



2009 Monthly Premium Rates

(To Calculate BI-WEEKLY RATES, divide by 2)

Preferred Provider Plus (PPP)						30/20 Plus						State Insurance Supplement (SIS)					
(See policy and brochure for complete description.) <ul style="list-style-type: none"> • Pays first \$250 of expenses per Inpatient hospital admission. • Hospital Expense Benefit - Pays 10% of the next \$25,000 of eligible expenses. • Ambulatory Surgical Center Benefit - Pays 10% of first \$25,000 of eligible expenses. 						(See policy and brochure for complete description.) <ul style="list-style-type: none"> • Pays first \$250 of expenses per Inpatient hospital admission. • Hospital Expense Benefit - Pays 20% of the next \$12,500 of eligible expenses. • Hospital Confinement - Pays \$30 per day toward room and board charges or \$60 if confined in intensive or progressive care, not to exceed \$3,600 per person per confinement. • Ambulatory Surgical Center Benefit - Pays 20% of first \$12,500 of eligible expenses. 						(See policy and brochure for complete description.) <ul style="list-style-type: none"> • Network Hospital Deductible - Pays first \$100 of eligible expenses per calendar year. • Hospital Expense Benefit - Pays 10% of the next \$25,000 of eligible expenses. • Ambulatory Surgical Center Benefit - Pays 10% of first \$25,000 of eligible expenses. • All benefits paid at 10% will be subject to a maximum payment of \$2,500 per calendar year. 					
Rates are based on your age as of 1-1-2009						Rates are based on your age as of 1-1-2009						Rates are based on your age as of 1-1-2009					
PPP Plan Code 8000						30/20 Plan Code 8010						SIS Plan Code 8020					
01 Single <input type="checkbox"/>		02 Family <input type="checkbox"/>				01 Single <input type="checkbox"/>		02 Family <input type="checkbox"/>				01 Single <input type="checkbox"/>		02 Family <input type="checkbox"/>			
Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family	Age	Single	Family
18	\$14.58	\$34.18	49	\$33.88	\$76.60	18	\$23.94	\$56.40	49	\$58.08	\$130.16	18	\$14.52	\$34.20	49	\$35.22	\$78.94
19	\$14.60	\$34.36	50	\$35.54	\$79.66	19	\$23.94	\$56.88	50	\$60.82	\$135.20	19	\$14.52	\$34.48	50	\$36.88	\$82.00
20	\$14.62	\$34.38	51	\$37.22	\$82.74	20	\$24.08	\$57.66	51	\$63.00	\$138.92	20	\$14.60	\$34.96	51	\$38.20	\$84.24
21	\$14.78	\$35.52	52	\$38.56	\$85.02	21	\$24.26	\$58.50	52	\$65.02	\$142.20	21	\$14.70	\$35.48	52	\$39.42	\$86.24
22	\$14.84	\$35.80	53	\$39.78	\$87.02	22	\$24.42	\$59.32	53	\$67.30	\$146.04	22	\$14.80	\$35.98	53	\$40.82	\$88.58
23	\$14.94	\$36.30	54	\$41.18	\$89.38	23	\$24.58	\$60.16	54	\$70.28	\$151.36	23	\$14.90	\$36.48	54	\$42.62	\$91.80
24	\$15.04	\$36.80	55	\$43.02	\$92.62	24	\$25.04	\$61.70	55	\$73.26	\$156.56	24	\$15.18	\$37.42	55	\$44.42	\$94.94
25	\$15.32	\$37.76	56	\$44.84	\$95.80	25	\$25.74	\$63.90	56	\$75.66	\$160.50	25	\$15.62	\$38.74	56	\$45.88	\$97.34
26	\$15.74	\$39.10	57	\$46.30	\$98.22	26	\$26.44	\$66.08	57	\$78.10	\$164.48	26	\$16.04	\$40.08	57	\$47.36	\$99.76
27	\$16.18	\$40.44	58	\$47.80	\$100.66	27	\$27.14	\$68.32	58	\$80.42	\$168.12	27	\$16.46	\$41.44	58	\$48.76	\$101.96
28	\$16.62	\$41.80	59	\$49.22	\$102.88	28	\$28.14	\$71.32	59	\$83.38	\$173.08	28	\$17.06	\$43.26	59	\$50.56	\$104.96
29	\$17.22	\$43.64	60	\$51.02	\$105.92	29	\$29.10	\$74.24	60	\$86.34	\$178.00	29	\$17.64	\$45.02	60	\$52.36	\$107.94
30	\$17.80	\$45.44	61	\$52.84	\$108.92	30	\$30.12	\$77.40	61	\$88.96	\$182.16	30	\$18.26	\$46.94	61	\$53.96	\$110.48
31	\$18.44	\$47.36	62	\$54.44	\$111.48	31	\$31.14	\$80.56	62	\$90.42	\$183.88	31	\$18.88	\$48.86	62	\$54.84	\$111.52
32	\$19.06	\$49.30	63	\$55.34	\$112.52	32	\$32.04	\$83.44	63	\$91.98	\$185.82	32	\$19.42	\$50.60	63	\$55.78	\$112.70
33	\$19.60	\$51.06	64	\$56.28	\$113.72	33	\$32.92	\$86.32	64	\$94.32	\$189.30	33	\$19.96	\$52.34	64	\$57.20	\$114.82
34	\$20.14	\$52.82	65	\$57.72	\$115.86	34	\$33.98	\$88.50	65	\$96.68	\$193.36	34	\$20.60	\$53.68	65	\$58.64	\$117.26
35	\$20.80	\$54.16	66	\$59.16	\$118.34	35	\$35.10	\$90.34	66	\$99.06	\$198.14	35	\$21.28	\$54.80	66	\$60.08	\$120.16
36	\$21.48	\$55.28	67	\$60.62	\$121.26	36	\$36.00	\$91.58	67	\$101.60	\$203.20	36	\$21.82	\$55.54	67	\$61.62	\$123.24
37	\$22.02	\$56.04	68	\$62.18	\$124.36	37	\$36.94	\$92.92	68	\$104.08	\$208.16	37	\$22.40	\$56.36	68	\$63.12	\$126.24
38	\$22.60	\$56.86	69	\$63.70	\$127.38	38	\$38.12	\$94.84	69	\$106.66	\$213.34	38	\$23.12	\$57.52	69	\$64.68	\$129.38
39	\$23.32	\$58.04				39	\$39.62	\$97.54				39	\$24.02	\$59.16	70	\$66.24	\$132.50
40	\$24.24	\$59.68				40	\$40.96	\$99.82				40	\$24.84	\$60.54	71	\$67.88	\$135.76
41	\$25.06	\$61.10				41	\$42.28	\$101.96				41	\$25.64	\$61.84	72	\$69.54	\$139.08
42	\$25.86	\$62.40				42	\$43.76	\$104.52				42	\$26.54	\$63.38	73	\$71.22	\$142.44
43	\$26.78	\$63.96				43	\$45.42	\$107.46				43	\$27.56	\$65.16	74	\$72.96	\$145.92
44	\$27.80	\$65.76				44	\$47.72	\$111.80				44	\$28.94	\$67.80	75	\$74.76	\$149.52
45	\$29.20	\$68.42				45	\$50.08	\$116.26				45	\$30.38	\$70.52	76	\$76.60	\$153.18
46	\$30.64	\$71.16				46	\$51.84	\$119.24				46	\$31.44	\$72.32	77	\$78.50	\$157.00
47	\$31.72	\$72.96				47	\$53.50	\$122.00				47	\$32.44	\$73.98	78	\$80.38	\$160.76
48	\$32.74	\$74.66				48	\$55.36	\$125.16				48	\$33.58	\$75.90	79	\$80.38	\$160.76

If you should have any questions regarding this adjustment, please do not hesitate to call us at 1-800-888-5256 or contact your Capital Insurance Representative at 1-800-780-3100