





## 2010 Monthly Premium Rates

(If Paid BI-WEEKLY , divide by 2)

<b>Preferred Provider Plus (PPP)</b>						<b>30/20 Plus</b>						<b>State Insurance Supplement (SIS)</b>					
(See policy and brochure for complete description.) <ul style="list-style-type: none"> <li>● Pays first \$250 of expenses per Inpatient hospital admission.</li> <li>● Hospital Expense Benefit - Pays 10% of the next \$25,000 of eligible expenses.</li> <li>● Ambulatory Surgical Center Benefit - Pays 10% of first \$25,000 of eligible expenses.</li> </ul>						(See policy and brochure for complete description.) <ul style="list-style-type: none"> <li>● Pays first \$250 of expenses per Inpatient hospital admission.</li> <li>● 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.</li> <li>● Hospital Expense Benefit - Pays 20% of the next \$12,500 of eligible expenses.</li> <li>● Ambulatory Surgical Center Benefit - Pays 20% of first \$12,500 of eligible expenses.</li> </ul>						(See policy and brochure for complete description.) <ul style="list-style-type: none"> <li>● Network Hospital Deductible - Pays first \$100 of eligible expenses per calendar year.</li> <li>● Hospital Expense Benefit - Pays 10% of the next \$25,000 of eligible expenses.</li> <li>● Ambulatory Surgical Center Benefit - Pays 10% of first \$25,000 of eligible expenses.</li> <li>● All benefits paid at 10% will be subject to a maximum payment of \$2,500 per calendar year.</li> </ul>					
<b>Rates are based on your age as of 1-1-2010</b>						<b>Rates are based on your age as of 1-1-2010</b>						<b>Rates are based on your age as of 1-1-2010</b>					
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	\$15.70	\$36.80	49	\$36.48	\$82.46	18	\$25.76	\$60.72	49	\$62.52	\$140.14	18	\$15.62	\$36.82	49	\$37.92	\$84.98
19	\$15.70	\$36.98	50	\$38.26	\$85.76	19	\$25.76	\$61.22	50	\$65.48	\$145.56	19	\$15.62	\$37.12	50	\$39.72	\$88.28
20	\$15.74	\$37.00	51	\$40.06	\$89.08	20	\$25.92	\$62.08	51	\$67.84	\$149.54	20	\$15.72	\$37.64	51	\$41.14	\$90.70
21	\$15.92	\$38.24	52	\$41.50	\$91.52	21	\$26.12	\$62.98	52	\$70.00	\$153.10	21	\$15.84	\$38.20	52	\$42.46	\$92.84
22	\$15.98	\$38.54	53	\$42.84	\$93.70	22	\$26.30	\$63.86	53	\$72.46	\$157.22	22	\$15.94	\$38.72	53	\$43.94	\$95.36
23	\$16.10	\$39.08	54	\$44.34	\$96.22	23	\$26.46	\$64.76	54	\$75.68	\$162.94	23	\$16.06	\$39.28	54	\$45.90	\$98.82
24	\$16.20	\$39.62	55	\$46.30	\$99.72	24	\$26.96	\$66.44	55	\$78.86	\$168.54	24	\$16.34	\$40.28	55	\$47.80	\$102.22
25	\$16.50	\$40.66	56	\$48.26	\$103.14	25	\$27.72	\$68.78	56	\$81.46	\$172.78	25	\$16.78	\$41.72	56	\$49.40	\$104.78
26	\$16.96	\$42.10	57	\$49.86	\$105.74	26	\$28.46	\$71.14	57	\$84.10	\$177.08	26	\$17.26	\$43.14	57	\$50.98	\$107.40
27	\$17.42	\$43.54	58	\$51.46	\$108.38	27	\$29.22	\$73.56	58	\$86.58	\$181.00	27	\$17.72	\$44.60	58	\$52.50	\$109.76
28	\$17.88	\$45.02	59	\$52.98	\$110.76	28	\$30.30	\$76.78	59	\$89.76	\$186.34	28	\$18.38	\$46.56	59	\$54.44	\$113.00
29	\$18.54	\$46.98	60	\$54.94	\$114.02	29	\$31.32	\$79.94	60	\$92.96	\$191.62	29	\$19.00	\$48.48	60	\$56.36	\$116.22
30	\$19.16	\$48.92	61	\$56.88	\$117.28	30	\$32.44	\$83.34	61	\$95.78	\$196.12	30	\$19.66	\$50.54	61	\$58.08	\$118.94
31	\$19.84	\$51.00	62	\$58.62	\$120.02	31	\$33.52	\$86.72	62	\$97.34	\$197.96	31	\$20.32	\$52.60	62	\$59.04	\$120.06
32	\$20.52	\$53.08	63	\$59.56	\$121.14	32	\$34.48	\$89.82	63	\$99.02	\$200.06	32	\$20.92	\$54.48	63	\$60.06	\$121.34
33	\$21.10	\$54.96	64	\$60.60	\$122.42	33	\$35.44	\$92.94	64	\$101.54	\$203.80	33	\$21.50	\$56.38	64	\$61.58	\$123.60
34	\$21.70	\$56.86	65	\$62.14	\$124.74	34	\$36.58	\$95.28	65	\$104.08	\$208.16	34	\$22.18	\$57.78	65	\$63.12	\$126.24
35	\$22.38	\$58.30	66	\$63.70	\$127.40	35	\$37.80	\$97.26	66	\$106.66	\$213.32	35	\$22.92	\$59.00	66	\$64.68	\$129.36
36	\$23.14	\$59.52	67	\$65.28	\$130.54	36	\$38.74	\$98.58	67	\$109.38	\$218.76	36	\$23.50	\$59.78	67	\$66.34	\$132.68
37	\$23.72	\$60.32	68	\$66.94	\$133.88	37	\$39.76	\$100.04	68	\$112.04	\$224.10	37	\$24.12	\$60.68	68	\$67.96	\$135.92
38	\$24.34	\$61.20	69	\$68.56	\$137.14	38	\$41.04	\$102.10	69	\$114.84	\$229.68	38	\$24.88	\$61.90	69	\$69.64	\$139.30
39	\$25.10	\$62.48				39	\$42.64	\$105.00				39	\$25.86	\$63.68	70	\$71.32	\$142.64
40	\$26.10	\$64.26				40	\$44.10	\$107.48				40	\$26.74	\$65.18	71	\$73.08	\$146.16
41	\$26.98	\$65.76				41	\$45.52	\$109.78				41	\$27.60	\$66.58	72	\$74.86	\$149.74
42	\$27.84	\$67.18				42	\$47.12	\$112.52				42	\$28.58	\$68.24	73	\$76.68	\$153.34
43	\$28.84	\$68.86				43	\$48.90	\$115.68				43	\$29.66	\$70.16	74	\$78.54	\$157.10
44	\$29.94	\$70.80				44	\$51.38	\$120.36				44	\$31.16	\$73.00	75	\$80.48	\$160.96
45	\$31.44	\$73.66				45	\$53.92	\$125.18				45	\$32.70	\$75.90	76	\$82.44	\$164.92
46	\$33.00	\$76.60				46	\$55.80	\$128.38				46	\$33.84	\$77.86	77	\$84.50	\$169.02
47	\$34.16	\$78.56				47	\$57.60	\$131.34				47	\$34.94	\$79.66	78	\$86.54	\$173.06
48	\$35.26	\$80.38				48	\$59.60	\$134.74				48	\$36.12	\$81.72	79	\$86.54	\$173.06

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**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**