

# Personal Health Coverage: Atlantic Rate Schedule

Monthly Rates Effective December 15, 2022

	Age	Health Plan Type			Additional Coverage Options		
		BasicPlan	ExtendaPlan*	OmniPlan*	Basic Prescription Drugs	Dental Care	Hospital Cash
SINGLE	Under 35	\$6.75	\$22.50	\$47.75	\$27.00	\$53.75	\$9.25
	35 - 44	\$7.25	\$22.50	\$49.25	\$30.75	\$58.50	\$9.50
	45 - 54	\$7.50	\$23.00	\$50.25	\$36.50	\$53.00	\$9.75
	55 - 59	\$9.00	\$23.25	\$55.50	\$47.25	\$49.50	\$11.50
	60 - 64	\$9.25	\$25.25	\$57.25	\$53.50	\$53.25	\$14.75
	65 - 69	\$10.50	\$27.25	\$57.25	\$24.25	\$52.00	\$27.25
	70 - 74	\$11.25	\$30.75	\$58.50	\$26.75	\$52.00	\$29.75
	75 - 79	\$12.50	\$36.00	\$62.50	\$27.75	\$49.75	\$32.50
	80 +	\$15.75	\$37.50	\$67.75	\$27.50	\$52.00	\$42.25

	Age	Health Plan Type			Additional Coverage Options		
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Dental Care	Hospital Cash
COUPLE	Under 35	\$9.50	\$35.75	\$76.50	\$50.25	\$105.00	\$17.25
	35 - 44	\$9.75	\$34.50	\$78.75	\$58.00	\$113.75	\$18.25
	45 - 54	\$10.50	\$35.00	\$80.50	\$68.50	\$104.25	\$19.25
	55 - 59	\$12.25	\$36.25	\$88.75	\$89.50	\$97.25	\$22.25
	60 - 64	\$13.50	\$39.75	\$91.75	\$101.25	\$103.50	\$28.00
	65 - 69	\$16.75	\$44.75	\$93.75	\$46.75	\$102.25	\$52.25
	70 - 74	\$17.50	\$49.50	\$97.00	\$50.50	\$102.25	\$58.00
	75 - 79	\$21.50	\$61.75	\$108.50	\$50.50	\$97.25	\$61.75
	80 +	\$26.25	\$70.75	\$123.75	\$50.00	\$102.25	\$80.50

	Age	Health Plan Type			Additional Coverage Options		
		BasicPlan	ExtendaPlan	OmniPlan	Basic Prescription Drugs	Dental Care	Hospital Cash
FAMILY	Under 35	\$11.50	\$42.25	\$97.50	\$67.50	\$151.00	\$25.25
	35 - 44	\$12.50	\$42.25	\$101.00	\$77.75	\$163.75	\$26.50
	45 - 54	\$12.75	\$42.75	\$101.00	\$92.50	\$149.25	\$27.25
	55 - 59	\$16.25	\$45.50	\$113.00	\$120.00	\$139.75	\$31.00
	60 - 64	\$16.75	\$48.50	\$117.50	\$135.75	\$148.75	\$36.00
	65 - 69	\$19.50	\$58.00	\$119.75	\$62.00	\$146.50	\$65.50
	70 - 74	\$20.75	\$63.50	\$123.50	\$67.75	\$146.50	\$69.75
	75 - 79	\$25.50	\$73.50	\$131.00	\$68.00	\$140.00	\$74.75
	80 +	\$30.50	\$80.00	\$141.75	\$67.75	\$146.50	\$94.75

**When determining your monthly rate:**

- Based on your medical history, you may be assessed a premium adjustment, be excluded for certain benefits or be declined coverage.
- Family means three or more.
- For Couple or Family, the oldest person on the application determines the rate.
- For a Family with more than six people, add 30%.
- Additional Coverage Options can only be purchased with a health plan.