

# Personal Comp Monthly Rates

**Monthly Rates (Effective January 1, 2008) (Billed Quarterly)**

To be eligible for Personal Comp coverage, each family member applying for coverage must be a Maryland resident under the age of 65, and complete a medical questionnaire.

INDIVIDUAL MEMBERSHIP							
DEDUCTIBLE LEVEL PER INDIVIDUAL	AGE OF APPLICANT						
	1-5*	6-17*	18-29	30-39	40-49	50-59	60-64
\$100	\$195	\$160	\$234	\$315	\$390	\$499	\$604
\$200	\$162	\$133	\$194	\$262	\$323	\$414	\$501
\$400	\$113	\$93	\$136	\$183	\$226	\$289	\$350
\$500	\$122	\$100	\$147	\$198	\$244	\$313	\$379
\$800	\$87	\$71	\$105	\$141	\$174	\$223	\$270
\$1,000	\$74	\$60	\$88	\$119	\$147	\$189	\$228
\$2,500	\$58	\$48	\$70	\$94	\$116	\$149	\$180
\$5,000	\$44	\$36	\$53	\$72	\$88	\$113	\$137
\$10,000	\$29	\$24	\$35	\$48	\$59	\$75	\$91

INDIVIDUAL & CHILD*							
DEDUCTIBLE LEVEL PER INDIVIDUAL	AGE OF APPLICANT						
	1-5	6-17*	18-29	30-39	40-49	50-59	60-64
\$100	-	\$265	\$386	\$522	\$643	\$822	\$997
\$200	-	\$220	\$320	\$433	\$533	\$682	\$828
\$400	-	\$154	\$224	\$303	\$373	\$477	\$579
\$500	-	\$166	\$242	\$327	\$403	\$515	\$625
\$800	-	\$118	\$172	\$233	\$287	\$368	\$446
\$1,000	-	\$100	\$146	\$197	\$243	\$311	\$377
\$2,500	-	\$79	\$115	\$156	\$192	\$245	\$298
\$5,000	-	\$60	\$88	\$118	\$146	\$187	\$226
\$10,000	-	\$40	\$58	\$79	\$97	\$124	\$151

\* "Child" means your unmarried, eligible child up to age 25 (Effective January 1, 2008). Eligibility requirements are defined in the Personal Comp contract.

INDIVIDUAL & ADULT**							
DEDUCTIBLE LEVEL PER INDIVIDUAL	AGE OF APPLICANT						
	1-5	6-17*	18-29	30-39	40-49	50-59	60-64
\$100	-	\$343	\$502	\$678	\$837	\$1,071	\$1,247
\$200	-	\$284	\$417	\$562	\$695	\$889	\$1,076
\$400	-	\$199	\$292	\$393	\$486	\$621	\$753
\$500	-	\$215	\$315	\$425	\$525	\$672	\$813
\$800	-	\$153	\$225	\$303	\$375	\$479	\$580
\$1,000	-	\$130	\$190	\$256	\$317	\$405	\$490
\$2,500	-	\$102	\$150	\$202	\$250	\$320	\$387
\$5,000	-	\$78	\$114	\$154	\$190	\$243	\$294
\$10,000	-	\$52	\$76	\$103	\$127	\$162	\$196

\*\* "Adult" means the Spouse or the Domestic Partner of the Policyholder who resides with the Policyholder and satisfies the eligibility requirements defined in the Personal Comp contract. The Policyholder and Domestic Partner may not share a blood or familial relationship, and must have shared a common legal residence continuously for at least six (6) months prior to applying for coverage.

FAMILY MEMBERSHIP***							
DEDUCTIBLE LEVEL PER INDIVIDUAL	AGE OF APPLICANT						
	1-5	6-17*	18-29	30-39	40-49	50-59	60-64
\$100	-	\$425	\$623	\$841	\$1,040	\$1,332	\$1,613
\$200	-	\$352	\$517	\$698	\$863	\$1,106	\$1,338
\$400	-	\$246	\$362	\$488	\$603	\$773	\$936
\$500	-	\$266	\$391	\$528	\$652	\$835	\$1,011
\$800	-	\$190	\$279	\$376	\$465	\$596	\$721
\$1,000	-	\$161	\$236	\$318	\$393	\$504	\$610
\$2,500	-	\$127	\$186	\$251	\$310	\$398	\$481
\$5,000	-	\$96	\$141	\$191	\$236	\$302	\$366
\$10,000	-	\$64	\$94	\$127	\$157	\$202	\$244

\*\*\* Family Membership provides coverage for two adults and children or grandchildren or a single parent with more than one child or grandchild. Each additional child can be added to the Family membership at no extra cost. Families never pay more than twice the individual deductible even if there are more than two family members on the policy.

The actual premium rate may be either 25% or 50% higher than above premium rates based on the Medical Underwriting results

OPTIONAL MONTHLY DENTAL AND VISION RATES			
TYPE OF COVERAGE	DENTAL-ONLY PROGRAM	VISION-ONLY PROGRAM	BOTH DENTAL AND VISION
INDIVIDUAL	\$10.94	\$2.00	\$12.94
INDIVIDUAL & CHILD	\$17.49	\$4.00	\$21.49
INDIVIDUAL & ADULT	\$21.88	\$4.00	\$25.88
FAMILY	\$29.77	\$5.00	\$34.77

VISION RATES EFFECTIVE 10-1-04  
DENTAL RATES EFFECTIVE 6-1-03

Over for HSA-Comp Rates

# Personal Comp HSA-Compatible Monthly Rates

## Monthly Rates (Effective January 1, 2008) (Billed Quarterly)

To be eligible for Personal Comp-HSA coverage, each family member applying for coverage must be a Maryland resident under the age of 65, and complete a medical questionnaire.

### HEALTH SAVINGS ACCOUNT COMPATIBLE COVERAGE

#### 80%/20% Plan Medical: \$1,700 Deductible Per Individual

AGE	Individual	Individual & Child*	Individual & Adult**	Family***
1-5*	\$44 <sup>†</sup>	-	-	-
6-17*	\$38 <sup>†</sup>	\$76	\$77	\$102
18-24	\$56	\$110	\$113	\$150
25-29	\$66	\$129	\$132	\$176
30-34	\$73	\$143	\$147	\$196
35-39	\$81	\$158	\$162	\$216
40-44	\$96	\$187	\$192	\$256
45-49	\$120	\$235	\$241	\$322
50-54	\$150	\$294	\$301	\$402
55-59	\$190	\$369	\$378	\$505
60-64	\$236	\$460	\$472	\$631

### HEALTH SAVINGS ACCOUNT COMPATIBLE COVERAGE

#### 100%/0% Plan Medical: \$2,500 Deductible Per Individual

AGE	Individual	Individual & Child*	Individual & Adult**	Family***
1-5*	\$46 <sup>†</sup>	-	-	-
6-17*	\$41 <sup>†</sup>	\$80	\$82	\$109
18-24	\$61	\$117	\$120	\$160
25-29	\$70	\$137	\$141	\$187
30-34	\$78	\$153	\$156	\$208
35-39	\$87	\$168	\$172	\$230
40-44	\$102	\$199	\$204	\$273
45-49	\$128	\$250	\$256	\$342
50-54	\$160	\$313	\$320	\$427
55-59	\$201	\$393	\$402	\$538
60-64	\$251	\$489	\$502	\$671

The actual premium rate may be either 25% or 50% higher than above premium rates based on the Medical Underwriting results

<sup>†</sup> Child-only policy is not eligible for a Health Savings Account.

\* "Child" means your unmarried, eligible child up to age 25 (Effective January 1, 2008). Eligibility requirements are defined in the Personal Comp contract.

\*\* "Adult" means the spouse or the domestic partner of the policyholder who resides with the policyholder and satisfies the eligibility requirements defined in the Personal Comp contract. The policyholder and domestic partner may not share a blood or familial relationship, and must have shared a common legal residence continuously for at least six (6) months prior to applying for coverage.

\*\*\*Family Membership provides coverage for two adults and children or grandchildren or a single parent with more than one child or grandchild. Each additional child can be added to the Family membership at no extra cost. Families never pay more than twice the individual deductible even if there are more than two family members on the policy.

Policy Form Numbers:

365 (1/97) • CFMI HSA AMEND (R. 6/06) and any amendments.