\$302.75	\$562.90	\$712.89
60 - 64	\$368.51	\$694.90	\$829.02
65 - 120	\$453.33	\$900.82	\$1,002.98

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$106.04	\$201.48	\$299.25
20 - 24	\$109.75	\$210.51	\$313.68
25 - 29	\$124.83	\$237.59	\$363.95
30 - 34	\$133.11	\$249.79	\$388.03
35 - 39	\$157.94	\$286.41	\$470.98
40 - 44	\$168.92	\$305.94	\$502.54
45 - 49	\$195.37	\$359.30	\$569.86
50 - 54	\$231.73	\$436.92	\$601.68
55 - 59	\$279.26	\$519.22	\$657.57
60 - 64	\$339.92	\$640.97	\$764.69
65 - 120	\$418.15	\$830.92	\$925.15

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$91.97	\$174.75	\$259.54
20 - 24	\$95.19	\$182.57	\$272.05
25 - 29	\$108.26	\$206.06	\$315.66
30 - 34	\$115.45	\$216.65	\$336.54
35 - 39	\$136.99	\$248.40	\$408.48
40 - 44	\$146.50	\$265.34	\$435.85
45 - 49	\$169.44	\$311.62	\$494.24
50 - 54	\$200.98	\$378.94	\$521.84
55 - 59	\$242.20	\$450.32	\$570.31
60 - 64	\$294.81	\$555.92	\$663.22
65 - 120	\$362.67	\$720.66	\$802.39

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$79.33	\$150.72	\$223.85
20 - 24	\$82.10	\$157.47	\$234.65
25 - 29	\$93.38	\$177.73	\$272.25
30 - 34	\$99.57	\$186.86	\$290.27
35 - 39	\$118.15	\$214.25	\$352.31
40 - 44	\$126.36	\$228.86	\$375.92
45 - 49	\$146.15	\$268.77	\$426.29
50 - 54	\$173.35	\$326.84	\$450.08
55 - 59	\$208.90	\$388.40	\$491.89
60 - 64	\$254.27	\$479.48	\$572.03
65 - 120	\$312.80	\$621.57	\$692.06

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$135.74	\$289.23	\$449.16
20 - 24	\$140.49	\$302.19	\$470.82
25 - 29	\$155.94	\$324.89	\$520.03
30 - 34	\$166.29	\$341.58	\$554.44
35 - 39	\$191.29	\$361.47	\$608.29
40 - 44	\$204.58	\$386.12	\$649.05
45 - 49	\$232.07	\$432.38	\$685.84
50 - 54	\$275.26	\$522.73	\$719.27
55 - 59	\$331.72	\$619.15	\$783.51
60 - 64	\$403.77	\$761.38	\$908.33
65 - 120	\$496.70	\$987.00	\$1,098.93

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$129.52	\$275.98	\$428.59
20 - 24	\$134.05	\$288.35	\$449.26
25 - 29	\$148.80	\$310.01	\$496.22
30 - 34	\$158.67	\$325.94	\$529.06
35 - 39	\$182.53	\$344.92	\$580.43
40 - 44	\$195.21	\$368.44	\$619.33
45 - 49	\$221.44	\$412.58	\$654.44
50 - 54	\$262.66	\$498.79	\$686.34
55 - 59	\$316.53	\$590.80	\$747.63
60 - 64	\$385.28	\$726.51	\$866.74
65 - 120	\$473.96	\$941.81	\$1,048.61

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$119.12	\$253.82	\$394.17
20 - 24	\$123.29	\$265.19	\$413.17
25 - 29	\$136.85	\$285.11	\$456.36
30 - 34	\$145.93	\$299.76	\$486.56
35 - 39	\$167.87	\$317.22	\$533.81
40 - 44	\$179.53	\$338.84	\$569.58
45 - 49	\$203.65	\$379.44	\$601.87
50 - 54	\$241.56	\$458.73	\$631.21
55 - 59	\$291.10	\$543.34	\$687.58
60 - 64	\$354.33	\$668.16	\$797.12
65 - 120	\$435.89	\$866.16	\$964.38

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$117.91	\$251.24	\$390.17
20 - 24	\$122.04	\$262.50	\$408.99
25 - 29	\$135.46	\$282.22	\$451.74
30 - 34	\$144.45	\$296.72	\$481.63
35 - 39	\$166.17	\$314.00	\$528.40
40 - 44	\$177.71	\$335.41	\$563.81
45 - 49	\$201.59	\$375.60	\$595.77
50 - 54	\$239.11	\$454.08	\$624.81
55 - 59	\$288.15	\$537.84	\$680.61
60 - 64	\$350.74	\$661.39	\$789.04
65 - 120	\$431.47	\$857.38	\$954.61

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$132.45	\$282.23	\$438.29
20 - 24	\$137.09	\$294.87	\$459.42
25 - 29	\$152.17	\$317.02	\$507.45
30 - 34	\$162.26	\$333.31	\$541.03
35 - 39	\$186.66	\$352.73	\$593.56
40 - 44	\$199.63	\$376.77	\$633.34
45 - 49	\$226.45	\$421.91	\$669.25
50 - 54	\$268.60	\$510.08	\$701.86
55 - 59	\$323.69	\$604.17	\$764.55
60 - 64	\$394.00	\$742.95	\$886.35
65 - 120	\$484.68	\$963.11	\$1,072.34

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$125.02	\$266.39	\$413.70
20 - 24	\$129.40	\$278.33	\$433.65
25 - 29	\$143.63	\$299.24	\$478.98
30 - 34	\$153.16	\$314.61	\$510.67
35 - 39	\$176.19	\$332.94	\$560.26
40 - 44	\$188.43	\$355.64	\$597.81
45 - 49	\$213.75	\$398.24	\$631.70
50 - 54	\$253.53	\$481.46	\$662.49
55 - 59	\$305.53	\$570.27	\$721.65
60 - 64	\$371.89	\$701.27	\$836.62
65 - 120	\$457.49	\$909.08	\$1,012.18

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$113.23	\$241.27	\$374.68
20 - 24	\$117.19	\$252.08	\$392.75
25 - 29	\$130.09	\$271.02	\$433.81
30 - 34	\$138.71	\$284.94	\$462.51
35 - 39	\$159.57	\$301.54	\$507.42
40 - 44	\$170.66	\$322.10	\$541.43
45 - 49	\$193.59	\$360.68	\$572.12
50 - 54	\$229.62	\$436.05	\$600.01
55 - 59	\$276.71	\$516.49	\$653.59
60 - 64	\$336.82	\$635.13	\$757.72
65 - 120	\$414.34	\$823.34	\$916.71

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$111.13	\$236.80	\$367.74
20 - 24	\$115.02	\$247.41	\$385.47
25 - 29	\$127.68	\$265.99	\$425.77
30 - 34	\$136.14	\$279.66	\$453.94
35 - 39	\$156.62	\$295.95	\$498.02
40 - 44	\$167.49	\$316.13	\$531.39
45 - 49	\$190.00	\$354.00	\$561.52
50 - 54	\$225.36	\$427.97	\$588.89
55 - 59	\$271.59	\$506.92	\$641.48
60 - 64	\$330.58	\$623.36	\$743.68
65 - 120	\$406.66	\$808.09	\$899.73

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$125.96	\$239.33	\$355.46
20 - 24	\$130.37	\$250.05	\$372.60
25 - 29	\$148.28	\$282.22	\$432.32
30 - 34	\$158.11	\$296.71	\$460.92
35 - 39	\$187.61	\$340.21	\$559.45
40 - 44	\$200.65	\$363.41	\$596.93
45 - 49	\$232.07	\$426.79	\$676.91
50 - 54	\$275.26	\$518.99	\$714.70
55 - 59	\$331.72	\$616.75	\$781.09
60 - 64	\$403.77	\$761.38	\$908.33
65 - 120	\$496.70	\$987.00	\$1,098.93

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$120.19	\$228.37	\$339.19
20 - 24	\$124.40	\$238.60	\$355.54
25 - 29	\$141.49	\$269.29	\$412.52
30 - 34	\$150.87	\$283.13	\$439.82
35 - 39	\$179.02	\$324.63	\$533.83
40 - 44	\$191.46	\$346.77	\$569.60
45 - 49	\$221.44	\$407.25	\$645.91
50 - 54	\$262.66	\$495.23	\$681.97
55 - 59	\$316.53	\$588.51	\$745.32
60 - 64	\$385.28	\$726.51	\$866.74
65 - 120	\$473.96	\$941.81	\$1,048.61

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$110.54	\$210.03	\$311.94
20 - 24	\$114.41	\$219.43	\$326.98
25 - 29	\$130.12	\$247.66	\$379.39
30 - 34	\$138.75	\$260.39	\$404.49
35 - 39	\$164.64	\$298.56	\$490.95
40 - 44	\$176.08	\$318.91	\$523.85
45 - 49	\$203.65	\$374.53	\$594.03
50 - 54	\$241.56	\$455.45	\$627.19
55 - 59	\$291.10	\$541.23	\$685.46
60 - 64	\$354.33	\$668.16	\$797.12
65 - 120	\$435.89	\$866.16	\$964.38

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$109.42	\$207.90	\$308.78
20 - 24	\$113.25	\$217.21	\$323.67
25 - 29	\$128.80	\$245.15	\$375.54
30 - 34	\$137.35	\$257.75	\$400.39
35 - 39	\$162.97	\$295.53	\$485.98
40 - 44	\$174.29	\$315.68	\$518.54
45 - 49	\$201.59	\$370.74	\$588.01
50 - 54	\$239.11	\$450.83	\$620.84
55 - 59	\$288.15	\$535.75	\$678.51
60 - 64	\$350.74	\$661.39	\$789.04
65 - 120	\$431.47	\$857.38	\$954.61

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$122.91	\$233.54	\$346.86
20 - 24	\$127.22	\$244.00	\$363.58
25 - 29	\$144.69	\$275.39	\$421.86
30 - 34	\$154.29	\$289.53	\$449.77
35 - 39	\$183.07	\$331.98	\$545.91
40 - 44	\$195.79	\$354.61	\$582.49
45 - 49	\$226.45	\$416.46	\$660.53
50 - 54	\$268.60	\$506.43	\$697.40
55 - 59	\$323.69	\$601.82	\$762.19
60 - 64	\$394.00	\$742.95	\$886.35
65 - 120	\$484.68	\$963.11	\$1,072.34

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$116.02	\$220.43	\$327.40
20 - 24	\$120.08	\$230.31	\$343.18
25 - 29	\$136.57	\$259.94	\$398.19
30 - 34	\$145.63	\$273.29	\$424.53
35 - 39	\$172.80	\$313.35	\$515.28
40 - 44	\$184.80	\$334.72	\$549.81
45 - 49	\$213.75	\$393.09	\$623.47
50 - 54	\$253.53	\$478.02	\$658.27
55 - 59	\$305.53	\$568.06	\$719.42
60 - 64	\$371.89	\$701.27	\$836.62
65 - 120	\$457.49	\$909.08	\$1,012.18

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$105.08	\$199.64	\$296.52
20 - 24	\$108.75	\$208.59	\$310.82
25 - 29	\$123.69	\$235.42	\$360.63
30 - 34	\$131.89	\$247.51	\$384.50
35 - 39	\$156.50	\$283.80	\$466.68
40 - 44	\$167.38	\$303.15	\$497.95
45 - 49	\$193.59	\$356.02	\$564.67
50 - 54	\$229.62	\$432.93	\$596.19
55 - 59	\$276.71	\$514.48	\$651.57
60 - 64	\$336.82	\$635.13	\$757.72
65 - 120	\$414.34	\$823.34	\$916.71

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$103.13	\$195.95	\$291.03
20 - 24	\$106.74	\$204.72	\$305.06
25 - 29	\$121.40	\$231.06	\$353.95
30 - 34	\$129.45	\$242.93	\$377.37
35 - 39	\$153.60	\$278.54	\$458.04
40 - 44	\$164.27	\$297.53	\$488.73
45 - 49	\$190.00	\$349.42	\$554.20
50 - 54	\$225.36	\$424.91	\$585.14
55 - 59	\$271.59	\$504.95	\$639.50
60 - 64	\$330.58	\$623.36	\$743.68
65 - 120	\$406.66	\$808.09	\$899.73

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$131.96	\$286.10	\$444.71
20 - 24	\$136.58	\$298.92	\$466.15
25 - 29	\$151.75	\$319.40	\$513.33
30 - 34	\$161.82	\$335.81	\$547.30
35 - 39	\$185.61	\$352.85	\$595.05
40 - 44	\$198.51	\$376.91	\$634.92
45 - 49	\$224.21	\$418.94	\$664.13
50 - 54	\$265.94	\$505.94	\$695.96
55 - 59	\$320.49	\$598.49	\$757.22
60 - 64	\$390.10	\$735.61	\$877.59
65 - 120	\$479.89	\$953.59	\$1,061.74

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$125.92	\$273.01	\$424.37
20 - 24	\$130.33	\$285.24	\$444.83
25 - 29	\$144.81	\$304.79	\$489.86
30 - 34	\$154.42	\$320.45	\$522.27
35 - 39	\$177.12	\$336.72	\$567.83
40 - 44	\$189.43	\$359.67	\$605.88
45 - 49	\$213.96	\$399.78	\$633.76
50 - 54	\$253.78	\$482.80	\$664.13
55 - 59	\$305.83	\$571.12	\$722.58
60 - 64	\$372.26	\$701.96	\$837.45
65 - 120	\$457.94	\$909.98	\$1,013.18

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$114.14	\$247.48	\$384.68
20 - 24	\$118.14	\$258.56	\$403.22
25 - 29	\$131.27	\$276.28	\$444.04
30 - 34	\$139.97	\$290.48	\$473.42
35 - 39	\$160.56	\$305.22	\$514.72
40 - 44	\$171.71	\$326.03	\$549.21
45 - 49	\$193.95	\$362.39	\$574.48
50 - 54	\$230.04	\$437.64	\$602.01
55 - 59	\$277.23	\$517.70	\$655.00
60 - 64	\$337.44	\$636.31	\$759.12
65 - 120	\$415.11	\$824.87	\$918.41

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$105.93	\$229.66	\$356.98
20 - 24	\$109.64	\$239.95	\$374.20
25 - 29	\$121.82	\$256.39	\$412.07
30 - 34	\$129.90	\$269.57	\$439.34
35 - 39	\$149.00	\$283.25	\$477.67
40 - 44	\$159.35	\$302.56	\$509.68
45 - 49	\$179.98	\$336.30	\$533.13
50 - 54	\$213.48	\$406.13	\$558.68
55 - 59	\$257.27	\$480.43	\$607.85
60 - 64	\$313.15	\$590.50	\$704.48
65 - 120	\$385.23	\$765.49	\$852.30

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$128.76	\$279.17	\$433.95
20 - 24	\$133.27	\$291.68	\$454.87
25 - 29	\$148.08	\$311.67	\$500.91
30 - 34	\$157.90	\$327.68	\$534.06
35 - 39	\$181.12	\$344.32	\$580.65
40 - 44	\$193.70	\$367.79	\$619.56
45 - 49	\$218.79	\$408.80	\$648.06
50 - 54	\$259.51	\$493.69	\$679.12
55 - 59	\$312.73	\$584.01	\$738.89
60 - 64	\$380.66	\$717.80	\$856.35
65 - 120	\$468.28	\$930.52	\$1,036.04

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$121.55	\$263.53	\$409.62
20 - 24	\$125.80	\$275.33	\$429.37
25 - 29	\$139.78	\$294.20	\$472.83
30 - 34	\$149.05	\$309.31	\$504.12
35 - 39	\$170.97	\$325.01	\$548.10
40 - 44	\$182.84	\$347.17	\$584.83
45 - 49	\$206.52	\$385.89	\$611.73
50 - 54	\$244.96	\$466.02	\$641.05
55 - 59	\$295.20	\$551.27	\$697.47
60 - 64	\$359.32	\$677.57	\$808.35
65 - 120	\$442.03	\$878.36	\$977.97

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$108.50	\$235.24	\$365.66
20 - 24	\$112.30	\$245.78	\$383.29
25 - 29	\$124.78	\$262.63	\$422.09
30 - 34	\$133.06	\$276.12	\$450.02
35 - 39	\$152.62	\$290.14	\$489.28
40 - 44	\$163.22	\$309.92	\$522.07
45 - 49	\$184.36	\$344.47	\$546.09
50 - 54	\$218.67	\$416.01	\$572.26
55 - 59	\$263.52	\$492.11	\$622.62
60 - 64	\$320.76	\$604.85	\$721.60
65 - 120	\$394.59	\$784.09	\$873.02

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$99.84	\$216.46	\$336.46
20 - 24	\$103.33	\$226.16	\$352.68
25 - 29	\$114.82	\$241.65	\$388.38
30 - 34	\$122.43	\$254.07	\$414.08
35 - 39	\$140.43	\$266.97	\$450.21
40 - 44	\$150.19	\$285.17	\$480.37
45 - 49	\$169.64	\$316.96	\$502.48
50 - 54	\$201.21	\$382.79	\$526.56
55 - 59	\$242.48	\$452.81	\$572.90
60 - 64	\$295.15	\$556.55	\$663.97
65 - 120	\$363.08	\$721.48	\$803.30

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$126.53	\$279.04	\$434.15
20 - 24	\$130.96	\$291.54	\$455.08
25 - 29	\$144.89	\$309.32	\$498.87
30 - 34	\$154.50	\$325.21	\$531.88
35 - 39	\$176.41	\$337.56	\$571.16
40 - 44	\$188.66	\$360.58	\$609.44
45 - 49	\$212.28	\$397.59	\$630.34
50 - 54	\$251.79	\$479.73	\$659.71
55 - 59	\$303.44	\$567.04	\$717.36
60 - 64	\$369.34	\$696.46	\$830.89
65 - 120	\$454.35	\$902.85	\$1,005.24

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$118.95	\$262.33	\$408.15
20 - 24	\$123.11	\$274.08	\$427.83
25 - 29	\$136.21	\$290.80	\$468.99
30 - 34	\$145.24	\$305.74	\$500.03
35 - 39	\$165.84	\$317.35	\$536.96
40 - 44	\$177.36	\$338.98	\$572.94
45 - 49	\$199.57	\$373.77	\$592.59
50 - 54	\$236.71	\$451.00	\$620.20
55 - 59	\$285.26	\$533.08	\$674.39
60 - 64	\$347.22	\$654.75	\$781.13
65 - 120	\$427.14	\$848.78	\$945.04

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$105.40	\$232.44	\$361.64
20 - 24	\$109.08	\$242.85	\$379.08
25 - 29	\$120.69	\$257.66	\$415.56
30 - 34	\$128.69	\$270.90	\$443.05
35 - 39	\$146.94	\$281.19	\$475.77
40 - 44	\$157.15	\$300.36	\$507.66
45 - 49	\$176.83	\$331.18	\$525.07
50 - 54	\$209.74	\$399.61	\$549.54
55 - 59	\$252.76	\$472.34	\$597.55
60 - 64	\$307.66	\$580.15	\$692.13
65 - 120	\$378.47	\$752.07	\$837.36

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$92.05	\$203.01	\$315.85
20 - 24	\$95.27	\$212.10	\$331.08
25 - 29	\$105.41	\$225.04	\$362.94
30 - 34	\$112.40	\$236.60	\$386.96
35 - 39	\$128.34	\$245.59	\$415.53
40 - 44	\$137.25	\$262.33	\$443.38
45 - 49	\$154.44	\$289.25	\$458.59
50 - 54	\$183.18	\$349.01	\$479.96
55 - 59	\$220.76	\$412.54	\$521.89
60 - 64	\$268.71	\$506.69	\$604.49
65 - 120	\$330.55	\$656.85	\$731.34

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$123.46	\$272.29	\$423.64
20 - 24	\$127.79	\$284.49	\$444.07
25 - 29	\$141.38	\$301.84	\$486.80
30 - 34	\$150.76	\$317.34	\$519.01
35 - 39	\$172.14	\$329.40	\$557.34
40 - 44	\$184.09	\$351.85	\$594.69
45 - 49	\$207.15	\$387.96	\$615.09
50 - 54	\$245.70	\$468.12	\$643.75
55 - 59	\$296.09	\$553.32	\$700.00
60 - 64	\$360.41	\$679.61	\$810.79
65 - 120	\$443.36	\$881.01	\$980.92

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$114.82	\$253.21	\$393.96
20 - 24	\$118.83	\$264.56	\$412.96
25 - 29	\$131.48	\$280.69	\$452.70
30 - 34	\$140.20	\$295.11	\$482.65
35 - 39	\$160.08	\$306.32	\$518.30
40 - 44	\$171.20	\$327.21	\$553.03
45 - 49	\$192.63	\$360.79	\$572.00
50 - 54	\$228.49	\$435.32	\$598.65
55 - 59	\$275.35	\$514.56	\$650.96
60 - 64	\$335.16	\$632.00	\$753.99
65 - 120	\$412.30	\$819.29	\$912.20

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$100.19	\$220.95	\$343.77
20 - 24	\$103.69	\$230.85	\$360.34
25 - 29	\$114.72	\$244.93	\$395.01
30 - 34	\$122.33	\$257.51	\$421.15
35 - 39	\$139.68	\$267.29	\$452.26
40 - 44	\$149.38	\$285.51	\$482.56
45 - 49	\$168.09	\$314.81	\$499.12
50 - 54	\$199.37	\$379.86	\$522.37
55 - 59	\$240.27	\$448.99	\$568.01
60 - 64	\$292.45	\$551.47	\$657.91
65 - 120	\$359.76	\$714.89	\$795.97

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$86.76	\$191.34	\$297.69
20 - 24	\$89.80	\$199.91	\$312.05
25 - 29	\$99.35	\$212.10	\$342.07
30 - 34	\$105.94	\$223.00	\$364.71
35 - 39	\$120.96	\$231.47	\$391.64
40 - 44	\$129.36	\$247.25	\$417.89
45 - 49	\$145.56	\$272.62	\$432.22
50 - 54	\$172.65	\$328.95	\$452.36
55 - 59	\$208.06	\$388.82	\$491.89
60 - 64	\$253.26	\$477.56	\$569.74
65 - 120	\$311.55	\$619.08	\$689.29

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$121.70	\$231.23	\$343.43
20 - 24	\$125.96	\$241.59	\$359.99
25 - 29	\$143.26	\$272.66	\$417.69
30 - 34	\$152.76	\$286.67	\$445.32
35 - 39	\$181.26	\$328.70	\$540.51
40 - 44	\$193.85	\$351.11	\$576.73
45 - 49	\$224.21	\$412.34	\$654.00
50 - 54	\$265.94	\$501.42	\$690.51
55 - 59	\$320.49	\$595.87	\$754.65
60 - 64	\$390.10	\$735.61	\$877.59
65 - 120	\$479.89	\$953.59	\$1,061.74

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$116.13	\$220.65	\$327.72
20 - 24	\$120.20	\$230.54	\$343.52
25 - 29	\$136.71	\$260.19	\$398.58
30 - 34	\$145.77	\$273.56	\$424.95
35 - 39	\$172.97	\$313.66	\$515.79
40 - 44	\$184.99	\$335.05	\$550.35
45 - 49	\$213.96	\$393.48	\$624.08
50 - 54	\$253.78	\$478.49	\$658.92
55 - 59	\$305.83	\$568.62	\$720.13
60 - 64	\$372.26	\$701.96	\$837.45
65 - 120	\$457.94	\$909.98	\$1,013.18

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$105.27	\$200.01	\$297.07
20 - 24	\$108.96	\$208.97	\$311.39
25 - 29	\$123.92	\$235.86	\$361.30
30 - 34	\$132.14	\$247.97	\$385.21
35 - 39	\$156.79	\$284.32	\$467.55
40 - 44	\$167.69	\$303.71	\$498.88
45 - 49	\$193.95	\$356.68	\$565.71
50 - 54	\$230.04	\$433.74	\$597.29
55 - 59	\$277.23	\$515.43	\$652.78
60 - 64	\$337.44	\$636.31	\$759.12
65 - 120	\$415.11	\$824.87	\$918.41

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$97.69	\$185.62	\$275.69
20 - 24	\$101.11	\$193.93	\$288.98
25 - 29	\$115.00	\$218.88	\$335.29
30 - 34	\$122.63	\$230.12	\$357.48
35 - 39	\$145.51	\$263.86	\$433.89
40 - 44	\$155.61	\$281.85	\$462.96
45 - 49	\$179.98	\$331.00	\$524.99
50 - 54	\$213.48	\$402.51	\$554.30
55 - 59	\$257.27	\$478.33	\$605.79
60 - 64	\$313.15	\$590.50	\$704.48
65 - 120	\$385.23	\$765.49	\$852.30

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$118.75	\$225.63	\$335.12
20 - 24	\$122.91	\$235.74	\$351.28
25 - 29	\$139.79	\$266.07	\$407.58
30 - 34	\$149.06	\$279.73	\$434.55
35 - 39	\$176.88	\$320.74	\$527.43
40 - 44	\$189.16	\$342.61	\$562.77
45 - 49	\$218.79	\$402.36	\$638.17
50 - 54	\$259.51	\$489.29	\$673.80
55 - 59	\$312.73	\$581.45	\$736.39
60 - 64	\$380.66	\$717.80	\$856.35
65 - 120	\$468.28	\$930.52	\$1,036.04

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$112.10	\$212.98	\$316.33
20 - 24	\$116.02	\$222.53	\$331.59
25 - 29	\$131.96	\$251.15	\$384.73
30 - 34	\$140.71	\$264.05	\$410.19
35 - 39	\$166.96	\$302.76	\$497.87
40 - 44	\$178.56	\$323.40	\$531.23
45 - 49	\$206.52	\$379.81	\$602.40
50 - 54	\$244.96	\$461.86	\$636.03
55 - 59	\$295.20	\$548.86	\$695.11
60 - 64	\$359.32	\$677.57	\$808.35
65 - 120	\$442.03	\$878.36	\$977.97

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$100.07	\$190.13	\$282.39
20 - 24	\$103.57	\$198.65	\$296.00
25 - 29	\$117.79	\$224.20	\$343.44
30 - 34	\$125.61	\$235.72	\$366.17
35 - 39	\$149.04	\$270.27	\$444.44
40 - 44	\$159.40	\$288.70	\$474.22
45 - 49	\$184.36	\$339.05	\$537.75
50 - 54	\$218.67	\$412.30	\$567.77
55 - 59	\$263.52	\$489.96	\$620.51
60 - 64	\$320.76	\$604.85	\$721.60
65 - 120	\$394.59	\$784.09	\$873.02

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$92.08	\$174.94	\$259.84
20 - 24	\$95.30	\$182.78	\$272.36
25 - 29	\$108.39	\$206.29	\$316.02
30 - 34	\$115.58	\$216.89	\$336.93
35 - 39	\$137.14	\$248.69	\$408.94
40 - 44	\$146.67	\$265.64	\$436.35
45 - 49	\$169.64	\$311.97	\$494.81
50 - 54	\$201.21	\$379.37	\$522.43
55 - 59	\$242.48	\$450.83	\$570.96
60 - 64	\$295.15	\$556.55	\$663.97
65 - 120	\$363.08	\$721.48	\$803.30

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$115.22	\$218.92	\$325.16
20 - 24	\$119.26	\$228.73	\$340.83
25 - 29	\$135.64	\$258.16	\$395.46
30 - 34	\$144.63	\$271.42	\$421.63
35 - 39	\$171.62	\$311.21	\$511.75
40 - 44	\$183.54	\$332.42	\$546.04
45 - 49	\$212.28	\$390.40	\$619.20
50 - 54	\$251.79	\$474.74	\$653.77
55 - 59	\$303.44	\$564.17	\$714.50
60 - 64	\$369.34	\$696.46	\$830.89
65 - 120	\$454.35	\$902.85	\$1,005.24

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$108.32	\$205.81	\$305.68
20 - 24	\$112.11	\$215.03	\$320.42
25 - 29	\$127.51	\$242.69	\$371.78
30 - 34	\$135.97	\$255.16	\$396.38
35 - 39	\$161.34	\$292.57	\$481.10
40 - 44	\$172.55	\$312.51	\$513.34
45 - 49	\$199.57	\$367.02	\$582.11
50 - 54	\$236.71	\$446.31	\$614.61
55 - 59	\$285.26	\$530.38	\$671.71
60 - 64	\$347.22	\$654.75	\$781.13
65 - 120	\$427.14	\$848.78	\$945.04

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$95.98	\$182.36	\$270.85
20 - 24	\$99.34	\$190.53	\$283.91
25 - 29	\$112.98	\$215.04	\$329.41
30 - 34	\$120.48	\$226.09	\$351.21
35 - 39	\$142.96	\$259.23	\$426.28
40 - 44	\$152.89	\$276.91	\$454.85
45 - 49	\$176.83	\$325.20	\$515.79
50 - 54	\$209.74	\$395.46	\$544.58
55 - 59	\$252.76	\$469.94	\$595.17
60 - 64	\$307.66	\$580.15	\$692.13
65 - 120	\$378.47	\$752.07	\$837.36

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$83.83	\$159.27	\$236.56
20 - 24	\$86.76	\$166.41	\$247.96
25 - 29	\$98.68	\$187.81	\$287.71
30 - 34	\$105.22	\$197.46	\$306.74
35 - 39	\$124.86	\$226.41	\$372.31
40 - 44	\$133.53	\$241.85	\$397.26
45 - 49	\$154.44	\$284.03	\$450.48
50 - 54	\$183.18	\$345.39	\$475.63
55 - 59	\$220.76	\$410.44	\$519.81
60 - 64	\$268.71	\$506.69	\$604.49
65 - 120	\$330.55	\$656.85	\$731.34

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC CARE PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$112.43	\$213.63	\$317.29
20 - 24	\$116.37	\$223.20	\$332.59
25 - 29	\$132.35	\$251.91	\$385.89
30 - 34	\$141.13	\$264.85	\$411.42
35 - 39	\$167.47	\$303.67	\$499.37
40 - 44	\$179.10	\$324.38	\$532.83
45 - 49	\$207.15	\$380.95	\$604.21
50 - 54	\$245.70	\$463.25	\$637.94
55 - 59	\$296.09	\$550.51	\$697.21
60 - 64	\$360.41	\$679.61	\$810.79
65 - 120	\$443.36	\$881.01	\$980.92

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$104.56	\$198.66	\$295.06
20 - 24	\$108.22	\$207.56	\$309.29
25 - 29	\$123.08	\$234.26	\$358.86
30 - 34	\$131.24	\$246.30	\$382.60
35 - 39	\$155.73	\$282.40	\$464.38
40 - 44	\$166.55	\$301.65	\$495.50
45 - 49	\$192.63	\$354.27	\$561.89
50 - 54	\$228.49	\$430.80	\$593.25
55 - 59	\$275.35	\$511.95	\$648.36
60 - 64	\$335.16	\$632.00	\$753.99
65 - 120	\$412.30	\$819.29	\$912.20

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$91.24	\$173.35	\$257.46
20 - 24	\$94.43	\$181.11	\$269.88
25 - 29	\$107.40	\$204.41	\$313.13
30 - 34	\$114.52	\$214.91	\$333.85
35 - 39	\$135.89	\$246.42	\$405.21
40 - 44	\$145.33	\$263.22	\$432.37
45 - 49	\$168.09	\$309.13	\$490.29
50 - 54	\$199.37	\$375.91	\$517.66
55 - 59	\$240.27	\$446.71	\$565.75
60 - 64	\$292.45	\$551.47	\$657.91
65 - 120	\$359.76	\$714.89	\$795.97

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$79.01	\$150.12	\$222.96
20 - 24	\$81.77	\$156.84	\$233.71
25 - 29	\$93.00	\$177.02	\$271.16
30 - 34	\$99.17	\$186.11	\$289.11
35 - 39	\$117.68	\$213.39	\$350.90
40 - 44	\$125.85	\$227.94	\$374.42
45 - 49	\$145.56	\$267.70	\$424.58
50 - 54	\$172.65	\$325.53	\$448.28
55 - 59	\$208.06	\$386.84	\$489.93
60 - 64	\$253.26	\$477.56	\$569.74
65 - 120	\$311.55	\$619.08	\$689.29

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$105.77	\$225.38	\$350.00
20 - 24	\$109.47	\$235.47	\$366.88
25 - 29	\$121.52	\$253.16	\$405.23
30 - 34	\$129.58	\$266.17	\$432.04
35 - 39	\$149.06	\$281.67	\$474.00
40 - 44	\$159.41	\$300.88	\$505.76
45 - 49	\$180.84	\$336.93	\$534.44
50 - 54	\$214.49	\$407.33	\$560.48
55 - 59	\$258.49	\$482.47	\$610.54
60 - 64	\$314.63	\$593.29	\$707.81
65 - 120	\$387.05	\$769.11	\$856.33

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$100.86	\$214.92	\$333.77
20 - 24	\$104.39	\$224.55	\$349.86
25 - 29	\$115.88	\$241.42	\$386.43
30 - 34	\$123.56	\$253.82	\$412.00
35 - 39	\$142.15	\$268.61	\$452.01
40 - 44	\$152.02	\$286.92	\$482.30
45 - 49	\$172.45	\$321.29	\$509.64
50 - 54	\$204.54	\$388.43	\$534.48
55 - 59	\$246.49	\$460.08	\$582.22
60 - 64	\$300.03	\$565.77	\$674.97
65 - 120	\$369.09	\$733.43	\$816.60

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$92.59	\$197.29	\$306.38
20 - 24	\$95.83	\$206.12	\$321.15
25 - 29	\$106.37	\$221.61	\$354.72
30 - 34	\$113.43	\$232.99	\$378.19
35 - 39	\$130.48	\$246.56	\$414.92
40 - 44	\$139.54	\$263.38	\$442.72
45 - 49	\$158.30	\$294.93	\$467.82
50 - 54	\$187.76	\$356.56	\$490.62
55 - 59	\$226.27	\$422.33	\$534.44
60 - 64	\$275.41	\$519.34	\$619.58
65 - 120	\$338.81	\$673.24	\$749.59

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$91.51	\$195.00	\$302.82
20 - 24	\$94.72	\$203.73	\$317.42
25 - 29	\$105.14	\$219.04	\$350.61
30 - 34	\$112.11	\$230.29	\$373.81
35 - 39	\$128.97	\$243.70	\$410.11
40 - 44	\$137.93	\$260.32	\$437.59
45 - 49	\$156.46	\$291.51	\$462.39
50 - 54	\$185.58	\$352.42	\$484.93
55 - 59	\$223.64	\$417.43	\$528.24
60 - 64	\$272.22	\$513.32	\$612.40
65 - 120	\$334.87	\$665.43	\$740.90

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$103.21	\$219.92	\$341.53
20 - 24	\$106.82	\$229.78	\$358.00
25 - 29	\$118.58	\$247.04	\$395.42
30 - 34	\$126.44	\$259.73	\$421.59
35 - 39	\$145.45	\$274.86	\$462.53
40 - 44	\$155.56	\$293.60	\$493.52
45 - 49	\$176.46	\$328.77	\$521.50
50 - 54	\$209.30	\$397.47	\$546.92
55 - 59	\$252.23	\$470.79	\$595.77
60 - 64	\$307.02	\$578.94	\$690.68
65 - 120	\$377.68	\$750.50	\$835.61

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$97.36	\$207.45	\$322.17
20 - 24	\$100.77	\$216.75	\$337.70
25 - 29	\$111.85	\$233.03	\$373.00
30 - 34	\$119.27	\$245.00	\$397.68
35 - 39	\$137.21	\$259.27	\$436.30
40 - 44	\$146.74	\$276.95	\$465.54
45 - 49	\$166.45	\$310.13	\$491.93
50 - 54	\$197.43	\$374.93	\$515.91
55 - 59	\$237.93	\$444.10	\$561.98
60 - 64	\$289.61	\$546.11	\$651.52
65 - 120	\$356.27	\$707.94	\$788.23

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$88.01	\$187.53	\$291.23
20 - 24	\$91.09	\$195.94	\$305.28
25 - 29	\$101.11	\$210.65	\$337.19
30 - 34	\$107.82	\$221.48	\$359.50
35 - 39	\$124.03	\$234.38	\$394.41
40 - 44	\$132.65	\$250.36	\$420.84
45 - 49	\$150.47	\$280.35	\$444.70
50 - 54	\$178.48	\$338.93	\$466.37
55 - 59	\$215.08	\$401.45	\$508.02
60 - 64	\$261.80	\$493.67	\$588.96
65 - 120	\$322.06	\$639.97	\$712.54

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$86.25	\$183.79	\$285.41
20 - 24	\$89.27	\$192.02	\$299.17
25 - 29	\$99.09	\$206.45	\$330.45
30 - 34	\$105.66	\$217.05	\$352.31
35 - 39	\$121.55	\$229.69	\$386.53
40 - 44	\$130.00	\$245.35	\$412.43
45 - 49	\$147.46	\$274.75	\$435.81
50 - 54	\$174.91	\$332.16	\$457.05
55 - 59	\$210.78	\$393.43	\$497.87
60 - 64	\$256.57	\$483.81	\$577.19
65 - 120	\$315.62	\$627.18	\$698.30

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$98.15	\$186.49	\$276.99
20 - 24	\$101.59	\$194.85	\$290.34
25 - 29	\$115.54	\$219.91	\$336.88
30 - 34	\$123.21	\$231.21	\$359.17
35 - 39	\$146.20	\$265.10	\$435.94
40 - 44	\$156.35	\$283.18	\$465.15
45 - 49	\$180.84	\$332.57	\$527.47
50 - 54	\$214.49	\$404.42	\$556.92
55 - 59	\$258.49	\$480.59	\$608.65
60 - 64	\$314.63	\$593.29	\$707.81
65 - 120	\$387.05	\$769.11	\$856.33

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$93.60	\$177.84	\$264.14
20 - 24	\$96.88	\$185.81	\$276.87
25 - 29	\$110.18	\$209.71	\$321.25
30 - 34	\$117.49	\$220.48	\$342.51
35 - 39	\$139.41	\$252.81	\$415.72
40 - 44	\$149.10	\$270.04	\$443.57
45 - 49	\$172.45	\$317.14	\$503.00
50 - 54	\$204.54	\$385.65	\$531.08
55 - 59	\$246.49	\$458.30	\$580.42
60 - 64	\$300.03	\$565.77	\$674.97
65 - 120	\$369.09	\$733.43	\$816.60

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$85.92	\$163.25	\$242.46
20 - 24	\$88.93	\$170.56	\$254.15
25 - 29	\$101.14	\$192.50	\$294.89
30 - 34	\$107.85	\$202.39	\$314.40
35 - 39	\$127.97	\$232.06	\$381.60
40 - 44	\$136.86	\$247.88	\$407.18
45 - 49	\$158.30	\$291.12	\$461.73
50 - 54	\$187.76	\$354.01	\$487.50
55 - 59	\$226.27	\$420.69	\$532.79
60 - 64	\$275.41	\$519.34	\$619.58
65 - 120	\$338.81	\$673.24	\$749.59

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$84.92	\$161.35	\$239.65
20 - 24	\$87.90	\$168.58	\$251.21
25 - 29	\$99.97	\$190.27	\$291.47
30 - 34	\$106.60	\$200.04	\$310.75
35 - 39	\$126.49	\$229.37	\$377.18
40 - 44	\$135.27	\$245.01	\$402.45
45 - 49	\$156.46	\$287.74	\$456.37
50 - 54	\$185.58	\$349.90	\$481.85
55 - 59	\$223.64	\$415.81	\$526.61
60 - 64	\$272.22	\$513.32	\$612.40
65 - 120	\$334.87	\$665.43	\$740.90

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$95.78	\$181.98	\$270.29
20 - 24	\$99.13	\$190.13	\$283.32
25 - 29	\$112.75	\$214.59	\$328.73
30 - 34	\$120.22	\$225.62	\$350.48
35 - 39	\$142.66	\$258.69	\$425.39
40 - 44	\$152.57	\$276.33	\$453.90
45 - 49	\$176.46	\$324.52	\$514.71
50 - 54	\$209.30	\$394.63	\$543.44
55 - 59	\$252.23	\$468.96	\$593.93
60 - 64	\$307.02	\$578.94	\$690.68
65 - 120	\$377.68	\$750.50	\$835.61

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$90.35	\$171.66	\$254.96
20 - 24	\$93.51	\$179.35	\$267.25
25 - 29	\$106.35	\$202.42	\$310.09
30 - 34	\$113.41	\$212.82	\$330.60
35 - 39	\$134.57	\$244.02	\$401.27
40 - 44	\$143.92	\$260.66	\$428.16
45 - 49	\$166.45	\$306.12	\$485.52
50 - 54	\$197.43	\$372.25	\$512.63
55 - 59	\$237.93	\$442.37	\$560.25
60 - 64	\$289.61	\$546.11	\$651.52
65 - 120	\$356.27	\$707.94	\$788.23

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$81.67	\$155.18	\$230.48
20 - 24	\$84.53	\$162.13	\$241.59
25 - 29	\$96.14	\$182.99	\$280.31
30 - 34	\$102.52	\$192.39	\$298.86
35 - 39	\$121.65	\$220.59	\$362.74
40 - 44	\$130.10	\$235.63	\$387.05
45 - 49	\$150.47	\$276.73	\$438.90
50 - 54	\$178.48	\$336.51	\$463.41
55 - 59	\$215.08	\$399.90	\$506.45
60 - 64	\$261.80	\$493.67	\$588.96
65 - 120	\$322.06	\$639.97	\$712.54

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$80.04	\$152.08	\$225.87
20 - 24	\$82.84	\$158.89	\$236.76
25 - 29	\$94.22	\$179.33	\$274.71
30 - 34	\$100.47	\$188.54	\$292.89
35 - 39	\$119.22	\$216.18	\$355.49
40 - 44	\$127.50	\$230.92	\$379.31
45 - 49	\$147.46	\$271.20	\$430.13
50 - 54	\$174.91	\$329.78	\$454.14
55 - 59	\$210.78	\$391.90	\$496.33
60 - 64	\$256.57	\$483.81	\$577.19
65 - 120	\$315.62	\$627.18	\$698.30

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$102.83	\$222.95	\$346.55
20 - 24	\$106.43	\$232.94	\$363.26
25 - 29	\$118.26	\$248.90	\$400.03
30 - 34	\$126.10	\$261.69	\$426.50
35 - 39	\$144.64	\$274.97	\$463.71
40 - 44	\$154.69	\$293.72	\$494.78
45 - 49	\$174.72	\$326.47	\$517.55
50 - 54	\$207.24	\$394.26	\$542.35
55 - 59	\$249.75	\$466.39	\$590.08
60 - 64	\$304.00	\$573.24	\$683.89
65 - 120	\$373.97	\$743.11	\$827.39

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$98.06	\$212.60	\$330.46
20 - 24	\$101.49	\$222.13	\$346.40
25 - 29	\$112.77	\$237.35	\$381.46
30 - 34	\$120.25	\$249.54	\$406.70
35 - 39	\$137.93	\$262.21	\$442.18
40 - 44	\$147.51	\$280.09	\$471.81
45 - 49	\$166.61	\$311.32	\$493.52
50 - 54	\$197.62	\$375.96	\$517.17
55 - 59	\$238.16	\$444.74	\$562.69
60 - 64	\$289.89	\$546.63	\$652.14
65 - 120	\$356.61	\$708.62	\$788.98

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$88.73	\$192.36	\$299.01
20 - 24	\$91.83	\$200.98	\$313.43
25 - 29	\$102.04	\$214.75	\$345.15
30 - 34	\$108.80	\$225.79	\$367.99
35 - 39	\$124.80	\$237.25	\$400.09
40 - 44	\$133.47	\$253.43	\$426.91
45 - 49	\$150.75	\$281.68	\$446.55
50 - 54	\$178.81	\$340.18	\$467.95
55 - 59	\$215.49	\$402.41	\$509.13
60 - 64	\$262.29	\$494.60	\$590.07
65 - 120	\$322.66	\$641.17	\$713.88

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$82.21	\$178.25	\$277.07
20 - 24	\$85.09	\$186.23	\$290.43
25 - 29	\$94.55	\$199.00	\$319.82
30 - 34	\$100.82	\$209.22	\$340.99
35 - 39	\$115.64	\$219.84	\$370.73
40 - 44	\$123.68	\$234.83	\$395.58
45 - 49	\$139.69	\$261.01	\$413.78
50 - 54	\$165.69	\$315.21	\$433.61
55 - 59	\$199.67	\$372.88	\$471.77
60 - 64	\$243.05	\$458.31	\$546.77
65 - 120	\$298.99	\$594.12	\$661.50

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$100.34	\$217.55	\$338.16
20 - 24	\$103.86	\$227.30	\$354.47
25 - 29	\$115.40	\$242.88	\$390.35
30 - 34	\$123.05	\$255.35	\$416.18
35 - 39	\$141.14	\$268.32	\$452.49
40 - 44	\$150.95	\$286.61	\$482.81
45 - 49	\$170.50	\$318.57	\$505.02
50 - 54	\$202.23	\$384.72	\$529.22
55 - 59	\$243.71	\$455.11	\$575.80
60 - 64	\$296.64	\$559.37	\$667.34
65 - 120	\$364.92	\$725.13	\$807.37

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.65	\$205.21	\$318.98
20 - 24	\$97.96	\$214.41	\$334.36
25 - 29	\$108.85	\$229.10	\$368.21
30 - 34	\$116.07	\$240.87	\$392.57
35 - 39	\$133.14	\$253.10	\$426.82
40 - 44	\$142.39	\$270.35	\$455.42
45 - 49	\$160.82	\$300.50	\$476.37
50 - 54	\$190.76	\$362.90	\$499.20
55 - 59	\$229.88	\$429.29	\$543.14
60 - 64	\$279.81	\$527.64	\$629.48
65 - 120	\$344.22	\$684.00	\$761.57

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$84.34	\$182.86	\$284.23
20 - 24	\$87.29	\$191.05	\$297.93
25 - 29	\$96.99	\$204.14	\$328.09
30 - 34	\$103.42	\$214.63	\$349.80
35 - 39	\$118.63	\$225.52	\$380.32
40 - 44	\$126.87	\$240.90	\$405.80
45 - 49	\$143.30	\$267.76	\$424.47
50 - 54	\$169.97	\$323.36	\$444.82
55 - 59	\$204.84	\$382.52	\$483.97
60 - 64	\$249.33	\$470.15	\$560.90
65 - 120	\$306.72	\$609.48	\$678.60

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$77.49	\$168.00	\$261.14
20 - 24	\$80.20	\$175.53	\$273.73
25 - 29	\$89.11	\$187.55	\$301.44
30 - 34	\$95.02	\$197.19	\$321.38
35 - 39	\$108.99	\$207.20	\$349.42
40 - 44	\$116.57	\$221.33	\$372.83
45 - 49	\$131.66	\$246.01	\$389.99
50 - 54	\$156.17	\$297.09	\$408.68
55 - 59	\$188.19	\$351.44	\$444.65
60 - 64	\$229.07	\$431.96	\$515.33
65 - 120	\$281.80	\$559.96	\$623.47

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$98.72	\$217.72	\$338.74
20 - 24	\$102.18	\$227.47	\$355.07
25 - 29	\$113.05	\$241.34	\$389.24
30 - 34	\$120.54	\$253.74	\$415.00
35 - 39	\$137.64	\$263.38	\$445.64
40 - 44	\$147.20	\$281.34	\$475.51
45 - 49	\$165.63	\$310.21	\$491.82
50 - 54	\$196.46	\$374.30	\$514.73
55 - 59	\$236.75	\$442.43	\$559.71
60 - 64	\$288.18	\$543.41	\$648.29
65 - 120	\$354.50	\$704.44	\$784.33

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$93.20	\$205.55	\$319.80
20 - 24	\$96.46	\$214.75	\$335.22
25 - 29	\$106.73	\$227.85	\$367.48
30 - 34	\$113.80	\$239.56	\$391.79
35 - 39	\$129.94	\$248.66	\$420.73
40 - 44	\$138.97	\$265.61	\$448.92
45 - 49	\$156.37	\$292.87	\$464.32
50 - 54	\$185.48	\$353.38	\$485.96
55 - 59	\$223.52	\$417.69	\$528.42
60 - 64	\$272.07	\$513.03	\$612.05
65 - 120	\$334.69	\$665.06	\$740.48

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$82.47	\$181.89	\$282.99
20 - 24	\$85.36	\$190.03	\$296.63
25 - 29	\$94.44	\$201.62	\$325.18
30 - 34	\$100.70	\$211.98	\$346.69
35 - 39	\$114.99	\$220.03	\$372.30
40 - 44	\$122.97	\$235.03	\$397.25
45 - 49	\$138.37	\$259.15	\$410.87
50 - 54	\$164.12	\$312.70	\$430.02
55 - 59	\$197.79	\$369.61	\$467.59
60 - 64	\$240.75	\$453.97	\$541.60
65 - 120	\$296.16	\$588.50	\$655.24

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$72.37	\$159.60	\$248.32
20 - 24	\$74.90	\$166.75	\$260.29
25 - 29	\$82.87	\$176.92	\$285.34
30 - 34	\$88.37	\$186.01	\$304.22
35 - 39	\$100.90	\$193.08	\$326.69
40 - 44	\$107.91	\$206.24	\$348.58
45 - 49	\$121.42	\$227.40	\$360.53
50 - 54	\$144.02	\$274.39	\$377.33
55 - 59	\$173.55	\$324.33	\$410.30
60 - 64	\$211.25	\$398.35	\$475.24
65 - 120	\$259.87	\$516.40	\$574.96

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$96.33	\$212.45	\$330.54
20 - 24	\$99.70	\$221.97	\$346.48
25 - 29	\$110.31	\$235.50	\$379.82
30 - 34	\$117.63	\$247.60	\$404.95
35 - 39	\$134.31	\$257.01	\$434.86
40 - 44	\$143.64	\$274.53	\$464.00
45 - 49	\$161.62	\$302.70	\$479.92
50 - 54	\$191.70	\$365.24	\$502.28
55 - 59	\$231.02	\$431.72	\$546.16
60 - 64	\$281.20	\$530.26	\$632.61
65 - 120	\$345.93	\$687.39	\$765.35

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$89.96	\$198.40	\$308.69
20 - 24	\$93.11	\$207.29	\$323.57
25 - 29	\$103.02	\$219.93	\$354.71
30 - 34	\$109.85	\$231.23	\$378.18
35 - 39	\$125.43	\$240.02	\$406.11
40 - 44	\$134.14	\$256.38	\$433.32
45 - 49	\$150.94	\$282.69	\$448.19
50 - 54	\$179.03	\$341.10	\$469.07
55 - 59	\$215.75	\$403.18	\$510.05
60 - 64	\$262.61	\$495.20	\$590.78
65 - 120	\$323.06	\$641.95	\$714.75

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$78.40	\$172.89	\$269.00
20 - 24	\$81.14	\$180.64	\$281.97
25 - 29	\$89.77	\$191.66	\$309.10
30 - 34	\$95.73	\$201.50	\$329.56
35 - 39	\$109.30	\$209.16	\$353.90
40 - 44	\$116.89	\$223.42	\$377.61
45 - 49	\$131.53	\$246.35	\$390.56
50 - 54	\$156.01	\$297.24	\$408.76
55 - 59	\$188.01	\$351.34	\$444.48
60 - 64	\$228.85	\$431.53	\$514.82
65 - 120	\$281.52	\$559.41	\$622.85

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$68.21	\$150.43	\$234.04
20 - 24	\$70.60	\$157.16	\$245.33
25 - 29	\$78.11	\$166.75	\$268.93
30 - 34	\$83.29	\$175.32	\$286.73
35 - 39	\$95.10	\$181.97	\$307.90
40 - 44	\$101.70	\$194.38	\$328.54
45 - 49	\$114.44	\$214.33	\$339.81
50 - 54	\$135.74	\$258.61	\$355.64
55 - 59	\$163.58	\$305.68	\$386.71
60 - 64	\$199.11	\$375.45	\$447.92
65 - 120	\$244.93	\$486.71	\$541.91

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.84	\$180.19	\$267.63
20 - 24	\$98.16	\$188.26	\$280.53
25 - 29	\$111.64	\$212.48	\$325.49
30 - 34	\$119.04	\$223.40	\$347.03
35 - 39	\$141.25	\$256.14	\$421.21
40 - 44	\$151.07	\$273.61	\$449.43
45 - 49	\$174.72	\$321.33	\$509.65
50 - 54	\$207.24	\$390.75	\$538.10
55 - 59	\$249.75	\$464.35	\$588.08
60 - 64	\$304.00	\$573.24	\$683.89
65 - 120	\$373.97	\$743.11	\$827.39

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$90.43	\$171.83	\$255.20
20 - 24	\$93.60	\$179.52	\$267.51
25 - 29	\$106.46	\$202.62	\$310.38
30 - 34	\$113.52	\$213.03	\$330.92
35 - 39	\$134.70	\$244.25	\$401.66
40 - 44	\$144.05	\$260.91	\$428.57
45 - 49	\$166.61	\$306.41	\$485.99
50 - 54	\$197.62	\$372.61	\$513.12
55 - 59	\$238.16	\$442.79	\$560.78
60 - 64	\$289.89	\$546.63	\$652.14
65 - 120	\$356.61	\$708.62	\$788.98

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$81.83	\$155.47	\$230.91
20 - 24	\$84.69	\$162.44	\$242.05
25 - 29	\$96.32	\$183.33	\$280.84
30 - 34	\$102.71	\$192.75	\$299.42
35 - 39	\$121.88	\$221.01	\$363.42
40 - 44	\$130.34	\$236.07	\$387.78
45 - 49	\$150.75	\$277.25	\$439.73
50 - 54	\$178.81	\$337.14	\$464.28
55 - 59	\$215.49	\$400.65	\$507.41
60 - 64	\$262.29	\$494.60	\$590.07
65 - 120	\$322.66	\$641.17	\$713.88

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$75.82	\$144.06	\$213.97
20 - 24	\$78.48	\$150.52	\$224.28
25 - 29	\$89.25	\$169.88	\$260.23
30 - 34	\$95.17	\$178.61	\$277.45
35 - 39	\$112.93	\$204.79	\$336.76
40 - 44	\$120.78	\$218.75	\$359.32
45 - 49	\$139.69	\$256.90	\$407.46
50 - 54	\$165.69	\$312.40	\$430.21
55 - 59	\$199.67	\$371.25	\$470.17
60 - 64	\$243.05	\$458.31	\$546.77
65 - 120	\$298.99	\$594.12	\$661.50

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$92.54	\$175.83	\$261.15
20 - 24	\$95.78	\$183.71	\$273.74
25 - 29	\$108.94	\$207.34	\$317.62
30 - 34	\$116.16	\$217.99	\$338.63
35 - 39	\$137.84	\$249.95	\$411.01
40 - 44	\$147.41	\$266.99	\$438.56
45 - 49	\$170.50	\$313.55	\$497.31
50 - 54	\$202.23	\$381.29	\$525.07
55 - 59	\$243.71	\$453.11	\$573.85
60 - 64	\$296.64	\$559.37	\$667.34
65 - 120	\$364.92	\$725.13	\$807.37

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$87.29	\$165.86	\$246.34
20 - 24	\$90.35	\$173.29	\$258.21
25 - 29	\$102.76	\$195.58	\$299.60
30 - 34	\$109.57	\$205.62	\$319.42
35 - 39	\$130.02	\$235.77	\$387.70
40 - 44	\$139.05	\$251.84	\$413.68
45 - 49	\$160.82	\$295.77	\$469.10
50 - 54	\$190.76	\$359.66	\$495.29
55 - 59	\$229.88	\$427.41	\$541.30
60 - 64	\$279.81	\$527.64	\$629.48
65 - 120	\$344.22	\$684.00	\$761.57

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$77.78	\$147.79	\$219.50
20 - 24	\$80.50	\$154.41	\$230.08
25 - 29	\$91.56	\$174.27	\$266.96
30 - 34	\$97.63	\$183.22	\$284.62
35 - 39	\$115.85	\$210.08	\$345.46
40 - 44	\$123.90	\$224.41	\$368.61
45 - 49	\$143.30	\$263.54	\$417.99
50 - 54	\$169.97	\$320.48	\$441.33
55 - 59	\$204.84	\$380.84	\$482.33
60 - 64	\$249.33	\$470.15	\$560.90
65 - 120	\$306.72	\$609.48	\$678.60

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$71.46	\$135.78	\$201.67
20 - 24	\$73.96	\$141.86	\$211.39
25 - 29	\$84.12	\$160.11	\$245.27
30 - 34	\$89.70	\$168.34	\$261.50
35 - 39	\$106.44	\$193.01	\$317.39
40 - 44	\$113.83	\$206.17	\$338.66
45 - 49	\$131.66	\$242.13	\$384.03
50 - 54	\$156.17	\$294.44	\$405.47
55 - 59	\$188.19	\$349.90	\$443.14
60 - 64	\$229.07	\$431.96	\$515.33
65 - 120	\$281.80	\$559.96	\$623.47

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$89.90	\$170.81	\$253.70
20 - 24	\$93.05	\$178.47	\$265.93
25 - 29	\$105.83	\$201.42	\$308.55
30 - 34	\$112.85	\$211.77	\$328.97
35 - 39	\$133.90	\$242.81	\$399.29
40 - 44	\$143.20	\$259.37	\$426.04
45 - 49	\$165.63	\$304.61	\$483.12
50 - 54	\$196.46	\$370.41	\$510.09
55 - 59	\$236.75	\$440.18	\$557.48
60 - 64	\$288.18	\$543.41	\$648.29
65 - 120	\$354.50	\$704.44	\$784.33

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$84.88	\$161.26	\$239.52
20 - 24	\$87.85	\$168.49	\$251.06
25 - 29	\$99.91	\$190.16	\$291.30
30 - 34	\$106.54	\$199.93	\$310.58
35 - 39	\$126.42	\$229.24	\$376.96
40 - 44	\$135.20	\$244.87	\$402.23
45 - 49	\$156.37	\$287.58	\$456.11
50 - 54	\$185.48	\$349.70	\$481.58
55 - 59	\$223.52	\$415.57	\$526.31
60 - 64	\$272.07	\$513.03	\$612.05
65 - 120	\$334.69	\$665.06	\$740.48

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$75.11	\$142.70	\$211.94
20 - 24	\$77.73	\$149.09	\$222.16
25 - 29	\$88.41	\$168.27	\$257.77
30 - 34	\$94.27	\$176.92	\$274.83
35 - 39	\$111.86	\$202.85	\$333.57
40 - 44	\$119.63	\$216.68	\$355.92
45 - 49	\$138.37	\$254.47	\$403.61
50 - 54	\$164.12	\$309.45	\$426.14
55 - 59	\$197.79	\$367.74	\$465.73
60 - 64	\$240.75	\$453.97	\$541.60
65 - 120	\$296.16	\$588.50	\$655.24

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$65.90	\$125.22	\$185.98
20 - 24	\$68.21	\$130.83	\$194.95
25 - 29	\$77.58	\$147.66	\$226.19
30 - 34	\$82.72	\$155.24	\$241.16
35 - 39	\$98.16	\$178.00	\$292.70
40 - 44	\$104.98	\$190.13	\$312.32
45 - 49	\$121.42	\$223.30	\$354.16
50 - 54	\$144.02	\$271.54	\$373.93
55 - 59	\$173.55	\$322.68	\$408.67
60 - 64	\$211.25	\$398.35	\$475.24
65 - 120	\$259.87	\$516.40	\$574.96

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$87.73	\$166.68	\$247.56
20 - 24	\$90.80	\$174.15	\$259.50
25 - 29	\$103.27	\$196.55	\$301.09
30 - 34	\$110.12	\$206.65	\$321.01
35 - 39	\$130.66	\$236.94	\$389.62
40 - 44	\$139.74	\$253.09	\$415.73
45 - 49	\$161.62	\$297.23	\$471.43
50 - 54	\$191.70	\$361.45	\$497.75
55 - 59	\$231.02	\$429.53	\$543.99
60 - 64	\$281.20	\$530.26	\$632.61
65 - 120	\$345.93	\$687.39	\$765.35

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$81.93	\$155.66	\$231.19
20 - 24	\$84.79	\$162.63	\$242.34
25 - 29	\$96.44	\$183.55	\$281.18
30 - 34	\$102.84	\$192.98	\$299.79
35 - 39	\$122.02	\$221.27	\$363.87
40 - 44	\$130.50	\$236.36	\$388.25
45 - 49	\$150.94	\$277.58	\$440.26
50 - 54	\$179.03	\$337.55	\$464.84
55 - 59	\$215.75	\$401.13	\$508.02
60 - 64	\$262.61	\$495.20	\$590.78
65 - 120	\$323.06	\$641.95	\$714.75

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$71.39	\$135.65	\$201.47
20 - 24	\$73.89	\$141.72	\$211.18
25 - 29	\$84.04	\$159.95	\$245.03
30 - 34	\$89.61	\$168.17	\$261.24
35 - 39	\$106.34	\$192.82	\$317.08
40 - 44	\$113.72	\$205.97	\$338.33
45 - 49	\$131.53	\$241.89	\$383.66
50 - 54	\$156.01	\$294.15	\$405.08
55 - 59	\$188.01	\$349.56	\$442.70
60 - 64	\$228.85	\$431.53	\$514.82
65 - 120	\$281.52	\$559.41	\$622.85

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$62.11	\$118.02	\$175.29
20 - 24	\$64.29	\$123.31	\$183.74
25 - 29	\$73.12	\$139.17	\$213.19
30 - 34	\$77.97	\$146.32	\$227.29
35 - 39	\$92.52	\$167.76	\$275.87
40 - 44	\$98.94	\$179.20	\$294.36
45 - 49	\$114.44	\$210.46	\$333.80
50 - 54	\$135.74	\$255.92	\$352.43
55 - 59	\$163.58	\$304.13	\$385.17
60 - 64	\$199.11	\$375.45	\$447.92
65 - 120	\$244.93	\$486.71	\$541.91

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$111.86	\$238.36	\$370.16
20 - 24	\$115.78	\$249.04	\$388.01
25 - 29	\$128.52	\$267.75	\$428.57
30 - 34	\$137.04	\$281.50	\$456.93
35 - 39	\$157.65	\$297.90	\$501.30
40 - 44	\$168.60	\$318.21	\$534.89
45 - 49	\$191.25	\$356.33	\$565.22
50 - 54	\$226.85	\$430.79	\$592.77
55 - 59	\$273.37	\$510.25	\$645.71
60 - 64	\$332.75	\$627.46	\$748.58
65 - 120	\$409.34	\$813.41	\$905.65

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$106.66	\$227.28	\$352.96
20 - 24	\$110.40	\$237.46	\$369.98
25 - 29	\$122.54	\$255.30	\$408.65
30 - 34	\$130.67	\$268.42	\$435.69
35 - 39	\$150.32	\$284.05	\$478.00
40 - 44	\$160.76	\$303.42	\$510.03
45 - 49	\$182.36	\$339.77	\$538.95
50 - 54	\$216.30	\$410.77	\$565.22
55 - 59	\$260.67	\$486.54	\$615.70
60 - 64	\$317.29	\$598.30	\$713.79
65 - 120	\$390.32	\$775.60	\$863.56

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$97.92	\$208.65	\$324.02
20 - 24	\$101.35	\$217.99	\$339.64
25 - 29	\$112.50	\$234.37	\$375.15
30 - 34	\$119.96	\$246.41	\$399.97
35 - 39	\$138.00	\$260.76	\$438.81
40 - 44	\$147.58	\$278.54	\$468.22
45 - 49	\$167.41	\$311.91	\$494.76
50 - 54	\$198.57	\$377.09	\$518.88
55 - 59	\$239.30	\$446.65	\$565.22
60 - 64	\$291.27	\$549.25	\$655.26
65 - 120	\$358.32	\$712.01	\$792.76

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$96.78	\$206.22	\$320.25
20 - 24	\$100.17	\$215.46	\$335.70
25 - 29	\$111.19	\$231.65	\$370.79
30 - 34	\$118.56	\$243.55	\$395.32
35 - 39	\$136.39	\$257.73	\$433.71
40 - 44	\$145.87	\$275.31	\$462.77
45 - 49	\$165.47	\$308.29	\$489.01
50 - 54	\$196.26	\$372.71	\$512.84
55 - 59	\$236.52	\$441.46	\$558.65
60 - 64	\$287.89	\$542.87	\$647.65
65 - 120	\$354.15	\$703.74	\$783.55

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$109.16	\$232.59	\$361.20
20 - 24	\$112.98	\$243.01	\$378.62
25 - 29	\$125.41	\$261.27	\$418.20
30 - 34	\$133.72	\$274.69	\$445.87
35 - 39	\$153.83	\$290.69	\$489.17
40 - 44	\$164.52	\$310.51	\$521.95
45 - 49	\$186.62	\$347.71	\$551.54
50 - 54	\$221.36	\$420.36	\$578.42
55 - 59	\$266.76	\$497.91	\$630.08
60 - 64	\$324.70	\$612.28	\$730.46
65 - 120	\$399.43	\$793.72	\$883.74

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$102.96	\$219.38	\$340.69
20 - 24	\$106.56	\$229.21	\$357.12
25 - 29	\$118.29	\$246.43	\$394.45
30 - 34	\$126.13	\$259.09	\$420.55
35 - 39	\$145.10	\$274.18	\$461.39
40 - 44	\$155.17	\$292.88	\$492.31
45 - 49	\$176.03	\$327.96	\$520.22
50 - 54	\$208.79	\$396.49	\$545.58
55 - 59	\$251.61	\$469.63	\$594.30
60 - 64	\$306.26	\$577.51	\$688.98
65 - 120	\$376.75	\$748.65	\$833.55

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$93.08	\$198.33	\$308.00
20 - 24	\$96.34	\$207.22	\$322.85
25 - 29	\$106.94	\$222.79	\$356.60
30 - 34	\$114.03	\$234.23	\$380.20
35 - 39	\$131.17	\$247.87	\$417.12
40 - 44	\$140.29	\$264.77	\$445.07
45 - 49	\$159.14	\$296.50	\$470.31
50 - 54	\$188.75	\$358.45	\$493.23
55 - 59	\$227.47	\$424.57	\$537.28
60 - 64	\$276.88	\$522.10	\$622.87
65 - 120	\$340.60	\$676.82	\$753.57

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$91.22	\$194.37	\$301.84
20 - 24	\$94.41	\$203.07	\$316.40
25 - 29	\$104.80	\$218.33	\$349.47
30 - 34	\$111.75	\$229.54	\$372.59
35 - 39	\$128.55	\$242.91	\$408.78
40 - 44	\$137.48	\$259.48	\$436.17
45 - 49	\$155.95	\$290.56	\$460.90
50 - 54	\$184.98	\$351.28	\$483.36
55 - 59	\$222.92	\$416.08	\$526.53
60 - 64	\$271.34	\$511.65	\$610.41
65 - 120	\$333.79	\$663.28	\$738.50

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$103.81	\$197.23	\$292.94
20 - 24	\$107.44	\$206.07	\$307.07
25 - 29	\$122.20	\$232.58	\$356.28
30 - 34	\$130.30	\$244.53	\$379.86
35 - 39	\$154.62	\$280.37	\$461.05
40 - 44	\$165.36	\$299.49	\$491.95
45 - 49	\$191.25	\$351.72	\$557.85
50 - 54	\$226.85	\$427.71	\$589.00
55 - 59	\$273.37	\$508.27	\$643.71
60 - 64	\$332.75	\$627.46	\$748.58
65 - 120	\$409.34	\$813.41	\$905.65

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$98.98	\$188.07	\$279.33
20 - 24	\$102.45	\$196.49	\$292.80
25 - 29	\$116.52	\$221.77	\$339.72
30 - 34	\$124.25	\$233.16	\$362.20
35 - 39	\$147.43	\$267.34	\$439.62
40 - 44	\$157.67	\$285.57	\$469.08
45 - 49	\$182.36	\$335.38	\$531.93
50 - 54	\$216.30	\$407.83	\$561.62
55 - 59	\$260.67	\$484.65	\$613.79
60 - 64	\$317.29	\$598.30	\$713.79
65 - 120	\$390.32	\$775.60	\$863.56

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$90.87	\$172.65	\$256.43
20 - 24	\$94.05	\$180.38	\$268.79
25 - 29	\$106.97	\$203.59	\$311.87
30 - 34	\$114.06	\$214.05	\$332.51
35 - 39	\$135.34	\$245.42	\$403.58
40 - 44	\$144.74	\$262.16	\$430.62
45 - 49	\$167.41	\$307.88	\$488.32
50 - 54	\$198.57	\$374.39	\$515.58
55 - 59	\$239.30	\$444.91	\$563.47
60 - 64	\$291.27	\$549.25	\$655.26
65 - 120	\$358.32	\$712.01	\$792.76

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$89.81	\$170.64	\$253.45
20 - 24	\$92.96	\$178.29	\$265.67
25 - 29	\$105.72	\$201.22	\$308.24
30 - 34	\$112.73	\$211.56	\$328.64
35 - 39	\$133.77	\$242.57	\$398.89
40 - 44	\$143.06	\$259.11	\$425.62
45 - 49	\$165.47	\$304.30	\$482.64
50 - 54	\$196.26	\$370.04	\$509.58
55 - 59	\$236.52	\$439.74	\$556.92
60 - 64	\$287.89	\$542.87	\$647.65
65 - 120	\$354.15	\$703.74	\$783.55

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$101.30	\$192.46	\$285.85
20 - 24	\$104.84	\$201.08	\$299.64
25 - 29	\$119.24	\$226.95	\$347.66
30 - 34	\$127.15	\$238.61	\$370.66
35 - 39	\$150.87	\$273.59	\$449.89
40 - 44	\$161.35	\$292.24	\$480.04
45 - 49	\$186.62	\$343.21	\$544.35
50 - 54	\$221.36	\$417.36	\$574.74
55 - 59	\$266.76	\$495.97	\$628.13
60 - 64	\$324.70	\$612.28	\$730.46
65 - 120	\$399.43	\$793.72	\$883.74

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$95.54	\$181.53	\$269.62
20 - 24	\$98.89	\$189.67	\$282.62
25 - 29	\$112.47	\$214.06	\$327.92
30 - 34	\$119.93	\$225.06	\$349.62
35 - 39	\$142.31	\$258.05	\$424.35
40 - 44	\$152.19	\$275.65	\$452.78
45 - 49	\$176.03	\$323.72	\$513.44
50 - 54	\$208.79	\$393.66	\$542.11
55 - 59	\$251.61	\$467.81	\$592.47
60 - 64	\$306.26	\$577.51	\$688.98
65 - 120	\$376.75	\$748.65	\$833.55

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$86.38	\$164.12	\$243.75
20 - 24	\$89.40	\$171.47	\$255.50
25 - 29	\$101.68	\$193.52	\$296.45
30 - 34	\$108.42	\$203.47	\$316.07
35 - 39	\$128.65	\$233.29	\$383.63
40 - 44	\$137.59	\$249.20	\$409.34
45 - 49	\$159.14	\$292.66	\$464.18
50 - 54	\$188.75	\$355.89	\$490.09
55 - 59	\$227.47	\$422.92	\$535.62
60 - 64	\$276.88	\$522.10	\$622.87
65 - 120	\$340.60	\$676.82	\$753.57

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$84.65	\$160.83	\$238.87
20 - 24	\$87.61	\$168.04	\$250.39
25 - 29	\$99.64	\$189.65	\$290.52
30 - 34	\$106.25	\$199.40	\$309.75
35 - 39	\$126.08	\$228.63	\$375.96
40 - 44	\$134.84	\$244.21	\$401.15
45 - 49	\$155.95	\$286.81	\$454.89
50 - 54	\$184.98	\$348.77	\$480.29
55 - 59	\$222.92	\$414.46	\$524.90
60 - 64	\$271.34	\$511.65	\$610.41
65 - 120	\$333.79	\$663.28	\$738.50

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$108.75	\$235.79	\$366.51
20 - 24	\$112.56	\$246.35	\$384.18
25 - 29	\$125.07	\$263.23	\$423.07
30 - 34	\$133.36	\$276.76	\$451.06
35 - 39	\$152.97	\$290.81	\$490.41
40 - 44	\$163.60	\$310.63	\$523.27
45 - 49	\$184.79	\$345.27	\$547.35
50 - 54	\$219.18	\$416.97	\$573.58
55 - 59	\$264.13	\$493.25	\$624.06
60 - 64	\$321.50	\$606.25	\$723.27
65 - 120	\$395.50	\$785.91	\$875.03

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$103.69	\$224.82	\$349.46
20 - 24	\$107.32	\$234.89	\$366.30
25 - 29	\$119.25	\$250.99	\$403.38
30 - 34	\$127.16	\$263.88	\$430.07
35 - 39	\$145.86	\$277.28	\$467.59
40 - 44	\$155.99	\$296.18	\$498.93
45 - 49	\$176.19	\$329.21	\$521.88
50 - 54	\$208.98	\$397.57	\$546.89
55 - 59	\$251.84	\$470.30	\$595.03
60 - 64	\$306.54	\$578.05	\$689.62
65 - 120	\$377.10	\$749.34	\$834.32

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$93.84	\$203.45	\$316.24
20 - 24	\$97.12	\$212.56	\$331.48
25 - 29	\$107.91	\$227.13	\$365.04
30 - 34	\$115.07	\$238.79	\$389.19
35 - 39	\$131.99	\$250.92	\$423.14
40 - 44	\$141.16	\$268.03	\$451.50
45 - 49	\$159.44	\$297.91	\$472.27
50 - 54	\$189.11	\$359.77	\$494.90
55 - 59	\$227.90	\$425.59	\$538.46
60 - 64	\$277.40	\$523.09	\$624.06
65 - 120	\$341.25	\$678.11	\$755.01

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$86.95	\$188.51	\$293.02
20 - 24	\$89.99	\$196.95	\$307.14
25 - 29	\$99.99	\$210.45	\$338.23
30 - 34	\$106.62	\$221.26	\$360.61
35 - 39	\$122.30	\$232.49	\$392.07
40 - 44	\$130.79	\$248.35	\$418.35
45 - 49	\$147.73	\$276.04	\$437.59
50 - 54	\$175.23	\$333.36	\$458.57
55 - 59	\$211.17	\$394.34	\$498.93
60 - 64	\$257.04	\$484.69	\$578.24
65 - 120	\$316.20	\$628.32	\$699.57

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$106.12	\$230.08	\$357.64
20 - 24	\$109.84	\$240.39	\$374.88
25 - 29	\$122.04	\$256.86	\$412.83
30 - 34	\$130.14	\$270.06	\$440.14
35 - 39	\$149.27	\$283.77	\$478.54
40 - 44	\$159.64	\$303.12	\$510.61
45 - 49	\$180.31	\$336.91	\$534.10
50 - 54	\$213.87	\$406.88	\$559.70
55 - 59	\$257.74	\$481.31	\$608.96
60 - 64	\$313.72	\$591.58	\$705.76
65 - 120	\$385.93	\$766.89	\$853.86

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$100.09	\$217.01	\$337.31
20 - 24	\$103.59	\$226.73	\$353.58
25 - 29	\$115.11	\$242.26	\$389.37
30 - 34	\$122.74	\$254.71	\$415.13
35 - 39	\$140.79	\$267.64	\$451.35
40 - 44	\$150.57	\$285.89	\$481.59
45 - 49	\$170.07	\$317.77	\$503.75
50 - 54	\$201.72	\$383.75	\$527.89
55 - 59	\$243.09	\$453.96	\$574.35
60 - 64	\$295.89	\$557.96	\$665.65
65 - 120	\$364.00	\$723.30	\$805.33

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$89.20	\$193.39	\$300.60
20 - 24	\$92.32	\$202.05	\$315.10
25 - 29	\$102.58	\$215.90	\$346.99
30 - 34	\$109.38	\$226.99	\$369.95
35 - 39	\$125.47	\$238.51	\$402.23
40 - 44	\$134.18	\$254.78	\$429.18
45 - 49	\$151.56	\$283.19	\$448.93
50 - 54	\$179.77	\$341.99	\$470.44
55 - 59	\$216.64	\$404.56	\$511.85
60 - 64	\$263.69	\$497.24	\$593.21
65 - 120	\$324.38	\$644.59	\$717.69

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$81.95	\$177.67	\$276.17
20 - 24	\$84.82	\$185.63	\$289.48
25 - 29	\$94.24	\$198.35	\$318.79
30 - 34	\$100.49	\$208.54	\$339.88
35 - 39	\$115.27	\$219.13	\$369.53
40 - 44	\$123.28	\$234.07	\$394.30
45 - 49	\$139.24	\$260.17	\$412.44
50 - 54	\$165.15	\$314.19	\$432.20
55 - 59	\$199.03	\$371.67	\$470.24
60 - 64	\$242.26	\$456.82	\$544.99
65 - 120	\$298.02	\$592.19	\$659.35

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$103.32	\$227.86	\$354.52
20 - 24	\$106.93	\$238.07	\$371.61
25 - 29	\$118.31	\$252.58	\$407.37
30 - 34	\$126.16	\$265.56	\$434.32
35 - 39	\$144.05	\$275.65	\$466.40
40 - 44	\$154.06	\$294.44	\$497.65
45 - 49	\$173.34	\$324.66	\$514.72
50 - 54	\$205.61	\$391.73	\$538.71
55 - 59	\$247.78	\$463.03	\$585.77
60 - 64	\$301.60	\$568.72	\$678.49
65 - 120	\$371.01	\$737.25	\$820.86

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$96.34	\$212.47	\$330.58
20 - 24	\$99.71	\$221.99	\$346.52
25 - 29	\$110.32	\$235.53	\$379.86
30 - 34	\$117.64	\$247.63	\$405.00
35 - 39	\$134.32	\$257.04	\$434.91
40 - 44	\$143.65	\$274.56	\$464.05
45 - 49	\$161.64	\$302.74	\$479.97
50 - 54	\$191.73	\$365.28	\$502.33
55 - 59	\$231.05	\$431.77	\$546.22
60 - 64	\$281.23	\$530.32	\$632.68
65 - 120	\$345.96	\$687.47	\$765.43

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$84.85	\$187.12	\$291.14
20 - 24	\$87.82	\$195.51	\$305.18
25 - 29	\$97.16	\$207.43	\$334.54
30 - 34	\$103.60	\$218.09	\$356.68
35 - 39	\$118.30	\$226.37	\$383.02
40 - 44	\$126.52	\$241.80	\$408.69
45 - 49	\$142.36	\$266.62	\$422.71
50 - 54	\$168.85	\$321.71	\$442.40
55 - 59	\$203.48	\$380.26	\$481.06
60 - 64	\$247.68	\$467.05	\$557.20
65 - 120	\$304.69	\$605.45	\$674.12

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$73.81	\$162.78	\$253.26
20 - 24	\$76.39	\$170.07	\$265.47
25 - 29	\$84.52	\$180.44	\$291.01
30 - 34	\$90.12	\$189.71	\$310.27
35 - 39	\$102.90	\$196.91	\$333.18
40 - 44	\$110.05	\$210.34	\$355.51
45 - 49	\$123.83	\$231.93	\$367.70
50 - 54	\$146.88	\$279.84	\$384.84
55 - 59	\$177.01	\$330.78	\$418.46
60 - 64	\$215.45	\$406.28	\$484.69
65 - 120	\$265.04	\$526.67	\$586.40

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$100.82	\$222.34	\$345.94
20 - 24	\$104.35	\$232.30	\$362.62
25 - 29	\$115.45	\$246.47	\$397.51
30 - 34	\$123.10	\$259.13	\$423.81
35 - 39	\$140.56	\$268.98	\$455.11
40 - 44	\$150.33	\$287.32	\$485.61
45 - 49	\$169.15	\$316.80	\$502.27
50 - 54	\$200.63	\$382.25	\$525.67
55 - 59	\$241.78	\$451.83	\$571.60
60 - 64	\$294.30	\$554.95	\$662.07
65 - 120	\$362.04	\$719.41	\$800.99

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$92.99	\$205.09	\$319.09
20 - 24	\$96.25	\$214.28	\$334.48
25 - 29	\$106.49	\$227.35	\$366.66
30 - 34	\$113.55	\$239.03	\$390.92
35 - 39	\$129.66	\$248.10	\$419.80
40 - 44	\$138.66	\$265.02	\$447.93
45 - 49	\$156.02	\$292.22	\$463.29
50 - 54	\$185.06	\$352.59	\$484.88
55 - 59	\$223.02	\$416.77	\$527.24
60 - 64	\$271.46	\$511.89	\$610.69
65 - 120	\$333.94	\$663.58	\$738.84

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$80.65	\$177.88	\$276.75
20 - 24	\$83.48	\$185.84	\$290.09
25 - 29	\$92.36	\$197.18	\$318.01
30 - 34	\$98.48	\$207.31	\$339.05
35 - 39	\$112.45	\$215.18	\$364.09
40 - 44	\$120.26	\$229.85	\$388.49
45 - 49	\$135.32	\$253.44	\$401.81
50 - 54	\$160.51	\$305.80	\$420.54
55 - 59	\$193.43	\$361.46	\$457.28
60 - 64	\$235.44	\$443.96	\$529.65
65 - 120	\$289.63	\$575.53	\$640.79

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$69.56	\$153.42	\$238.70
20 - 24	\$72.00	\$160.29	\$250.20
25 - 29	\$79.66	\$170.07	\$274.28
30 - 34	\$84.94	\$178.80	\$292.43
35 - 39	\$96.99	\$185.59	\$314.03
40 - 44	\$103.73	\$198.25	\$335.07
45 - 49	\$116.71	\$218.59	\$346.56
50 - 54	\$138.44	\$263.76	\$362.71
55 - 59	\$166.83	\$311.76	\$394.40
60 - 64	\$203.07	\$382.92	\$456.83
65 - 120	\$249.80	\$496.39	\$552.69

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$1500/3000 Med.

Age	Single	Two Party	Family
0 - 19	\$75.90	\$155.64	\$257.38
20 - 24	\$78.55	\$162.61	\$269.79
25 - 29	\$86.91	\$172.53	\$295.75
30 - 34	\$92.67	\$181.39	\$315.32
35 - 39	\$105.82	\$188.28	\$338.60
40 - 44	\$113.17	\$201.12	\$361.29
45 - 49	\$127.34	\$221.76	\$373.69
50 - 54	\$151.04	\$267.58	\$391.10
55 - 59	\$182.01	\$316.28	\$425.27
60 - 64	\$221.55	\$388.47	\$492.58
65 - 120	\$272.54	\$503.59	\$595.94

Ded. \$1500/3000 Med.

Age	Single	Two Party	Family
0 - 19	\$75.90	\$155.64	\$257.38
20 - 24	\$78.55	\$162.61	\$269.79
25 - 29	\$86.91	\$172.53	\$295.75
30 - 34	\$92.67	\$181.39	\$315.32
35 - 39	\$105.82	\$188.28	\$338.60
40 - 44	\$113.17	\$201.12	\$361.29
45 - 49	\$127.34	\$221.76	\$373.69
50 - 54	\$151.04	\$267.58	\$391.10
55 - 59	\$182.01	\$316.28	\$425.27
60 - 64	\$221.55	\$388.47	\$492.58
65 - 120	\$272.54	\$503.59	\$595.94

Ded. \$2700/5400 Med.

Age	Single	Two Party	Family
0 - 19	\$67.19	\$132.69	\$235.24
20 - 24	\$69.54	\$138.64	\$246.58
25 - 29	\$76.93	\$147.09	\$270.31
30 - 34	\$82.04	\$154.65	\$288.19
35 - 39	\$93.67	\$160.53	\$309.48
40 - 44	\$100.18	\$171.47	\$330.21
45 - 49	\$112.72	\$189.07	\$341.54
50 - 54	\$133.70	\$228.13	\$357.46
55 - 59	\$161.12	\$269.65	\$388.69
60 - 64	\$196.12	\$331.20	\$450.21
65 - 120	\$241.26	\$429.34	\$544.68

Ded. \$2700/5400 Med.

Age	Single	Two Party	Family
0 - 19	\$67.19	\$132.69	\$235.24
20 - 24	\$69.54	\$138.64	\$246.58
25 - 29	\$76.93	\$147.09	\$270.31
30 - 34	\$82.04	\$154.65	\$288.19
35 - 39	\$93.67	\$160.53	\$309.48
40 - 44	\$100.18	\$171.47	\$330.21
45 - 49	\$112.72	\$189.07	\$341.54
50 - 54	\$133.70	\$228.13	\$357.46
55 - 59	\$161.12	\$269.65	\$388.69
60 - 64	\$196.12	\$331.20	\$450.21
65 - 120	\$241.26	\$429.34	\$544.68

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then 100%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$57.83	\$107.79	\$213.37
20 - 24	\$59.85	\$112.62	\$223.66
25 - 29	\$66.22	\$119.49	\$245.18
30 - 34	\$70.61	\$125.63	\$261.41
35 - 39	\$80.63	\$130.40	\$280.71
40 - 44	\$86.23	\$139.29	\$299.52
45 - 49	\$97.02	\$153.59	\$309.80
50 - 54	\$115.08	\$185.32	\$324.23
55 - 59	\$138.69	\$219.05	\$352.56
60 - 64	\$168.81	\$269.04	\$408.36
65 - 120	\$207.66	\$348.77	\$494.05

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$57.83	\$107.79	\$213.37
20 - 24	\$59.85	\$112.62	\$223.66
25 - 29	\$66.22	\$119.49	\$245.18
30 - 34	\$70.61	\$125.63	\$261.41
35 - 39	\$80.63	\$130.40	\$280.71
40 - 44	\$86.23	\$139.29	\$299.52
45 - 49	\$97.02	\$153.59	\$309.80
50 - 54	\$115.08	\$185.32	\$324.23
55 - 59	\$138.69	\$219.05	\$352.56
60 - 64	\$168.81	\$269.04	\$408.36
65 - 120	\$207.66	\$348.77	\$494.05

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$100.30	\$190.57	\$283.04
20 - 24	\$103.81	\$199.10	\$296.69
25 - 29	\$118.07	\$224.72	\$344.24
30 - 34	\$125.90	\$236.26	\$367.01
35 - 39	\$149.39	\$270.89	\$445.46
40 - 44	\$159.77	\$289.36	\$475.31
45 - 49	\$184.79	\$339.83	\$538.99
50 - 54	\$219.18	\$413.25	\$569.08
55 - 59	\$264.13	\$491.09	\$621.95
60 - 64	\$321.50	\$606.25	\$723.27
65 - 120	\$395.50	\$785.91	\$875.03

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$95.63	\$181.70	\$269.87
20 - 24	\$98.98	\$189.84	\$282.88
25 - 29	\$112.57	\$214.26	\$328.22
30 - 34	\$120.04	\$225.27	\$349.94
35 - 39	\$142.44	\$258.29	\$424.74
40 - 44	\$152.33	\$275.90	\$453.20
45 - 49	\$176.19	\$324.02	\$513.92
50 - 54	\$208.98	\$394.02	\$542.61
55 - 59	\$251.84	\$468.24	\$593.01
60 - 64	\$306.54	\$578.05	\$689.62
65 - 120	\$377.10	\$749.34	\$834.32

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$86.54	\$164.43	\$244.22
20 - 24	\$89.57	\$171.79	\$255.99
25 - 29	\$101.87	\$193.89	\$297.02
30 - 34	\$108.63	\$203.85	\$316.67
35 - 39	\$128.90	\$233.74	\$384.36
40 - 44	\$137.85	\$249.67	\$410.12
45 - 49	\$159.44	\$293.22	\$465.06
50 - 54	\$189.11	\$356.57	\$491.02
55 - 59	\$227.90	\$423.73	\$536.64
60 - 64	\$277.40	\$523.09	\$624.06
65 - 120	\$341.25	\$678.11	\$755.01

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$80.19	\$152.35	\$226.28
20 - 24	\$82.99	\$159.18	\$237.19
25 - 29	\$94.39	\$179.66	\$275.21
30 - 34	\$100.65	\$188.89	\$293.42
35 - 39	\$119.43	\$216.58	\$356.14
40 - 44	\$127.73	\$231.34	\$380.00
45 - 49	\$147.73	\$271.69	\$430.92
50 - 54	\$175.23	\$330.39	\$454.97
55 - 59	\$211.17	\$392.62	\$497.24
60 - 64	\$257.04	\$484.69	\$578.24
65 - 120	\$316.20	\$628.32	\$699.57

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$97.87	\$185.96	\$276.19
20 - 24	\$101.30	\$194.29	\$289.51
25 - 29	\$115.21	\$219.28	\$335.91
30 - 34	\$122.85	\$230.54	\$358.13
35 - 39	\$145.77	\$264.34	\$434.68
40 - 44	\$155.90	\$282.36	\$463.81
45 - 49	\$180.31	\$331.61	\$525.95
50 - 54	\$213.87	\$403.25	\$555.31
55 - 59	\$257.74	\$479.20	\$606.90
60 - 64	\$313.72	\$591.58	\$705.76
65 - 120	\$385.93	\$766.89	\$853.86

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$92.31	\$175.39	\$260.49
20 - 24	\$95.54	\$183.24	\$273.05
25 - 29	\$108.66	\$206.82	\$316.81
30 - 34	\$115.87	\$217.44	\$337.78
35 - 39	\$137.49	\$249.32	\$409.98
40 - 44	\$147.04	\$266.31	\$437.45
45 - 49	\$170.07	\$312.76	\$496.06
50 - 54	\$201.72	\$380.33	\$523.75
55 - 59	\$243.09	\$451.97	\$572.41
60 - 64	\$295.89	\$557.96	\$665.65
65 - 120	\$364.00	\$723.30	\$805.33

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$82.26	\$156.30	\$232.14
20 - 24	\$85.14	\$163.30	\$243.34
25 - 29	\$96.84	\$184.31	\$282.34
30 - 34	\$103.26	\$193.78	\$301.02
35 - 39	\$122.53	\$222.18	\$365.36
40 - 44	\$131.04	\$237.33	\$389.85
45 - 49	\$151.56	\$278.73	\$442.07
50 - 54	\$179.77	\$338.94	\$466.75
55 - 59	\$216.64	\$402.78	\$510.11
60 - 64	\$263.69	\$497.24	\$593.21
65 - 120	\$324.38	\$644.59	\$717.69

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$75.58	\$143.60	\$213.27
20 - 24	\$78.22	\$150.03	\$223.56
25 - 29	\$88.97	\$169.33	\$259.39
30 - 34	\$94.87	\$178.03	\$276.55
35 - 39	\$112.57	\$204.12	\$335.66
40 - 44	\$120.39	\$218.04	\$358.16
45 - 49	\$139.24	\$256.07	\$406.14
50 - 54	\$165.15	\$311.39	\$428.81
55 - 59	\$199.03	\$370.04	\$468.65
60 - 64	\$242.26	\$456.82	\$544.99
65 - 120	\$298.02	\$592.19	\$659.35

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.09	\$178.77	\$265.52
20 - 24	\$97.38	\$186.78	\$278.32
25 - 29	\$110.76	\$210.80	\$322.92
30 - 34	\$118.10	\$221.63	\$344.29
35 - 39	\$140.14	\$254.12	\$417.88
40 - 44	\$149.87	\$271.45	\$445.89
45 - 49	\$173.34	\$318.79	\$505.62
50 - 54	\$205.61	\$387.66	\$533.85
55 - 59	\$247.78	\$460.68	\$583.44
60 - 64	\$301.60	\$568.72	\$678.49
65 - 120	\$371.01	\$737.25	\$820.86

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$87.74	\$166.70	\$247.59
20 - 24	\$90.81	\$174.17	\$259.52
25 - 29	\$103.28	\$196.57	\$301.12
30 - 34	\$110.13	\$206.67	\$321.04
35 - 39	\$130.68	\$236.96	\$389.67
40 - 44	\$139.75	\$253.12	\$415.78
45 - 49	\$161.64	\$297.27	\$471.48
50 - 54	\$191.73	\$361.49	\$497.80
55 - 59	\$231.05	\$429.58	\$544.05
60 - 64	\$281.23	\$530.32	\$632.68
65 - 120	\$345.96	\$687.47	\$765.43

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$77.27	\$146.81	\$218.05
20 - 24	\$79.97	\$153.39	\$228.56
25 - 29	\$90.96	\$173.12	\$265.20
30 - 34	\$96.99	\$182.01	\$282.74
35 - 39	\$115.09	\$208.69	\$343.18
40 - 44	\$123.08	\$222.92	\$366.18
45 - 49	\$142.36	\$261.80	\$415.23
50 - 54	\$168.85	\$318.36	\$438.41
55 - 59	\$203.48	\$378.33	\$479.14
60 - 64	\$247.68	\$467.05	\$557.20
65 - 120	\$304.69	\$605.45	\$674.12

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$67.21	\$127.71	\$189.68
20 - 24	\$69.57	\$133.43	\$198.82
25 - 29	\$79.12	\$150.59	\$230.69
30 - 34	\$84.37	\$158.33	\$245.95
35 - 39	\$100.11	\$181.54	\$298.52
40 - 44	\$107.07	\$193.92	\$318.53
45 - 49	\$123.83	\$227.74	\$361.20
50 - 54	\$146.88	\$276.94	\$381.37
55 - 59	\$177.01	\$329.10	\$416.79
60 - 64	\$215.45	\$406.28	\$484.69
65 - 120	\$265.04	\$526.67	\$586.40

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$91.81	\$174.44	\$259.09
20 - 24	\$95.03	\$182.26	\$271.58
25 - 29	\$108.08	\$205.70	\$315.11
30 - 34	\$115.24	\$216.27	\$335.96
35 - 39	\$136.75	\$247.97	\$407.77
40 - 44	\$146.25	\$264.88	\$435.10
45 - 49	\$169.15	\$311.08	\$493.39
50 - 54	\$200.63	\$378.28	\$520.93
55 - 59	\$241.78	\$449.54	\$569.32
60 - 64	\$294.30	\$554.95	\$662.07
65 - 120	\$362.04	\$719.41	\$800.99

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$84.69	\$160.91	\$238.98
20 - 24	\$87.65	\$168.11	\$250.51
25 - 29	\$99.69	\$189.74	\$290.66
30 - 34	\$106.30	\$199.49	\$309.89
35 - 39	\$126.14	\$228.73	\$376.13
40 - 44	\$134.90	\$244.33	\$401.33
45 - 49	\$156.02	\$286.94	\$455.10
50 - 54	\$185.06	\$348.93	\$480.51
55 - 59	\$223.02	\$414.65	\$525.14
60 - 64	\$271.46	\$511.89	\$610.69
65 - 120	\$333.94	\$663.58	\$738.84

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$73.45	\$139.55	\$207.27
20 - 24	\$76.02	\$145.81	\$217.27
25 - 29	\$86.46	\$164.56	\$252.09
30 - 34	\$92.20	\$173.02	\$268.77
35 - 39	\$109.40	\$198.38	\$326.22
40 - 44	\$117.00	\$211.90	\$348.08
45 - 49	\$135.32	\$248.86	\$394.71
50 - 54	\$160.51	\$302.63	\$416.74
55 - 59	\$193.43	\$359.63	\$455.46
60 - 64	\$235.44	\$443.96	\$529.65
65 - 120	\$289.63	\$575.53	\$640.79

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$63.35	\$120.37	\$178.77
20 - 24	\$65.57	\$125.76	\$187.39
25 - 29	\$74.57	\$141.93	\$217.42
30 - 34	\$79.52	\$149.23	\$231.81
35 - 39	\$94.36	\$171.10	\$281.36
40 - 44	\$100.91	\$182.77	\$300.22
45 - 49	\$116.71	\$214.64	\$340.44
50 - 54	\$138.44	\$261.01	\$359.44
55 - 59	\$166.83	\$310.18	\$392.83
60 - 64	\$203.07	\$382.92	\$456.83
65 - 120	\$249.80	\$496.39	\$552.69

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$1500/3000 Med.

Age	Single	Two Party	Family
0 - 19	\$69.12	\$122.11	\$192.76
20 - 24	\$71.53	\$127.58	\$202.06
25 - 29	\$81.36	\$143.99	\$234.44
30 - 34	\$86.76	\$151.39	\$249.95
35 - 39	\$102.94	\$173.58	\$303.38
40 - 44	\$110.09	\$185.42	\$323.71
45 - 49	\$127.34	\$217.75	\$367.08
50 - 54	\$151.04	\$264.80	\$387.57
55 - 59	\$182.01	\$314.67	\$423.58
60 - 64	\$221.55	\$388.47	\$492.58
65 - 120	\$272.54	\$503.59	\$595.94

Ded. \$1500/3000 Med.

Age	Single	Two Party	Family
0 - 19	\$69.12	\$122.11	\$192.76
20 - 24	\$71.53	\$127.58	\$202.06
25 - 29	\$81.36	\$143.99	\$234.44
30 - 34	\$86.76	\$151.39	\$249.95
35 - 39	\$102.94	\$173.58	\$303.38
40 - 44	\$110.09	\$185.42	\$323.71
45 - 49	\$127.34	\$217.75	\$367.08
50 - 54	\$151.04	\$264.80	\$387.57
55 - 59	\$182.01	\$314.67	\$423.58
60 - 64	\$221.55	\$388.47	\$492.58
65 - 120	\$272.54	\$503.59	\$595.94

Ded. \$2700/5400 Med.

Age	Single	Two Party	Family
0 - 19	\$61.18	\$104.11	\$176.18
20 - 24	\$63.32	\$108.77	\$184.68
25 - 29	\$72.02	\$122.76	\$214.27
30 - 34	\$76.80	\$129.07	\$228.45
35 - 39	\$91.13	\$147.99	\$277.28
40 - 44	\$97.46	\$158.08	\$295.86
45 - 49	\$112.72	\$185.65	\$335.50
50 - 54	\$133.70	\$225.76	\$354.23
55 - 59	\$161.12	\$268.28	\$387.14
60 - 64	\$196.12	\$331.20	\$450.21
65 - 120	\$241.26	\$429.34	\$544.68

Ded. \$2700/5400 Med.

Age	Single	Two Party	Family
0 - 19	\$61.18	\$104.11	\$176.18
20 - 24	\$63.32	\$108.77	\$184.68
25 - 29	\$72.02	\$122.76	\$214.27
30 - 34	\$76.80	\$129.07	\$228.45
35 - 39	\$91.13	\$147.99	\$277.28
40 - 44	\$97.46	\$158.08	\$295.86
45 - 49	\$112.72	\$185.65	\$335.50
50 - 54	\$133.70	\$225.76	\$354.23
55 - 59	\$161.12	\$268.28	\$387.14
60 - 64	\$196.12	\$331.20	\$450.21
65 - 120	\$241.26	\$429.34	\$544.68

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then 100%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$52.66	\$84.57	\$159.81
20 - 24	\$54.51	\$88.36	\$167.51
25 - 29	\$61.99	\$99.72	\$194.36
30 - 34	\$66.10	\$104.85	\$207.22
35 - 39	\$78.44	\$120.22	\$251.51
40 - 44	\$83.89	\$128.41	\$268.37
45 - 49	\$97.02	\$150.81	\$304.32
50 - 54	\$115.08	\$183.39	\$321.31
55 - 59	\$138.69	\$217.93	\$351.16
60 - 64	\$168.81	\$269.04	\$408.36
65 - 120	\$207.66	\$348.77	\$494.05

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$52.66	\$84.57	\$159.81
20 - 24	\$54.51	\$88.36	\$167.51
25 - 29	\$61.99	\$99.72	\$194.36
30 - 34	\$66.10	\$104.85	\$207.22
35 - 39	\$78.44	\$120.22	\$251.51
40 - 44	\$83.89	\$128.41	\$268.37
45 - 49	\$97.02	\$150.81	\$304.32
50 - 54	\$115.08	\$183.39	\$321.31
55 - 59	\$138.69	\$217.93	\$351.16
60 - 64	\$168.81	\$269.04	\$408.36
65 - 120	\$207.66	\$348.77	\$494.05

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$108.40	\$230.98	\$358.70
20 - 24	\$112.19	\$241.33	\$376.00
25 - 29	\$124.54	\$259.46	\$415.30
30 - 34	\$132.80	\$272.79	\$442.79
35 - 39	\$152.77	\$288.68	\$485.78
40 - 44	\$163.38	\$308.36	\$518.34
45 - 49	\$185.33	\$345.30	\$547.72
50 - 54	\$219.83	\$417.45	\$574.42
55 - 59	\$264.91	\$494.46	\$625.72
60 - 64	\$322.45	\$608.04	\$725.40
65 - 120	\$396.67	\$788.23	\$877.62

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$103.44	\$220.40	\$342.28
20 - 24	\$107.06	\$230.28	\$358.78
25 - 29	\$118.84	\$247.58	\$396.29
30 - 34	\$126.72	\$260.30	\$422.51
35 - 39	\$145.77	\$275.46	\$463.54
40 - 44	\$155.90	\$294.24	\$494.60
45 - 49	\$176.85	\$329.49	\$522.64
50 - 54	\$209.76	\$398.34	\$548.12
55 - 59	\$252.78	\$471.82	\$597.07
60 - 64	\$307.69	\$580.20	\$692.19
65 - 120	\$378.51	\$752.14	\$837.43

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$95.13	\$202.70	\$314.79
20 - 24	\$98.46	\$211.78	\$329.96
25 - 29	\$109.29	\$227.69	\$364.46
30 - 34	\$116.54	\$239.39	\$388.57
35 - 39	\$134.06	\$253.33	\$426.31
40 - 44	\$143.37	\$270.60	\$454.87
45 - 49	\$162.64	\$303.02	\$480.66
50 - 54	\$192.91	\$366.34	\$504.09
55 - 59	\$232.48	\$433.92	\$549.11
60 - 64	\$282.97	\$533.60	\$636.59
65 - 120	\$348.10	\$691.72	\$770.17

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$94.16	\$200.65	\$311.60
20 - 24	\$97.46	\$209.64	\$326.62
25 - 29	\$108.18	\$225.38	\$360.76
30 - 34	\$115.36	\$236.96	\$384.64
35 - 39	\$132.70	\$250.77	\$421.99
40 - 44	\$141.92	\$267.86	\$450.26
45 - 49	\$160.99	\$299.95	\$475.79
50 - 54	\$190.96	\$362.63	\$498.98
55 - 59	\$230.12	\$429.52	\$543.55
60 - 64	\$280.11	\$528.19	\$630.14
65 - 120	\$344.58	\$684.71	\$762.36

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$105.78	\$225.39	\$350.02
20 - 24	\$109.48	\$235.49	\$366.90
25 - 29	\$121.52	\$253.18	\$405.25
30 - 34	\$129.58	\$266.19	\$432.07
35 - 39	\$149.07	\$281.69	\$474.03
40 - 44	\$159.42	\$300.90	\$505.79
45 - 49	\$180.85	\$336.95	\$534.47
50 - 54	\$214.51	\$407.35	\$560.52
55 - 59	\$258.50	\$482.49	\$610.58
60 - 64	\$314.65	\$593.33	\$707.85
65 - 120	\$387.07	\$769.15	\$856.38

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$99.84	\$212.75	\$330.39
20 - 24	\$103.34	\$222.28	\$346.32
25 - 29	\$114.71	\$238.97	\$382.52
30 - 34	\$122.31	\$251.25	\$407.83
35 - 39	\$140.71	\$265.89	\$447.43
40 - 44	\$150.48	\$284.01	\$477.42
45 - 49	\$170.70	\$318.04	\$504.48
50 - 54	\$202.47	\$384.50	\$529.07
55 - 59	\$244.00	\$455.43	\$576.32
60 - 64	\$297.00	\$560.04	\$668.14
65 - 120	\$365.35	\$726.00	\$808.33

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$90.43	\$192.68	\$299.23
20 - 24	\$93.59	\$201.31	\$313.65
25 - 29	\$103.89	\$216.44	\$346.44
30 - 34	\$110.78	\$227.56	\$369.37
35 - 39	\$127.44	\$240.81	\$405.23
40 - 44	\$136.29	\$257.23	\$432.39
45 - 49	\$154.60	\$288.05	\$456.90
50 - 54	\$183.38	\$348.24	\$479.17
55 - 59	\$220.99	\$412.47	\$521.97
60 - 64	\$268.99	\$507.22	\$605.12
65 - 120	\$330.90	\$657.53	\$732.10

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$88.75	\$189.11	\$293.68
20 - 24	\$91.86	\$197.58	\$307.84
25 - 29	\$101.96	\$212.43	\$340.02
30 - 34	\$108.73	\$223.34	\$362.52
35 - 39	\$125.07	\$236.35	\$397.73
40 - 44	\$133.76	\$252.46	\$424.38
45 - 49	\$151.74	\$282.71	\$448.44
50 - 54	\$179.98	\$341.78	\$470.29
55 - 59	\$216.89	\$404.83	\$512.30
60 - 64	\$264.00	\$497.82	\$593.91
65 - 120	\$324.77	\$645.35	\$718.53

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$100.59	\$191.13	\$283.88
20 - 24	\$104.12	\$199.69	\$297.56
25 - 29	\$118.42	\$225.38	\$345.25
30 - 34	\$126.27	\$236.96	\$368.10
35 - 39	\$149.83	\$271.70	\$446.78
40 - 44	\$160.24	\$290.22	\$476.72
45 - 49	\$185.33	\$340.84	\$540.59
50 - 54	\$219.83	\$414.47	\$570.76
55 - 59	\$264.91	\$492.54	\$623.79
60 - 64	\$322.45	\$608.04	\$725.40
65 - 120	\$396.67	\$788.23	\$877.62

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$95.99	\$182.38	\$270.88
20 - 24	\$99.35	\$190.55	\$283.94
25 - 29	\$112.99	\$215.06	\$329.44
30 - 34	\$120.49	\$226.11	\$351.24
35 - 39	\$142.97	\$259.25	\$426.32
40 - 44	\$152.90	\$276.93	\$454.89
45 - 49	\$176.85	\$325.23	\$515.83
50 - 54	\$209.76	\$395.49	\$544.63
55 - 59	\$252.78	\$469.99	\$595.22
60 - 64	\$307.69	\$580.20	\$692.19
65 - 120	\$378.51	\$752.14	\$837.43

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$88.28	\$167.73	\$249.12
20 - 24	\$91.37	\$175.24	\$261.13
25 - 29	\$103.92	\$197.79	\$302.98
30 - 34	\$110.81	\$207.95	\$323.03
35 - 39	\$131.49	\$238.43	\$392.08
40 - 44	\$140.62	\$254.69	\$418.35
45 - 49	\$162.64	\$299.11	\$474.40
50 - 54	\$192.91	\$363.72	\$500.88
55 - 59	\$232.48	\$432.24	\$547.41
60 - 64	\$282.97	\$533.60	\$636.59
65 - 120	\$348.10	\$691.72	\$770.17

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$87.38	\$166.03	\$246.59
20 - 24	\$90.44	\$173.47	\$258.48
25 - 29	\$102.86	\$195.78	\$299.91
30 - 34	\$109.69	\$205.84	\$319.76
35 - 39	\$130.15	\$236.01	\$388.11
40 - 44	\$139.19	\$252.11	\$414.11
45 - 49	\$160.99	\$296.08	\$469.59
50 - 54	\$190.96	\$360.04	\$495.81
55 - 59	\$230.12	\$427.86	\$541.87
60 - 64	\$280.11	\$528.19	\$630.14
65 - 120	\$344.58	\$684.71	\$762.36

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$98.16	\$186.50	\$277.01
20 - 24	\$101.60	\$194.86	\$290.36
25 - 29	\$115.55	\$219.93	\$336.90
30 - 34	\$123.21	\$231.22	\$359.19
35 - 39	\$146.20	\$265.12	\$435.97
40 - 44	\$156.36	\$283.20	\$465.18
45 - 49	\$180.85	\$332.59	\$527.50
50 - 54	\$214.51	\$404.44	\$556.95
55 - 59	\$258.50	\$480.62	\$608.69
60 - 64	\$314.65	\$593.33	\$707.85
65 - 120	\$387.07	\$769.15	\$856.38

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$92.65	\$176.04	\$261.46
20 - 24	\$95.90	\$183.93	\$274.07
25 - 29	\$109.07	\$207.59	\$318.00
30 - 34	\$116.30	\$218.25	\$339.04
35 - 39	\$138.00	\$250.25	\$411.51
40 - 44	\$147.59	\$267.31	\$439.08
45 - 49	\$170.70	\$313.93	\$497.91
50 - 54	\$202.47	\$381.75	\$525.70
55 - 59	\$244.00	\$453.66	\$574.54
60 - 64	\$297.00	\$560.04	\$668.14
65 - 120	\$365.35	\$726.00	\$808.33

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$83.91	\$159.44	\$236.81
20 - 24	\$86.85	\$166.58	\$248.22
25 - 29	\$98.78	\$188.01	\$288.01
30 - 34	\$105.33	\$197.67	\$307.06
35 - 39	\$124.99	\$226.64	\$372.70
40 - 44	\$133.67	\$242.10	\$397.67
45 - 49	\$154.60	\$284.32	\$450.95
50 - 54	\$183.38	\$345.75	\$476.12
55 - 59	\$220.99	\$410.87	\$520.35
60 - 64	\$268.99	\$507.22	\$605.12
65 - 120	\$330.90	\$657.53	\$732.10

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$82.36	\$156.48	\$232.42
20 - 24	\$85.24	\$163.49	\$243.62
25 - 29	\$96.95	\$184.53	\$282.67
30 - 34	\$103.38	\$194.01	\$301.37
35 - 39	\$122.67	\$222.45	\$365.79
40 - 44	\$131.19	\$237.61	\$390.30
45 - 49	\$151.74	\$279.05	\$442.59
50 - 54	\$179.98	\$339.34	\$467.30
55 - 59	\$216.89	\$403.26	\$510.71
60 - 64	\$264.00	\$497.82	\$593.91
65 - 120	\$324.77	\$645.35	\$718.53

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$105.38	\$228.48	\$355.15
20 - 24	\$109.07	\$238.72	\$372.27
25 - 29	\$121.19	\$255.07	\$409.95
30 - 34	\$129.23	\$268.18	\$437.08
35 - 39	\$148.23	\$281.79	\$475.21
40 - 44	\$158.53	\$301.01	\$507.06
45 - 49	\$179.06	\$334.57	\$530.38
50 - 54	\$212.39	\$404.05	\$555.80
55 - 59	\$255.95	\$477.96	\$604.72
60 - 64	\$311.54	\$587.46	\$700.85
65 - 120	\$383.24	\$761.55	\$847.92

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$100.56	\$218.03	\$338.90
20 - 24	\$104.08	\$227.80	\$355.24
25 - 29	\$115.65	\$243.41	\$391.20
30 - 34	\$123.32	\$255.91	\$417.09
35 - 39	\$141.45	\$268.90	\$453.48
40 - 44	\$151.28	\$287.24	\$483.86
45 - 49	\$170.87	\$319.27	\$506.13
50 - 54	\$202.67	\$385.57	\$530.38
55 - 59	\$244.24	\$456.10	\$577.06
60 - 64	\$297.29	\$560.59	\$668.80
65 - 120	\$365.72	\$726.72	\$809.13

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$91.16	\$197.64	\$307.21
20 - 24	\$94.35	\$206.49	\$322.02
25 - 29	\$104.83	\$220.64	\$354.61
30 - 34	\$111.79	\$231.98	\$378.08
35 - 39	\$128.22	\$243.75	\$411.06
40 - 44	\$137.13	\$260.37	\$438.61
45 - 49	\$154.89	\$289.41	\$458.79
50 - 54	\$183.72	\$349.50	\$480.77
55 - 59	\$221.40	\$413.44	\$523.09
60 - 64	\$269.48	\$508.16	\$606.24
65 - 120	\$331.51	\$658.75	\$733.46

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$84.60	\$183.41	\$285.09
20 - 24	\$87.56	\$191.63	\$298.84
25 - 29	\$97.29	\$204.76	\$329.09
30 - 34	\$103.74	\$215.28	\$350.86
35 - 39	\$118.99	\$226.21	\$381.47
40 - 44	\$127.26	\$241.63	\$407.03
45 - 49	\$143.74	\$268.57	\$425.76
50 - 54	\$170.49	\$324.34	\$446.16
55 - 59	\$205.46	\$383.68	\$485.43
60 - 64	\$250.08	\$471.58	\$562.60
65 - 120	\$307.65	\$611.33	\$680.66

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$102.83	\$222.95	\$346.55
20 - 24	\$106.43	\$232.94	\$363.26
25 - 29	\$118.26	\$248.90	\$400.03
30 - 34	\$126.10	\$261.69	\$426.50
35 - 39	\$144.65	\$274.97	\$463.71
40 - 44	\$154.69	\$293.72	\$494.79
45 - 49	\$174.73	\$326.47	\$517.55
50 - 54	\$207.25	\$394.27	\$542.35
55 - 59	\$249.75	\$466.40	\$590.09
60 - 64	\$304.00	\$573.25	\$683.89
65 - 120	\$373.97	\$743.12	\$827.40

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$97.07	\$210.45	\$327.13
20 - 24	\$100.47	\$219.88	\$342.90
25 - 29	\$111.63	\$234.95	\$377.61
30 - 34	\$119.03	\$247.02	\$402.60
35 - 39	\$136.54	\$259.56	\$437.72
40 - 44	\$146.02	\$277.26	\$467.05
45 - 49	\$164.93	\$308.17	\$488.54
50 - 54	\$195.63	\$372.17	\$511.95
55 - 59	\$235.75	\$440.25	\$557.01
60 - 64	\$286.96	\$541.11	\$645.56
65 - 120	\$353.01	\$701.47	\$781.02

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$86.65	\$187.87	\$292.02
20 - 24	\$89.68	\$196.29	\$306.10
25 - 29	\$99.65	\$209.74	\$337.09
30 - 34	\$106.26	\$220.51	\$359.39
35 - 39	\$121.88	\$231.71	\$390.74
40 - 44	\$130.35	\$247.50	\$416.93
45 - 49	\$147.23	\$275.10	\$436.11
50 - 54	\$174.63	\$332.23	\$457.01
55 - 59	\$210.45	\$393.01	\$497.23
60 - 64	\$256.16	\$483.04	\$576.28
65 - 120	\$315.12	\$626.19	\$697.20

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$79.73	\$172.87	\$268.70
20 - 24	\$82.52	\$180.61	\$281.66
25 - 29	\$91.69	\$192.99	\$310.17
30 - 34	\$97.77	\$202.90	\$330.69
35 - 39	\$112.15	\$213.20	\$359.54
40 - 44	\$119.94	\$227.74	\$383.63
45 - 49	\$135.47	\$253.13	\$401.28
50 - 54	\$160.69	\$305.70	\$420.51
55 - 59	\$193.65	\$361.62	\$457.53
60 - 64	\$235.71	\$444.47	\$530.26
65 - 120	\$289.96	\$576.18	\$641.52

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$101.05	\$222.84	\$346.72
20 - 24	\$104.58	\$232.83	\$363.43
25 - 29	\$115.71	\$247.03	\$398.41
30 - 34	\$123.38	\$259.72	\$424.77
35 - 39	\$140.88	\$269.58	\$456.14
40 - 44	\$150.67	\$287.96	\$486.70
45 - 49	\$169.53	\$317.52	\$503.40
50 - 54	\$201.08	\$383.12	\$526.86
55 - 59	\$242.33	\$452.85	\$572.89
60 - 64	\$294.96	\$556.20	\$663.56
65 - 120	\$362.85	\$721.03	\$802.80

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$94.99	\$209.50	\$325.95
20 - 24	\$98.32	\$218.88	\$341.67
25 - 29	\$108.78	\$232.23	\$374.54
30 - 34	\$115.99	\$244.16	\$399.33
35 - 39	\$132.44	\$253.44	\$428.82
40 - 44	\$141.64	\$270.72	\$457.56
45 - 49	\$159.38	\$298.50	\$473.25
50 - 54	\$189.04	\$360.17	\$495.30
55 - 59	\$227.81	\$425.72	\$538.58
60 - 64	\$277.30	\$522.89	\$623.82
65 - 120	\$341.12	\$677.85	\$754.72

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$84.17	\$185.63	\$288.81
20 - 24	\$87.12	\$193.94	\$302.74
25 - 29	\$96.38	\$205.77	\$331.87
30 - 34	\$102.78	\$216.34	\$353.83
35 - 39	\$117.35	\$224.56	\$379.96
40 - 44	\$125.50	\$239.87	\$405.42
45 - 49	\$141.22	\$264.49	\$419.33
50 - 54	\$167.50	\$319.13	\$438.86
55 - 59	\$201.86	\$377.22	\$477.21
60 - 64	\$245.70	\$463.31	\$552.74
65 - 120	\$302.25	\$600.61	\$668.72

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$73.51	\$162.12	\$252.24
20 - 24	\$76.09	\$169.39	\$264.41
25 - 29	\$84.18	\$179.72	\$289.85
30 - 34	\$89.76	\$188.95	\$309.03
35 - 39	\$102.49	\$196.13	\$331.85
40 - 44	\$109.61	\$209.50	\$354.09
45 - 49	\$123.34	\$231.00	\$366.23
50 - 54	\$146.29	\$278.73	\$383.30
55 - 59	\$176.30	\$329.46	\$416.79
60 - 64	\$214.59	\$404.65	\$482.75
65 - 120	\$263.98	\$524.56	\$584.05

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$98.60	\$217.45	\$338.33
20 - 24	\$102.05	\$227.19	\$354.64
25 - 29	\$112.91	\$241.05	\$388.76
30 - 34	\$120.40	\$253.43	\$414.49
35 - 39	\$137.47	\$263.06	\$445.10
40 - 44	\$147.02	\$280.99	\$474.93
45 - 49	\$165.43	\$309.83	\$491.22
50 - 54	\$196.22	\$373.84	\$514.11
55 - 59	\$236.46	\$441.89	\$559.02
60 - 64	\$287.82	\$542.74	\$647.50
65 - 120	\$354.07	\$703.58	\$783.37

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$91.69	\$202.22	\$314.62
20 - 24	\$94.90	\$211.28	\$329.79
25 - 29	\$105.00	\$224.16	\$361.53
30 - 34	\$111.96	\$235.68	\$385.45
35 - 39	\$127.84	\$244.63	\$413.92
40 - 44	\$136.72	\$261.31	\$441.66
45 - 49	\$153.84	\$288.13	\$456.81
50 - 54	\$182.47	\$347.65	\$478.09
55 - 59	\$219.90	\$410.93	\$519.86
60 - 64	\$267.66	\$504.72	\$602.14
65 - 120	\$329.27	\$654.29	\$728.49

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$80.01	\$176.45	\$274.54
20 - 24	\$82.81	\$184.36	\$287.77
25 - 29	\$91.62	\$195.60	\$315.46
30 - 34	\$97.70	\$205.65	\$336.34
35 - 39	\$111.55	\$213.46	\$361.18
40 - 44	\$119.30	\$228.01	\$385.38
45 - 49	\$134.24	\$251.41	\$398.60
50 - 54	\$159.22	\$303.36	\$417.17
55 - 59	\$191.88	\$358.57	\$453.62
60 - 64	\$233.56	\$440.41	\$525.42
65 - 120	\$287.31	\$570.92	\$635.67

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$69.29	\$152.80	\$237.74
20 - 24	\$71.71	\$159.65	\$249.20
25 - 29	\$79.34	\$169.39	\$273.18
30 - 34	\$84.60	\$178.09	\$291.26
35 - 39	\$96.60	\$184.85	\$312.77
40 - 44	\$103.31	\$197.45	\$333.73
45 - 49	\$116.25	\$217.72	\$345.18
50 - 54	\$137.88	\$262.70	\$361.26
55 - 59	\$166.16	\$310.51	\$392.83
60 - 64	\$202.25	\$381.39	\$455.00
65 - 120	\$248.81	\$494.41	\$550.47

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$97.19	\$184.66	\$274.27
20 - 24	\$100.59	\$192.93	\$287.49
25 - 29	\$114.41	\$217.75	\$333.57
30 - 34	\$122.00	\$228.94	\$355.64
35 - 39	\$144.76	\$262.50	\$431.66
40 - 44	\$154.81	\$280.40	\$460.58
45 - 49	\$179.06	\$329.30	\$522.29
50 - 54	\$212.39	\$400.44	\$551.45
55 - 59	\$255.95	\$475.87	\$602.67
60 - 64	\$311.54	\$587.46	\$700.85
65 - 120	\$383.24	\$761.55	\$847.92

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$92.74	\$176.21	\$261.72
20 - 24	\$95.99	\$184.11	\$274.34
25 - 29	\$109.18	\$207.79	\$318.31
30 - 34	\$116.42	\$218.47	\$339.37
35 - 39	\$138.14	\$250.49	\$411.91
40 - 44	\$147.73	\$267.57	\$439.52
45 - 49	\$170.87	\$314.24	\$498.40
50 - 54	\$202.67	\$382.13	\$526.22
55 - 59	\$244.24	\$454.10	\$575.11
60 - 64	\$297.29	\$560.59	\$668.80
65 - 120	\$365.72	\$726.72	\$809.13

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$84.07	\$159.73	\$237.24
20 - 24	\$87.01	\$166.89	\$248.68
25 - 29	\$98.96	\$188.36	\$288.54
30 - 34	\$105.53	\$198.03	\$307.63
35 - 39	\$125.22	\$227.06	\$373.39
40 - 44	\$133.92	\$242.55	\$398.41
45 - 49	\$154.89	\$284.85	\$451.79
50 - 54	\$183.72	\$346.39	\$477.01
55 - 59	\$221.40	\$411.63	\$521.32
60 - 64	\$269.48	\$508.16	\$606.24
65 - 120	\$331.51	\$658.75	\$733.46

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$78.02	\$148.23	\$220.17
20 - 24	\$80.75	\$154.88	\$230.78
25 - 29	\$91.84	\$174.80	\$267.77
30 - 34	\$97.93	\$183.78	\$285.49
35 - 39	\$116.20	\$210.72	\$346.51
40 - 44	\$124.28	\$225.09	\$369.73
45 - 49	\$143.74	\$264.34	\$419.26
50 - 54	\$170.49	\$321.45	\$442.67
55 - 59	\$205.46	\$382.00	\$483.79
60 - 64	\$250.08	\$471.58	\$562.60
65 - 120	\$307.65	\$611.33	\$680.66

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$94.84	\$180.19	\$267.63
20 - 24	\$98.16	\$188.26	\$280.53
25 - 29	\$111.64	\$212.48	\$325.50
30 - 34	\$119.04	\$223.40	\$347.03
35 - 39	\$141.26	\$256.15	\$421.21
40 - 44	\$151.07	\$273.61	\$449.44
45 - 49	\$174.73	\$321.33	\$509.65
50 - 54	\$207.25	\$390.75	\$538.10
55 - 59	\$249.75	\$464.35	\$588.09
60 - 64	\$304.00	\$573.25	\$683.89
65 - 120	\$373.97	\$743.12	\$827.40

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$89.52	\$170.09	\$252.63
20 - 24	\$92.66	\$177.71	\$264.81
25 - 29	\$105.38	\$200.57	\$307.25
30 - 34	\$112.37	\$210.88	\$327.58
35 - 39	\$133.34	\$241.79	\$397.60
40 - 44	\$142.60	\$258.27	\$424.24
45 - 49	\$164.93	\$303.32	\$481.08
50 - 54	\$195.63	\$368.85	\$507.94
55 - 59	\$235.75	\$438.32	\$555.12
60 - 64	\$286.96	\$541.11	\$645.56
65 - 120	\$353.01	\$701.47	\$781.02

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$79.91	\$151.84	\$225.52
20 - 24	\$82.71	\$158.64	\$236.39
25 - 29	\$94.07	\$179.05	\$274.28
30 - 34	\$100.31	\$188.25	\$292.43
35 - 39	\$119.03	\$215.84	\$354.93
40 - 44	\$127.30	\$230.56	\$378.72
45 - 49	\$147.23	\$270.77	\$429.45
50 - 54	\$174.63	\$329.26	\$453.43
55 - 59	\$210.45	\$391.28	\$495.55
60 - 64	\$256.16	\$483.04	\$576.28
65 - 120	\$315.12	\$626.19	\$697.20

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$73.53	\$139.71	\$207.51
20 - 24	\$76.11	\$145.97	\$217.51
25 - 29	\$86.56	\$164.75	\$252.37
30 - 34	\$92.30	\$173.21	\$269.07
35 - 39	\$109.52	\$198.60	\$326.59
40 - 44	\$117.13	\$212.15	\$348.47
45 - 49	\$135.47	\$249.15	\$395.16
50 - 54	\$160.69	\$302.97	\$417.22
55 - 59	\$193.65	\$360.04	\$455.98
60 - 64	\$235.71	\$444.47	\$530.26
65 - 120	\$289.96	\$576.18	\$641.52

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$92.02	\$174.84	\$259.67
20 - 24	\$95.24	\$182.67	\$272.19
25 - 29	\$108.32	\$206.17	\$315.82
30 - 34	\$115.50	\$216.76	\$336.72
35 - 39	\$137.06	\$248.53	\$408.69
40 - 44	\$146.58	\$265.48	\$436.08
45 - 49	\$169.53	\$311.78	\$494.50
50 - 54	\$201.08	\$379.13	\$522.10
55 - 59	\$242.33	\$450.55	\$570.61
60 - 64	\$294.96	\$556.20	\$663.56
65 - 120	\$362.85	\$721.03	\$802.80

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$86.51	\$164.36	\$244.12
20 - 24	\$89.54	\$171.73	\$255.89
25 - 29	\$101.83	\$193.82	\$296.90
30 - 34	\$108.59	\$203.78	\$316.55
35 - 39	\$128.85	\$233.65	\$384.21
40 - 44	\$137.80	\$249.58	\$409.96
45 - 49	\$159.38	\$293.11	\$464.88
50 - 54	\$189.04	\$356.43	\$490.83
55 - 59	\$227.81	\$423.56	\$536.43
60 - 64	\$277.30	\$522.89	\$623.82
65 - 120	\$341.12	\$677.85	\$754.72

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$76.65	\$145.64	\$216.31
20 - 24	\$79.33	\$152.16	\$226.73
25 - 29	\$90.23	\$171.73	\$263.07
30 - 34	\$96.21	\$180.56	\$280.48
35 - 39	\$114.17	\$207.02	\$340.43
40 - 44	\$122.10	\$221.14	\$363.25
45 - 49	\$141.22	\$259.71	\$411.91
50 - 54	\$167.50	\$315.82	\$434.91
55 - 59	\$201.86	\$375.30	\$475.31
60 - 64	\$245.70	\$463.31	\$552.74
65 - 120	\$302.25	\$600.61	\$668.72

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$66.95	\$127.20	\$188.92
20 - 24	\$69.29	\$132.89	\$198.03
25 - 29	\$78.81	\$149.99	\$229.76
30 - 34	\$84.03	\$157.70	\$244.97
35 - 39	\$99.71	\$180.81	\$297.33
40 - 44	\$106.64	\$193.14	\$317.25
45 - 49	\$123.34	\$226.83	\$359.76
50 - 54	\$146.29	\$275.83	\$379.84
55 - 59	\$176.30	\$327.78	\$415.13
60 - 64	\$214.59	\$404.65	\$482.75
65 - 120	\$263.98	\$524.56	\$584.05

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - IHC MED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$89.79	\$170.60	\$253.39
20 - 24	\$92.93	\$178.25	\$265.61
25 - 29	\$105.70	\$201.18	\$308.18
30 - 34	\$112.71	\$211.51	\$328.57
35 - 39	\$133.74	\$242.52	\$398.80
40 - 44	\$143.03	\$259.05	\$425.52
45 - 49	\$165.43	\$304.23	\$482.53
50 - 54	\$196.22	\$369.96	\$509.47
55 - 59	\$236.46	\$439.65	\$556.80
60 - 64	\$287.82	\$542.74	\$647.50
65 - 120	\$354.07	\$703.58	\$783.37

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$83.50	\$158.65	\$235.64
20 - 24	\$86.42	\$165.76	\$247.00
25 - 29	\$98.29	\$187.08	\$286.59
30 - 34	\$104.81	\$196.69	\$305.55
35 - 39	\$124.37	\$225.53	\$370.86
40 - 44	\$133.01	\$240.90	\$395.71
45 - 49	\$153.84	\$282.92	\$448.73
50 - 54	\$182.47	\$344.04	\$473.78
55 - 59	\$219.90	\$408.85	\$517.79
60 - 64	\$267.66	\$504.72	\$602.14
65 - 120	\$329.27	\$654.29	\$728.49

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$72.86	\$138.44	\$205.61
20 - 24	\$75.41	\$144.64	\$215.53
25 - 29	\$85.77	\$163.25	\$250.07
30 - 34	\$91.46	\$171.63	\$266.62
35 - 39	\$108.52	\$196.79	\$323.61
40 - 44	\$116.06	\$210.21	\$345.29
45 - 49	\$134.24	\$246.87	\$391.55
50 - 54	\$159.22	\$300.20	\$413.41
55 - 59	\$191.88	\$356.75	\$451.81
60 - 64	\$233.56	\$440.41	\$525.42
65 - 120	\$287.31	\$570.92	\$635.67

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$63.10	\$119.88	\$178.06
20 - 24	\$65.30	\$125.25	\$186.64
25 - 29	\$74.27	\$141.37	\$216.56
30 - 34	\$79.20	\$148.63	\$230.88
35 - 39	\$93.98	\$170.42	\$280.24
40 - 44	\$100.51	\$182.04	\$299.01
45 - 49	\$116.25	\$213.79	\$339.07
50 - 54	\$137.88	\$259.97	\$358.00
55 - 59	\$166.16	\$308.94	\$391.26
60 - 64	\$202.25	\$381.39	\$455.00
65 - 120	\$248.81	\$494.41	\$550.47

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$114.97	\$244.98	\$380.44
20 - 24	\$118.99	\$255.95	\$398.78
25 - 29	\$132.08	\$275.18	\$440.47
30 - 34	\$140.84	\$289.32	\$469.61
35 - 39	\$162.02	\$306.17	\$515.22
40 - 44	\$173.28	\$327.04	\$549.74
45 - 49	\$196.56	\$366.22	\$580.91
50 - 54	\$233.14	\$442.75	\$609.22
55 - 59	\$280.96	\$524.42	\$663.63
60 - 64	\$341.99	\$644.88	\$769.36
65 - 120	\$420.70	\$835.99	\$930.79

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$109.63	\$233.61	\$362.79
20 - 24	\$113.47	\$244.08	\$380.28
25 - 29	\$125.96	\$262.41	\$420.03
30 - 34	\$134.31	\$275.89	\$447.83
35 - 39	\$154.51	\$291.96	\$491.31
40 - 44	\$165.24	\$311.87	\$524.24
45 - 49	\$187.44	\$349.23	\$553.96
50 - 54	\$222.33	\$422.21	\$580.96
55 - 59	\$267.93	\$500.09	\$632.84
60 - 64	\$326.12	\$614.96	\$733.66
65 - 120	\$401.19	\$797.20	\$887.61

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$100.64	\$214.44	\$333.02
20 - 24	\$104.16	\$224.05	\$349.08
25 - 29	\$115.62	\$240.88	\$385.57
30 - 34	\$123.29	\$253.25	\$411.08
35 - 39	\$141.83	\$268.01	\$451.00
40 - 44	\$151.68	\$286.28	\$481.22
45 - 49	\$172.06	\$320.58	\$508.50
50 - 54	\$204.08	\$387.56	\$533.29
55 - 59	\$245.94	\$459.05	\$580.91
60 - 64	\$299.36	\$564.50	\$673.46
65 - 120	\$368.27	\$731.79	\$814.78

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$99.47	\$211.95	\$329.16
20 - 24	\$102.95	\$221.45	\$345.03
25 - 29	\$114.28	\$238.09	\$381.09
30 - 34	\$121.86	\$250.32	\$406.31
35 - 39	\$140.18	\$264.90	\$445.77
40 - 44	\$149.92	\$282.96	\$475.64
45 - 49	\$170.06	\$316.86	\$502.60
50 - 54	\$201.72	\$383.07	\$527.10
55 - 59	\$243.09	\$453.73	\$574.18
60 - 64	\$295.89	\$557.95	\$665.65
65 - 120	\$363.99	\$723.30	\$805.33

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$112.19	\$239.05	\$371.23
20 - 24	\$116.11	\$249.76	\$389.13
25 - 29	\$128.89	\$268.52	\$429.81
30 - 34	\$137.44	\$282.31	\$458.25
35 - 39	\$158.10	\$298.76	\$502.75
40 - 44	\$169.08	\$319.13	\$536.44
45 - 49	\$191.80	\$357.36	\$566.85
50 - 54	\$227.50	\$432.03	\$594.48
55 - 59	\$274.16	\$511.73	\$647.57
60 - 64	\$333.71	\$629.28	\$750.74
65 - 120	\$410.52	\$815.76	\$908.27

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$105.83	\$225.49	\$350.18
20 - 24	\$109.53	\$235.59	\$367.07
25 - 29	\$121.58	\$253.29	\$405.44
30 - 34	\$129.64	\$266.31	\$432.26
35 - 39	\$149.14	\$281.82	\$474.24
40 - 44	\$159.50	\$301.03	\$506.02
45 - 49	\$180.93	\$337.10	\$534.71
50 - 54	\$214.60	\$407.54	\$560.77
55 - 59	\$258.62	\$482.71	\$610.85
60 - 64	\$314.79	\$593.60	\$708.17
65 - 120	\$387.25	\$769.50	\$856.77

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$95.66	\$203.84	\$316.56
20 - 24	\$99.01	\$212.97	\$331.82
25 - 29	\$109.91	\$228.97	\$366.51
30 - 34	\$117.19	\$240.74	\$390.76
35 - 39	\$134.82	\$254.76	\$428.71
40 - 44	\$144.18	\$272.13	\$457.43
45 - 49	\$163.56	\$304.73	\$483.37
50 - 54	\$194.00	\$368.41	\$506.93
55 - 59	\$233.79	\$436.36	\$552.20
60 - 64	\$284.57	\$536.60	\$640.17
65 - 120	\$350.06	\$695.62	\$774.50

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$93.75	\$199.77	\$310.23
20 - 24	\$97.03	\$208.72	\$325.19
25 - 29	\$107.71	\$224.40	\$359.18
30 - 34	\$114.85	\$235.92	\$382.95
35 - 39	\$132.12	\$249.67	\$420.14
40 - 44	\$141.30	\$266.69	\$448.29
45 - 49	\$160.29	\$298.64	\$473.71
50 - 54	\$190.12	\$361.04	\$496.79
55 - 59	\$229.11	\$427.64	\$541.16
60 - 64	\$278.88	\$525.88	\$627.38
65 - 120	\$343.07	\$681.71	\$759.02

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$106.69	\$202.71	\$301.08
20 - 24	\$110.42	\$211.79	\$315.59
25 - 29	\$125.59	\$239.04	\$366.17
30 - 34	\$133.92	\$251.32	\$390.40
35 - 39	\$158.91	\$288.16	\$473.85
40 - 44	\$169.95	\$307.80	\$505.60
45 - 49	\$196.56	\$361.49	\$573.34
50 - 54	\$233.14	\$439.58	\$605.35
55 - 59	\$280.96	\$522.38	\$661.58
60 - 64	\$341.99	\$644.88	\$769.36
65 - 120	\$420.70	\$835.99	\$930.79

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$101.74	\$193.31	\$287.11
20 - 24	\$105.30	\$201.97	\$300.95
25 - 29	\$119.76	\$227.95	\$349.18
30 - 34	\$127.71	\$239.66	\$372.29
35 - 39	\$151.54	\$274.79	\$451.87
40 - 44	\$162.06	\$293.52	\$482.15
45 - 49	\$187.44	\$344.72	\$546.74
50 - 54	\$222.33	\$419.19	\$577.26
55 - 59	\$267.93	\$498.15	\$630.89
60 - 64	\$326.12	\$614.96	\$733.66
65 - 120	\$401.19	\$797.20	\$887.61

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$93.39	\$177.44	\$263.55
20 - 24	\$96.66	\$185.39	\$276.26
25 - 29	\$109.94	\$209.24	\$320.53
30 - 34	\$117.23	\$219.99	\$341.74
35 - 39	\$139.10	\$252.24	\$414.79
40 - 44	\$148.76	\$269.44	\$442.58
45 - 49	\$172.06	\$316.43	\$501.88
50 - 54	\$204.08	\$384.79	\$529.89
55 - 59	\$245.94	\$457.27	\$579.12
60 - 64	\$299.36	\$564.50	\$673.46
65 - 120	\$368.27	\$731.79	\$814.78

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$92.31	\$175.39	\$260.49
20 - 24	\$95.54	\$183.24	\$273.05
25 - 29	\$108.66	\$206.81	\$316.81
30 - 34	\$115.87	\$217.44	\$337.78
35 - 39	\$137.49	\$249.31	\$409.98
40 - 44	\$147.04	\$266.31	\$437.45
45 - 49	\$170.06	\$312.76	\$496.05
50 - 54	\$201.72	\$380.33	\$523.75
55 - 59	\$243.09	\$451.97	\$572.40
60 - 64	\$295.89	\$557.95	\$665.65
65 - 120	\$363.99	\$723.30	\$805.33

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$104.11	\$197.80	\$293.79
20 - 24	\$107.75	\$206.67	\$307.95
25 - 29	\$122.55	\$233.25	\$357.31
30 - 34	\$130.68	\$245.23	\$380.95
35 - 39	\$155.06	\$281.18	\$462.38
40 - 44	\$165.83	\$300.36	\$493.37
45 - 49	\$191.80	\$352.74	\$559.47
50 - 54	\$227.50	\$428.95	\$590.70
55 - 59	\$274.16	\$509.74	\$645.57
60 - 64	\$333.71	\$629.28	\$750.74
65 - 120	\$410.52	\$815.76	\$908.27

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$98.20	\$186.59	\$277.13
20 - 24	\$101.64	\$194.95	\$290.49
25 - 29	\$115.60	\$220.03	\$337.05
30 - 34	\$123.27	\$231.33	\$359.35
35 - 39	\$146.27	\$265.24	\$436.16
40 - 44	\$156.43	\$283.32	\$465.39
45 - 49	\$180.93	\$332.74	\$527.74
50 - 54	\$214.60	\$404.62	\$557.20
55 - 59	\$258.62	\$480.84	\$608.96
60 - 64	\$314.79	\$593.60	\$708.17
65 - 120	\$387.25	\$769.50	\$856.77

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$88.78	\$168.67	\$250.52
20 - 24	\$91.88	\$176.23	\$262.60
25 - 29	\$104.50	\$198.90	\$304.69
30 - 34	\$111.43	\$209.12	\$324.85
35 - 39	\$132.23	\$239.77	\$394.28
40 - 44	\$141.41	\$256.12	\$420.71
45 - 49	\$163.56	\$300.79	\$477.07
50 - 54	\$194.00	\$365.77	\$503.70
55 - 59	\$233.79	\$434.67	\$550.49
60 - 64	\$284.57	\$536.60	\$640.17
65 - 120	\$350.06	\$695.62	\$774.50

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$87.00	\$165.30	\$245.51
20 - 24	\$90.05	\$172.71	\$257.35
25 - 29	\$102.41	\$194.92	\$298.60
30 - 34	\$109.21	\$204.94	\$318.36
35 - 39	\$129.58	\$234.98	\$386.41
40 - 44	\$138.58	\$251.00	\$412.30
45 - 49	\$160.29	\$294.78	\$467.54
50 - 54	\$190.12	\$358.46	\$493.64
55 - 59	\$229.11	\$425.98	\$539.49
60 - 64	\$278.88	\$525.88	\$627.38
65 - 120	\$343.07	\$681.71	\$759.02

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$111.77	\$242.34	\$376.69
20 - 24	\$115.69	\$253.19	\$394.85
25 - 29	\$128.54	\$270.54	\$434.82
30 - 34	\$137.07	\$284.44	\$463.59
35 - 39	\$157.22	\$298.88	\$504.03
40 - 44	\$168.14	\$319.26	\$537.81
45 - 49	\$189.92	\$354.86	\$562.55
50 - 54	\$225.27	\$428.55	\$589.51
55 - 59	\$271.47	\$506.95	\$641.39
60 - 64	\$330.43	\$623.09	\$743.35
65 - 120	\$406.49	\$807.73	\$899.34

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$106.59	\$231.09	\$359.20
20 - 24	\$110.32	\$241.44	\$376.52
25 - 29	\$122.58	\$257.98	\$414.63
30 - 34	\$130.70	\$271.24	\$442.07
35 - 39	\$149.92	\$285.01	\$480.63
40 - 44	\$160.34	\$304.44	\$512.84
45 - 49	\$181.10	\$338.39	\$536.44
50 - 54	\$214.81	\$408.66	\$562.14
55 - 59	\$258.87	\$483.42	\$611.62
60 - 64	\$315.09	\$594.16	\$708.85
65 - 120	\$387.62	\$770.24	\$857.59

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$96.44	\$209.09	\$325.01
20 - 24	\$99.82	\$218.46	\$340.68
25 - 29	\$110.91	\$233.43	\$375.17
30 - 34	\$118.26	\$245.42	\$399.99
35 - 39	\$135.65	\$257.88	\$434.89
40 - 44	\$145.08	\$275.46	\$464.03
45 - 49	\$163.86	\$306.18	\$485.38
50 - 54	\$194.36	\$369.76	\$508.64
55 - 59	\$234.23	\$437.40	\$553.41
60 - 64	\$285.10	\$537.61	\$641.38
65 - 120	\$350.72	\$696.93	\$775.96

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$89.36	\$193.75	\$301.16
20 - 24	\$92.49	\$202.43	\$315.68
25 - 29	\$102.77	\$216.30	\$347.63
30 - 34	\$109.58	\$227.41	\$370.64
35 - 39	\$125.70	\$238.96	\$402.97
40 - 44	\$134.43	\$255.25	\$429.98
45 - 49	\$151.84	\$283.71	\$449.76
50 - 54	\$180.10	\$342.62	\$471.31
55 - 59	\$217.04	\$405.30	\$512.79
60 - 64	\$264.18	\$498.16	\$594.31
65 - 120	\$324.98	\$645.78	\$719.02

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$109.07	\$236.47	\$367.57
20 - 24	\$112.89	\$247.07	\$385.29
25 - 29	\$125.43	\$264.00	\$424.29
30 - 34	\$133.75	\$277.56	\$452.37
35 - 39	\$153.42	\$291.65	\$491.83
40 - 44	\$164.07	\$311.53	\$524.79
45 - 49	\$185.32	\$346.27	\$548.94
50 - 54	\$219.81	\$418.18	\$575.24
55 - 59	\$264.90	\$494.68	\$625.87
60 - 64	\$322.43	\$608.01	\$725.37
65 - 120	\$396.65	\$788.19	\$877.57

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$102.88	\$223.06	\$346.72
20 - 24	\$106.48	\$233.05	\$363.44
25 - 29	\$118.32	\$249.02	\$400.22
30 - 34	\$126.16	\$261.81	\$426.71
35 - 39	\$144.71	\$275.10	\$463.93
40 - 44	\$154.77	\$293.86	\$495.02
45 - 49	\$174.81	\$326.63	\$517.80
50 - 54	\$207.34	\$394.46	\$542.61
55 - 59	\$249.87	\$466.62	\$590.37
60 - 64	\$304.14	\$573.52	\$684.22
65 - 120	\$374.15	\$743.47	\$827.79

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$91.67	\$198.76	\$308.95
20 - 24	\$94.88	\$207.66	\$323.84
25 - 29	\$105.43	\$221.89	\$356.62
30 - 34	\$112.42	\$233.29	\$380.22
35 - 39	\$128.95	\$245.13	\$413.39
40 - 44	\$137.91	\$261.85	\$441.09
45 - 49	\$155.76	\$291.04	\$461.38
50 - 54	\$184.76	\$351.48	\$483.50
55 - 59	\$222.65	\$415.78	\$526.05
60 - 64	\$271.01	\$511.04	\$609.68
65 - 120	\$333.39	\$662.48	\$737.61

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$84.23	\$182.61	\$283.85
20 - 24	\$87.17	\$190.79	\$297.53
25 - 29	\$96.86	\$203.86	\$327.65
30 - 34	\$103.28	\$214.34	\$349.33
35 - 39	\$118.47	\$225.22	\$379.80
40 - 44	\$126.70	\$240.57	\$405.25
45 - 49	\$143.11	\$267.40	\$423.90
50 - 54	\$169.74	\$322.93	\$444.21
55 - 59	\$204.56	\$382.00	\$483.31
60 - 64	\$248.99	\$469.52	\$560.14
65 - 120	\$306.30	\$608.65	\$677.68

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$107.31	\$236.65	\$368.20
20 - 24	\$111.06	\$247.25	\$385.95
25 - 29	\$122.88	\$262.33	\$423.09
30 - 34	\$131.03	\$275.81	\$451.08
35 - 39	\$149.61	\$286.28	\$484.40
40 - 44	\$160.00	\$305.80	\$516.86
45 - 49	\$180.03	\$337.19	\$534.58
50 - 54	\$213.54	\$406.85	\$559.49
55 - 59	\$257.34	\$480.90	\$608.38
60 - 64	\$313.23	\$590.66	\$704.67
65 - 120	\$385.33	\$765.70	\$852.53

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$101.31	\$223.42	\$347.61
20 - 24	\$104.85	\$233.43	\$364.37
25 - 29	\$116.01	\$247.67	\$399.43
30 - 34	\$123.70	\$260.39	\$425.86
35 - 39	\$141.24	\$270.28	\$457.32
40 - 44	\$151.05	\$288.71	\$487.96
45 - 49	\$169.97	\$318.34	\$504.70
50 - 54	\$201.60	\$384.10	\$528.21
55 - 59	\$242.95	\$454.01	\$574.37
60 - 64	\$295.72	\$557.64	\$665.27
65 - 120	\$363.79	\$722.89	\$804.87

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$89.64	\$197.70	\$307.60
20 - 24	\$92.78	\$206.56	\$322.43
25 - 29	\$102.65	\$219.16	\$353.45
30 - 34	\$109.46	\$230.41	\$376.84
35 - 39	\$124.98	\$239.17	\$404.67
40 - 44	\$133.67	\$255.47	\$431.79
45 - 49	\$150.40	\$281.69	\$446.60
50 - 54	\$178.40	\$339.89	\$467.41
55 - 59	\$214.99	\$401.75	\$508.25
60 - 64	\$261.68	\$493.45	\$588.69
65 - 120	\$321.91	\$639.67	\$712.22

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$78.66	\$173.48	\$269.91
20 - 24	\$81.41	\$181.25	\$282.92
25 - 29	\$90.08	\$192.31	\$310.15
30 - 34	\$96.05	\$202.19	\$330.67
35 - 39	\$109.67	\$209.86	\$355.09
40 - 44	\$117.29	\$224.17	\$378.89
45 - 49	\$131.98	\$247.18	\$391.89
50 - 54	\$156.54	\$298.25	\$410.15
55 - 59	\$188.65	\$352.53	\$445.98
60 - 64	\$229.62	\$432.99	\$516.57
65 - 120	\$282.47	\$561.31	\$624.96

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$104.71	\$230.92	\$359.28
20 - 24	\$108.37	\$241.27	\$376.61
25 - 29	\$119.90	\$255.98	\$412.85
30 - 34	\$127.85	\$269.13	\$440.17
35 - 39	\$145.99	\$279.36	\$472.67
40 - 44	\$156.13	\$298.40	\$504.35
45 - 49	\$175.68	\$329.03	\$521.65
50 - 54	\$208.37	\$397.00	\$545.95
55 - 59	\$251.11	\$469.26	\$593.66
60 - 64	\$305.65	\$576.37	\$687.62
65 - 120	\$376.01	\$747.17	\$831.90

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$97.79	\$215.66	\$335.53
20 - 24	\$101.21	\$225.32	\$351.71
25 - 29	\$111.98	\$239.06	\$385.55
30 - 34	\$119.40	\$251.34	\$411.07
35 - 39	\$136.34	\$260.89	\$441.42
40 - 44	\$145.81	\$278.67	\$471.00
45 - 49	\$164.06	\$307.27	\$487.16
50 - 54	\$194.60	\$370.76	\$509.86
55 - 59	\$234.51	\$438.24	\$554.41
60 - 64	\$285.45	\$538.26	\$642.16
65 - 120	\$351.15	\$697.77	\$776.90

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$85.21	\$187.93	\$292.39
20 - 24	\$88.20	\$196.35	\$306.49
25 - 29	\$97.58	\$208.32	\$335.98
30 - 34	\$104.05	\$219.02	\$358.21
35 - 39	\$118.81	\$227.34	\$384.67
40 - 44	\$127.06	\$242.84	\$410.45
45 - 49	\$142.97	\$267.77	\$424.53
50 - 54	\$169.58	\$323.09	\$444.31
55 - 59	\$204.36	\$381.89	\$483.13
60 - 64	\$248.75	\$469.06	\$559.59
65 - 120	\$306.00	\$608.06	\$677.01

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$74.14	\$163.51	\$254.39
20 - 24	\$76.73	\$170.83	\$266.66
25 - 29	\$84.90	\$181.25	\$292.32
30 - 34	\$90.53	\$190.56	\$311.66
35 - 39	\$103.37	\$197.80	\$334.68
40 - 44	\$110.55	\$211.28	\$357.11
45 - 49	\$124.39	\$232.97	\$369.36
50 - 54	\$147.54	\$281.10	\$386.57
55 - 59	\$177.80	\$332.26	\$420.34
60 - 64	\$216.42	\$408.10	\$486.87
65 - 120	\$266.23	\$529.03	\$589.03

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$103.08	\$195.86	\$290.90
20 - 24	\$106.69	\$204.63	\$304.93
25 - 29	\$121.35	\$230.96	\$353.80
30 - 34	\$129.39	\$242.82	\$377.21
35 - 39	\$153.54	\$278.42	\$457.83
40 - 44	\$164.20	\$297.40	\$488.51
45 - 49	\$189.92	\$349.27	\$553.96
50 - 54	\$225.27	\$424.73	\$584.89
55 - 59	\$271.47	\$504.73	\$639.22
60 - 64	\$330.43	\$623.09	\$743.35
65 - 120	\$406.49	\$807.73	\$899.34

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$98.30	\$186.77	\$277.40
20 - 24	\$101.74	\$195.13	\$290.77
25 - 29	\$115.71	\$220.24	\$337.37
30 - 34	\$123.39	\$231.55	\$359.70
35 - 39	\$146.41	\$265.49	\$436.58
40 - 44	\$156.58	\$283.60	\$465.84
45 - 49	\$181.10	\$333.06	\$528.25
50 - 54	\$214.81	\$405.01	\$557.74
55 - 59	\$258.87	\$481.30	\$609.55
60 - 64	\$315.09	\$594.16	\$708.85
65 - 120	\$387.62	\$770.24	\$857.59

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$88.94	\$168.99	\$250.99
20 - 24	\$92.06	\$176.56	\$263.09
25 - 29	\$104.70	\$199.27	\$305.26
30 - 34	\$111.64	\$209.51	\$325.46
35 - 39	\$132.47	\$240.22	\$395.03
40 - 44	\$141.68	\$256.60	\$421.50
45 - 49	\$163.86	\$301.36	\$477.97
50 - 54	\$194.36	\$366.46	\$504.65
55 - 59	\$234.23	\$435.49	\$551.53
60 - 64	\$285.10	\$537.61	\$641.38
65 - 120	\$350.72	\$696.93	\$775.96

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$82.42	\$156.59	\$232.57
20 - 24	\$85.30	\$163.60	\$243.79
25 - 29	\$97.02	\$184.65	\$282.86
30 - 34	\$103.45	\$194.14	\$301.58
35 - 39	\$122.75	\$222.60	\$366.04
40 - 44	\$131.28	\$237.77	\$390.57
45 - 49	\$151.84	\$279.24	\$442.89
50 - 54	\$180.10	\$339.57	\$467.62
55 - 59	\$217.04	\$403.53	\$511.06
60 - 64	\$264.18	\$498.16	\$594.31
65 - 120	\$324.98	\$645.78	\$719.02

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$100.59	\$191.12	\$283.86
20 - 24	\$104.11	\$199.68	\$297.55
25 - 29	\$118.41	\$225.37	\$345.23
30 - 34	\$126.26	\$236.95	\$368.08
35 - 39	\$149.82	\$271.68	\$446.76
40 - 44	\$160.23	\$290.20	\$476.69
45 - 49	\$185.32	\$340.82	\$540.56
50 - 54	\$219.81	\$414.45	\$570.73
55 - 59	\$264.90	\$492.51	\$623.75
60 - 64	\$322.43	\$608.01	\$725.37
65 - 120	\$396.65	\$788.19	\$877.57

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.88	\$180.28	\$267.76
20 - 24	\$98.20	\$188.35	\$280.67
25 - 29	\$111.69	\$212.58	\$325.65
30 - 34	\$119.10	\$223.50	\$347.20
35 - 39	\$141.32	\$256.27	\$421.41
40 - 44	\$151.14	\$273.74	\$449.65
45 - 49	\$174.81	\$321.48	\$509.89
50 - 54	\$207.34	\$390.94	\$538.36
55 - 59	\$249.87	\$464.57	\$588.37
60 - 64	\$304.14	\$573.52	\$684.22
65 - 120	\$374.15	\$743.47	\$827.79

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$84.55	\$160.64	\$238.59
20 - 24	\$87.51	\$167.83	\$250.09
25 - 29	\$99.52	\$189.42	\$290.17
30 - 34	\$106.12	\$199.16	\$309.37
35 - 39	\$125.93	\$228.35	\$375.50
40 - 44	\$134.67	\$243.92	\$400.66
45 - 49	\$155.76	\$286.46	\$454.34
50 - 54	\$184.76	\$348.35	\$479.71
55 - 59	\$222.65	\$413.96	\$524.27
60 - 64	\$271.01	\$511.04	\$609.68
65 - 120	\$333.39	\$662.48	\$737.61

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$77.68	\$147.59	\$219.20
20 - 24	\$80.40	\$154.20	\$229.77
25 - 29	\$91.44	\$174.03	\$266.60
30 - 34	\$97.50	\$182.97	\$284.24
35 - 39	\$115.70	\$209.80	\$344.99
40 - 44	\$123.73	\$224.10	\$368.11
45 - 49	\$143.11	\$263.19	\$417.43
50 - 54	\$169.74	\$320.05	\$440.73
55 - 59	\$204.56	\$380.33	\$481.67
60 - 64	\$248.99	\$469.52	\$560.14
65 - 120	\$306.30	\$608.65	\$677.68

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$97.72	\$185.67	\$275.76
20 - 24	\$101.14	\$193.98	\$289.06
25 - 29	\$115.03	\$218.94	\$335.38
30 - 34	\$122.66	\$230.19	\$357.58
35 - 39	\$145.55	\$263.93	\$434.01
40 - 44	\$155.66	\$281.92	\$463.09
45 - 49	\$180.03	\$331.09	\$525.13
50 - 54	\$213.54	\$402.62	\$554.45
55 - 59	\$257.34	\$478.46	\$605.95
60 - 64	\$313.23	\$590.66	\$704.67
65 - 120	\$385.33	\$765.70	\$852.53

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$92.26	\$175.29	\$260.34
20 - 24	\$95.48	\$183.14	\$272.90
25 - 29	\$108.60	\$206.70	\$316.63
30 - 34	\$115.80	\$217.32	\$337.59
35 - 39	\$137.41	\$249.17	\$409.74
40 - 44	\$146.95	\$266.16	\$437.20
45 - 49	\$169.97	\$312.58	\$495.77
50 - 54	\$201.60	\$380.11	\$523.45
55 - 59	\$242.95	\$451.71	\$572.08
60 - 64	\$295.72	\$557.64	\$665.27
65 - 120	\$363.79	\$722.89	\$804.87

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$81.64	\$155.11	\$230.37
20 - 24	\$84.49	\$162.06	\$241.48
25 - 29	\$96.10	\$182.90	\$280.18
30 - 34	\$102.47	\$192.30	\$298.72
35 - 39	\$121.59	\$220.49	\$362.58
40 - 44	\$130.04	\$235.52	\$386.87
45 - 49	\$150.40	\$276.60	\$438.70
50 - 54	\$178.40	\$336.36	\$463.19
55 - 59	\$214.99	\$399.71	\$506.22
60 - 64	\$261.68	\$493.45	\$588.69
65 - 120	\$321.91	\$639.67	\$712.22

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$71.63	\$136.11	\$202.15
20 - 24	\$74.14	\$142.20	\$211.90
25 - 29	\$84.33	\$160.50	\$245.86
30 - 34	\$89.92	\$168.74	\$262.13
35 - 39	\$106.70	\$193.48	\$318.16
40 - 44	\$114.11	\$206.67	\$339.48
45 - 49	\$131.98	\$242.71	\$384.96
50 - 54	\$156.54	\$295.15	\$406.45
55 - 59	\$188.65	\$350.74	\$444.20
60 - 64	\$229.62	\$432.99	\$516.57
65 - 120	\$282.47	\$561.31	\$624.96

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$95.35	\$181.17	\$269.09
20 - 24	\$98.69	\$189.29	\$282.06
25 - 29	\$112.25	\$213.64	\$327.27
30 - 34	\$119.69	\$224.61	\$348.92
35 - 39	\$142.02	\$257.54	\$423.50
40 - 44	\$151.89	\$275.10	\$451.88
45 - 49	\$175.68	\$323.08	\$512.42
50 - 54	\$208.37	\$392.88	\$541.03
55 - 59	\$251.11	\$466.88	\$591.29
60 - 64	\$305.65	\$576.37	\$687.62
65 - 120	\$376.01	\$747.17	\$831.90

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$89.05	\$169.20	\$251.30
20 - 24	\$92.17	\$176.78	\$263.41
25 - 29	\$104.83	\$199.52	\$305.63
30 - 34	\$111.78	\$209.76	\$325.85
35 - 39	\$132.63	\$240.51	\$395.51
40 - 44	\$141.85	\$256.91	\$422.01
45 - 49	\$164.06	\$301.72	\$478.55
50 - 54	\$194.60	\$366.90	\$505.26
55 - 59	\$234.51	\$436.01	\$552.20
60 - 64	\$285.45	\$538.26	\$642.16
65 - 120	\$351.15	\$697.77	\$776.90

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$77.60	\$147.44	\$218.99
20 - 24	\$80.32	\$154.05	\$229.55
25 - 29	\$91.35	\$173.86	\$266.34
30 - 34	\$97.41	\$182.79	\$283.96
35 - 39	\$115.58	\$209.59	\$344.65
40 - 44	\$123.61	\$223.88	\$367.75
45 - 49	\$142.97	\$262.93	\$417.02
50 - 54	\$169.58	\$319.73	\$440.30
55 - 59	\$204.36	\$379.96	\$481.20
60 - 64	\$248.75	\$469.06	\$559.59
65 - 120	\$306.00	\$608.06	\$677.01

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$67.52	\$128.28	\$190.53
20 - 24	\$69.88	\$134.03	\$199.71
25 - 29	\$79.48	\$151.27	\$231.72
30 - 34	\$84.75	\$159.04	\$247.06
35 - 39	\$100.56	\$182.35	\$299.86
40 - 44	\$107.55	\$194.79	\$319.96
45 - 49	\$124.39	\$228.76	\$362.82
50 - 54	\$147.54	\$278.18	\$383.08
55 - 59	\$177.80	\$330.58	\$418.67
60 - 64	\$216.42	\$408.10	\$486.87
65 - 120	\$266.23	\$529.03	\$589.03

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$121.59	\$259.09	\$402.35
20 - 24	\$125.85	\$270.69	\$421.75
25 - 29	\$139.69	\$291.03	\$465.84
30 - 34	\$148.96	\$305.98	\$496.66
35 - 39	\$171.35	\$323.80	\$544.89
40 - 44	\$183.26	\$345.88	\$581.40
45 - 49	\$207.88	\$387.32	\$614.37
50 - 54	\$246.57	\$468.25	\$644.31
55 - 59	\$297.15	\$554.62	\$701.85
60 - 64	\$361.69	\$682.03	\$813.67
65 - 120	\$444.94	\$884.14	\$984.40

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$115.94	\$247.04	\$383.65
20 - 24	\$120.00	\$258.11	\$402.15
25 - 29	\$133.20	\$277.50	\$444.19
30 - 34	\$142.03	\$291.76	\$473.58
35 - 39	\$163.39	\$308.75	\$519.57
40 - 44	\$174.74	\$329.80	\$554.38
45 - 49	\$198.22	\$369.32	\$585.81
50 - 54	\$235.11	\$446.49	\$614.37
55 - 59	\$283.34	\$528.85	\$669.24
60 - 64	\$344.88	\$650.33	\$775.85
65 - 120	\$424.26	\$843.05	\$938.65

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$106.43	\$226.79	\$352.20
20 - 24	\$110.16	\$236.95	\$369.18
25 - 29	\$122.28	\$254.75	\$407.77
30 - 34	\$130.39	\$267.84	\$434.75
35 - 39	\$149.99	\$283.44	\$476.97
40 - 44	\$160.41	\$302.76	\$508.93
45 - 49	\$181.97	\$339.04	\$537.78
50 - 54	\$215.84	\$409.88	\$563.99
55 - 59	\$260.11	\$485.49	\$614.37
60 - 64	\$316.60	\$597.01	\$712.24
65 - 120	\$389.47	\$773.93	\$861.70

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$105.20	\$224.15	\$348.10
20 - 24	\$108.88	\$234.20	\$364.89
25 - 29	\$120.86	\$251.79	\$403.03
30 - 34	\$128.87	\$264.72	\$429.70
35 - 39	\$148.25	\$280.14	\$471.43
40 - 44	\$158.55	\$299.24	\$503.02
45 - 49	\$179.85	\$335.10	\$531.53
50 - 54	\$213.33	\$405.12	\$557.44
55 - 59	\$257.08	\$479.85	\$607.23
60 - 64	\$312.92	\$590.07	\$703.96
65 - 120	\$384.95	\$764.93	\$851.68

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$118.65	\$252.82	\$392.61
20 - 24	\$122.80	\$264.14	\$411.54
25 - 29	\$136.31	\$283.98	\$454.56
30 - 34	\$145.35	\$298.57	\$484.64
35 - 39	\$167.21	\$315.97	\$531.70
40 - 44	\$178.82	\$337.51	\$567.33
45 - 49	\$202.85	\$377.94	\$599.50
50 - 54	\$240.61	\$456.92	\$628.72
55 - 59	\$289.95	\$541.20	\$684.87
60 - 64	\$352.93	\$665.52	\$793.98
65 - 120	\$434.17	\$862.74	\$960.58

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$111.91	\$238.46	\$370.32
20 - 24	\$115.83	\$249.14	\$388.17
25 - 29	\$128.57	\$267.86	\$428.75
30 - 34	\$137.10	\$281.62	\$457.12
35 - 39	\$157.71	\$298.02	\$501.51
40 - 44	\$168.67	\$318.34	\$535.12
45 - 49	\$191.33	\$356.48	\$565.46
50 - 54	\$226.94	\$430.97	\$593.02
55 - 59	\$273.49	\$510.47	\$645.98
60 - 64	\$332.89	\$627.73	\$748.89
65 - 120	\$409.51	\$813.75	\$906.04

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$101.17	\$215.58	\$334.79
20 - 24	\$104.71	\$225.24	\$350.93
25 - 29	\$116.23	\$242.16	\$387.61
30 - 34	\$123.94	\$254.60	\$413.26
35 - 39	\$142.58	\$269.43	\$453.39
40 - 44	\$152.48	\$287.80	\$483.77
45 - 49	\$172.97	\$322.28	\$511.20
50 - 54	\$205.17	\$389.62	\$536.12
55 - 59	\$247.25	\$461.49	\$584.00
60 - 64	\$300.95	\$567.50	\$677.04
65 - 120	\$370.22	\$735.67	\$819.10

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$99.15	\$211.27	\$328.09
20 - 24	\$102.62	\$220.73	\$343.91
25 - 29	\$113.91	\$237.31	\$379.86
30 - 34	\$121.46	\$249.50	\$404.99
35 - 39	\$139.73	\$264.04	\$444.32
40 - 44	\$149.43	\$282.04	\$474.10
45 - 49	\$169.51	\$315.83	\$500.97
50 - 54	\$201.06	\$381.82	\$525.39
55 - 59	\$242.30	\$452.26	\$572.31
60 - 64	\$294.93	\$556.15	\$663.49
65 - 120	\$362.81	\$720.95	\$802.71

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$112.83	\$214.39	\$318.42
20 - 24	\$116.78	\$223.99	\$333.77
25 - 29	\$132.82	\$252.80	\$387.26
30 - 34	\$141.63	\$265.79	\$412.89
35 - 39	\$168.06	\$304.75	\$501.14
40 - 44	\$179.73	\$325.53	\$534.72
45 - 49	\$207.88	\$382.31	\$606.36
50 - 54	\$246.57	\$464.90	\$640.21
55 - 59	\$297.15	\$552.47	\$699.69
60 - 64	\$361.69	\$682.03	\$813.67
65 - 120	\$444.94	\$884.14	\$984.40

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$107.59	\$204.42	\$303.62
20 - 24	\$111.36	\$213.58	\$318.26
25 - 29	\$126.65	\$241.05	\$369.26
30 - 34	\$135.05	\$253.44	\$393.70
35 - 39	\$160.25	\$290.59	\$477.85
40 - 44	\$171.38	\$310.40	\$509.87
45 - 49	\$198.22	\$364.54	\$578.18
50 - 54	\$235.11	\$443.30	\$610.46
55 - 59	\$283.34	\$526.79	\$667.17
60 - 64	\$344.88	\$650.33	\$775.85
65 - 120	\$424.26	\$843.05	\$938.65

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$98.77	\$187.66	\$278.72
20 - 24	\$102.23	\$196.07	\$292.16
25 - 29	\$116.27	\$221.29	\$338.99
30 - 34	\$123.98	\$232.66	\$361.42
35 - 39	\$147.11	\$266.77	\$438.67
40 - 44	\$157.33	\$284.95	\$468.07
45 - 49	\$181.97	\$334.65	\$530.78
50 - 54	\$215.84	\$406.95	\$560.41
55 - 59	\$260.11	\$483.60	\$612.47
60 - 64	\$316.60	\$597.01	\$712.24
65 - 120	\$389.47	\$773.93	\$861.70

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$97.62	\$185.48	\$275.49
20 - 24	\$101.04	\$193.79	\$288.77
25 - 29	\$114.92	\$218.72	\$335.05
30 - 34	\$122.54	\$229.96	\$357.22
35 - 39	\$145.40	\$263.67	\$433.57
40 - 44	\$155.50	\$281.64	\$462.63
45 - 49	\$179.85	\$330.76	\$524.61
50 - 54	\$213.33	\$402.22	\$553.89
55 - 59	\$257.08	\$477.98	\$605.35
60 - 64	\$312.92	\$590.07	\$703.96
65 - 120	\$384.95	\$764.93	\$851.68

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$110.10	\$209.20	\$310.71
20 - 24	\$113.96	\$218.57	\$325.69
25 - 29	\$129.61	\$246.69	\$377.89
30 - 34	\$138.21	\$259.36	\$402.89
35 - 39	\$163.99	\$297.38	\$489.01
40 - 44	\$175.38	\$317.65	\$521.78
45 - 49	\$202.85	\$373.06	\$591.69
50 - 54	\$240.61	\$453.65	\$624.72
55 - 59	\$289.95	\$539.10	\$682.75
60 - 64	\$352.93	\$665.52	\$793.98
65 - 120	\$434.17	\$862.74	\$960.58

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$103.85	\$197.32	\$293.07
20 - 24	\$107.49	\$206.16	\$307.20
25 - 29	\$122.25	\$232.68	\$356.43
30 - 34	\$130.36	\$244.63	\$380.02
35 - 39	\$154.68	\$280.49	\$461.25
40 - 44	\$165.43	\$299.62	\$492.15
45 - 49	\$191.33	\$351.87	\$558.09
50 - 54	\$226.94	\$427.89	\$589.25
55 - 59	\$273.49	\$508.49	\$643.98
60 - 64	\$332.89	\$627.73	\$748.89
65 - 120	\$409.51	\$813.75	\$906.04

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$93.89	\$178.39	\$264.95
20 - 24	\$97.17	\$186.38	\$277.72
25 - 29	\$110.52	\$210.35	\$322.23
30 - 34	\$117.85	\$221.16	\$343.55
35 - 39	\$139.84	\$253.58	\$416.99
40 - 44	\$149.55	\$270.87	\$444.93
45 - 49	\$172.97	\$318.11	\$504.54
50 - 54	\$205.17	\$386.83	\$532.71
55 - 59	\$247.25	\$459.70	\$582.19
60 - 64	\$300.95	\$567.50	\$677.04
65 - 120	\$370.22	\$735.67	\$819.10

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$92.01	\$174.82	\$259.65
20 - 24	\$95.23	\$182.65	\$272.17
25 - 29	\$108.31	\$206.14	\$315.79
30 - 34	\$115.49	\$216.73	\$336.68
35 - 39	\$137.04	\$248.51	\$408.65
40 - 44	\$146.56	\$265.45	\$436.03
45 - 49	\$169.51	\$311.75	\$494.45
50 - 54	\$201.06	\$379.10	\$522.05
55 - 59	\$242.30	\$450.50	\$570.55
60 - 64	\$294.93	\$556.15	\$663.49
65 - 120	\$362.81	\$720.95	\$802.71

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$118.21	\$256.29	\$398.38
20 - 24	\$122.35	\$267.77	\$417.58
25 - 29	\$135.94	\$286.12	\$459.85
30 - 34	\$144.96	\$300.82	\$490.28
35 - 39	\$166.28	\$316.09	\$533.05
40 - 44	\$177.83	\$337.64	\$568.78
45 - 49	\$200.85	\$375.29	\$594.94
50 - 54	\$238.24	\$453.23	\$623.45
55 - 59	\$287.10	\$536.14	\$678.33
60 - 64	\$349.46	\$658.97	\$786.16
65 - 120	\$429.89	\$854.25	\$951.12

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$112.71	\$244.37	\$379.84
20 - 24	\$116.66	\$255.32	\$398.16
25 - 29	\$129.62	\$272.81	\$438.46
30 - 34	\$138.22	\$286.83	\$467.47
35 - 39	\$158.54	\$301.39	\$508.25
40 - 44	\$169.55	\$321.94	\$542.31
45 - 49	\$191.51	\$357.83	\$567.26
50 - 54	\$227.15	\$432.14	\$594.45
55 - 59	\$273.74	\$511.20	\$646.77
60 - 64	\$333.20	\$628.31	\$749.58
65 - 120	\$409.89	\$814.50	\$906.87

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$102.00	\$221.14	\$343.73
20 - 24	\$105.57	\$231.04	\$360.31
25 - 29	\$117.30	\$246.88	\$396.78
30 - 34	\$125.08	\$259.56	\$423.03
35 - 39	\$143.47	\$272.74	\$459.94
40 - 44	\$153.43	\$291.33	\$490.76
45 - 49	\$173.30	\$323.82	\$513.34
50 - 54	\$205.56	\$391.06	\$537.94
55 - 59	\$247.72	\$462.60	\$585.29
60 - 64	\$301.53	\$568.58	\$678.33
65 - 120	\$370.93	\$737.07	\$820.66

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.51	\$204.90	\$318.50
20 - 24	\$97.81	\$214.08	\$333.85
25 - 29	\$108.68	\$228.75	\$367.65
30 - 34	\$115.89	\$240.50	\$391.97
35 - 39	\$132.93	\$252.71	\$426.17
40 - 44	\$142.17	\$269.94	\$454.73
45 - 49	\$160.58	\$300.04	\$475.65
50 - 54	\$190.47	\$362.35	\$498.44
55 - 59	\$229.53	\$428.63	\$542.31
60 - 64	\$279.39	\$526.83	\$628.52
65 - 120	\$343.69	\$682.95	\$760.41

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$115.35	\$250.09	\$388.74
20 - 24	\$119.39	\$261.29	\$407.48
25 - 29	\$132.65	\$279.20	\$448.73
30 - 34	\$141.45	\$293.54	\$478.42
35 - 39	\$162.25	\$308.44	\$520.15
40 - 44	\$173.52	\$329.47	\$555.01
45 - 49	\$195.99	\$366.21	\$580.55
50 - 54	\$232.47	\$442.26	\$608.37
55 - 59	\$280.15	\$523.17	\$661.91
60 - 64	\$341.00	\$643.02	\$767.14
65 - 120	\$419.49	\$833.57	\$928.11

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$108.79	\$235.88	\$366.64
20 - 24	\$112.60	\$246.44	\$384.32
25 - 29	\$125.12	\$263.33	\$423.22
30 - 34	\$133.41	\$276.86	\$451.23
35 - 39	\$153.03	\$290.91	\$490.59
40 - 44	\$163.66	\$310.75	\$523.47
45 - 49	\$184.85	\$345.40	\$547.55
50 - 54	\$219.26	\$417.12	\$573.79
55 - 59	\$264.23	\$493.43	\$624.30
60 - 64	\$321.62	\$606.48	\$723.54
65 - 120	\$395.65	\$786.20	\$875.36

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$96.95	\$210.21	\$326.74
20 - 24	\$100.35	\$219.62	\$342.50
25 - 29	\$111.50	\$234.67	\$377.17
30 - 34	\$118.89	\$246.73	\$402.12
35 - 39	\$136.38	\$259.25	\$437.20
40 - 44	\$145.85	\$276.93	\$466.50
45 - 49	\$164.74	\$307.81	\$487.96
50 - 54	\$195.40	\$371.73	\$511.35
55 - 59	\$235.47	\$439.73	\$556.36
60 - 64	\$286.62	\$540.48	\$644.80
65 - 120	\$352.59	\$700.64	\$780.10

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$89.07	\$193.12	\$300.18
20 - 24	\$92.19	\$201.77	\$314.66
25 - 29	\$102.44	\$215.60	\$346.51
30 - 34	\$109.23	\$226.67	\$369.44
35 - 39	\$125.29	\$238.18	\$401.67
40 - 44	\$133.99	\$254.42	\$428.58
45 - 49	\$151.35	\$282.79	\$448.30
50 - 54	\$179.52	\$341.51	\$469.78
55 - 59	\$216.33	\$403.99	\$511.13
60 - 64	\$263.32	\$496.54	\$592.39
65 - 120	\$323.93	\$643.69	\$716.69

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$112.30	\$247.67	\$385.34
20 - 24	\$116.23	\$258.77	\$403.92
25 - 29	\$128.60	\$274.55	\$442.79
30 - 34	\$137.13	\$288.65	\$472.09
35 - 39	\$156.58	\$299.62	\$506.96
40 - 44	\$167.45	\$320.04	\$540.93
45 - 49	\$188.42	\$352.89	\$559.48
50 - 54	\$223.49	\$425.80	\$585.55
55 - 59	\$269.32	\$503.30	\$636.71
60 - 64	\$327.82	\$618.17	\$737.49
65 - 120	\$403.28	\$801.36	\$892.24

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$104.72	\$230.95	\$359.33
20 - 24	\$108.39	\$241.30	\$376.65
25 - 29	\$119.92	\$256.01	\$412.89
30 - 34	\$127.87	\$269.16	\$440.21
35 - 39	\$146.00	\$279.39	\$472.73
40 - 44	\$156.15	\$298.44	\$504.40
45 - 49	\$175.70	\$329.06	\$521.71
50 - 54	\$208.40	\$397.05	\$546.02
55 - 59	\$251.14	\$469.31	\$593.72
60 - 64	\$305.69	\$576.43	\$687.69
65 - 120	\$376.05	\$747.25	\$831.99

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$92.23	\$203.40	\$316.46
20 - 24	\$95.45	\$212.51	\$331.71
25 - 29	\$105.61	\$225.47	\$363.63
30 - 34	\$112.61	\$237.05	\$387.70
35 - 39	\$128.58	\$246.05	\$416.33
40 - 44	\$137.52	\$262.83	\$444.23
45 - 49	\$154.74	\$289.80	\$459.47
50 - 54	\$183.53	\$349.68	\$480.87
55 - 59	\$221.18	\$413.32	\$522.89
60 - 64	\$269.22	\$507.66	\$605.65
65 - 120	\$331.18	\$658.10	\$732.73

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$80.23	\$176.93	\$275.28
20 - 24	\$83.03	\$184.86	\$288.55
25 - 29	\$91.87	\$196.13	\$316.32
30 - 34	\$97.96	\$206.21	\$337.25
35 - 39	\$111.85	\$214.04	\$362.16
40 - 44	\$119.62	\$228.63	\$386.42
45 - 49	\$134.60	\$252.09	\$399.68
50 - 54	\$159.65	\$304.18	\$418.30
55 - 59	\$192.40	\$359.54	\$454.85
60 - 64	\$234.19	\$441.60	\$526.84
65 - 120	\$288.09	\$572.47	\$637.39

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$109.59	\$241.68	\$376.02
20 - 24	\$113.42	\$252.51	\$394.15
25 - 29	\$125.49	\$267.90	\$432.08
30 - 34	\$133.81	\$281.67	\$460.67
35 - 39	\$152.79	\$292.37	\$494.69
40 - 44	\$163.40	\$312.30	\$527.84
45 - 49	\$183.86	\$344.35	\$545.94
50 - 54	\$218.08	\$415.49	\$571.38
55 - 59	\$262.81	\$491.12	\$621.30
60 - 64	\$319.89	\$603.21	\$719.64
65 - 120	\$393.52	\$781.96	\$870.64

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$101.08	\$222.92	\$346.84
20 - 24	\$104.62	\$232.91	\$363.56
25 - 29	\$115.75	\$247.12	\$398.55
30 - 34	\$123.43	\$259.81	\$424.92
35 - 39	\$140.93	\$269.68	\$456.30
40 - 44	\$150.72	\$288.06	\$486.88
45 - 49	\$169.59	\$317.63	\$503.58
50 - 54	\$201.16	\$383.25	\$527.04
55 - 59	\$242.41	\$453.01	\$573.09
60 - 64	\$295.07	\$556.40	\$663.80
65 - 120	\$362.98	\$721.28	\$803.08

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$87.67	\$193.34	\$300.81
20 - 24	\$90.74	\$202.00	\$315.32
25 - 29	\$100.39	\$214.32	\$345.66
30 - 34	\$107.05	\$225.33	\$368.53
35 - 39	\$122.23	\$233.89	\$395.75
40 - 44	\$130.72	\$249.84	\$422.27
45 - 49	\$147.09	\$275.48	\$436.75
50 - 54	\$174.46	\$332.39	\$457.10
55 - 59	\$210.25	\$392.89	\$497.04
60 - 64	\$255.91	\$482.57	\$575.71
65 - 120	\$314.81	\$625.57	\$696.52

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$75.61	\$166.76	\$259.45
20 - 24	\$78.26	\$174.23	\$271.96
25 - 29	\$86.59	\$184.85	\$298.13
30 - 34	\$92.33	\$194.35	\$317.86
35 - 39	\$105.42	\$201.73	\$341.33
40 - 44	\$112.75	\$215.49	\$364.21
45 - 49	\$126.86	\$237.60	\$376.70
50 - 54	\$150.47	\$286.69	\$394.25
55 - 59	\$181.34	\$338.87	\$428.70
60 - 64	\$220.72	\$416.22	\$496.55
65 - 120	\$271.53	\$539.56	\$600.74

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$1500/3000 Med.			
Age	Single	Two Party	Family
0 - 19	\$82.50	\$169.17	\$279.76
20 - 24	\$85.38	\$176.75	\$293.25
25 - 29	\$94.47	\$187.53	\$321.46
30 - 34	\$100.73	\$197.17	\$342.74
35 - 39	\$115.02	\$204.66	\$368.05
40 - 44	\$123.01	\$218.61	\$392.71
45 - 49	\$138.41	\$241.04	\$406.18
50 - 54	\$164.17	\$290.85	\$425.11
55 - 59	\$197.84	\$343.78	\$462.25
60 - 64	\$240.81	\$422.25	\$535.41
65 - 120	\$296.24	\$547.38	\$647.76

Ded. \$1500/3000 Med.			
Age	Single	Two Party	Family
0 - 19	\$82.50	\$169.17	\$279.76
20 - 24	\$85.38	\$176.75	\$293.25
25 - 29	\$94.47	\$187.53	\$321.46
30 - 34	\$100.73	\$197.17	\$342.74
35 - 39	\$115.02	\$204.66	\$368.05
40 - 44	\$123.01	\$218.61	\$392.71
45 - 49	\$138.41	\$241.04	\$406.18
50 - 54	\$164.17	\$290.85	\$425.11
55 - 59	\$197.84	\$343.78	\$462.25
60 - 64	\$240.81	\$422.25	\$535.41
65 - 120	\$296.24	\$547.38	\$647.76

Ded. \$2700/5400 Med.			
Age	Single	Two Party	Family
0 - 19	\$73.03	\$144.23	\$255.69
20 - 24	\$75.58	\$150.70	\$268.02
25 - 29	\$83.62	\$159.89	\$293.81
30 - 34	\$89.17	\$168.10	\$313.25
35 - 39	\$101.82	\$174.48	\$336.39
40 - 44	\$108.89	\$186.38	\$358.93
45 - 49	\$122.52	\$205.51	\$371.24
50 - 54	\$145.33	\$247.97	\$388.54
55 - 59	\$175.13	\$293.10	\$422.49
60 - 64	\$213.17	\$360.00	\$489.35
65 - 120	\$262.24	\$466.68	\$592.04

Ded. \$2700/5400 Med.			
Age	Single	Two Party	Family
0 - 19	\$73.03	\$144.23	\$255.69
20 - 24	\$75.58	\$150.70	\$268.02
25 - 29	\$83.62	\$159.89	\$293.81
30 - 34	\$89.17	\$168.10	\$313.25
35 - 39	\$101.82	\$174.48	\$336.39
40 - 44	\$108.89	\$186.38	\$358.93
45 - 49	\$122.52	\$205.51	\$371.24
50 - 54	\$145.33	\$247.97	\$388.54
55 - 59	\$175.13	\$293.10	\$422.49
60 - 64	\$213.17	\$360.00	\$489.35
65 - 120	\$262.24	\$466.68	\$592.04

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then 100%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$62.86	\$117.17	\$231.93
20 - 24	\$65.06	\$122.41	\$243.11
25 - 29	\$71.98	\$129.88	\$266.50
30 - 34	\$76.75	\$136.55	\$284.14
35 - 39	\$87.64	\$141.74	\$305.12
40 - 44	\$93.73	\$151.40	\$325.57
45 - 49	\$105.46	\$166.94	\$336.74
50 - 54	\$125.09	\$201.43	\$352.43
55 - 59	\$150.75	\$238.09	\$383.22
60 - 64	\$183.49	\$292.44	\$443.87
65 - 120	\$225.72	\$379.10	\$537.01

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$62.86	\$117.17	\$231.93
20 - 24	\$65.06	\$122.41	\$243.11
25 - 29	\$71.98	\$129.88	\$266.50
30 - 34	\$76.75	\$136.55	\$284.14
35 - 39	\$87.64	\$141.74	\$305.12
40 - 44	\$93.73	\$151.40	\$325.57
45 - 49	\$105.46	\$166.94	\$336.74
50 - 54	\$125.09	\$201.43	\$352.43
55 - 59	\$150.75	\$238.09	\$383.22
60 - 64	\$183.49	\$292.44	\$443.87
65 - 120	\$225.72	\$379.10	\$537.01

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$109.02	\$207.14	\$307.65
20 - 24	\$112.84	\$216.42	\$322.48
25 - 29	\$128.33	\$244.26	\$374.17
30 - 34	\$136.85	\$256.81	\$398.93
35 - 39	\$162.38	\$294.45	\$484.20
40 - 44	\$173.66	\$314.53	\$516.65
45 - 49	\$200.85	\$369.38	\$585.86
50 - 54	\$238.24	\$449.18	\$618.57
55 - 59	\$287.10	\$533.79	\$676.03
60 - 64	\$349.46	\$658.97	\$786.16
65 - 120	\$429.89	\$854.25	\$951.12

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$103.95	\$197.50	\$293.34
20 - 24	\$107.59	\$206.35	\$307.48
25 - 29	\$122.36	\$232.89	\$356.76
30 - 34	\$130.48	\$244.86	\$380.37
35 - 39	\$154.82	\$280.75	\$461.67
40 - 44	\$165.58	\$299.89	\$492.61
45 - 49	\$191.51	\$352.20	\$558.60
50 - 54	\$227.15	\$428.29	\$589.79
55 - 59	\$273.74	\$508.96	\$644.58
60 - 64	\$333.20	\$628.31	\$749.58
65 - 120	\$409.89	\$814.50	\$906.87

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.07	\$178.73	\$265.45
20 - 24	\$97.36	\$186.73	\$278.25
25 - 29	\$110.73	\$210.75	\$322.85
30 - 34	\$118.07	\$221.58	\$344.21
35 - 39	\$140.11	\$254.06	\$417.78
40 - 44	\$149.84	\$271.38	\$445.78
45 - 49	\$173.30	\$318.72	\$505.50
50 - 54	\$205.56	\$387.57	\$533.72
55 - 59	\$247.72	\$460.57	\$583.30
60 - 64	\$301.53	\$568.58	\$678.33
65 - 120	\$370.93	\$737.07	\$820.66

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$87.16	\$165.60	\$245.96
20 - 24	\$90.21	\$173.02	\$257.82
25 - 29	\$102.60	\$195.28	\$299.14
30 - 34	\$109.41	\$205.31	\$318.94
35 - 39	\$129.82	\$235.41	\$387.11
40 - 44	\$138.84	\$251.46	\$413.05
45 - 49	\$160.58	\$295.32	\$468.39
50 - 54	\$190.47	\$359.11	\$494.53
55 - 59	\$229.53	\$426.76	\$540.47
60 - 64	\$279.39	\$526.83	\$628.52
65 - 120	\$343.69	\$682.95	\$760.41

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$106.38	\$202.13	\$300.21
20 - 24	\$110.11	\$211.18	\$314.68
25 - 29	\$125.23	\$238.35	\$365.11
30 - 34	\$133.53	\$250.59	\$389.27
35 - 39	\$158.45	\$287.33	\$472.48
40 - 44	\$169.46	\$306.92	\$504.14
45 - 49	\$195.99	\$360.44	\$571.68
50 - 54	\$232.47	\$438.31	\$603.60
55 - 59	\$280.15	\$520.87	\$659.67
60 - 64	\$341.00	\$643.02	\$767.14
65 - 120	\$419.49	\$833.57	\$928.11

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$100.34	\$190.64	\$283.14
20 - 24	\$103.85	\$199.18	\$296.80
25 - 29	\$118.11	\$224.80	\$344.36
30 - 34	\$125.94	\$236.35	\$367.15
35 - 39	\$149.44	\$271.00	\$445.63
40 - 44	\$159.82	\$289.47	\$475.49
45 - 49	\$184.85	\$339.96	\$539.19
50 - 54	\$219.26	\$413.40	\$569.29
55 - 59	\$264.23	\$491.27	\$622.18
60 - 64	\$321.62	\$606.48	\$723.54
65 - 120	\$395.65	\$786.20	\$875.36

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$89.42	\$169.89	\$252.33
20 - 24	\$92.55	\$177.50	\$264.50
25 - 29	\$105.26	\$200.34	\$306.89
30 - 34	\$112.24	\$210.63	\$327.19
35 - 39	\$133.18	\$241.50	\$397.13
40 - 44	\$142.43	\$257.97	\$423.75
45 - 49	\$164.74	\$302.96	\$480.52
50 - 54	\$195.40	\$368.41	\$507.34
55 - 59	\$235.47	\$437.81	\$554.47
60 - 64	\$286.62	\$540.48	\$644.80
65 - 120	\$352.59	\$700.64	\$780.10

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$82.15	\$156.08	\$231.82
20 - 24	\$85.02	\$163.07	\$243.00
25 - 29	\$96.70	\$184.05	\$281.94
30 - 34	\$103.12	\$193.51	\$300.60
35 - 39	\$122.36	\$221.87	\$364.85
40 - 44	\$130.85	\$237.00	\$389.30
45 - 49	\$151.35	\$278.34	\$441.46
50 - 54	\$179.52	\$338.47	\$466.10
55 - 59	\$216.33	\$402.22	\$509.40
60 - 64	\$263.32	\$496.54	\$592.39
65 - 120	\$323.93	\$643.69	\$716.69

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$102.27	\$194.31	\$288.60
20 - 24	\$105.85	\$203.02	\$302.52
25 - 29	\$120.39	\$229.13	\$351.00
30 - 34	\$128.37	\$240.91	\$374.23
35 - 39	\$152.33	\$276.22	\$454.22
40 - 44	\$162.91	\$295.05	\$484.66
45 - 49	\$188.42	\$346.51	\$549.59
50 - 54	\$223.49	\$421.37	\$580.27
55 - 59	\$269.32	\$500.74	\$634.17
60 - 64	\$327.82	\$618.17	\$737.49
65 - 120	\$403.28	\$801.36	\$892.24

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$95.36	\$181.19	\$269.12
20 - 24	\$98.70	\$189.31	\$282.09
25 - 29	\$112.26	\$213.66	\$327.30
30 - 34	\$119.70	\$224.64	\$348.96
35 - 39	\$142.04	\$257.57	\$423.55
40 - 44	\$151.91	\$275.13	\$451.93
45 - 49	\$175.70	\$323.12	\$512.48
50 - 54	\$208.40	\$392.92	\$541.09
55 - 59	\$251.14	\$466.93	\$591.36
60 - 64	\$305.69	\$576.43	\$687.69
65 - 120	\$376.05	\$747.25	\$831.99

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$83.99	\$159.58	\$237.01
20 - 24	\$86.93	\$166.73	\$248.44
25 - 29	\$98.87	\$188.17	\$288.26
30 - 34	\$105.42	\$197.84	\$307.33
35 - 39	\$125.09	\$226.84	\$373.02
40 - 44	\$133.78	\$242.31	\$398.02
45 - 49	\$154.74	\$284.57	\$451.34
50 - 54	\$183.53	\$346.05	\$476.54
55 - 59	\$221.18	\$411.23	\$520.81
60 - 64	\$269.22	\$507.66	\$605.65
65 - 120	\$331.18	\$658.10	\$732.73

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$73.06	\$138.81	\$206.17
20 - 24	\$75.62	\$145.03	\$216.11
25 - 29	\$86.00	\$163.69	\$250.75
30 - 34	\$91.71	\$172.10	\$267.34
35 - 39	\$108.82	\$197.32	\$324.48
40 - 44	\$116.38	\$210.78	\$346.23
45 - 49	\$134.60	\$247.54	\$392.61
50 - 54	\$159.65	\$301.02	\$414.53
55 - 59	\$192.40	\$357.72	\$453.04
60 - 64	\$234.19	\$441.60	\$526.84
65 - 120	\$288.09	\$572.47	\$637.39

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$99.80	\$189.61	\$281.62
20 - 24	\$103.29	\$198.11	\$295.20
25 - 29	\$117.47	\$223.59	\$342.51
30 - 34	\$125.27	\$235.08	\$365.17
35 - 39	\$148.64	\$269.54	\$443.23
40 - 44	\$158.96	\$287.91	\$472.93
45 - 49	\$183.86	\$338.13	\$536.29
50 - 54	\$218.08	\$411.18	\$566.23
55 - 59	\$262.81	\$488.63	\$618.83
60 - 64	\$319.89	\$603.21	\$719.64
65 - 120	\$393.52	\$781.96	\$870.64

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$92.05	\$174.90	\$259.77
20 - 24	\$95.27	\$182.73	\$272.29
25 - 29	\$108.36	\$206.24	\$315.93
30 - 34	\$115.55	\$216.83	\$336.84
35 - 39	\$137.10	\$248.62	\$408.83
40 - 44	\$146.63	\$265.57	\$436.23
45 - 49	\$169.59	\$311.89	\$494.67
50 - 54	\$201.16	\$379.27	\$522.29
55 - 59	\$242.41	\$450.71	\$570.81
60 - 64	\$295.07	\$556.40	\$663.80
65 - 120	\$362.98	\$721.28	\$803.08

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$79.84	\$151.69	\$225.30
20 - 24	\$82.63	\$158.48	\$236.16
25 - 29	\$93.98	\$178.87	\$274.01
30 - 34	\$100.21	\$188.06	\$292.14
35 - 39	\$118.91	\$215.63	\$354.58
40 - 44	\$127.17	\$230.33	\$378.34
45 - 49	\$147.09	\$270.50	\$429.03
50 - 54	\$174.46	\$328.94	\$452.98
55 - 59	\$210.25	\$390.90	\$495.06
60 - 64	\$255.91	\$482.57	\$575.71
65 - 120	\$314.81	\$625.57	\$696.52

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$68.86	\$130.83	\$194.32
20 - 24	\$71.27	\$136.69	\$203.69
25 - 29	\$81.06	\$154.28	\$236.33
30 - 34	\$86.43	\$162.20	\$251.97
35 - 39	\$102.56	\$185.98	\$305.83
40 - 44	\$109.69	\$198.66	\$326.32
45 - 49	\$126.86	\$233.31	\$370.04
50 - 54	\$150.47	\$283.71	\$390.70
55 - 59	\$181.34	\$337.15	\$426.99
60 - 64	\$220.72	\$416.22	\$496.55
65 - 120	\$271.53	\$539.56	\$600.74

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$1500/3000 Med.

Age	Single	Two Party	Family
0 - 19	\$75.13	\$132.73	\$209.52
20 - 24	\$77.76	\$138.67	\$219.63
25 - 29	\$88.44	\$156.51	\$254.83
30 - 34	\$94.30	\$164.55	\$271.69
35 - 39	\$111.90	\$188.68	\$329.76
40 - 44	\$119.67	\$201.54	\$351.86
45 - 49	\$138.41	\$236.69	\$399.00
50 - 54	\$164.17	\$287.82	\$421.27
55 - 59	\$197.84	\$342.04	\$460.41
60 - 64	\$240.81	\$422.25	\$535.41
65 - 120	\$296.24	\$547.38	\$647.76

Ded. \$1500/3000 Med.

Age	Single	Two Party	Family
0 - 19	\$75.13	\$132.73	\$209.52
20 - 24	\$77.76	\$138.67	\$219.63
25 - 29	\$88.44	\$156.51	\$254.83
30 - 34	\$94.30	\$164.55	\$271.69
35 - 39	\$111.90	\$188.68	\$329.76
40 - 44	\$119.67	\$201.54	\$351.86
45 - 49	\$138.41	\$236.69	\$399.00
50 - 54	\$164.17	\$287.82	\$421.27
55 - 59	\$197.84	\$342.04	\$460.41
60 - 64	\$240.81	\$422.25	\$535.41
65 - 120	\$296.24	\$547.38	\$647.76

Ded. \$2700/5400 Med.

Age	Single	Two Party	Family
0 - 19	\$66.50	\$113.16	\$191.50
20 - 24	\$68.83	\$118.23	\$200.73
25 - 29	\$78.29	\$133.44	\$232.91
30 - 34	\$83.48	\$140.29	\$248.32
35 - 39	\$99.05	\$160.86	\$301.40
40 - 44	\$105.93	\$171.83	\$321.59
45 - 49	\$122.52	\$201.79	\$364.68
50 - 54	\$145.33	\$245.39	\$385.04
55 - 59	\$175.13	\$291.61	\$420.80
60 - 64	\$213.17	\$360.00	\$489.35
65 - 120	\$262.24	\$466.68	\$592.04

Ded. \$2700/5400 Med.

Age	Single	Two Party	Family
0 - 19	\$66.50	\$113.16	\$191.50
20 - 24	\$68.83	\$118.23	\$200.73
25 - 29	\$78.29	\$133.44	\$232.91
30 - 34	\$83.48	\$140.29	\$248.32
35 - 39	\$99.05	\$160.86	\$301.40
40 - 44	\$105.93	\$171.83	\$321.59
45 - 49	\$122.52	\$201.79	\$364.68
50 - 54	\$145.33	\$245.39	\$385.04
55 - 59	\$175.13	\$291.61	\$420.80
60 - 64	\$213.17	\$360.00	\$489.35
65 - 120	\$262.24	\$466.68	\$592.04

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then 100%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$57.24	\$91.92	\$173.70
20 - 24	\$59.25	\$96.04	\$182.08
25 - 29	\$67.38	\$108.40	\$211.26
30 - 34	\$71.85	\$113.96	\$225.24
35 - 39	\$85.26	\$130.67	\$273.38
40 - 44	\$91.18	\$139.58	\$291.70
45 - 49	\$105.46	\$163.92	\$330.78
50 - 54	\$125.09	\$199.34	\$349.25
55 - 59	\$150.75	\$236.89	\$381.69
60 - 64	\$183.49	\$292.44	\$443.87
65 - 120	\$225.72	\$379.10	\$537.01

Age	Ded. \$5000/10000 Med.		
	Single	Two Party	Family
0 - 19	\$57.24	\$91.92	\$173.70
20 - 24	\$59.25	\$96.04	\$182.08
25 - 29	\$67.38	\$108.40	\$211.26
30 - 34	\$71.85	\$113.96	\$225.24
35 - 39	\$85.26	\$130.67	\$273.38
40 - 44	\$91.18	\$139.58	\$291.70
45 - 49	\$105.46	\$163.92	\$330.78
50 - 54	\$125.09	\$199.34	\$349.25
55 - 59	\$150.75	\$236.89	\$381.69
60 - 64	\$183.49	\$292.44	\$443.87
65 - 120	\$225.72	\$379.10	\$537.01

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$117.83	\$251.07	\$389.90
20 - 24	\$121.95	\$262.31	\$408.70
25 - 29	\$135.37	\$282.02	\$451.42
30 - 34	\$144.35	\$296.51	\$481.29
35 - 39	\$166.05	\$313.78	\$528.03
40 - 44	\$177.58	\$335.17	\$563.41
45 - 49	\$201.45	\$375.33	\$595.35
50 - 54	\$238.94	\$453.75	\$624.37
55 - 59	\$287.95	\$537.46	\$680.13
60 - 64	\$350.49	\$660.92	\$788.48
65 - 120	\$431.16	\$856.77	\$953.93

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$112.43	\$239.57	\$372.04
20 - 24	\$116.37	\$250.30	\$389.98
25 - 29	\$129.17	\$269.11	\$430.75
30 - 34	\$137.74	\$282.93	\$459.25
35 - 39	\$158.45	\$299.41	\$503.85
40 - 44	\$169.45	\$319.83	\$537.61
45 - 49	\$192.22	\$358.14	\$568.09
50 - 54	\$228.00	\$432.98	\$595.78
55 - 59	\$274.76	\$512.85	\$648.99
60 - 64	\$334.44	\$630.65	\$752.38
65 - 120	\$411.42	\$817.54	\$910.26

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$103.40	\$220.33	\$342.16
20 - 24	\$107.02	\$230.20	\$358.66
25 - 29	\$118.79	\$247.49	\$396.15
30 - 34	\$126.67	\$260.20	\$422.36
35 - 39	\$145.72	\$275.36	\$463.38
40 - 44	\$155.84	\$294.14	\$494.43
45 - 49	\$176.78	\$329.37	\$522.46
50 - 54	\$209.69	\$398.20	\$547.92
55 - 59	\$252.69	\$471.65	\$596.86
60 - 64	\$307.58	\$580.00	\$691.95
65 - 120	\$378.37	\$751.87	\$837.14

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$102.35	\$218.09	\$338.69
20 - 24	\$105.94	\$227.86	\$355.02
25 - 29	\$117.59	\$244.98	\$392.14
30 - 34	\$125.39	\$257.57	\$418.08
35 - 39	\$144.24	\$272.57	\$458.68
40 - 44	\$154.26	\$291.16	\$489.42
45 - 49	\$174.99	\$326.04	\$517.16
50 - 54	\$207.56	\$394.17	\$542.37
55 - 59	\$250.13	\$466.88	\$590.81
60 - 64	\$304.46	\$574.12	\$684.93
65 - 120	\$374.54	\$744.25	\$828.66

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$114.98	\$244.99	\$380.46
20 - 24	\$119.00	\$255.97	\$398.80
25 - 29	\$132.09	\$275.19	\$440.49
30 - 34	\$140.85	\$289.33	\$469.64
35 - 39	\$162.03	\$306.19	\$515.25
40 - 44	\$173.29	\$327.06	\$549.77
45 - 49	\$196.57	\$366.25	\$580.94
50 - 54	\$233.16	\$442.77	\$609.26
55 - 59	\$280.98	\$524.45	\$663.67
60 - 64	\$342.01	\$644.92	\$769.40
65 - 120	\$420.73	\$836.04	\$930.85

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$108.53	\$231.25	\$359.12
20 - 24	\$112.32	\$241.60	\$376.43
25 - 29	\$124.68	\$259.76	\$415.78
30 - 34	\$132.95	\$273.10	\$443.29
35 - 39	\$152.94	\$289.01	\$486.34
40 - 44	\$163.57	\$308.71	\$518.93
45 - 49	\$185.54	\$345.70	\$548.35
50 - 54	\$220.08	\$417.93	\$575.08
55 - 59	\$265.22	\$495.03	\$626.44
60 - 64	\$322.82	\$608.74	\$726.24
65 - 120	\$397.12	\$789.13	\$878.62

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$98.29	\$209.44	\$325.25
20 - 24	\$101.73	\$218.82	\$340.93
25 - 29	\$112.92	\$235.26	\$376.57
30 - 34	\$120.41	\$247.34	\$401.48
35 - 39	\$138.52	\$261.75	\$440.47
40 - 44	\$148.14	\$279.60	\$469.99
45 - 49	\$168.04	\$313.09	\$496.63
50 - 54	\$199.32	\$378.52	\$520.84
55 - 59	\$240.20	\$448.34	\$567.36
60 - 64	\$292.38	\$551.33	\$657.74
65 - 120	\$359.67	\$714.71	\$795.76

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$96.47	\$205.56	\$319.22
20 - 24	\$99.85	\$214.76	\$334.61
25 - 29	\$110.83	\$230.90	\$369.59
30 - 34	\$118.18	\$242.76	\$394.05
35 - 39	\$135.95	\$256.90	\$432.31
40 - 44	\$145.39	\$274.42	\$461.28
45 - 49	\$164.93	\$307.29	\$487.43
50 - 54	\$195.63	\$371.50	\$511.19
55 - 59	\$235.75	\$440.03	\$556.84
60 - 64	\$286.96	\$541.11	\$645.56
65 - 120	\$353.01	\$701.46	\$781.02

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$109.34	\$207.75	\$308.56
20 - 24	\$113.17	\$217.06	\$323.44
25 - 29	\$128.71	\$244.98	\$375.28
30 - 34	\$137.25	\$257.56	\$400.11
35 - 39	\$162.86	\$295.32	\$485.63
40 - 44	\$174.17	\$315.46	\$518.17
45 - 49	\$201.45	\$370.47	\$587.59
50 - 54	\$238.94	\$450.51	\$620.40
55 - 59	\$287.95	\$535.37	\$678.03
60 - 64	\$350.49	\$660.92	\$788.48
65 - 120	\$431.16	\$856.77	\$953.93

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$104.34	\$198.24	\$294.43
20 - 24	\$107.99	\$207.12	\$308.63
25 - 29	\$122.82	\$233.76	\$358.09
30 - 34	\$130.97	\$245.77	\$381.79
35 - 39	\$155.40	\$281.80	\$463.39
40 - 44	\$166.20	\$301.01	\$494.45
45 - 49	\$192.22	\$353.51	\$560.69
50 - 54	\$228.00	\$429.88	\$591.99
55 - 59	\$274.76	\$510.86	\$646.98
60 - 64	\$334.44	\$630.65	\$752.38
65 - 120	\$411.42	\$817.54	\$910.26

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$95.95	\$182.31	\$270.78
20 - 24	\$99.31	\$190.48	\$283.84
25 - 29	\$112.95	\$214.98	\$329.33
30 - 34	\$120.45	\$226.03	\$351.12
35 - 39	\$142.92	\$259.16	\$426.17
40 - 44	\$152.85	\$276.83	\$454.73
45 - 49	\$176.78	\$325.12	\$515.65
50 - 54	\$209.69	\$395.35	\$544.44
55 - 59	\$252.69	\$469.82	\$595.01
60 - 64	\$307.58	\$580.00	\$691.95
65 - 120	\$378.37	\$751.87	\$837.14

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$94.98	\$180.47	\$268.04
20 - 24	\$98.31	\$188.55	\$280.96
25 - 29	\$111.81	\$212.81	\$325.99
30 - 34	\$119.23	\$223.74	\$347.56
35 - 39	\$141.47	\$256.54	\$421.85
40 - 44	\$151.30	\$274.03	\$450.12
45 - 49	\$174.99	\$321.82	\$510.43
50 - 54	\$207.56	\$391.35	\$538.92
55 - 59	\$250.13	\$465.06	\$588.99
60 - 64	\$304.46	\$574.12	\$684.93
65 - 120	\$374.54	\$744.25	\$828.66

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$106.70	\$202.72	\$301.09
20 - 24	\$110.43	\$211.80	\$315.61
25 - 29	\$125.60	\$239.05	\$366.19
30 - 34	\$133.93	\$251.33	\$390.42
35 - 39	\$158.92	\$288.17	\$473.88
40 - 44	\$169.96	\$307.82	\$505.63
45 - 49	\$196.57	\$361.51	\$573.37
50 - 54	\$233.16	\$439.61	\$605.38
55 - 59	\$280.98	\$522.41	\$661.62
60 - 64	\$342.01	\$644.92	\$769.40
65 - 120	\$420.73	\$836.04	\$930.85

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$100.71	\$191.35	\$284.20
20 - 24	\$104.23	\$199.92	\$297.90
25 - 29	\$118.55	\$225.64	\$345.65
30 - 34	\$126.41	\$237.23	\$368.52
35 - 39	\$150.00	\$272.01	\$447.29
40 - 44	\$160.42	\$290.55	\$477.26
45 - 49	\$185.54	\$341.23	\$541.21
50 - 54	\$220.08	\$414.95	\$571.42
55 - 59	\$265.22	\$493.10	\$624.50
60 - 64	\$322.82	\$608.74	\$726.24
65 - 120	\$397.12	\$789.13	\$878.62

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$91.21	\$173.30	\$257.40
20 - 24	\$94.40	\$181.07	\$269.81
25 - 29	\$107.37	\$204.36	\$313.05
30 - 34	\$114.49	\$214.86	\$333.76
35 - 39	\$135.85	\$246.35	\$405.11
40 - 44	\$145.29	\$263.15	\$432.25
45 - 49	\$168.04	\$309.05	\$490.16
50 - 54	\$199.32	\$375.81	\$517.53
55 - 59	\$240.20	\$446.60	\$565.60
60 - 64	\$292.38	\$551.33	\$657.74
65 - 120	\$359.67	\$714.71	\$795.76

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$89.52	\$170.09	\$252.63
20 - 24	\$92.66	\$177.71	\$264.81
25 - 29	\$105.38	\$200.57	\$307.25
30 - 34	\$112.37	\$210.88	\$327.58
35 - 39	\$133.34	\$241.79	\$397.60
40 - 44	\$142.60	\$258.27	\$424.24
45 - 49	\$164.93	\$303.32	\$481.08
50 - 54	\$195.63	\$368.85	\$507.94
55 - 59	\$235.75	\$438.32	\$555.12
60 - 64	\$286.96	\$541.11	\$645.56
65 - 120	\$353.01	\$701.46	\$781.02

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$114.55	\$248.35	\$386.03
20 - 24	\$118.56	\$259.48	\$404.64
25 - 29	\$131.73	\$277.26	\$445.60
30 - 34	\$140.47	\$291.50	\$475.09
35 - 39	\$161.12	\$306.30	\$516.53
40 - 44	\$172.31	\$327.18	\$551.15
45 - 49	\$194.63	\$363.66	\$576.51
50 - 54	\$230.85	\$439.18	\$604.13
55 - 59	\$278.20	\$519.53	\$657.31
60 - 64	\$338.63	\$638.55	\$761.80
65 - 120	\$416.57	\$827.77	\$921.65

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$109.31	\$236.99	\$368.37
20 - 24	\$113.13	\$247.61	\$386.14
25 - 29	\$125.71	\$264.57	\$425.22
30 - 34	\$134.04	\$278.17	\$453.36
35 - 39	\$153.75	\$292.29	\$492.91
40 - 44	\$164.43	\$312.22	\$525.94
45 - 49	\$185.73	\$347.03	\$550.14
50 - 54	\$220.29	\$419.09	\$576.50
55 - 59	\$265.48	\$495.76	\$627.24
60 - 64	\$323.14	\$609.34	\$726.95
65 - 120	\$397.52	\$789.91	\$879.49

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$99.08	\$214.82	\$333.92
20 - 24	\$102.55	\$224.45	\$350.02
25 - 29	\$113.95	\$239.83	\$385.45
30 - 34	\$121.51	\$252.15	\$410.96
35 - 39	\$139.37	\$264.95	\$446.81
40 - 44	\$149.05	\$283.01	\$476.75
45 - 49	\$168.36	\$314.57	\$498.68
50 - 54	\$199.69	\$379.90	\$522.58
55 - 59	\$240.65	\$449.39	\$568.58
60 - 64	\$292.92	\$552.35	\$658.96
65 - 120	\$360.34	\$716.03	\$797.23

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$91.95	\$199.36	\$309.88
20 - 24	\$95.17	\$208.29	\$324.82
25 - 29	\$105.75	\$222.56	\$357.70
30 - 34	\$112.76	\$234.00	\$381.37
35 - 39	\$129.34	\$245.88	\$414.64
40 - 44	\$138.32	\$262.64	\$442.43
45 - 49	\$156.24	\$291.93	\$462.78
50 - 54	\$185.32	\$352.55	\$484.96
55 - 59	\$223.32	\$417.04	\$527.65
60 - 64	\$271.83	\$512.59	\$611.52
65 - 120	\$334.40	\$664.49	\$739.84

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$111.77	\$242.34	\$376.69
20 - 24	\$115.69	\$253.20	\$394.85
25 - 29	\$128.54	\$270.55	\$434.82
30 - 34	\$137.07	\$284.44	\$463.59
35 - 39	\$157.22	\$298.88	\$504.03
40 - 44	\$168.14	\$319.26	\$537.81
45 - 49	\$189.92	\$354.86	\$562.55
50 - 54	\$225.27	\$428.55	\$589.51
55 - 59	\$271.47	\$506.95	\$641.40
60 - 64	\$330.43	\$623.09	\$743.36
65 - 120	\$406.49	\$807.74	\$899.34

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$105.51	\$228.75	\$355.57
20 - 24	\$109.20	\$239.00	\$372.72
25 - 29	\$121.34	\$255.38	\$410.45
30 - 34	\$129.38	\$268.50	\$437.60
35 - 39	\$148.41	\$282.13	\$475.78
40 - 44	\$158.72	\$301.37	\$507.66
45 - 49	\$179.27	\$334.97	\$531.02
50 - 54	\$212.64	\$404.53	\$556.47
55 - 59	\$256.25	\$478.54	\$605.45
60 - 64	\$311.91	\$588.17	\$701.69
65 - 120	\$383.70	\$762.46	\$848.93

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$94.19	\$204.21	\$317.42
20 - 24	\$97.48	\$213.35	\$332.72
25 - 29	\$108.32	\$227.97	\$366.40
30 - 34	\$115.50	\$239.69	\$390.64
35 - 39	\$132.48	\$251.85	\$424.72
40 - 44	\$141.69	\$269.03	\$453.18
45 - 49	\$160.03	\$299.02	\$474.03
50 - 54	\$189.82	\$361.12	\$496.75
55 - 59	\$228.75	\$427.18	\$540.47
60 - 64	\$278.44	\$525.05	\$626.39
65 - 120	\$342.53	\$680.64	\$757.83

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$86.66	\$187.90	\$292.07
20 - 24	\$89.70	\$196.32	\$306.15
25 - 29	\$99.67	\$209.77	\$337.14
30 - 34	\$106.28	\$220.54	\$359.45
35 - 39	\$121.90	\$231.74	\$390.80
40 - 44	\$130.37	\$247.54	\$416.99
45 - 49	\$147.25	\$275.14	\$436.18
50 - 54	\$174.66	\$332.28	\$457.08
55 - 59	\$210.48	\$393.07	\$497.31
60 - 64	\$256.20	\$483.12	\$576.37
65 - 120	\$315.17	\$626.28	\$697.31

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$109.83	\$242.22	\$376.87
20 - 24	\$113.68	\$253.07	\$395.04
25 - 29	\$125.77	\$268.51	\$433.05
30 - 34	\$134.11	\$282.30	\$461.70
35 - 39	\$153.13	\$293.02	\$495.80
40 - 44	\$163.77	\$313.00	\$529.03
45 - 49	\$184.27	\$345.13	\$547.17
50 - 54	\$218.57	\$416.43	\$572.67
55 - 59	\$263.40	\$492.22	\$622.70
60 - 64	\$320.61	\$604.57	\$721.26
65 - 120	\$394.40	\$783.73	\$872.61

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$103.25	\$227.72	\$354.29
20 - 24	\$106.87	\$237.92	\$371.38
25 - 29	\$118.24	\$252.43	\$407.11
30 - 34	\$126.08	\$265.40	\$434.05
35 - 39	\$143.96	\$275.48	\$466.11
40 - 44	\$153.96	\$294.26	\$497.34
45 - 49	\$173.24	\$324.46	\$514.40
50 - 54	\$205.48	\$391.49	\$538.37
55 - 59	\$247.62	\$462.74	\$585.41
60 - 64	\$301.41	\$568.36	\$678.06
65 - 120	\$370.78	\$736.79	\$820.35

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$91.49	\$201.77	\$313.93
20 - 24	\$94.69	\$210.81	\$329.06
25 - 29	\$104.76	\$223.66	\$360.73
30 - 34	\$111.71	\$235.16	\$384.59
35 - 39	\$127.56	\$244.09	\$413.00
40 - 44	\$136.42	\$260.73	\$440.67
45 - 49	\$153.50	\$287.49	\$455.79
50 - 54	\$182.07	\$346.88	\$477.03
55 - 59	\$219.41	\$410.02	\$518.71
60 - 64	\$267.07	\$503.60	\$600.80
65 - 120	\$328.53	\$652.84	\$726.87

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$79.91	\$176.22	\$274.18
20 - 24	\$82.70	\$184.12	\$287.40
25 - 29	\$91.50	\$195.35	\$315.05
30 - 34	\$97.57	\$205.38	\$335.90
35 - 39	\$111.41	\$213.18	\$360.71
40 - 44	\$119.14	\$227.72	\$384.88
45 - 49	\$134.06	\$251.09	\$398.08
50 - 54	\$159.01	\$302.96	\$416.63
55 - 59	\$191.63	\$358.10	\$453.03
60 - 64	\$233.25	\$439.84	\$524.73
65 - 120	\$286.94	\$570.18	\$634.84

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$107.17	\$236.36	\$367.75
20 - 24	\$110.93	\$246.95	\$385.48
25 - 29	\$122.73	\$262.01	\$422.57
30 - 34	\$130.87	\$275.47	\$450.53
35 - 39	\$149.42	\$285.93	\$483.80
40 - 44	\$159.80	\$305.43	\$516.22
45 - 49	\$179.81	\$336.77	\$533.93
50 - 54	\$213.28	\$406.35	\$558.81
55 - 59	\$257.02	\$480.31	\$607.63
60 - 64	\$312.85	\$589.94	\$703.81
65 - 120	\$384.86	\$764.76	\$851.49

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$99.67	\$219.80	\$341.98
20 - 24	\$103.15	\$229.65	\$358.47
25 - 29	\$114.13	\$243.66	\$392.97
30 - 34	\$121.70	\$256.17	\$418.97
35 - 39	\$138.96	\$265.90	\$449.91
40 - 44	\$148.61	\$284.03	\$480.06
45 - 49	\$167.22	\$313.18	\$496.53
50 - 54	\$198.34	\$377.89	\$519.66
55 - 59	\$239.02	\$446.66	\$565.07
60 - 64	\$290.94	\$548.61	\$654.50
65 - 120	\$357.90	\$711.19	\$791.84

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$86.97	\$191.80	\$298.41
20 - 24	\$90.01	\$200.39	\$312.80
25 - 29	\$99.59	\$212.61	\$342.90
30 - 34	\$106.19	\$223.53	\$365.58
35 - 39	\$121.25	\$232.02	\$392.58
40 - 44	\$129.67	\$247.84	\$418.89
45 - 49	\$145.91	\$273.28	\$433.26
50 - 54	\$173.07	\$329.74	\$453.45
55 - 59	\$208.56	\$389.75	\$493.07
60 - 64	\$253.86	\$478.71	\$571.11
65 - 120	\$312.30	\$620.57	\$690.94

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$75.31	\$166.09	\$258.41
20 - 24	\$77.95	\$173.53	\$270.87
25 - 29	\$86.24	\$184.11	\$296.94
30 - 34	\$91.96	\$193.57	\$316.59
35 - 39	\$105.00	\$200.93	\$339.97
40 - 44	\$112.29	\$214.62	\$362.75
45 - 49	\$126.36	\$236.65	\$375.19
50 - 54	\$149.87	\$285.54	\$392.68
55 - 59	\$180.61	\$337.52	\$426.98
60 - 64	\$219.84	\$414.55	\$494.57
65 - 120	\$270.44	\$537.40	\$598.34

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$105.64	\$200.72	\$298.12
20 - 24	\$109.34	\$209.71	\$312.49
25 - 29	\$124.36	\$236.69	\$362.57
30 - 34	\$132.60	\$248.85	\$386.56
35 - 39	\$157.35	\$285.33	\$469.19
40 - 44	\$168.28	\$304.78	\$500.63
45 - 49	\$194.63	\$357.94	\$567.71
50 - 54	\$230.85	\$435.26	\$599.40
55 - 59	\$278.20	\$517.25	\$655.08
60 - 64	\$338.63	\$638.55	\$761.80
65 - 120	\$416.57	\$827.77	\$921.65

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$100.81	\$191.54	\$284.48
20 - 24	\$104.34	\$200.12	\$298.20
25 - 29	\$118.67	\$225.86	\$345.99
30 - 34	\$126.54	\$237.46	\$368.88
35 - 39	\$150.15	\$272.28	\$447.73
40 - 44	\$160.58	\$290.84	\$477.74
45 - 49	\$185.73	\$341.56	\$541.74
50 - 54	\$220.29	\$415.35	\$571.98
55 - 59	\$265.48	\$493.59	\$625.12
60 - 64	\$323.14	\$609.34	\$726.95
65 - 120	\$397.52	\$789.91	\$879.49

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$91.38	\$173.62	\$257.87
20 - 24	\$94.58	\$181.40	\$270.31
25 - 29	\$107.57	\$204.74	\$313.63
30 - 34	\$114.70	\$215.25	\$334.38
35 - 39	\$136.11	\$246.81	\$405.86
40 - 44	\$145.56	\$263.64	\$433.05
45 - 49	\$168.36	\$309.62	\$491.07
50 - 54	\$199.69	\$376.51	\$518.49
55 - 59	\$240.65	\$447.43	\$566.65
60 - 64	\$292.92	\$552.35	\$658.96
65 - 120	\$360.34	\$716.03	\$797.23

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$84.80	\$161.12	\$239.31
20 - 24	\$87.77	\$168.34	\$250.85
25 - 29	\$99.83	\$190.00	\$291.05
30 - 34	\$106.45	\$199.76	\$310.31
35 - 39	\$126.31	\$229.04	\$376.64
40 - 44	\$135.08	\$244.66	\$401.88
45 - 49	\$156.24	\$287.33	\$455.72
50 - 54	\$185.32	\$349.40	\$481.16
55 - 59	\$223.32	\$415.22	\$525.86
60 - 64	\$271.83	\$512.59	\$611.52
65 - 120	\$334.40	\$664.49	\$739.84

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$103.08	\$195.86	\$290.90
20 - 24	\$106.69	\$204.64	\$304.93
25 - 29	\$121.35	\$230.96	\$353.80
30 - 34	\$129.40	\$242.82	\$377.21
35 - 39	\$153.54	\$278.42	\$457.84
40 - 44	\$164.20	\$297.40	\$488.52
45 - 49	\$189.92	\$349.27	\$553.97
50 - 54	\$225.27	\$424.73	\$584.89
55 - 59	\$271.47	\$504.73	\$639.23
60 - 64	\$330.43	\$623.09	\$743.36
65 - 120	\$406.49	\$807.74	\$899.34

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$97.31	\$184.88	\$274.60
20 - 24	\$100.71	\$193.16	\$287.84
25 - 29	\$114.55	\$218.01	\$333.97
30 - 34	\$122.14	\$229.21	\$356.07
35 - 39	\$144.93	\$262.81	\$432.17
40 - 44	\$155.00	\$280.73	\$461.13
45 - 49	\$179.27	\$329.70	\$522.91
50 - 54	\$212.64	\$400.92	\$552.11
55 - 59	\$256.25	\$476.44	\$603.39
60 - 64	\$311.91	\$588.17	\$701.69
65 - 120	\$383.70	\$762.46	\$848.93

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$86.86	\$165.04	\$245.13
20 - 24	\$89.90	\$172.44	\$256.95
25 - 29	\$102.25	\$194.62	\$298.13
30 - 34	\$109.03	\$204.61	\$317.85
35 - 39	\$129.38	\$234.61	\$385.80
40 - 44	\$138.37	\$250.61	\$411.65
45 - 49	\$160.03	\$294.31	\$466.80
50 - 54	\$189.82	\$357.90	\$492.86
55 - 59	\$228.75	\$425.31	\$538.64
60 - 64	\$278.44	\$525.05	\$626.39
65 - 120	\$342.53	\$680.64	\$757.83

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$79.93	\$151.86	\$225.55
20 - 24	\$82.72	\$158.66	\$236.43
25 - 29	\$94.09	\$179.07	\$274.32
30 - 34	\$100.33	\$188.27	\$292.47
35 - 39	\$119.05	\$215.87	\$354.99
40 - 44	\$127.32	\$230.59	\$378.77
45 - 49	\$147.25	\$270.81	\$429.52
50 - 54	\$174.66	\$329.32	\$453.50
55 - 59	\$210.48	\$391.34	\$495.63
60 - 64	\$256.20	\$483.12	\$576.37
65 - 120	\$315.17	\$626.28	\$697.31

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$100.02	\$190.04	\$282.25
20 - 24	\$103.52	\$198.55	\$295.86
25 - 29	\$117.74	\$224.09	\$343.28
30 - 34	\$125.55	\$235.61	\$366.00
35 - 39	\$148.97	\$270.14	\$444.23
40 - 44	\$159.32	\$288.56	\$474.00
45 - 49	\$184.27	\$338.89	\$537.50
50 - 54	\$218.57	\$412.10	\$567.50
55 - 59	\$263.40	\$489.73	\$620.22
60 - 64	\$320.61	\$604.57	\$721.26
65 - 120	\$394.40	\$783.73	\$872.61

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$94.03	\$178.66	\$265.35
20 - 24	\$97.32	\$186.66	\$278.14
25 - 29	\$110.69	\$210.67	\$322.72
30 - 34	\$118.03	\$221.49	\$344.08
35 - 39	\$140.05	\$253.96	\$417.62
40 - 44	\$149.78	\$271.28	\$445.61
45 - 49	\$173.24	\$318.59	\$505.31
50 - 54	\$205.48	\$387.42	\$533.52
55 - 59	\$247.62	\$460.40	\$583.08
60 - 64	\$301.41	\$568.36	\$678.06
65 - 120	\$370.78	\$736.79	\$820.35

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$83.32	\$158.30	\$235.11
20 - 24	\$86.23	\$165.39	\$246.45
25 - 29	\$98.08	\$186.67	\$285.95
30 - 34	\$104.58	\$196.26	\$304.87
35 - 39	\$124.09	\$225.03	\$370.04
40 - 44	\$132.71	\$240.37	\$394.83
45 - 49	\$153.50	\$282.29	\$447.73
50 - 54	\$182.07	\$343.28	\$472.73
55 - 59	\$219.41	\$407.94	\$516.64
60 - 64	\$267.07	\$503.60	\$600.80
65 - 120	\$328.53	\$652.84	\$726.87

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$72.77	\$138.26	\$205.35
20 - 24	\$75.31	\$144.45	\$215.25
25 - 29	\$85.66	\$163.03	\$249.74
30 - 34	\$91.34	\$171.41	\$266.27
35 - 39	\$108.38	\$196.54	\$323.19
40 - 44	\$115.91	\$209.94	\$344.84
45 - 49	\$134.06	\$246.55	\$391.04
50 - 54	\$159.01	\$299.81	\$412.87
55 - 59	\$191.63	\$356.29	\$451.23
60 - 64	\$233.25	\$439.84	\$524.73
65 - 120	\$286.94	\$570.18	\$634.84

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$97.60	\$185.44	\$275.42
20 - 24	\$101.02	\$193.75	\$288.70
25 - 29	\$114.89	\$218.67	\$334.97
30 - 34	\$122.51	\$229.90	\$357.14
35 - 39	\$145.37	\$263.61	\$433.48
40 - 44	\$155.47	\$281.58	\$462.52
45 - 49	\$179.81	\$330.69	\$524.49
50 - 54	\$213.28	\$402.13	\$553.77
55 - 59	\$257.02	\$477.88	\$605.21
60 - 64	\$312.85	\$589.94	\$703.81
65 - 120	\$384.86	\$764.76	\$851.49

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$90.76	\$172.45	\$256.13
20 - 24	\$93.94	\$180.17	\$268.48
25 - 29	\$106.84	\$203.35	\$311.51
30 - 34	\$113.93	\$213.80	\$332.12
35 - 39	\$135.19	\$245.14	\$403.11
40 - 44	\$144.58	\$261.85	\$430.12
45 - 49	\$167.22	\$307.52	\$487.75
50 - 54	\$198.34	\$373.96	\$514.98
55 - 59	\$239.02	\$444.40	\$562.82
60 - 64	\$290.94	\$548.61	\$654.50
65 - 120	\$357.90	\$711.19	\$791.84

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$79.20	\$150.48	\$223.49
20 - 24	\$81.97	\$157.22	\$234.27
25 - 29	\$93.23	\$177.44	\$271.82
30 - 34	\$99.41	\$186.56	\$289.80
35 - 39	\$117.96	\$213.90	\$351.75
40 - 44	\$126.15	\$228.49	\$375.32
45 - 49	\$145.91	\$268.34	\$425.60
50 - 54	\$173.07	\$326.31	\$449.36
55 - 59	\$208.56	\$387.77	\$491.10
60 - 64	\$253.86	\$478.71	\$571.11
65 - 120	\$312.30	\$620.57	\$690.94

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$68.58	\$130.31	\$193.54
20 - 24	\$70.98	\$136.15	\$202.87
25 - 29	\$80.73	\$153.66	\$235.39
30 - 34	\$86.09	\$161.55	\$250.96
35 - 39	\$102.15	\$185.24	\$304.60
40 - 44	\$109.25	\$197.87	\$325.02
45 - 49	\$126.36	\$232.38	\$368.56
50 - 54	\$149.87	\$282.58	\$389.13
55 - 59	\$180.61	\$335.80	\$425.28
60 - 64	\$219.84	\$414.55	\$494.57
65 - 120	\$270.44	\$537.40	\$598.34

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$126.47	\$269.47	\$418.48
20 - 24	\$130.89	\$281.55	\$438.66
25 - 29	\$145.29	\$302.70	\$484.51
30 - 34	\$154.93	\$318.25	\$516.57
35 - 39	\$178.22	\$336.78	\$566.74
40 - 44	\$190.60	\$359.75	\$604.72
45 - 49	\$216.22	\$402.85	\$639.00
50 - 54	\$256.46	\$487.02	\$670.14
55 - 59	\$309.06	\$576.86	\$729.99
60 - 64	\$376.19	\$709.37	\$846.29
65 - 120	\$462.77	\$919.59	\$1,023.87

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$120.60	\$256.97	\$399.07
20 - 24	\$124.82	\$268.48	\$418.31
25 - 29	\$138.55	\$288.65	\$462.04
30 - 34	\$147.74	\$303.48	\$492.61
35 - 39	\$169.96	\$321.16	\$540.44
40 - 44	\$181.76	\$343.06	\$576.66
45 - 49	\$206.19	\$384.16	\$609.35
50 - 54	\$244.56	\$464.43	\$639.05
55 - 59	\$294.72	\$550.10	\$696.13
60 - 64	\$358.74	\$676.46	\$807.03
65 - 120	\$441.30	\$876.92	\$976.37

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$110.70	\$235.89	\$366.32
20 - 24	\$114.58	\$246.45	\$383.98
25 - 29	\$127.18	\$264.97	\$424.12
30 - 34	\$135.62	\$278.58	\$452.19
35 - 39	\$156.01	\$294.81	\$496.10
40 - 44	\$166.85	\$314.91	\$529.34
45 - 49	\$189.27	\$352.63	\$559.35
50 - 54	\$224.49	\$426.32	\$586.61
55 - 59	\$270.54	\$504.96	\$639.01
60 - 64	\$329.30	\$620.95	\$740.81
65 - 120	\$405.09	\$804.97	\$896.25

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$109.42	\$233.15	\$362.07
20 - 24	\$113.25	\$243.59	\$379.53
25 - 29	\$125.71	\$261.89	\$419.20
30 - 34	\$134.04	\$275.35	\$446.94
35 - 39	\$154.20	\$291.39	\$490.34
40 - 44	\$164.91	\$311.25	\$523.20
45 - 49	\$187.07	\$348.54	\$552.86
50 - 54	\$221.89	\$421.37	\$579.81
55 - 59	\$267.40	\$499.10	\$631.59
60 - 64	\$325.48	\$613.75	\$732.21
65 - 120	\$400.39	\$795.63	\$885.86

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.

Age	Single	Two Party	Family
0 - 19	\$123.41	\$262.95	\$408.36
20 - 24	\$127.72	\$274.73	\$428.04
25 - 29	\$141.78	\$295.37	\$472.79
30 - 34	\$151.18	\$310.55	\$504.07
35 - 39	\$173.91	\$328.63	\$553.02
40 - 44	\$185.99	\$351.04	\$590.08
45 - 49	\$210.98	\$393.10	\$623.53
50 - 54	\$250.25	\$475.24	\$653.93
55 - 59	\$301.58	\$562.90	\$712.33
60 - 64	\$367.08	\$692.21	\$825.81
65 - 120	\$451.58	\$897.33	\$999.10

Ded. \$500 Med.

Age	Single	Two Party	Family
0 - 19	\$116.41	\$248.04	\$385.20
20 - 24	\$120.48	\$259.15	\$403.77
25 - 29	\$133.74	\$278.62	\$445.98
30 - 34	\$142.61	\$292.94	\$475.49
35 - 39	\$164.05	\$310.00	\$521.66
40 - 44	\$175.45	\$331.13	\$556.62
45 - 49	\$199.02	\$370.81	\$588.18
50 - 54	\$236.06	\$448.29	\$616.85
55 - 59	\$284.48	\$530.98	\$671.94
60 - 64	\$346.27	\$652.95	\$778.99
65 - 120	\$425.97	\$846.45	\$942.44

Ded. \$1000 Med.

Age	Single	Two Party	Family
0 - 19	\$105.23	\$224.23	\$348.21
20 - 24	\$108.91	\$234.27	\$365.00
25 - 29	\$120.90	\$251.87	\$403.16
30 - 34	\$128.91	\$264.81	\$429.84
35 - 39	\$148.30	\$280.23	\$471.58
40 - 44	\$158.60	\$299.34	\$503.18
45 - 49	\$179.91	\$335.20	\$531.70
50 - 54	\$213.40	\$405.25	\$557.62
55 - 59	\$257.16	\$480.00	\$607.42
60 - 64	\$313.02	\$590.26	\$704.19
65 - 120	\$385.07	\$765.18	\$851.95

Ded. \$2000 Med.

Age	Single	Two Party	Family
0 - 19	\$103.13	\$219.74	\$341.26
20 - 24	\$106.74	\$229.59	\$357.71
25 - 29	\$118.48	\$246.84	\$395.10
30 - 34	\$126.34	\$259.52	\$421.25
35 - 39	\$145.34	\$274.63	\$462.15
40 - 44	\$155.43	\$293.36	\$493.12
45 - 49	\$176.32	\$328.50	\$521.08
50 - 54	\$209.13	\$397.15	\$546.47
55 - 59	\$252.03	\$470.41	\$595.28
60 - 64	\$306.77	\$578.46	\$690.12
65 - 120	\$377.37	\$749.89	\$834.93

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$117.36	\$222.98	\$331.18
20 - 24	\$121.47	\$232.97	\$347.15
25 - 29	\$138.15	\$262.94	\$402.79
30 - 34	\$147.31	\$276.45	\$429.44
35 - 39	\$174.80	\$316.97	\$521.23
40 - 44	\$186.94	\$338.58	\$556.16
45 - 49	\$216.22	\$397.64	\$630.67
50 - 54	\$256.46	\$483.54	\$665.88
55 - 59	\$309.06	\$574.62	\$727.74
60 - 64	\$376.19	\$709.37	\$846.29
65 - 120	\$462.77	\$919.59	\$1,023.87

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$111.91	\$212.64	\$315.82
20 - 24	\$115.83	\$222.16	\$331.04
25 - 29	\$131.74	\$250.74	\$384.10
30 - 34	\$140.48	\$263.62	\$409.52
35 - 39	\$166.69	\$302.27	\$497.05
40 - 44	\$178.27	\$322.88	\$530.36
45 - 49	\$206.19	\$379.19	\$601.41
50 - 54	\$244.56	\$461.11	\$634.99
55 - 59	\$294.72	\$547.96	\$693.98
60 - 64	\$358.74	\$676.46	\$807.03
65 - 120	\$441.30	\$876.92	\$976.37

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$102.73	\$195.19	\$289.90
20 - 24	\$106.33	\$203.93	\$303.88
25 - 29	\$120.93	\$230.17	\$352.58
30 - 34	\$128.95	\$241.99	\$375.91
35 - 39	\$153.01	\$277.46	\$456.27
40 - 44	\$163.64	\$296.38	\$486.84
45 - 49	\$189.27	\$348.07	\$552.06
50 - 54	\$224.49	\$423.27	\$582.88
55 - 59	\$270.54	\$503.00	\$637.03
60 - 64	\$329.30	\$620.95	\$740.81
65 - 120	\$405.09	\$804.97	\$896.25

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$101.54	\$192.92	\$286.54
20 - 24	\$105.09	\$201.57	\$300.36
25 - 29	\$119.53	\$227.50	\$348.49
30 - 34	\$127.45	\$239.18	\$371.55
35 - 39	\$151.24	\$274.25	\$450.97
40 - 44	\$161.74	\$292.94	\$481.19
45 - 49	\$187.07	\$344.04	\$545.66
50 - 54	\$221.89	\$418.36	\$576.12
55 - 59	\$267.40	\$497.16	\$629.64
60 - 64	\$325.48	\$613.75	\$732.21
65 - 120	\$400.39	\$795.63	\$885.86

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$114.52	\$217.59	\$323.17
20 - 24	\$118.53	\$227.33	\$338.75
25 - 29	\$134.81	\$256.58	\$393.04
30 - 34	\$143.75	\$269.76	\$419.05
35 - 39	\$170.57	\$309.30	\$508.62
40 - 44	\$182.42	\$330.39	\$542.70
45 - 49	\$210.98	\$388.01	\$615.41
50 - 54	\$250.25	\$471.84	\$649.77
55 - 59	\$301.58	\$560.72	\$710.13
60 - 64	\$367.08	\$692.21	\$825.81
65 - 120	\$451.58	\$897.33	\$999.10

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$108.02	\$205.25	\$304.84
20 - 24	\$111.81	\$214.44	\$319.54
25 - 29	\$127.16	\$242.03	\$370.75
30 - 34	\$135.60	\$254.46	\$395.29
35 - 39	\$160.90	\$291.76	\$479.78
40 - 44	\$172.07	\$311.66	\$511.93
45 - 49	\$199.02	\$366.01	\$580.52
50 - 54	\$236.06	\$445.08	\$612.92
55 - 59	\$284.48	\$528.92	\$669.86
60 - 64	\$346.27	\$652.95	\$778.99
65 - 120	\$425.97	\$846.45	\$942.44

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$97.65	\$185.54	\$275.57
20 - 24	\$101.07	\$193.85	\$288.86
25 - 29	\$114.95	\$218.79	\$335.16
30 - 34	\$122.58	\$230.03	\$357.33
35 - 39	\$145.45	\$263.75	\$433.71
40 - 44	\$155.55	\$281.73	\$462.78
45 - 49	\$179.91	\$330.87	\$524.78
50 - 54	\$213.40	\$402.35	\$554.07
55 - 59	\$257.16	\$478.14	\$605.54
60 - 64	\$313.02	\$590.26	\$704.19
65 - 120	\$385.07	\$765.18	\$851.95

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$95.70	\$181.83	\$270.07
20 - 24	\$99.05	\$189.98	\$283.09
25 - 29	\$112.66	\$214.42	\$328.46
30 - 34	\$120.13	\$225.43	\$350.19
35 - 39	\$142.54	\$258.48	\$425.05
40 - 44	\$152.44	\$276.10	\$453.53
45 - 49	\$176.32	\$324.26	\$514.29
50 - 54	\$209.13	\$394.31	\$543.00
55 - 59	\$252.03	\$468.58	\$593.44
60 - 64	\$306.77	\$578.46	\$690.12
65 - 120	\$377.37	\$749.89	\$834.93

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$122.95	\$266.57	\$414.35
20 - 24	\$127.25	\$278.51	\$434.33
25 - 29	\$141.40	\$297.60	\$478.30
30 - 34	\$150.77	\$312.89	\$509.95
35 - 39	\$172.94	\$328.77	\$554.43
40 - 44	\$184.96	\$351.19	\$591.59
45 - 49	\$208.91	\$390.34	\$618.80
50 - 54	\$247.79	\$471.40	\$648.46
55 - 59	\$298.61	\$557.64	\$705.53
60 - 64	\$363.47	\$685.40	\$817.69
65 - 120	\$447.13	\$888.51	\$989.27

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$117.24	\$254.20	\$395.12
20 - 24	\$121.35	\$265.58	\$414.17
25 - 29	\$134.83	\$283.78	\$456.09
30 - 34	\$143.77	\$298.36	\$486.27
35 - 39	\$164.92	\$313.51	\$528.70
40 - 44	\$176.37	\$334.88	\$564.12
45 - 49	\$199.21	\$372.23	\$590.08
50 - 54	\$236.29	\$449.52	\$618.36
55 - 59	\$284.75	\$531.76	\$672.78
60 - 64	\$346.60	\$653.58	\$779.73
65 - 120	\$426.38	\$847.26	\$943.35

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$106.08	\$230.00	\$357.51
20 - 24	\$109.80	\$240.31	\$374.75
25 - 29	\$122.00	\$256.77	\$412.68
30 - 34	\$130.09	\$269.96	\$439.99
35 - 39	\$149.22	\$283.67	\$478.37
40 - 44	\$159.58	\$303.01	\$510.43
45 - 49	\$180.25	\$336.80	\$533.91
50 - 54	\$213.80	\$406.73	\$559.50
55 - 59	\$257.65	\$481.14	\$608.75
60 - 64	\$313.61	\$591.37	\$705.52
65 - 120	\$385.79	\$766.62	\$853.56

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$98.30	\$213.12	\$331.28
20 - 24	\$101.74	\$222.67	\$347.25
25 - 29	\$113.05	\$237.93	\$382.40
30 - 34	\$120.54	\$250.15	\$407.70
35 - 39	\$138.27	\$262.85	\$443.27
40 - 44	\$147.87	\$280.77	\$472.97
45 - 49	\$167.02	\$312.08	\$494.73
50 - 54	\$198.11	\$376.89	\$518.44
55 - 59	\$238.74	\$445.84	\$564.07
60 - 64	\$290.60	\$547.97	\$653.74
65 - 120	\$357.48	\$710.36	\$790.92

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$119.98	\$260.12	\$404.33
20 - 24	\$124.17	\$271.77	\$423.82
25 - 29	\$137.97	\$290.40	\$466.72
30 - 34	\$147.12	\$305.31	\$497.60
35 - 39	\$168.76	\$320.81	\$541.02
40 - 44	\$180.48	\$342.69	\$577.27
45 - 49	\$203.85	\$380.90	\$603.83
50 - 54	\$241.79	\$460.00	\$632.77
55 - 59	\$291.39	\$544.15	\$688.46
60 - 64	\$354.68	\$668.81	\$797.90
65 - 120	\$436.31	\$867.00	\$965.33

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$113.17	\$245.36	\$381.39
20 - 24	\$117.13	\$256.36	\$399.78
25 - 29	\$130.15	\$273.92	\$440.25
30 - 34	\$138.78	\$287.99	\$469.38
35 - 39	\$159.19	\$302.61	\$510.32
40 - 44	\$170.24	\$323.25	\$544.52
45 - 49	\$192.29	\$359.29	\$569.57
50 - 54	\$228.08	\$433.90	\$596.87
55 - 59	\$274.86	\$513.28	\$649.40
60 - 64	\$334.56	\$630.87	\$752.64
65 - 120	\$411.56	\$817.82	\$910.57

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$100.84	\$218.63	\$339.84
20 - 24	\$104.37	\$228.43	\$356.23
25 - 29	\$115.97	\$244.08	\$392.28
30 - 34	\$123.66	\$256.62	\$418.24
35 - 39	\$141.84	\$269.65	\$454.73
40 - 44	\$151.70	\$288.03	\$485.20
45 - 49	\$171.34	\$320.15	\$507.52
50 - 54	\$203.23	\$386.63	\$531.84
55 - 59	\$244.91	\$457.36	\$578.66
60 - 64	\$298.11	\$562.14	\$670.64
65 - 120	\$366.72	\$728.72	\$811.37

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$92.65	\$200.87	\$312.23
20 - 24	\$95.89	\$209.87	\$327.28
25 - 29	\$106.55	\$224.25	\$360.41
30 - 34	\$113.61	\$235.77	\$384.26
35 - 39	\$130.32	\$247.74	\$417.78
40 - 44	\$139.37	\$264.63	\$445.78
45 - 49	\$157.42	\$294.14	\$466.29
50 - 54	\$186.72	\$355.22	\$488.64
55 - 59	\$225.02	\$420.20	\$531.64
60 - 64	\$273.89	\$516.47	\$616.16
65 - 120	\$336.93	\$669.52	\$745.45

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$118.04	\$260.32	\$405.01
20 - 24	\$122.17	\$271.98	\$424.54
25 - 29	\$135.16	\$288.56	\$465.39
30 - 34	\$144.13	\$303.39	\$496.19
35 - 39	\$164.57	\$314.91	\$532.84
40 - 44	\$176.00	\$336.38	\$568.54
45 - 49	\$198.04	\$370.90	\$588.04
50 - 54	\$234.90	\$447.53	\$615.44
55 - 59	\$283.07	\$528.99	\$669.22
60 - 64	\$344.56	\$649.73	\$775.13
65 - 120	\$423.86	\$842.27	\$937.78

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$111.44	\$245.76	\$382.37
20 - 24	\$115.34	\$256.77	\$400.81
25 - 29	\$127.61	\$272.43	\$439.38
30 - 34	\$136.07	\$286.43	\$468.45
35 - 39	\$155.37	\$297.31	\$503.05
40 - 44	\$166.16	\$317.58	\$536.76
45 - 49	\$186.97	\$350.17	\$555.17
50 - 54	\$221.76	\$422.51	\$581.04
55 - 59	\$267.25	\$499.42	\$631.80
60 - 64	\$325.30	\$613.40	\$731.80
65 - 120	\$400.17	\$795.18	\$885.36

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$98.61	\$217.47	\$338.36
20 - 24	\$102.06	\$227.21	\$354.67
25 - 29	\$112.92	\$241.07	\$388.80
30 - 34	\$120.41	\$253.46	\$414.52
35 - 39	\$137.48	\$263.08	\$445.14
40 - 44	\$147.03	\$281.02	\$474.97
45 - 49	\$165.44	\$309.86	\$491.26
50 - 54	\$196.24	\$373.88	\$514.15
55 - 59	\$236.48	\$441.93	\$559.07
60 - 64	\$287.85	\$542.79	\$647.56
65 - 120	\$354.10	\$703.64	\$783.44

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$86.53	\$190.83	\$296.90
20 - 24	\$89.56	\$199.38	\$311.22
25 - 29	\$99.08	\$211.54	\$341.17
30 - 34	\$105.66	\$222.40	\$363.74
35 - 39	\$120.64	\$230.85	\$390.60
40 - 44	\$129.02	\$246.59	\$416.78
45 - 49	\$145.17	\$271.90	\$431.07
50 - 54	\$172.19	\$328.07	\$451.16
55 - 59	\$207.51	\$387.78	\$490.58
60 - 64	\$252.58	\$476.29	\$568.22
65 - 120	\$310.72	\$617.44	\$687.46

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$115.18	\$254.02	\$395.21
20 - 24	\$119.21	\$265.40	\$414.27
25 - 29	\$131.89	\$281.58	\$454.13
30 - 34	\$140.64	\$296.05	\$484.18
35 - 39	\$160.59	\$307.29	\$519.94
40 - 44	\$171.74	\$328.24	\$554.78
45 - 49	\$193.24	\$361.93	\$573.81
50 - 54	\$229.21	\$436.70	\$600.55
55 - 59	\$276.22	\$516.19	\$653.02
60 - 64	\$336.22	\$634.00	\$756.38
65 - 120	\$413.61	\$821.88	\$915.09

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$107.56	\$237.22	\$369.08
20 - 24	\$111.33	\$247.85	\$386.88
25 - 29	\$123.17	\$262.96	\$424.11
30 - 34	\$131.34	\$276.47	\$452.17
35 - 39	\$149.97	\$286.97	\$485.57
40 - 44	\$160.39	\$306.54	\$518.10
45 - 49	\$180.47	\$338.00	\$535.88
50 - 54	\$214.06	\$407.83	\$560.85
55 - 59	\$257.96	\$482.06	\$609.85
60 - 64	\$313.99	\$592.09	\$706.37
65 - 120	\$386.26	\$767.55	\$854.59

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$93.73	\$206.72	\$321.63
20 - 24	\$97.02	\$215.98	\$337.14
25 - 29	\$107.34	\$229.15	\$369.58
30 - 34	\$114.45	\$240.93	\$394.03
35 - 39	\$130.69	\$250.08	\$423.14
40 - 44	\$139.76	\$267.13	\$451.49
45 - 49	\$157.27	\$294.54	\$466.98
50 - 54	\$186.54	\$355.40	\$488.74
55 - 59	\$224.79	\$420.08	\$531.44
60 - 64	\$273.62	\$515.96	\$615.55
65 - 120	\$336.60	\$668.86	\$744.71

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$81.55	\$179.86	\$279.83
20 - 24	\$84.41	\$187.91	\$293.32
25 - 29	\$93.39	\$199.37	\$321.55
30 - 34	\$99.58	\$209.62	\$342.83
35 - 39	\$113.70	\$217.58	\$368.15
40 - 44	\$121.60	\$232.41	\$392.82
45 - 49	\$136.83	\$256.27	\$406.29
50 - 54	\$162.29	\$309.21	\$425.22
55 - 59	\$195.58	\$365.49	\$462.37
60 - 64	\$238.06	\$448.91	\$535.56
65 - 120	\$292.86	\$581.94	\$647.93

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$113.39	\$215.45	\$319.99
20 - 24	\$117.36	\$225.10	\$335.42
25 - 29	\$133.48	\$254.05	\$389.18
30 - 34	\$142.33	\$267.10	\$414.93
35 - 39	\$168.89	\$306.26	\$503.62
40 - 44	\$180.62	\$327.14	\$537.37
45 - 49	\$208.91	\$384.20	\$609.36
50 - 54	\$247.79	\$467.20	\$643.38
55 - 59	\$298.61	\$555.20	\$703.14
60 - 64	\$363.47	\$685.40	\$817.69
65 - 120	\$447.13	\$888.51	\$989.27

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$108.13	\$205.44	\$305.14
20 - 24	\$111.91	\$214.65	\$319.85
25 - 29	\$127.28	\$242.26	\$371.11
30 - 34	\$135.73	\$254.71	\$395.67
35 - 39	\$161.05	\$292.04	\$480.24
40 - 44	\$172.24	\$311.96	\$512.42
45 - 49	\$199.21	\$366.36	\$581.07
50 - 54	\$236.29	\$445.51	\$613.51
55 - 59	\$284.75	\$529.43	\$670.50
60 - 64	\$346.60	\$653.58	\$779.73
65 - 120	\$426.38	\$847.26	\$943.35

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$97.84	\$185.89	\$276.09
20 - 24	\$101.26	\$194.22	\$289.40
25 - 29	\$115.17	\$219.20	\$335.79
30 - 34	\$122.81	\$230.46	\$358.01
35 - 39	\$145.72	\$264.25	\$434.53
40 - 44	\$155.84	\$282.26	\$463.65
45 - 49	\$180.25	\$331.49	\$525.76
50 - 54	\$213.80	\$403.11	\$555.12
55 - 59	\$257.65	\$479.04	\$606.68
60 - 64	\$313.61	\$591.37	\$705.52
65 - 120	\$385.79	\$766.62	\$853.56

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$90.66	\$172.25	\$255.83
20 - 24	\$93.83	\$179.97	\$268.17
25 - 29	\$106.72	\$203.12	\$311.15
30 - 34	\$113.80	\$213.55	\$331.73
35 - 39	\$135.03	\$244.85	\$402.64
40 - 44	\$144.41	\$261.55	\$429.62
45 - 49	\$167.02	\$307.17	\$487.18
50 - 54	\$198.11	\$373.53	\$514.38
55 - 59	\$238.74	\$443.88	\$562.16
60 - 64	\$290.60	\$547.97	\$653.74
65 - 120	\$357.48	\$710.36	\$790.92

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$110.65	\$210.23	\$312.25
20 - 24	\$114.52	\$219.65	\$327.30
25 - 29	\$130.25	\$247.90	\$379.76
30 - 34	\$138.89	\$260.64	\$404.89
35 - 39	\$164.80	\$298.85	\$491.43
40 - 44	\$176.25	\$319.22	\$524.36
45 - 49	\$203.85	\$374.90	\$594.61
50 - 54	\$241.79	\$455.89	\$627.81
55 - 59	\$291.39	\$541.76	\$686.13
60 - 64	\$354.68	\$668.81	\$797.90
65 - 120	\$436.31	\$867.00	\$965.33

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$104.37	\$198.31	\$294.53
20 - 24	\$108.02	\$207.19	\$308.73
25 - 29	\$122.86	\$233.84	\$358.21
30 - 34	\$131.01	\$245.85	\$381.92
35 - 39	\$155.45	\$281.90	\$463.55
40 - 44	\$166.25	\$301.12	\$494.62
45 - 49	\$192.29	\$353.63	\$560.88
50 - 54	\$228.08	\$430.03	\$592.19
55 - 59	\$274.86	\$511.03	\$647.20
60 - 64	\$334.56	\$630.87	\$752.64
65 - 120	\$411.56	\$817.82	\$910.57

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$93.00	\$176.70	\$262.44
20 - 24	\$96.26	\$184.62	\$275.10
25 - 29	\$109.48	\$208.37	\$319.19
30 - 34	\$116.74	\$219.07	\$340.31
35 - 39	\$138.52	\$251.18	\$413.05
40 - 44	\$148.14	\$268.31	\$440.73
45 - 49	\$171.34	\$315.11	\$499.78
50 - 54	\$203.23	\$383.18	\$527.68
55 - 59	\$244.91	\$455.36	\$576.69
60 - 64	\$298.11	\$562.14	\$670.64
65 - 120	\$366.72	\$728.72	\$811.37

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$85.44	\$162.35	\$241.12
20 - 24	\$88.44	\$169.62	\$252.75
25 - 29	\$100.58	\$191.44	\$293.26
30 - 34	\$107.25	\$201.27	\$312.66
35 - 39	\$127.27	\$230.78	\$379.49
40 - 44	\$136.11	\$246.51	\$404.92
45 - 49	\$157.42	\$289.51	\$459.17
50 - 54	\$186.72	\$352.05	\$484.81
55 - 59	\$225.02	\$418.36	\$529.84
60 - 64	\$273.89	\$516.47	\$616.16
65 - 120	\$336.93	\$669.52	\$745.45

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$107.49	\$204.23	\$303.34
20 - 24	\$111.25	\$213.38	\$317.96
25 - 29	\$126.53	\$240.83	\$368.92
30 - 34	\$134.93	\$253.20	\$393.33
35 - 39	\$160.10	\$290.32	\$477.41
40 - 44	\$171.22	\$310.12	\$509.40
45 - 49	\$198.04	\$364.20	\$577.65
50 - 54	\$234.90	\$442.88	\$609.89
55 - 59	\$283.07	\$526.31	\$666.55
60 - 64	\$344.56	\$649.73	\$775.13
65 - 120	\$423.86	\$842.27	\$937.78

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$101.48	\$192.82	\$286.38
20 - 24	\$105.03	\$201.45	\$300.19
25 - 29	\$119.46	\$227.37	\$348.30
30 - 34	\$127.38	\$239.05	\$371.34
35 - 39	\$151.15	\$274.09	\$450.72
40 - 44	\$161.65	\$292.78	\$480.92
45 - 49	\$186.97	\$343.84	\$545.35
50 - 54	\$221.76	\$418.12	\$575.80
55 - 59	\$267.25	\$496.88	\$629.29
60 - 64	\$325.30	\$613.40	\$731.80
65 - 120	\$400.17	\$795.18	\$885.36

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$89.80	\$170.62	\$253.41
20 - 24	\$92.94	\$178.26	\$265.63
25 - 29	\$105.71	\$201.19	\$308.20
30 - 34	\$112.72	\$211.53	\$328.60
35 - 39	\$133.75	\$242.54	\$398.83
40 - 44	\$143.04	\$259.08	\$425.56
45 - 49	\$165.44	\$304.26	\$482.57
50 - 54	\$196.24	\$369.99	\$509.51
55 - 59	\$236.48	\$439.68	\$556.85
60 - 64	\$287.85	\$542.79	\$647.56
65 - 120	\$354.10	\$703.64	\$783.44

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$78.80	\$149.72	\$222.37
20 - 24	\$81.56	\$156.42	\$233.09
25 - 29	\$92.76	\$176.55	\$270.44
30 - 34	\$98.91	\$185.61	\$288.34
35 - 39	\$117.36	\$212.82	\$349.97
40 - 44	\$125.52	\$227.34	\$373.42
45 - 49	\$145.17	\$266.98	\$423.45
50 - 54	\$172.19	\$324.66	\$447.09
55 - 59	\$207.51	\$385.82	\$488.62
60 - 64	\$252.58	\$476.29	\$568.22
65 - 120	\$310.72	\$617.44	\$687.46

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	70/30 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$104.89	\$199.29	\$296.00
20 - 24	\$108.56	\$208.22	\$310.27
25 - 29	\$123.47	\$235.00	\$359.99
30 - 34	\$131.66	\$247.08	\$383.81
35 - 39	\$156.23	\$283.30	\$465.86
40 - 44	\$167.08	\$302.61	\$497.07
45 - 49	\$193.24	\$355.39	\$563.67
50 - 54	\$229.21	\$432.17	\$595.13
55 - 59	\$276.22	\$513.57	\$650.42
60 - 64	\$336.22	\$634.00	\$756.38
65 - 120	\$413.61	\$821.88	\$915.09

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$97.96	\$186.11	\$276.43
20 - 24	\$101.38	\$194.45	\$289.75
25 - 29	\$115.31	\$219.47	\$336.19
30 - 34	\$122.96	\$230.74	\$358.44
35 - 39	\$145.90	\$264.57	\$435.06
40 - 44	\$156.03	\$282.60	\$464.21
45 - 49	\$180.47	\$331.89	\$526.40
50 - 54	\$214.06	\$403.60	\$555.79
55 - 59	\$257.96	\$479.62	\$607.42
60 - 64	\$313.99	\$592.09	\$706.37
65 - 120	\$386.26	\$767.55	\$854.59

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$85.36	\$162.19	\$240.89
20 - 24	\$88.35	\$169.45	\$252.50
25 - 29	\$100.48	\$191.25	\$292.97
30 - 34	\$107.15	\$201.07	\$312.35
35 - 39	\$127.14	\$230.55	\$379.12
40 - 44	\$135.97	\$246.27	\$404.52
45 - 49	\$157.27	\$289.22	\$458.72
50 - 54	\$186.54	\$351.70	\$484.33
55 - 59	\$224.79	\$417.95	\$529.32
60 - 64	\$273.62	\$515.96	\$615.55
65 - 120	\$336.60	\$668.86	\$744.71

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$74.27	\$141.11	\$209.58
20 - 24	\$76.87	\$147.43	\$219.69
25 - 29	\$87.42	\$166.40	\$254.90
30 - 34	\$93.22	\$174.94	\$271.76
35 - 39	\$110.62	\$200.59	\$329.85
40 - 44	\$118.30	\$214.26	\$351.95
45 - 49	\$136.83	\$251.63	\$399.11
50 - 54	\$162.29	\$306.00	\$421.39
55 - 59	\$195.58	\$363.63	\$460.53
60 - 64	\$238.06	\$448.91	\$535.56
65 - 120	\$292.86	\$581.94	\$647.93

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$133.75	\$284.99	\$442.59
20 - 24	\$138.43	\$297.76	\$463.92
25 - 29	\$153.66	\$320.13	\$512.42
30 - 34	\$163.85	\$336.58	\$546.33
35 - 39	\$188.49	\$356.18	\$599.38
40 - 44	\$201.58	\$380.47	\$639.54
45 - 49	\$228.67	\$426.05	\$675.80
50 - 54	\$271.23	\$515.07	\$708.74
55 - 59	\$326.86	\$610.09	\$772.04
60 - 64	\$397.86	\$750.23	\$895.04
65 - 120	\$489.43	\$972.55	\$1,082.84

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$127.53	\$271.75	\$422.02
20 - 24	\$132.00	\$283.92	\$442.36
25 - 29	\$146.52	\$305.25	\$488.61
30 - 34	\$156.24	\$320.93	\$520.94
35 - 39	\$179.73	\$339.63	\$571.52
40 - 44	\$192.21	\$362.78	\$609.82
45 - 49	\$218.04	\$406.25	\$644.40
50 - 54	\$258.63	\$491.14	\$675.80
55 - 59	\$311.67	\$581.73	\$736.16
60 - 64	\$379.37	\$715.36	\$853.44
65 - 120	\$466.68	\$927.35	\$1,032.52

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$117.08	\$249.47	\$387.42
20 - 24	\$121.18	\$260.64	\$406.10
25 - 29	\$134.51	\$280.23	\$448.55
30 - 34	\$143.43	\$294.62	\$478.23
35 - 39	\$164.99	\$311.78	\$524.67
40 - 44	\$176.45	\$333.04	\$559.82
45 - 49	\$200.17	\$372.94	\$591.56
50 - 54	\$237.42	\$450.87	\$620.39
55 - 59	\$286.12	\$534.04	\$675.80
60 - 64	\$348.26	\$656.71	\$783.47
65 - 120	\$428.42	\$851.32	\$947.87

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$115.72	\$246.57	\$382.91
20 - 24	\$119.77	\$257.62	\$401.38
25 - 29	\$132.94	\$276.97	\$443.33
30 - 34	\$141.76	\$291.20	\$472.67
35 - 39	\$163.08	\$308.16	\$518.57
40 - 44	\$174.40	\$329.17	\$553.32
45 - 49	\$197.84	\$368.61	\$584.69
50 - 54	\$234.66	\$445.63	\$613.18
55 - 59	\$282.79	\$527.83	\$667.95
60 - 64	\$344.21	\$649.08	\$774.36
65 - 120	\$423.44	\$841.43	\$936.85

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$130.51	\$278.10	\$431.87
20 - 24	\$135.08	\$290.56	\$452.70
25 - 29	\$149.94	\$312.38	\$500.02
30 - 34	\$159.89	\$328.43	\$533.11
35 - 39	\$183.93	\$347.56	\$584.88
40 - 44	\$196.70	\$371.26	\$624.07
45 - 49	\$223.14	\$415.74	\$659.45
50 - 54	\$264.67	\$502.61	\$691.59
55 - 59	\$318.95	\$595.32	\$753.36
60 - 64	\$388.23	\$732.07	\$873.38
65 - 120	\$477.58	\$949.02	\$1,056.64

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$123.10	\$262.31	\$407.35
20 - 24	\$127.41	\$274.06	\$426.99
25 - 29	\$141.43	\$294.65	\$471.63
30 - 34	\$150.81	\$309.78	\$502.84
35 - 39	\$173.48	\$327.83	\$551.66
40 - 44	\$185.54	\$350.18	\$588.63
45 - 49	\$210.47	\$392.13	\$622.00
50 - 54	\$249.64	\$474.07	\$652.32
55 - 59	\$300.84	\$561.52	\$710.58
60 - 64	\$366.18	\$690.50	\$823.78
65 - 120	\$450.47	\$895.13	\$996.64

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$111.29	\$237.14	\$368.27
20 - 24	\$115.19	\$247.76	\$386.02
25 - 29	\$127.86	\$266.37	\$426.38
30 - 34	\$136.34	\$280.06	\$454.59
35 - 39	\$156.84	\$296.37	\$498.73
40 - 44	\$167.73	\$316.58	\$532.15
45 - 49	\$190.27	\$354.51	\$562.32
50 - 54	\$225.69	\$428.58	\$589.73
55 - 59	\$271.97	\$507.64	\$642.40
60 - 64	\$331.05	\$624.25	\$744.74
65 - 120	\$407.24	\$809.24	\$901.01

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$109.06	\$232.39	\$360.90
20 - 24	\$112.88	\$242.80	\$378.30
25 - 29	\$125.30	\$261.04	\$417.84
30 - 34	\$133.61	\$274.46	\$445.49
35 - 39	\$153.70	\$290.44	\$488.75
40 - 44	\$164.38	\$310.24	\$521.51
45 - 49	\$186.47	\$347.41	\$551.07
50 - 54	\$221.17	\$420.01	\$577.93
55 - 59	\$266.53	\$497.48	\$629.55
60 - 64	\$324.42	\$611.76	\$729.84
65 - 120	\$399.10	\$793.05	\$882.99

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$124.12	\$235.82	\$350.26
20 - 24	\$128.46	\$246.39	\$367.14
25 - 29	\$146.11	\$278.08	\$425.99
30 - 34	\$155.80	\$292.37	\$454.18
35 - 39	\$184.87	\$335.23	\$551.26
40 - 44	\$197.71	\$358.09	\$588.20
45 - 49	\$228.67	\$420.54	\$667.00
50 - 54	\$271.23	\$511.39	\$704.23
55 - 59	\$326.86	\$607.72	\$769.65
60 - 64	\$397.86	\$750.23	\$895.04
65 - 120	\$489.43	\$972.55	\$1,082.84

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$118.35	\$224.86	\$333.98
20 - 24	\$122.49	\$234.94	\$350.08
25 - 29	\$139.32	\$265.16	\$406.19
30 - 34	\$148.56	\$278.78	\$433.07
35 - 39	\$176.27	\$319.65	\$525.64
40 - 44	\$188.52	\$341.44	\$560.86
45 - 49	\$218.04	\$401.00	\$636.00
50 - 54	\$258.63	\$487.62	\$671.50
55 - 59	\$311.67	\$579.47	\$733.88
60 - 64	\$379.37	\$715.36	\$853.44
65 - 120	\$466.68	\$927.35	\$1,032.52

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$108.65	\$206.43	\$306.60
20 - 24	\$112.45	\$215.68	\$321.38
25 - 29	\$127.89	\$243.42	\$372.89
30 - 34	\$136.38	\$255.93	\$397.56
35 - 39	\$161.82	\$293.44	\$482.54
40 - 44	\$173.06	\$313.45	\$514.88
45 - 49	\$200.17	\$368.12	\$583.86
50 - 54	\$237.42	\$447.65	\$616.45
55 - 59	\$286.12	\$531.96	\$673.71
60 - 64	\$348.26	\$656.71	\$783.47
65 - 120	\$428.42	\$851.32	\$947.87

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$107.38	\$204.03	\$303.03
20 - 24	\$111.14	\$213.17	\$317.64
25 - 29	\$126.41	\$240.59	\$368.55
30 - 34	\$134.79	\$252.95	\$392.94
35 - 39	\$159.94	\$290.03	\$476.93
40 - 44	\$171.05	\$309.81	\$508.89
45 - 49	\$197.84	\$363.84	\$577.07
50 - 54	\$234.66	\$442.44	\$609.28
55 - 59	\$282.79	\$525.78	\$665.88
60 - 64	\$344.21	\$649.08	\$774.36
65 - 120	\$423.44	\$841.43	\$936.85

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$121.11	\$230.12	\$341.78
20 - 24	\$125.35	\$240.43	\$358.26
25 - 29	\$142.57	\$271.35	\$415.68
30 - 34	\$152.03	\$285.29	\$443.18
35 - 39	\$180.39	\$327.12	\$537.92
40 - 44	\$192.92	\$349.42	\$573.96
45 - 49	\$223.14	\$410.36	\$650.86
50 - 54	\$264.67	\$499.02	\$687.19
55 - 59	\$318.95	\$593.01	\$751.03
60 - 64	\$388.23	\$732.07	\$873.38
65 - 120	\$477.58	\$949.02	\$1,056.64

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$114.24	\$217.05	\$322.37
20 - 24	\$118.24	\$226.77	\$337.92
25 - 29	\$134.48	\$255.95	\$392.08
30 - 34	\$143.39	\$269.09	\$418.02
35 - 39	\$170.15	\$308.54	\$507.37
40 - 44	\$181.97	\$329.58	\$541.37
45 - 49	\$210.47	\$387.06	\$613.90
50 - 54	\$249.64	\$470.68	\$648.17
55 - 59	\$300.84	\$559.34	\$708.38
60 - 64	\$366.18	\$690.50	\$823.78
65 - 120	\$450.47	\$895.13	\$996.64

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$103.28	\$196.22	\$291.44
20 - 24	\$106.89	\$205.02	\$305.49
25 - 29	\$121.57	\$231.39	\$354.46
30 - 34	\$129.64	\$243.28	\$377.91
35 - 39	\$153.82	\$278.94	\$458.69
40 - 44	\$164.51	\$297.96	\$489.43
45 - 49	\$190.27	\$349.92	\$555.00
50 - 54	\$225.69	\$425.52	\$585.98
55 - 59	\$271.97	\$505.67	\$640.41
60 - 64	\$331.05	\$624.25	\$744.74
65 - 120	\$407.24	\$809.24	\$901.01

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$101.21	\$192.30	\$285.61
20 - 24	\$104.75	\$200.91	\$299.38
25 - 29	\$119.14	\$226.76	\$347.36
30 - 34	\$127.04	\$238.41	\$370.35
35 - 39	\$150.75	\$273.36	\$449.51
40 - 44	\$161.22	\$291.99	\$479.63
45 - 49	\$186.47	\$342.92	\$543.89
50 - 54	\$221.17	\$417.01	\$574.26
55 - 59	\$266.53	\$495.55	\$627.60
60 - 64	\$324.42	\$611.76	\$729.84
65 - 120	\$399.10	\$793.05	\$882.99

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$130.03	\$281.92	\$438.21
20 - 24	\$134.58	\$294.55	\$459.34
25 - 29	\$149.54	\$314.73	\$505.84
30 - 34	\$159.46	\$330.90	\$539.31
35 - 39	\$182.90	\$347.70	\$586.36
40 - 44	\$195.61	\$371.41	\$625.65
45 - 49	\$220.94	\$412.82	\$654.44
50 - 54	\$262.06	\$498.55	\$685.80
55 - 59	\$315.81	\$589.75	\$746.16
60 - 64	\$384.40	\$724.87	\$864.78
65 - 120	\$472.88	\$939.67	\$1,046.24

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$123.98	\$268.80	\$417.83
20 - 24	\$128.32	\$280.85	\$437.97
25 - 29	\$142.58	\$300.09	\$482.31
30 - 34	\$152.04	\$315.51	\$514.22
35 - 39	\$174.39	\$331.53	\$559.08
40 - 44	\$186.51	\$354.13	\$596.54
45 - 49	\$210.66	\$393.62	\$623.99
50 - 54	\$249.87	\$475.35	\$653.89
55 - 59	\$301.12	\$562.32	\$711.45
60 - 64	\$366.52	\$691.14	\$824.54
65 - 120	\$450.88	\$895.95	\$997.56

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$112.20	\$243.25	\$378.11
20 - 24	\$116.12	\$254.15	\$396.34
25 - 29	\$129.03	\$271.56	\$436.46
30 - 34	\$137.58	\$285.52	\$465.34
35 - 39	\$157.82	\$300.01	\$505.93
40 - 44	\$168.78	\$320.46	\$539.83
45 - 49	\$190.63	\$356.20	\$564.67
50 - 54	\$226.11	\$430.17	\$591.73
55 - 59	\$272.49	\$508.86	\$643.81
60 - 64	\$331.68	\$625.44	\$746.16
65 - 120	\$408.02	\$810.78	\$902.73

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$103.96	\$225.39	\$350.35
20 - 24	\$107.60	\$235.49	\$367.24
25 - 29	\$119.55	\$251.63	\$404.41
30 - 34	\$127.48	\$264.55	\$431.17
35 - 39	\$146.23	\$277.98	\$468.78
40 - 44	\$156.39	\$296.94	\$500.20
45 - 49	\$176.64	\$330.04	\$523.21
50 - 54	\$209.51	\$398.58	\$548.29
55 - 59	\$252.48	\$471.50	\$596.54
60 - 64	\$307.32	\$579.52	\$691.37
65 - 120	\$378.06	\$751.25	\$836.45

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$126.88	\$275.10	\$427.61
20 - 24	\$131.33	\$287.42	\$448.23
25 - 29	\$145.92	\$307.12	\$493.60
30 - 34	\$155.60	\$322.90	\$526.26
35 - 39	\$178.48	\$339.29	\$572.17
40 - 44	\$190.87	\$362.42	\$610.51
45 - 49	\$215.59	\$402.83	\$638.60
50 - 54	\$255.72	\$486.48	\$669.20
55 - 59	\$308.17	\$575.48	\$728.10
60 - 64	\$375.10	\$707.32	\$843.85
65 - 120	\$461.44	\$916.93	\$1,020.92

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$119.67	\$259.46	\$403.31
20 - 24	\$123.86	\$271.09	\$422.75
25 - 29	\$137.63	\$289.66	\$465.55
30 - 34	\$146.75	\$304.54	\$496.35
35 - 39	\$168.33	\$320.01	\$539.65
40 - 44	\$180.03	\$341.82	\$575.81
45 - 49	\$203.34	\$379.94	\$602.31
50 - 54	\$241.19	\$458.84	\$631.17
55 - 59	\$290.65	\$542.78	\$686.72
60 - 64	\$353.78	\$667.12	\$795.89
65 - 120	\$435.21	\$864.82	\$962.90

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$106.65	\$231.23	\$359.42
20 - 24	\$110.38	\$241.59	\$376.75
25 - 29	\$122.65	\$258.14	\$414.88
30 - 34	\$130.78	\$271.40	\$442.33
35 - 39	\$150.01	\$285.18	\$480.92
40 - 44	\$160.43	\$304.62	\$513.15
45 - 49	\$181.21	\$338.59	\$536.76
50 - 54	\$214.94	\$408.90	\$562.48
55 - 59	\$259.02	\$483.71	\$611.99
60 - 64	\$315.28	\$594.52	\$709.28
65 - 120	\$387.85	\$770.70	\$858.11

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$97.98	\$212.43	\$330.20
20 - 24	\$101.41	\$221.95	\$346.12
25 - 29	\$112.68	\$237.16	\$381.16
30 - 34	\$120.15	\$249.34	\$406.38
35 - 39	\$137.82	\$262.00	\$441.83
40 - 44	\$147.39	\$279.86	\$471.44
45 - 49	\$166.48	\$311.07	\$493.13
50 - 54	\$197.47	\$375.67	\$516.76
55 - 59	\$237.97	\$444.39	\$562.25
60 - 64	\$289.66	\$546.20	\$651.62
65 - 120	\$356.33	\$708.06	\$788.36

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$123.53	\$272.44	\$423.88
20 - 24	\$127.86	\$284.64	\$444.31
25 - 29	\$141.46	\$302.00	\$487.07
30 - 34	\$150.84	\$317.52	\$519.30
35 - 39	\$172.23	\$329.58	\$557.65
40 - 44	\$184.20	\$352.05	\$595.02
45 - 49	\$207.26	\$388.18	\$615.43
50 - 54	\$245.84	\$468.38	\$644.11
55 - 59	\$296.26	\$553.63	\$700.38
60 - 64	\$360.60	\$679.99	\$811.23
65 - 120	\$443.60	\$881.49	\$981.46

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$115.19	\$254.04	\$395.26
20 - 24	\$119.22	\$265.43	\$414.31
25 - 29	\$131.91	\$281.61	\$454.18
30 - 34	\$140.66	\$296.08	\$484.24
35 - 39	\$160.60	\$307.33	\$520.00
40 - 44	\$171.76	\$328.28	\$554.84
45 - 49	\$193.27	\$361.97	\$573.88
50 - 54	\$229.24	\$436.75	\$600.62
55 - 59	\$276.25	\$516.25	\$653.09
60 - 64	\$336.26	\$634.07	\$756.46
65 - 120	\$413.65	\$821.98	\$915.19

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$101.45	\$223.74	\$348.10
20 - 24	\$105.00	\$233.76	\$364.89
25 - 29	\$116.17	\$248.02	\$400.00
30 - 34	\$123.88	\$260.76	\$426.47
35 - 39	\$141.44	\$270.66	\$457.96
40 - 44	\$151.27	\$289.11	\$488.65
45 - 49	\$170.21	\$318.79	\$505.41
50 - 54	\$201.89	\$384.65	\$528.96
55 - 59	\$243.30	\$454.66	\$575.18
60 - 64	\$296.14	\$558.43	\$666.21
65 - 120	\$364.30	\$723.91	\$806.01

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$88.25	\$194.62	\$302.81
20 - 24	\$91.34	\$203.34	\$317.41
25 - 29	\$101.05	\$215.74	\$347.95
30 - 34	\$107.76	\$226.83	\$370.97
35 - 39	\$123.04	\$235.44	\$398.37
40 - 44	\$131.59	\$251.49	\$425.07
45 - 49	\$148.06	\$277.30	\$439.65
50 - 54	\$175.62	\$334.60	\$460.13
55 - 59	\$211.64	\$395.50	\$500.34
60 - 64	\$257.61	\$485.76	\$579.53
65 - 120	\$316.90	\$629.72	\$701.13

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$120.54	\$265.85	\$413.62
20 - 24	\$124.76	\$277.76	\$433.56
25 - 29	\$138.04	\$294.69	\$475.28
30 - 34	\$147.19	\$309.83	\$506.73
35 - 39	\$168.06	\$321.60	\$544.16
40 - 44	\$179.74	\$343.53	\$580.62
45 - 49	\$202.24	\$378.78	\$600.54
50 - 54	\$239.89	\$457.04	\$628.52
55 - 59	\$289.09	\$540.23	\$683.43
60 - 64	\$351.88	\$663.53	\$791.60
65 - 120	\$432.87	\$860.16	\$957.71

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$111.19	\$245.22	\$381.52
20 - 24	\$115.08	\$256.20	\$399.92
25 - 29	\$127.32	\$271.83	\$438.40
30 - 34	\$135.77	\$285.79	\$467.41
35 - 39	\$155.02	\$296.65	\$501.93
40 - 44	\$165.79	\$316.87	\$535.56
45 - 49	\$186.55	\$349.39	\$553.94
50 - 54	\$221.27	\$421.58	\$579.75
55 - 59	\$266.65	\$498.31	\$630.40
60 - 64	\$324.57	\$612.04	\$730.17
65 - 120	\$399.28	\$793.41	\$883.39

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$96.43	\$212.68	\$330.90
20 - 24	\$99.81	\$222.20	\$346.85
25 - 29	\$110.43	\$235.76	\$380.23
30 - 34	\$117.75	\$247.87	\$405.39
35 - 39	\$134.45	\$257.28	\$435.32
40 - 44	\$143.79	\$274.82	\$464.50
45 - 49	\$161.80	\$303.03	\$480.43
50 - 54	\$191.91	\$365.63	\$502.82
55 - 59	\$231.27	\$432.18	\$546.75
60 - 64	\$281.50	\$530.83	\$633.28
65 - 120	\$346.30	\$688.13	\$766.17

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$83.18	\$183.43	\$285.40
20 - 24	\$86.09	\$191.65	\$299.16
25 - 29	\$95.24	\$203.34	\$327.95
30 - 34	\$101.56	\$213.79	\$349.65
35 - 39	\$115.96	\$221.91	\$375.47
40 - 44	\$124.02	\$237.04	\$400.63
45 - 49	\$139.55	\$261.36	\$414.37
50 - 54	\$165.52	\$315.36	\$433.68
55 - 59	\$199.47	\$372.76	\$471.57
60 - 64	\$242.80	\$457.84	\$546.21
65 - 120	\$298.68	\$593.51	\$660.82

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$119.92	\$227.85	\$338.42
20 - 24	\$124.12	\$238.06	\$354.73
25 - 29	\$141.17	\$268.68	\$411.59
30 - 34	\$150.53	\$282.49	\$438.82
35 - 39	\$178.62	\$323.90	\$532.62
40 - 44	\$191.02	\$345.98	\$568.31
45 - 49	\$220.94	\$406.32	\$644.45
50 - 54	\$262.06	\$494.10	\$680.42
55 - 59	\$315.81	\$587.17	\$743.63
60 - 64	\$384.40	\$724.87	\$864.78
65 - 120	\$472.88	\$939.67	\$1,046.24

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$114.34	\$217.25	\$322.67
20 - 24	\$118.34	\$226.98	\$338.23
25 - 29	\$134.60	\$256.18	\$392.44
30 - 34	\$143.53	\$269.34	\$418.40
35 - 39	\$170.31	\$308.83	\$507.84
40 - 44	\$182.14	\$329.88	\$541.87
45 - 49	\$210.66	\$387.42	\$614.47
50 - 54	\$249.87	\$471.11	\$648.77
55 - 59	\$301.12	\$559.85	\$709.04
60 - 64	\$366.52	\$691.14	\$824.54
65 - 120	\$450.88	\$895.95	\$997.56

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$103.47	\$196.60	\$292.00
20 - 24	\$107.09	\$205.41	\$306.08
25 - 29	\$121.80	\$231.83	\$355.13
30 - 34	\$129.88	\$243.74	\$378.63
35 - 39	\$154.12	\$279.47	\$459.56
40 - 44	\$164.82	\$298.52	\$490.36
45 - 49	\$190.63	\$350.59	\$556.05
50 - 54	\$226.11	\$426.33	\$587.09
55 - 59	\$272.49	\$506.63	\$641.63
60 - 64	\$331.68	\$625.44	\$746.16
65 - 120	\$408.02	\$810.78	\$902.73

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$95.88	\$182.16	\$270.56
20 - 24	\$99.23	\$190.32	\$283.60
25 - 29	\$112.86	\$214.81	\$329.06
30 - 34	\$120.35	\$225.84	\$350.83
35 - 39	\$142.80	\$258.95	\$425.82
40 - 44	\$152.72	\$276.60	\$454.35
45 - 49	\$176.64	\$324.85	\$515.23
50 - 54	\$209.51	\$395.03	\$543.99
55 - 59	\$252.48	\$469.43	\$594.52
60 - 64	\$307.32	\$579.52	\$691.37
65 - 120	\$378.06	\$751.25	\$836.45

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$117.02	\$222.34	\$330.23
20 - 24	\$121.12	\$232.30	\$346.15
25 - 29	\$137.75	\$262.18	\$401.63
30 - 34	\$146.89	\$275.65	\$428.20
35 - 39	\$174.29	\$316.06	\$519.73
40 - 44	\$186.40	\$337.61	\$554.56
45 - 49	\$215.59	\$396.49	\$628.85
50 - 54	\$255.72	\$482.15	\$663.96
55 - 59	\$308.17	\$572.96	\$725.64
60 - 64	\$375.10	\$707.32	\$843.85
65 - 120	\$461.44	\$916.93	\$1,020.92

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$110.37	\$209.70	\$311.46
20 - 24	\$114.23	\$219.10	\$326.48
25 - 29	\$129.92	\$247.28	\$378.80
30 - 34	\$138.54	\$259.98	\$403.87
35 - 39	\$164.39	\$298.10	\$490.19
40 - 44	\$175.81	\$318.42	\$523.04
45 - 49	\$203.34	\$373.96	\$593.11
50 - 54	\$241.19	\$454.74	\$626.22
55 - 59	\$290.65	\$540.40	\$684.40
60 - 64	\$353.78	\$667.12	\$795.89
65 - 120	\$435.21	\$864.82	\$962.90

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$98.36	\$186.88	\$277.56
20 - 24	\$101.80	\$195.25	\$290.95
25 - 29	\$115.78	\$220.37	\$337.58
30 - 34	\$123.46	\$231.69	\$359.91
35 - 39	\$146.50	\$265.65	\$436.85
40 - 44	\$156.67	\$283.77	\$466.12
45 - 49	\$181.21	\$333.26	\$528.57
50 - 54	\$214.94	\$405.26	\$558.07
55 - 59	\$259.02	\$481.59	\$609.92
60 - 64	\$315.28	\$594.52	\$709.28
65 - 120	\$387.85	\$770.70	\$858.11

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$90.36	\$171.69	\$255.00
20 - 24	\$93.53	\$179.38	\$267.30
25 - 29	\$106.37	\$202.46	\$310.14
30 - 34	\$113.43	\$212.86	\$330.66
35 - 39	\$134.59	\$244.06	\$401.34
40 - 44	\$143.94	\$260.70	\$428.23
45 - 49	\$166.48	\$306.17	\$485.60
50 - 54	\$197.47	\$372.31	\$512.71
55 - 59	\$237.97	\$442.44	\$560.34
60 - 64	\$289.66	\$546.20	\$651.62
65 - 120	\$356.33	\$708.06	\$788.36

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$112.50	\$213.74	\$317.46
20 - 24	\$116.43	\$223.32	\$332.77
25 - 29	\$132.43	\$252.05	\$386.10
30 - 34	\$141.21	\$265.00	\$411.65
35 - 39	\$167.56	\$303.84	\$499.64
40 - 44	\$179.20	\$324.56	\$533.12
45 - 49	\$207.26	\$381.16	\$604.55
50 - 54	\$245.84	\$463.51	\$638.30
55 - 59	\$296.26	\$550.82	\$697.59
60 - 64	\$360.60	\$679.99	\$811.23
65 - 120	\$443.60	\$881.49	\$981.46

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$104.90	\$199.31	\$296.03
20 - 24	\$108.57	\$208.24	\$310.30
25 - 29	\$123.49	\$235.03	\$360.03
30 - 34	\$131.68	\$247.10	\$383.86
35 - 39	\$156.24	\$283.33	\$465.91
40 - 44	\$167.10	\$302.64	\$497.13
45 - 49	\$193.27	\$355.43	\$563.73
50 - 54	\$229.24	\$432.21	\$595.20
55 - 59	\$276.25	\$513.63	\$650.49
60 - 64	\$336.26	\$634.07	\$756.46
65 - 120	\$413.65	\$821.98	\$915.19

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$92.39	\$175.53	\$260.71
20 - 24	\$95.62	\$183.40	\$273.28
25 - 29	\$108.75	\$206.99	\$317.08
30 - 34	\$115.97	\$217.62	\$338.06
35 - 39	\$137.60	\$249.53	\$410.32
40 - 44	\$147.16	\$266.54	\$437.82
45 - 49	\$170.21	\$313.03	\$496.48
50 - 54	\$201.89	\$380.65	\$524.19
55 - 59	\$243.30	\$452.35	\$572.89
60 - 64	\$296.14	\$558.43	\$666.21
65 - 120	\$364.30	\$723.91	\$806.01

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$80.37	\$152.69	\$226.79
20 - 24	\$83.18	\$159.53	\$237.72
25 - 29	\$94.60	\$180.06	\$275.82
30 - 34	\$100.88	\$189.31	\$294.07
35 - 39	\$119.70	\$217.06	\$356.93
40 - 44	\$128.01	\$231.86	\$380.85
45 - 49	\$148.06	\$272.29	\$431.87
50 - 54	\$175.62	\$331.12	\$455.98
55 - 59	\$211.64	\$393.49	\$498.34
60 - 64	\$257.61	\$485.76	\$579.53
65 - 120	\$316.90	\$629.72	\$701.13

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 15/25

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$109.77	\$208.57	\$309.78
20 - 24	\$113.62	\$217.92	\$324.72
25 - 29	\$129.22	\$245.95	\$376.76
30 - 34	\$137.79	\$258.58	\$401.69
35 - 39	\$163.50	\$296.49	\$487.55
40 - 44	\$174.86	\$316.70	\$520.22
45 - 49	\$202.24	\$371.94	\$589.92
50 - 54	\$239.89	\$452.29	\$622.85
55 - 59	\$289.09	\$537.49	\$680.71
60 - 64	\$351.88	\$663.53	\$791.60
65 - 120	\$432.87	\$860.16	\$957.71

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$101.26	\$192.39	\$285.74
20 - 24	\$104.80	\$201.01	\$299.52
25 - 29	\$119.19	\$226.86	\$347.52
30 - 34	\$127.10	\$238.52	\$370.52
35 - 39	\$150.82	\$273.48	\$449.72
40 - 44	\$161.29	\$292.13	\$479.85
45 - 49	\$186.55	\$343.08	\$544.14
50 - 54	\$221.27	\$417.20	\$574.52
55 - 59	\$266.65	\$495.78	\$627.89
60 - 64	\$324.57	\$612.04	\$730.17
65 - 120	\$399.28	\$793.41	\$883.39

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$87.82	\$166.86	\$247.82
20 - 24	\$90.89	\$174.33	\$259.77
25 - 29	\$103.38	\$196.76	\$301.41
30 - 34	\$110.23	\$206.87	\$321.35
35 - 39	\$130.80	\$237.19	\$390.04
40 - 44	\$139.89	\$253.36	\$416.18
45 - 49	\$161.80	\$297.55	\$471.93
50 - 54	\$191.91	\$361.84	\$498.28
55 - 59	\$231.27	\$429.99	\$544.57
60 - 64	\$281.50	\$530.83	\$633.28
65 - 120	\$346.30	\$688.13	\$766.17

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$75.74	\$143.91	\$213.75
20 - 24	\$78.40	\$150.36	\$224.05
25 - 29	\$89.16	\$169.70	\$259.96
30 - 34	\$95.08	\$178.42	\$277.17
35 - 39	\$112.82	\$204.58	\$336.41
40 - 44	\$120.65	\$218.53	\$358.95
45 - 49	\$139.55	\$256.64	\$407.04
50 - 54	\$165.52	\$312.08	\$429.77
55 - 59	\$199.47	\$370.87	\$469.69
60 - 64	\$242.80	\$457.84	\$546.21
65 - 120	\$298.68	\$593.51	\$660.82

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$129.61	\$276.17	\$428.89
20 - 24	\$134.15	\$288.54	\$449.56
25 - 29	\$148.90	\$310.22	\$496.56
30 - 34	\$158.78	\$326.16	\$529.42
35 - 39	\$182.66	\$345.16	\$580.83
40 - 44	\$195.34	\$368.69	\$619.75
45 - 49	\$221.59	\$412.86	\$654.88
50 - 54	\$262.83	\$499.13	\$686.80
55 - 59	\$316.74	\$591.20	\$748.14
60 - 64	\$385.54	\$727.01	\$867.33
65 - 120	\$474.28	\$942.45	\$1,049.33

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$123.68	\$263.53	\$409.25
20 - 24	\$128.00	\$275.33	\$428.98
25 - 29	\$142.09	\$296.02	\$473.82
30 - 34	\$151.51	\$311.22	\$505.18
35 - 39	\$174.29	\$329.35	\$554.23
40 - 44	\$186.40	\$351.81	\$591.37
45 - 49	\$211.45	\$393.96	\$624.90
50 - 54	\$250.80	\$476.28	\$655.36
55 - 59	\$302.24	\$564.13	\$713.89
60 - 64	\$367.89	\$693.72	\$827.62
65 - 120	\$452.56	\$899.29	\$1,001.28

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$113.74	\$242.36	\$376.38
20 - 24	\$117.72	\$253.22	\$394.52
25 - 29	\$130.67	\$272.24	\$435.76
30 - 34	\$139.34	\$286.23	\$464.60
35 - 39	\$160.29	\$302.90	\$509.71
40 - 44	\$171.43	\$323.55	\$543.87
45 - 49	\$194.46	\$362.31	\$574.70
50 - 54	\$230.65	\$438.02	\$602.71
55 - 59	\$277.96	\$518.82	\$656.54
60 - 64	\$338.34	\$638.00	\$761.14
65 - 120	\$416.21	\$827.06	\$920.85

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$112.59	\$239.90	\$372.56
20 - 24	\$116.53	\$250.65	\$390.52
25 - 29	\$129.35	\$269.48	\$431.35
30 - 34	\$137.93	\$283.33	\$459.89
35 - 39	\$158.67	\$299.83	\$504.55
40 - 44	\$169.69	\$320.27	\$538.36
45 - 49	\$192.49	\$358.64	\$568.88
50 - 54	\$228.32	\$433.58	\$596.61
55 - 59	\$275.15	\$513.56	\$649.89
60 - 64	\$334.91	\$631.53	\$753.43
65 - 120	\$411.99	\$818.68	\$911.52

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$126.47	\$269.49	\$418.51
20 - 24	\$130.90	\$281.56	\$438.69
25 - 29	\$145.30	\$302.71	\$484.54
30 - 34	\$154.94	\$318.27	\$516.61
35 - 39	\$178.24	\$336.80	\$566.77
40 - 44	\$190.62	\$359.77	\$604.75
45 - 49	\$216.23	\$402.87	\$639.04
50 - 54	\$256.47	\$487.05	\$670.18
55 - 59	\$309.08	\$576.90	\$730.04
60 - 64	\$376.21	\$709.41	\$846.34
65 - 120	\$462.80	\$919.64	\$1,023.93

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$119.38	\$254.37	\$395.03
20 - 24	\$123.56	\$265.77	\$414.07
25 - 29	\$137.15	\$285.73	\$457.36
30 - 34	\$146.24	\$300.41	\$487.62
35 - 39	\$168.24	\$317.91	\$534.97
40 - 44	\$179.92	\$339.58	\$570.82
45 - 49	\$204.10	\$380.27	\$603.18
50 - 54	\$242.09	\$459.73	\$632.58
55 - 59	\$291.74	\$544.53	\$689.08
60 - 64	\$355.10	\$669.61	\$798.86
65 - 120	\$436.84	\$868.04	\$966.49

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$108.12	\$230.38	\$357.77
20 - 24	\$111.90	\$240.70	\$375.02
25 - 29	\$124.21	\$258.78	\$414.22
30 - 34	\$132.45	\$272.08	\$441.63
35 - 39	\$152.37	\$287.92	\$484.52
40 - 44	\$162.95	\$307.56	\$516.99
45 - 49	\$184.85	\$344.40	\$546.30
50 - 54	\$219.25	\$416.37	\$572.92
55 - 59	\$264.22	\$493.17	\$624.09
60 - 64	\$321.61	\$606.46	\$723.52
65 - 120	\$395.64	\$786.18	\$875.34

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$106.12	\$226.11	\$351.14
20 - 24	\$109.83	\$236.24	\$368.07
25 - 29	\$121.91	\$253.99	\$406.55
30 - 34	\$130.00	\$267.04	\$433.45
35 - 39	\$149.55	\$282.59	\$475.54
40 - 44	\$159.93	\$301.86	\$507.41
45 - 49	\$181.42	\$338.02	\$536.17
50 - 54	\$215.19	\$408.65	\$562.31
55 - 59	\$259.33	\$484.04	\$612.53
60 - 64	\$315.65	\$595.22	\$710.11
65 - 120	\$388.31	\$771.61	\$859.12

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$120.28	\$228.52	\$339.42
20 - 24	\$124.49	\$238.76	\$355.78
25 - 29	\$141.58	\$269.48	\$412.80
30 - 34	\$150.97	\$283.32	\$440.12
35 - 39	\$179.14	\$324.85	\$534.19
40 - 44	\$191.59	\$347.00	\$569.99
45 - 49	\$221.59	\$407.52	\$646.35
50 - 54	\$262.83	\$495.56	\$682.44
55 - 59	\$316.74	\$588.91	\$745.83
60 - 64	\$385.54	\$727.01	\$867.33
65 - 120	\$474.28	\$942.45	\$1,049.33

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$114.77	\$218.06	\$323.87
20 - 24	\$118.79	\$227.83	\$339.49
25 - 29	\$135.10	\$257.14	\$393.90
30 - 34	\$144.06	\$270.35	\$419.97
35 - 39	\$170.94	\$309.98	\$509.73
40 - 44	\$182.82	\$331.11	\$543.89
45 - 49	\$211.45	\$388.86	\$616.76
50 - 54	\$250.80	\$472.87	\$651.19
55 - 59	\$302.24	\$561.94	\$711.68
60 - 64	\$367.89	\$693.72	\$827.62
65 - 120	\$452.56	\$899.29	\$1,001.28

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$105.55	\$200.55	\$297.86
20 - 24	\$109.24	\$209.53	\$312.22
25 - 29	\$124.25	\$236.48	\$362.26
30 - 34	\$132.49	\$248.63	\$386.23
35 - 39	\$157.21	\$285.08	\$468.79
40 - 44	\$168.13	\$304.52	\$500.20
45 - 49	\$194.46	\$357.63	\$567.22
50 - 54	\$230.65	\$434.89	\$598.88
55 - 59	\$277.96	\$516.80	\$654.51
60 - 64	\$338.34	\$638.00	\$761.14
65 - 120	\$416.21	\$827.06	\$920.85

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$104.48	\$198.51	\$294.84
20 - 24	\$108.14	\$207.41	\$309.06
25 - 29	\$122.99	\$234.09	\$358.59
30 - 34	\$131.15	\$246.11	\$382.32
35 - 39	\$155.62	\$282.19	\$464.04
40 - 44	\$166.43	\$301.43	\$495.13
45 - 49	\$192.49	\$354.00	\$561.47
50 - 54	\$228.32	\$430.48	\$592.81
55 - 59	\$275.15	\$511.57	\$647.88
60 - 64	\$334.91	\$631.53	\$753.43
65 - 120	\$411.99	\$818.68	\$911.52

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	\$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med.			
Age	Single	Two Party	Family
0 - 19	\$117.37	\$222.99	\$331.20
20 - 24	\$121.47	\$232.98	\$347.17
25 - 29	\$138.16	\$262.96	\$402.81
30 - 34	\$147.32	\$276.46	\$429.47
35 - 39	\$174.81	\$316.99	\$521.27
40 - 44	\$186.95	\$338.60	\$556.20
45 - 49	\$216.23	\$397.66	\$630.71
50 - 54	\$256.47	\$483.57	\$665.92
55 - 59	\$309.08	\$574.65	\$727.78
60 - 64	\$376.21	\$709.41	\$846.34
65 - 120	\$462.80	\$919.64	\$1,023.93

Ded. \$500 Med.			
Age	Single	Two Party	Family
0 - 19	\$110.78	\$210.48	\$312.62
20 - 24	\$114.66	\$219.91	\$327.69
25 - 29	\$130.41	\$248.20	\$380.21
30 - 34	\$139.06	\$260.95	\$405.37
35 - 39	\$165.00	\$299.21	\$492.02
40 - 44	\$176.46	\$319.61	\$524.99
45 - 49	\$204.10	\$375.35	\$595.33
50 - 54	\$242.09	\$456.44	\$628.56
55 - 59	\$291.74	\$542.41	\$686.95
60 - 64	\$355.10	\$669.61	\$798.86
65 - 120	\$436.84	\$868.04	\$966.49

Ded. \$1000 Med.			
Age	Single	Two Party	Family
0 - 19	\$100.33	\$190.63	\$283.14
20 - 24	\$103.84	\$199.17	\$296.79
25 - 29	\$118.11	\$224.79	\$344.35
30 - 34	\$125.94	\$236.34	\$367.14
35 - 39	\$149.44	\$270.99	\$445.62
40 - 44	\$159.82	\$289.46	\$475.48
45 - 49	\$184.85	\$339.95	\$539.18
50 - 54	\$219.25	\$413.39	\$569.28
55 - 59	\$264.22	\$491.26	\$622.16
60 - 64	\$321.61	\$606.46	\$723.52
65 - 120	\$395.64	\$786.18	\$875.34

Ded. \$2000 Med.			
Age	Single	Two Party	Family
0 - 19	\$98.47	\$187.10	\$277.89
20 - 24	\$101.92	\$195.48	\$291.29
25 - 29	\$115.92	\$220.63	\$337.97
30 - 34	\$123.61	\$231.96	\$360.34
35 - 39	\$146.67	\$265.97	\$437.36
40 - 44	\$156.86	\$284.10	\$466.67
45 - 49	\$181.42	\$333.65	\$529.19
50 - 54	\$215.19	\$405.73	\$558.73
55 - 59	\$259.33	\$482.16	\$610.63
60 - 64	\$315.65	\$595.22	\$710.11
65 - 120	\$388.31	\$771.61	\$859.12

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$126.00	\$273.18	\$424.63
20 - 24	\$130.41	\$285.42	\$445.11
25 - 29	\$144.90	\$304.98	\$490.16
30 - 34	\$154.51	\$320.65	\$522.60
35 - 39	\$177.24	\$336.93	\$568.19
40 - 44	\$189.55	\$359.90	\$606.26
45 - 49	\$214.09	\$400.03	\$634.16
50 - 54	\$253.94	\$483.10	\$664.55
55 - 59	\$306.02	\$571.48	\$723.04
60 - 64	\$372.49	\$702.40	\$837.98
65 - 120	\$458.23	\$910.55	\$1,013.81

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$120.24	\$260.69	\$405.21
20 - 24	\$124.45	\$272.37	\$424.75
25 - 29	\$138.28	\$291.03	\$467.74
30 - 34	\$147.45	\$305.98	\$498.69
35 - 39	\$169.13	\$321.52	\$542.20
40 - 44	\$180.88	\$343.44	\$578.53
45 - 49	\$204.30	\$381.73	\$605.15
50 - 54	\$242.32	\$461.00	\$634.15
55 - 59	\$292.03	\$545.34	\$689.97
60 - 64	\$355.45	\$670.27	\$799.65
65 - 120	\$437.27	\$868.90	\$967.44

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$108.99	\$236.31	\$367.31
20 - 24	\$112.81	\$246.89	\$385.02
25 - 29	\$125.34	\$263.81	\$424.00
30 - 34	\$133.66	\$277.36	\$452.05
35 - 39	\$153.31	\$291.44	\$491.49
40 - 44	\$163.96	\$311.32	\$524.42
45 - 49	\$185.19	\$346.03	\$548.55
50 - 54	\$219.66	\$417.88	\$574.84
55 - 59	\$264.71	\$494.33	\$625.43
60 - 64	\$322.21	\$607.58	\$724.86
65 - 120	\$396.37	\$787.63	\$876.96

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$101.15	\$219.30	\$340.87
20 - 24	\$104.69	\$229.12	\$357.31
25 - 29	\$116.32	\$244.82	\$393.47
30 - 34	\$124.03	\$257.40	\$419.51
35 - 39	\$142.27	\$270.46	\$456.11
40 - 44	\$152.16	\$288.91	\$486.67
45 - 49	\$171.86	\$321.12	\$509.06
50 - 54	\$203.85	\$387.80	\$533.46
55 - 59	\$245.66	\$458.75	\$580.41
60 - 64	\$299.01	\$563.85	\$672.68
65 - 120	\$367.84	\$730.93	\$813.83

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$122.95	\$266.57	\$414.36
20 - 24	\$127.26	\$278.52	\$434.34
25 - 29	\$141.40	\$297.60	\$478.30
30 - 34	\$150.78	\$312.89	\$509.95
35 - 39	\$172.95	\$328.77	\$554.44
40 - 44	\$184.96	\$351.19	\$591.59
45 - 49	\$208.91	\$390.35	\$618.81
50 - 54	\$247.79	\$471.41	\$648.47
55 - 59	\$298.62	\$557.65	\$705.54
60 - 64	\$363.48	\$685.40	\$817.70
65 - 120	\$447.14	\$888.51	\$989.28

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$116.06	\$251.63	\$391.13
20 - 24	\$120.12	\$262.90	\$409.99
25 - 29	\$133.47	\$280.92	\$451.49
30 - 34	\$142.32	\$295.35	\$481.36
35 - 39	\$163.25	\$310.34	\$523.36
40 - 44	\$174.59	\$331.50	\$558.43
45 - 49	\$197.20	\$368.47	\$584.12
50 - 54	\$233.90	\$444.98	\$612.11
55 - 59	\$281.88	\$526.39	\$665.99
60 - 64	\$343.10	\$646.98	\$771.86
65 - 120	\$422.07	\$838.71	\$933.82

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$103.61	\$224.63	\$349.16
20 - 24	\$107.23	\$234.69	\$365.99
25 - 29	\$119.15	\$250.77	\$403.04
30 - 34	\$127.05	\$263.65	\$429.71
35 - 39	\$145.73	\$277.04	\$467.19
40 - 44	\$155.85	\$295.93	\$498.50
45 - 49	\$176.04	\$328.92	\$521.44
50 - 54	\$208.80	\$397.23	\$546.42
55 - 59	\$251.63	\$469.90	\$594.52
60 - 64	\$306.28	\$577.55	\$689.03
65 - 120	\$376.78	\$748.70	\$833.61

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$95.33	\$206.69	\$321.27
20 - 24	\$98.67	\$215.95	\$336.76
25 - 29	\$109.63	\$230.74	\$370.85
30 - 34	\$116.90	\$242.60	\$395.39
35 - 39	\$134.09	\$254.91	\$429.88
40 - 44	\$143.41	\$272.30	\$458.69
45 - 49	\$161.98	\$302.66	\$479.79
50 - 54	\$192.13	\$365.51	\$502.79
55 - 59	\$231.53	\$432.37	\$547.04
60 - 64	\$281.82	\$531.43	\$634.00
65 - 120	\$346.69	\$688.91	\$767.04

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$120.82	\$266.45	\$414.55
20 - 24	\$125.04	\$278.38	\$434.54
25 - 29	\$138.35	\$295.36	\$476.35
30 - 34	\$147.52	\$310.53	\$507.87
35 - 39	\$168.44	\$322.33	\$545.38
40 - 44	\$180.14	\$344.30	\$581.93
45 - 49	\$202.70	\$379.64	\$601.89
50 - 54	\$240.43	\$458.07	\$629.94
55 - 59	\$289.74	\$541.45	\$684.97
60 - 64	\$352.67	\$665.03	\$793.39
65 - 120	\$433.85	\$862.10	\$959.87

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$113.58	\$250.49	\$389.72
20 - 24	\$117.55	\$261.71	\$408.51
25 - 29	\$130.06	\$277.67	\$447.82
30 - 34	\$138.69	\$291.93	\$477.46
35 - 39	\$158.36	\$303.02	\$512.72
40 - 44	\$169.35	\$323.68	\$547.08
45 - 49	\$190.56	\$356.90	\$565.84
50 - 54	\$226.03	\$430.64	\$592.21
55 - 59	\$272.39	\$509.02	\$643.95
60 - 64	\$331.55	\$625.20	\$745.87
65 - 120	\$407.86	\$810.47	\$902.38

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$100.64	\$221.95	\$345.32
20 - 24	\$104.16	\$231.89	\$361.97
25 - 29	\$115.24	\$246.03	\$396.80
30 - 34	\$122.88	\$258.67	\$423.05
35 - 39	\$140.31	\$268.49	\$454.30
40 - 44	\$150.06	\$286.80	\$484.74
45 - 49	\$168.85	\$316.23	\$501.37
50 - 54	\$200.27	\$381.57	\$524.73
55 - 59	\$241.35	\$451.02	\$570.58
60 - 64	\$293.77	\$553.96	\$660.88
65 - 120	\$361.39	\$718.12	\$799.56

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$87.90	\$193.84	\$301.60
20 - 24	\$90.97	\$202.53	\$316.14
25 - 29	\$100.65	\$214.88	\$346.56
30 - 34	\$107.33	\$225.92	\$369.49
35 - 39	\$122.55	\$234.50	\$396.78
40 - 44	\$131.06	\$250.49	\$423.37
45 - 49	\$147.47	\$276.20	\$437.89
50 - 54	\$174.92	\$333.26	\$458.29
55 - 59	\$210.79	\$393.91	\$498.33
60 - 64	\$256.58	\$483.82	\$577.21
65 - 120	\$315.63	\$627.20	\$698.32

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	Yes
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$117.89	\$260.00	\$404.52
20 - 24	\$122.02	\$271.65	\$424.02
25 - 29	\$135.00	\$288.21	\$464.83
30 - 34	\$143.95	\$303.02	\$495.58
35 - 39	\$164.37	\$314.53	\$532.18
40 - 44	\$175.78	\$335.97	\$567.85
45 - 49	\$197.80	\$370.45	\$587.33
50 - 54	\$234.61	\$446.99	\$614.69
55 - 59	\$282.73	\$528.34	\$668.40
60 - 64	\$344.14	\$648.93	\$774.19
65 - 120	\$423.35	\$841.24	\$936.64

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$109.63	\$241.78	\$376.18
20 - 24	\$113.47	\$252.62	\$394.32
25 - 29	\$125.54	\$268.02	\$432.26
30 - 34	\$133.87	\$281.79	\$460.87
35 - 39	\$152.85	\$292.49	\$494.90
40 - 44	\$163.47	\$312.44	\$528.07
45 - 49	\$183.94	\$344.50	\$546.18
50 - 54	\$218.17	\$415.67	\$571.63
55 - 59	\$262.92	\$491.33	\$621.57
60 - 64	\$320.03	\$603.47	\$719.95
65 - 120	\$393.69	\$782.30	\$871.02

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$95.66	\$210.98	\$328.25
20 - 24	\$99.01	\$220.43	\$344.07
25 - 29	\$109.54	\$233.87	\$377.18
30 - 34	\$116.81	\$245.88	\$402.14
35 - 39	\$133.38	\$255.22	\$431.84
40 - 44	\$142.64	\$272.62	\$460.78
45 - 49	\$160.50	\$300.60	\$476.59
50 - 54	\$190.37	\$362.71	\$498.79
55 - 59	\$229.42	\$428.73	\$542.37
60 - 64	\$279.25	\$526.58	\$628.22
65 - 120	\$343.52	\$682.62	\$760.04

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$82.84	\$182.70	\$284.26
20 - 24	\$85.74	\$190.88	\$297.96
25 - 29	\$94.86	\$202.53	\$326.63
30 - 34	\$101.15	\$212.93	\$348.25
35 - 39	\$115.50	\$221.02	\$373.97
40 - 44	\$123.52	\$236.09	\$399.03
45 - 49	\$138.99	\$260.32	\$412.71
50 - 54	\$164.86	\$314.10	\$431.94
55 - 59	\$198.67	\$371.27	\$469.68
60 - 64	\$241.83	\$456.01	\$544.02
65 - 120	\$297.49	\$591.14	\$658.18

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$116.21	\$220.79	\$327.93
20 - 24	\$120.27	\$230.68	\$343.74
25 - 29	\$136.79	\$260.36	\$398.83
30 - 34	\$145.86	\$273.73	\$425.22
35 - 39	\$173.08	\$313.86	\$516.11
40 - 44	\$185.10	\$335.26	\$550.70
45 - 49	\$214.09	\$393.73	\$624.48
50 - 54	\$253.94	\$478.79	\$659.34
55 - 59	\$306.02	\$568.97	\$720.59
60 - 64	\$372.49	\$702.40	\$837.98
65 - 120	\$458.23	\$910.55	\$1,013.81

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$110.89	\$210.69	\$312.93
20 - 24	\$114.77	\$220.13	\$328.02
25 - 29	\$130.54	\$248.45	\$380.59
30 - 34	\$139.19	\$261.21	\$405.77
35 - 39	\$165.16	\$299.50	\$492.51
40 - 44	\$176.64	\$319.92	\$525.51
45 - 49	\$204.30	\$375.72	\$595.91
50 - 54	\$242.32	\$456.89	\$629.18
55 - 59	\$292.03	\$542.95	\$687.63
60 - 64	\$355.45	\$670.27	\$799.65
65 - 120	\$437.27	\$868.90	\$967.44

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$100.52	\$190.99	\$283.66
20 - 24	\$104.04	\$199.54	\$297.34
25 - 29	\$118.33	\$225.21	\$344.99
30 - 34	\$126.17	\$236.78	\$367.82
35 - 39	\$149.72	\$271.49	\$446.44
40 - 44	\$160.12	\$290.00	\$476.36
45 - 49	\$185.19	\$340.58	\$540.18
50 - 54	\$219.66	\$414.16	\$570.33
55 - 59	\$264.71	\$492.17	\$623.31
60 - 64	\$322.21	\$607.58	\$724.86
65 - 120	\$396.37	\$787.63	\$876.96

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$93.28	\$177.24	\$263.24
20 - 24	\$96.55	\$185.18	\$275.93
25 - 29	\$109.81	\$209.00	\$320.16
30 - 34	\$117.09	\$219.73	\$341.34
35 - 39	\$138.94	\$251.95	\$414.30
40 - 44	\$148.59	\$269.12	\$442.07
45 - 49	\$171.86	\$316.06	\$501.29
50 - 54	\$203.85	\$384.34	\$529.28
55 - 59	\$245.66	\$456.74	\$578.44
60 - 64	\$299.01	\$563.85	\$672.68
65 - 120	\$367.84	\$730.93	\$813.83

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	Yes
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx			
Age	Single	Two Party	Family
0 - 19	\$113.39	\$215.45	\$319.99
20 - 24	\$117.36	\$225.10	\$335.42
25 - 29	\$133.48	\$254.06	\$389.18
30 - 34	\$142.33	\$267.11	\$414.93
35 - 39	\$168.89	\$306.26	\$503.62
40 - 44	\$180.62	\$327.14	\$537.37
45 - 49	\$208.91	\$384.20	\$609.36
50 - 54	\$247.79	\$467.20	\$643.38
55 - 59	\$298.62	\$555.21	\$703.15
60 - 64	\$363.48	\$685.40	\$817.70
65 - 120	\$447.14	\$888.51	\$989.28

Ded. \$500 Med./\$125 Rx			
Age	Single	Two Party	Family
0 - 19	\$107.04	\$203.37	\$302.06
20 - 24	\$110.78	\$212.48	\$316.62
25 - 29	\$126.00	\$239.81	\$367.36
30 - 34	\$134.36	\$252.13	\$391.67
35 - 39	\$159.43	\$289.10	\$475.39
40 - 44	\$170.50	\$308.81	\$507.25
45 - 49	\$197.20	\$362.66	\$575.21
50 - 54	\$233.90	\$441.01	\$607.32
55 - 59	\$281.88	\$524.08	\$663.73
60 - 64	\$343.10	\$646.98	\$771.86
65 - 120	\$422.07	\$838.71	\$933.82

Ded. \$1000 Med./\$350 Rx			
Age	Single	Two Party	Family
0 - 19	\$95.55	\$181.55	\$269.64
20 - 24	\$98.89	\$189.68	\$282.64
25 - 29	\$112.48	\$214.08	\$327.94
30 - 34	\$119.94	\$225.08	\$349.64
35 - 39	\$142.32	\$258.07	\$424.37
40 - 44	\$152.20	\$275.67	\$452.81
45 - 49	\$176.04	\$323.74	\$513.48
50 - 54	\$208.80	\$393.69	\$542.14
55 - 59	\$251.63	\$467.84	\$592.50
60 - 64	\$306.28	\$577.55	\$689.03
65 - 120	\$376.78	\$748.70	\$833.61

Ded. \$2000 Med./\$1,000 Rx			
Age	Single	Two Party	Family
0 - 19	\$87.92	\$167.05	\$248.11
20 - 24	\$91.00	\$174.53	\$260.07
25 - 29	\$103.50	\$196.98	\$301.75
30 - 34	\$110.36	\$207.10	\$321.72
35 - 39	\$130.95	\$237.46	\$390.48
40 - 44	\$140.05	\$253.65	\$416.65
45 - 49	\$161.98	\$297.89	\$472.47
50 - 54	\$192.13	\$362.25	\$498.85
55 - 59	\$231.53	\$430.48	\$545.19
60 - 64	\$281.82	\$531.43	\$634.00
65 - 120	\$346.69	\$688.91	\$767.04

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	Yes
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$110.02	\$209.04	\$310.48
20 - 24	\$113.87	\$218.41	\$325.45
25 - 29	\$129.51	\$246.50	\$377.61
30 - 34	\$138.10	\$259.17	\$402.60
35 - 39	\$163.87	\$297.16	\$488.65
40 - 44	\$175.25	\$317.42	\$521.40
45 - 49	\$202.70	\$372.78	\$591.25
50 - 54	\$240.43	\$453.31	\$624.26
55 - 59	\$289.74	\$538.70	\$682.25
60 - 64	\$352.67	\$665.03	\$793.39
65 - 120	\$433.85	\$862.10	\$959.87

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$103.43	\$196.52	\$291.88
20 - 24	\$107.05	\$205.33	\$305.96
25 - 29	\$121.76	\$231.74	\$354.99
30 - 34	\$129.83	\$243.64	\$378.48
35 - 39	\$154.06	\$279.36	\$459.38
40 - 44	\$164.76	\$298.41	\$490.17
45 - 49	\$190.56	\$350.45	\$555.84
50 - 54	\$226.03	\$426.16	\$586.87
55 - 59	\$272.39	\$506.44	\$641.38
60 - 64	\$331.55	\$625.20	\$745.87
65 - 120	\$407.86	\$810.47	\$902.38

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$91.65	\$174.13	\$258.63
20 - 24	\$94.85	\$181.93	\$271.10
25 - 29	\$107.88	\$205.33	\$314.54
30 - 34	\$115.04	\$215.88	\$335.36
35 - 39	\$136.50	\$247.53	\$407.04
40 - 44	\$145.98	\$264.41	\$434.32
45 - 49	\$168.85	\$310.52	\$492.50
50 - 54	\$200.27	\$377.61	\$520.00
55 - 59	\$241.35	\$448.73	\$568.30
60 - 64	\$293.77	\$553.96	\$660.88
65 - 120	\$361.39	\$718.12	\$799.56

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$80.04	\$152.08	\$225.88
20 - 24	\$82.85	\$158.90	\$236.77
25 - 29	\$94.22	\$179.34	\$274.72
30 - 34	\$100.47	\$188.55	\$292.90
35 - 39	\$119.22	\$216.19	\$355.50
40 - 44	\$127.50	\$230.93	\$379.33
45 - 49	\$147.47	\$271.21	\$430.15
50 - 54	\$174.92	\$329.80	\$454.16
55 - 59	\$210.79	\$391.92	\$496.35
60 - 64	\$256.58	\$483.82	\$577.21
65 - 120	\$315.63	\$627.20	\$698.32

IHC Health Plans, Inc.

Small Employer Rates

Effective 1/1/2006

Plan - SELECTMED PLUS

Options

Maternity	No
Waiver of Ded.	No
Rx Card	Rx Ded. (per person), then \$10/25%/50%
Mental Health	50/50 Benefit
Supp. Accident	No
Coinsurance Copay	80/20 25/35

Ded. \$250 Med./\$75 Rx

Age	Single	Two Party	Family
0 - 19	\$107.36	\$203.98	\$302.97
20 - 24	\$111.12	\$213.12	\$317.57
25 - 29	\$126.38	\$240.54	\$368.47
30 - 34	\$134.76	\$252.89	\$392.85
35 - 39	\$159.91	\$289.97	\$476.83
40 - 44	\$171.01	\$309.74	\$508.78
45 - 49	\$197.80	\$363.76	\$576.94
50 - 54	\$234.61	\$442.34	\$609.15
55 - 59	\$282.73	\$525.66	\$665.74
60 - 64	\$344.14	\$648.93	\$774.19
65 - 120	\$423.35	\$841.24	\$936.64

Ded. \$500 Med./\$125 Rx

Age	Single	Two Party	Family
0 - 19	\$99.84	\$189.69	\$281.74
20 - 24	\$103.33	\$198.19	\$295.33
25 - 29	\$117.53	\$223.69	\$342.66
30 - 34	\$125.32	\$235.18	\$365.33
35 - 39	\$148.70	\$269.65	\$443.42
40 - 44	\$159.03	\$288.04	\$473.14
45 - 49	\$183.94	\$338.28	\$536.52
50 - 54	\$218.17	\$411.35	\$566.47
55 - 59	\$262.92	\$488.84	\$619.10
60 - 64	\$320.03	\$603.47	\$719.95
65 - 120	\$393.69	\$782.30	\$871.02

Ded. \$1000 Med./\$350 Rx

Age	Single	Two Party	Family
0 - 19	\$87.12	\$165.52	\$245.84
20 - 24	\$90.17	\$172.94	\$257.70
25 - 29	\$102.55	\$195.18	\$299.00
30 - 34	\$109.35	\$205.21	\$318.78
35 - 39	\$129.76	\$235.29	\$386.92
40 - 44	\$138.77	\$251.34	\$412.85
45 - 49	\$160.50	\$295.17	\$468.16
50 - 54	\$190.37	\$358.94	\$494.29
55 - 59	\$229.42	\$426.55	\$540.21
60 - 64	\$279.25	\$526.58	\$628.22
65 - 120	\$343.52	\$682.62	\$760.04

Ded. \$2000 Med./\$1,000 Rx

Age	Single	Two Party	Family
0 - 19	\$75.44	\$143.34	\$212.89
20 - 24	\$78.08	\$149.76	\$223.16
25 - 29	\$88.81	\$169.03	\$258.92
30 - 34	\$94.70	\$177.71	\$276.06
35 - 39	\$112.37	\$203.76	\$335.06
40 - 44	\$120.17	\$217.65	\$357.52
45 - 49	\$138.99	\$255.61	\$405.42
50 - 54	\$164.86	\$310.83	\$428.05
55 - 59	\$198.67	\$369.38	\$467.81
60 - 64	\$241.83	\$456.01	\$544.02
65 - 120	\$297.49	\$591.14	\$658.18