

Rate Guide

Copay SelectSM | Copay SaverSM

HSA 100SM | HSA SaverSM

Plan 100[®] | Plan 80SM | Saver 80SM

**All plans include a first-year, 12-month rate guarantee
(subject to benefit and address changes)**

Rate Guide effective February 2006

Georgia

Golden Rule[®]

A UnitedHealthcare Company

Not For Consumer Use

31789-0106

Optional Benefits

See brochure for coverage details.

OPTIONAL BENEFITS AVAILABLE IN THE FOLLOWING PLANS				
DESIGNATED HEALTH PLAN	SUPPLEMENTAL ACCIDENT	PRESCRIPTION DRUG CARD	HSA HOSPITAL INDEMNITY	PREVENTIVE CARE BENEFIT
Copay Select SM	X	Included		
Copay Saver SM	X			X
HSA 100 SM , HSA Saver SM			X	X
Plan 100 [®] , Plan 80 SM	X	X		X
Saver 80 SM	X			X

Health Rating Classes

Health rating class is determined on a "per covered person" basis -- each family member is evaluated individually. Golden Rule uses 3 health rating classes:

- 1) **Tobacco** -- this includes any applicant who has used tobacco products, including smokeless tobacco, within the 12 months prior to application -- about 20% of adult applicants;
- 2) **Preferred** -- to be eligible for Preferred rates (a 10% discount), the applicant must be age 18 or older and applying as a Primary Insured or Spouse -- children are always rated Standard. Additionally, this class includes applicants who are generally healthy and lead a healthy lifestyle -- about 40% of adult applicants; and,
- 3) **Standard** -- this includes applicants who have not used tobacco within the 12 months preceding application but are not eligible or do not qualify for Preferred rates -- all children and about 40% of adult applicants.

How do you decide which health rating class an applicant belongs in?

You can make a reasonable determination by considering the applicant's health and lifestyle.

First, determine if the applicant belongs in the **Tobacco** class by asking whether or not tobacco products have been used within the past 12 months. If the answer is "yes," rate the applicant in the **Tobacco** class.

If the answer to the tobacco question is "no," consider the applicant for the **Preferred** class. Many applicants will qualify. Although you cannot be 100% sure an applicant will qualify, you can make a reasonable determination by using your judgment and the following guidelines.

An applicant will not qualify for the **Preferred** class if he/she:

- 1) Is over or under the **Preferred** class height and weight chart guidelines (see chart);
- 2) Has a history of high blood pressure;
- 3) Has used tobacco products within the past 12 months; or,
- 4) Receives a medical exclusionary rider, whether temporary or permanent (does not include riders for minor conditions, previous C-section deliveries, avocation riders, or 1-year duration riders).

If the applicant answers "no" to the tobacco question and does not, in your opinion, qualify for the Preferred class, rate the applicant as **Standard**.

2 PREFERRED HEALTH CLASS HEIGHT/WEIGHT CHART		
	MALE	FEMALE
HEIGHT	WEIGHT (lbs.)	WEIGHT (lbs.)
4' 10"	106 - 146	99 - 138
4' 11"	109 - 148	100 - 140
5' 0"	112 - 151	103 - 143
5' 1"	115 - 154	106 - 146
5' 2"	117 - 157	108 - 150
5' 3"	121 - 160	111 - 153
5' 4"	124 - 163	113 - 157
5' 5"	128 - 167	116 - 161
5' 6"	131 - 171	119 - 165
5' 7"	134 - 175	122 - 168
5' 8"	138 - 178	125 - 172
5' 9"	141 - 184	129 - 176
5' 10"	145 - 189	132 - 179
5' 11"	149 - 195	136 - 184
6' 0"	153 - 202	140 - 189
6' 1"	157 - 209	144 - 194
6' 2"	161 - 216	148 - 200
6' 3"	165 - 224	151 - 205
6' 4"	170 - 232	155 - 209
6' 5"	174 - 240	160 - 214
6' 6"	179 - 248	165 - 219
6' 7"	183 - 256	171 - 225
6' 8"	187 - 264	177 - 231
6' 9"	194 - 272	182 - 236
6' 10"	200 - 280	188 - 242
6' 11"	206 - 288	194 - 248
7' 0"	212 - 296	200 - 255

To be eligible for Preferred rates, applicant's weight must fall within the range for his or her gender and height.

Copay SelectSM

1 BASE RATES												
AGE	\$500 DEDUCTIBLE			\$1,000 DEDUCTIBLE			\$1,500 DEDUCTIBLE			\$2,500 DEDUCTIBLE		
	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE
0-17	156	156	156	117	117	117	103	103	103	87	87	87
18-20	135	156	156	101	117	117	89	103	103	76	87	87
21	140	165	160	105	124	120	92	109	106	78	92	90
22	142	174	164	107	131	123	94	115	108	80	98	92
23	147	183	168	110	137	126	97	121	111	82	103	94
24	150	192	172	113	144	129	99	127	114	84	107	96
25	155	202	177	116	151	132	102	133	117	87	113	99
26	159	209	180	119	157	135	105	138	119	89	117	101
27	165	216	184	124	162	138	109	143	121	92	121	103
28	170	224	188	128	168	141	112	148	124	95	125	105
29	178	232	193	133	174	145	117	153	127	99	130	108
30	183	241	197	137	180	148	121	159	130	102	135	110
31	189	248	204	142	186	153	125	163	134	106	139	114
32	196	255	210	147	191	158	129	168	139	110	143	118
33	203	262	218	153	197	163	134	173	144	114	147	122
34	211	270	225	158	202	169	139	178	149	118	151	126
35	218	277	232	164	208	174	144	183	153	122	155	130
36	226	286	240	170	214	180	149	188	158	127	160	134
37	235	294	248	176	221	186	155	194	164	131	165	139
38	244	303	256	183	227	192	161	200	169	136	170	144
39	253	312	266	190	234	199	167	206	175	142	175	149
40	263	321	275	197	241	206	174	212	181	147	180	154
41	270	331	283	202	248	212	178	218	186	151	185	158
42	277	341	291	208	256	218	183	225	192	155	191	163
43	293	351	304	220	263	228	194	232	200	164	196	170
44	308	361	316	231	271	237	203	238	209	173	202	177
45	333	380	333	250	285	250	220	251	220	186	213	186
46	356	402	349	267	301	262	235	265	230	199	225	195
47	381	424	366	285	318	275	251	280	242	213	237	205
48	408	447	384	306	335	288	269	295	254	228	250	215
49	437	470	403	328	352	303	289	310	266	245	263	226
50	465	494	422	349	370	316	307	326	278	261	276	236
51	492	507	445	369	381	333	325	335	293	276	284	249
52	521	521	469	391	391	352	344	344	309	292	292	262
53	549	533	493	412	400	369	363	352	325	308	299	276
54	577	545	516	433	409	387	381	360	341	323	305	289
55	606	559	537	454	419	403	400	369	354	339	313	301
56	631	569	554	474	426	415	417	375	366	354	318	310
57	669	586	579	502	439	434	442	387	382	375	328	324
58	709	603	605	532	452	454	468	398	399	397	338	339
59	752	621	632	564	466	474	496	410	417	421	348	354
60	797	640	660	598	480	495	526	422	436	446	358	370
61	844	659	690	633	494	517	557	435	455	473	369	386
62	895	678	721	671	509	541	591	448	476	501	380	404
63	949	699	753	712	524	565	626	461	497	531	391	422
64	1006	720	787	754	540	590	664	475	520	563	403	441
Per Child: 156			Per Child: 117			Per Child: 103			Per Child: 87			

2 HEALTH CLASS FACTOR		
(See page 1.)		
Preferred		1.00
Standard		1.10
Tobacco		1.35

3 QUARTERLY TREND FACTOR		
2006		
Effective Date		Factor
February, March.....		1.050
April, May, June.....		1.075
July, August, September.....		1.100
October, November, December.....		1.125
2007		
Effective Date		Factor
January, February, March.....		1.150

4 AREA FACTOR		
Georgia ZIP Codes	UnitedHealthcare Choice Plus Network	Savings-Based Network
300-304, 306, 310, 311, 398, 399	0.88	N/A
305, 307-309, 312-314, 316, 318, 319	0.98	N/A
315, 317	1.12	N/A

Copay SelectSM

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

5 CHILD HEALTH SURCHARGE		
Applies if primary insured or dependent child is under age listed.		
State	Age	Per Child
Georgia	<6	15.00

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Child Alone:

Rate the child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits.

One-Parent Family:

Use the male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Children Only:

Rate the youngest child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits. Multiply the per child rate by the number of remaining children. Add the individual rate to the rate for the remaining child/children.

Optional Benefits (6):

6 \$500 ACCIDENT BENEFIT					
Deductible	\$500	\$1,000	\$1,500	\$2,500	
Per Adult	5.53	6.86	7.29	8.15	
Per Child	6.59	8.17	8.69	9.70	

PREMIUM CALCULATIONS			
	MALE OR HUSBAND	FEMALE OR WIFE	CHILD/CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
		3 Quarterly Trend Factor	x _____
		4 Area Factor	x _____
		5 Child Health Surcharge (if applicable)	+ _____
		6 Optional Accident Benefit	+ _____
		Total Monthly Payment With Application	= _____
		If Quarterly	x 3
		Total Quarterly Payment With Application	= _____

Copay SaverSM

1 BASE RATES			
\$2,500 DEDUCTIBLE			
AGE	MALE	FEMALE	HUSBAND/ WIFE
0-17	66	70	63
18-20	66	70	63
21	66	73	65
22	67	76	66
23	68	79	68
24	68	82	69
25	69	86	71
26	70	88	73
27	71	90	74
28	72	92	76
29	74	94	78
30	75	97	79
31	78	100	82
32	80	103	84
33	83	106	87
34	86	109	90
35	89	112	93
36	92	115	96
37	95	118	99
38	99	122	103
39	103	125	106
40	106	129	110
41	109	133	113
42	112	137	116
43	118	141	121
44	124	145	126
45	134	153	131
46	143	161	136
47	153	170	142
48	163	179	147
49	175	189	153
50	186	198	158
51	197	204	165
52	208	209	173
53	219	214	180
54	230	219	187
55	241	224	194
56	251	228	200
57	266	235	209
58	282	242	218
59	298	249	227
60	316	256	237
61	334	264	248
62	354	271	259
63	375	279	270
64	397	288	282

Per Child: 55

2 HEALTH CLASS FACTOR	
(See page 1.)	
Preferred	1.00
Standard	1.10
Tobacco	1.35

3 QUARTERLY TREND FACTOR	
2006	
Effective Date	Factor
February, March.....	1.050
April, May, June.....	1.075
July, August, September.....	1.100
October, November, December.....	1.125
2007	
Effective Date	Factor
January, February, March.....	1.150

4 AREA FACTOR		
Georgia ZIP Codes	UnitedHealthcare Choice Plus Network	Savings-Based Network
300-304, 306, 310, 311, 398, 399	0.88	N/A
305, 307-309, 312-314, 316, 318, 319	0.98	N/A
315, 317	1.12	N/A

5 CHILD HEALTH SURCHARGE		
Applies if primary insured or dependent child is under age listed.		
State	Age	Per Child
Georgia	<6	15.00

Copay SaverSM

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Child Alone:

Rate the child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits.

One-Parent Family:

Use the male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Children Only:

Rate the youngest child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits. Multiply the per child rate by the number of remaining children. Add the individual rate to the rate for the remaining child/children.

Optional Benefits (6, 7):

6 \$500 ACCIDENT BENEFIT	
\$2,500 Deductible	
Per Adult	8.15
Per Child	9.70

7 PREVENTIVE CARE BENEFIT		
AGE	MALE	FEMALE
To 24	10.56	14.95
25-29	10.56	14.95
30-34	12.37	16.76
35-39	12.37	19.42
40-44	16.13	23.79
45-49	16.13	23.79
50-54	16.82	25.12
55-59	16.82	25.12
60-64	16.82	25.12
Per Child: 8.00		

PREMIUM CALCULATIONS			
	MALE OR HUSBAND	FEMALE OR WIFE	CHILD/CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
		3 Quarterly Trend Factor	x _____
		4 Area Factor	x _____
		5 Child Health Surcharge (if applicable)	+ _____
		6 Optional Accident Benefit	+ _____
		7 Optional Preventive Care Benefit	+ _____
Total Monthly Payment With Application			= _____
		If Quarterly	x 3
Total Quarterly Payment With Application			= _____

Single HSA 100SM

BASE RATES

AGE	\$1,050 SINGLE DEDUCTIBLE		\$1,800 SINGLE DEDUCTIBLE		\$2,700 SINGLE DEDUCTIBLE		\$3,500 SINGLE DEDUCTIBLE		\$5,000 SINGLE DEDUCTIBLE	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-17	125	118	90	83	73	67	67	61	61	56
18-20	125	118	90	83	73	67	67	61	61	56
21	126	125	91	88	74	71	67	65	61	59
22	127	132	92	93	74	75	68	68	62	62
23	129	139	93	97	75	79	68	72	62	65
24	130	145	94	102	76	82	69	75	63	68
25	132	152	95	106	77	86	70	79	64	72
26	134	157	96	110	78	89	71	81	65	74
27	136	162	98	113	79	92	72	84	66	76
28	139	167	100	117	81	95	74	86	67	79
29	142	172	102	120	83	98	75	89	69	81
30	144	177	104	124	84	100	77	91	70	83
31	150	183	108	128	87	104	80	94	73	86
32	156	190	112	133	91	107	83	98	75	89
33	162	196	116	137	94	111	86	101	78	92
34	168	203	121	142	98	115	89	105	81	96
35	174	210	125	147	102	119	92	108	84	99
36	181	217	130	152	106	123	96	112	88	102
37	188	225	135	157	110	127	100	116	91	106
38	195	233	141	162	114	132	104	120	95	109
39	203	241	146	168	119	136	108	124	99	113
40	211	248	152	173	123	141	112	128	102	117
41	216	257	156	179	126	145	115	132	105	121
42	223	266	160	185	130	150	118	137	108	125
43	236	275	170	192	138	155	125	141	114	129
44	249	284	179	198	145	161	132	146	120	133
45	269	301	194	209	157	170	143	154	130	141
46	289	320	208	222	168	180	153	164	140	149
47	309	340	222	235	180	191	164	174	150	158
48	332	360	238	249	193	202	176	184	160	167
49	357	381	256	263	208	213	189	194	172	177
50	381	402	273	277	221	224	201	204	184	186
51	403	414	289	285	234	231	213	210	195	192
52	427	426	307	294	248	238	226	217	206	198
53	451	437	324	302	262	244	239	222	218	203
54	474	448	340	309	276	250	251	228	229	208
55	498	459	357	317	289	257	263	234	240	213
56	519	468	372	323	302	262	275	238	251	217
57	550	482	395	332	320	269	291	245	265	224
58	583	496	418	342	339	277	309	253	281	230
59	618	511	443	353	359	286	327	260	298	237
60	655	526	470	363	381	294	347	268	316	244
61	694	542	498	374	404	303	367	276	335	252
62	736	558	528	385	428	312	389	284	355	259
63	780	575	560	397	453	322	413	293	376	267
64	827	592	593	409	481	331	437	301	399	275

2

HEALTH CLASS FACTOR

(See page 1.)

Preferred	1.00
Standard	1.10
Tobacco	1.35

3

QUARTERLY TREND FACTOR

2006

Effective Date	Factor
February, March.....	1.050
April, May, June.....	1.075
July, August, September.....	1.100
October, November, December.....	1.125

2007

Effective Date	Factor
January, February, March.....	1.150

4

AREA FACTOR

Georgia ZIP Codes	UnitedHealthcare Choice Plus Network	Savings-Based Network
300-304, 306, 310, 311, 398, 399	0.88	1.61
305, 307-309, 312-314, 316, 318, 319	0.98	1.61
315, 317	1.12	1.61

HSA 100SM -- Single Deductibles

Preferred Health Class Eligibility:

To be considered, the applicant must be 18 years of age or older and otherwise meet the Health Rating Classes criteria listed on page 1.

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

5 CHILD HEALTH SURCHARGE		
Applies if the insured is under age listed.		
State	Age	Amount
Georgia	<6	15.00

Optional Benefits (6, 7):

6 PREVENTIVE CARE BENEFIT		
AGE	MALE	FEMALE
To 24	10.56	14.95
25-29	10.56	14.95
30-34	12.37	16.76
35-39	12.37	19.42
40-44	16.13	23.79
45-49	16.13	23.79
50-54	16.82	25.12
55-59	16.82	25.12
60-64	16.82	25.12

7 HOSPITAL INDEMNITY BENEFIT	
\$1,800 - \$5,000 Deductibles	
One-time premium amount	40.00
<i>(This benefit is not available with \$1,050 deductible.)</i>	

PREMIUM CALCULATIONS			
MALE OR FEMALE			
1	Base Rate	_____	
2	Health Class Factor	x _____	
	Sub Total	= _____	= _____
3	Quarterly Trend Factor	x _____	
4	Area Factor	x _____	
5	Child Health Surcharge (if applicable)	+ _____	
6	Optional Preventive Care Benefit	+ _____	
	HSA Monthly Deposit	+ _____	
	Monthly Payment	= _____	
	If Quarterly		If Monthly
	x 3		
	Quarterly Payment	= _____	
	One-Time HSA Set-Up Fee	+ 10.00	+ 10.00
7	Optional One-Time Hospital Indemnity Benefit	+ _____	+ _____
	Total Payment With Application	= _____	= _____

Family HSA 100SM

BASE RATES

1															
\$2,100 FAMILY DEDUCTIBLE				\$3,650 FAMILY DEDUCTIBLE			\$5,450 FAMILY DEDUCTIBLE			\$7,500 FAMILY DEDUCTIBLE			\$10,000 FAMILY DEDUCTIBLE		
AGE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE
0-17	122	115	111	82	75	73	66	61	59	57	52	51	49	45	44
18-20	122	115	111	82	75	73	66	61	59	57	52	51	49	45	44
21	123	122	114	83	79	75	67	64	61	58	55	53	50	48	45
22	124	128	118	83	84	78	68	68	63	58	59	54	50	50	47
23	125	135	121	84	88	80	68	72	65	59	62	56	51	53	48
24	126	141	125	85	92	82	69	75	67	59	64	57	51	55	49
25	128	148	128	86	96	85	70	78	69	60	67	59	52	58	51
26	130	153	131	87	100	87	71	81	70	61	70	60	52	60	52
27	132	157	134	89	103	89	72	83	72	62	72	62	53	62	53
28	134	162	138	90	106	91	73	86	74	63	74	63	54	63	55
29	138	167	142	93	109	93	75	88	76	65	76	65	56	65	56
30	140	172	145	94	112	96	77	91	78	66	78	67	57	67	58
31	145	178	150	98	116	99	79	94	81	68	81	69	59	70	60
32	151	184	156	101	120	103	82	97	84	71	84	72	61	72	62
33	157	191	162	106	124	107	86	101	87	74	87	75	63	75	64
34	163	197	168	110	129	111	89	104	90	77	90	78	66	77	67
35	169	204	174	114	133	115	92	108	93	79	93	80	68	80	69
36	175	211	181	118	137	119	96	112	97	82	96	83	71	83	72
37	182	218	188	122	142	124	99	115	100	85	99	86	74	85	74
38	189	226	195	127	147	128	103	119	104	89	103	90	76	88	77
39	197	233	203	133	152	133	108	124	108	93	106	93	80	91	80
40	204	241	210	137	157	138	111	127	112	96	110	96	83	94	83
41	210	249	216	141	162	142	114	132	116	98	113	99	85	98	86
42	216	258	223	145	168	147	118	136	119	101	117	102	87	101	88
43	229	266	234	154	174	154	125	141	125	107	121	108	92	104	93
44	241	275	244	162	180	161	132	146	131	113	125	112	97	108	97
45	261	292	255	175	190	168	142	154	137	122	132	117	105	114	101
46	280	310	266	188	201	175	153	163	142	131	140	122	113	121	105
47	300	330	277	201	213	183	163	173	148	140	149	127	121	128	110
48	322	349	289	216	225	190	175	183	154	151	157	133	130	135	114
49	346	369	301	232	238	198	188	193	161	162	166	138	139	143	119
50	369	390	313	247	251	206	201	203	167	172	175	144	148	151	124
51	391	402	328	262	258	216	212	210	175	183	180	151	157	155	130
52	414	413	343	278	266	226	225	216	183	194	186	158	167	160	136
53	437	424	358	293	273	236	238	222	191	204	191	164	176	164	142
54	460	434	373	308	280	245	250	227	199	215	195	171	185	168	147
55	483	446	388	323	287	255	262	233	207	226	200	178	194	172	153
56	503	454	400	337	292	264	274	237	214	235	204	184	202	175	158
57	534	467	418	358	301	276	290	244	223	249	210	192	215	181	165
58	566	481	437	379	310	288	307	251	233	264	216	201	227	186	173
59	599	496	457	402	319	301	326	259	244	280	223	210	241	192	180
60	635	511	477	426	329	314	345	267	255	297	229	219	255	197	189
61	673	526	499	451	339	328	366	275	266	315	236	229	271	203	197
62	714	542	521	478	349	343	388	283	278	333	243	239	287	209	206
63	757	558	545	507	359	359	411	291	291	353	251	250	304	216	215
64	802	575	569	537	370	375	436	300	304	375	258	261	322	222	225
Per Child: 86				Per Child: 56			Per Child: 45			Per Child: 39			Per Child: 34		

2 HEALTH CLASS FACTOR	
(See page 1.)	
Preferred	1.00
Standard	1.10
Tobacco	1.35

3 QUARTERLY TREND FACTOR	
2006	
Effective Date	Factor
February, March.....	1.050
April, May, June.....	1.075
July, August, September.....	1.100
October, November, December.....	1.125
2007	
Effective Date	Factor
January, February, March.....	1.150

4 AREA FACTOR		
Georgia ZIP Codes	UnitedHealthcare Choice Plus Network	Savings-Based Network
300-304, 306, 310, 311, 398, 399	0.88	1.61
305, 307-309, 312-314, 316, 318, 319	0.98	1.61
315, 317	1.12	1.61

HSA 100SM -- Family Deductibles

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

5 CHILD HEALTH SURCHARGE		
Applies if primary insured or dependent child is under age listed.		
State	Age	Per Child
Georgia	<6	15.00

One-Parent Family:

Use the 1-parent male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Optional Benefits (6, 7):

6 PREVENTIVE CARE BENEFIT		
AGE	MALE	FEMALE
To 24	10.56	14.95
25-29	10.56	14.95
30-34	12.37	16.76
35-39	12.37	19.42
40-44	16.13	23.79
45-49	16.13	23.79
50-54	16.82	25.12
55-59	16.82	25.12
60-64	16.82	25.12

Per Child: 8.00

7 HOSPITAL INDEMNITY BENEFIT	
\$3,650 - \$10,000 Deductibles	
One-time premium amount	150.00
<i>(This benefit is not available with \$2,100 deductible.)</i>	

PREMIUM CALCULATIONS			
	1-PARENT MALE OR HUSBAND	1-PARENT FEMALE OR WIFE	CHILD/ CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
3 Quarterly Trend Factor	x _____		
4 Area Factor	x _____		
5 Child Health Surcharge (if applicable)	+ _____		
6 Optional Preventive Care Benefit	+ _____		
HSA Monthly Deposit	+ _____		
Monthly Payment	= _____		
	If Quarterly		If Monthly
	x 3		
Quarterly Payment	= _____		
One-Time HSA Set-Up Fee	+ 10.00	+ 10.00	
7 Optional One-Time Hospital Indemnity Benefit	+ _____	+ _____	
Total Payment With Application	= _____	= _____	

Single HSA SaverSM

1 BASE RATES										
	\$1,050 SINGLE DEDUCTIBLE		\$1,800 SINGLE DEDUCTIBLE		\$2,700 SINGLE DEDUCTIBLE		\$3,500 SINGLE DEDUCTIBLE		\$5,000 SINGLE DEDUCTIBLE	
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
0-17	82	79	72	74	59	61	53	55	49	50
18-20	82	79	72	74	59	61	53	55	49	50
21	83	84	73	78	59	64	54	58	49	53
22	84	88	73	82	59	67	54	61	49	56
23	85	92	74	86	60	70	55	64	50	59
24	86	96	75	90	61	73	55	67	51	61
25	86	101	76	93	61	77	56	70	51	64
26	88	104	77	96	62	79	57	72	52	66
27	89	107	78	99	63	81	58	74	53	68
28	91	110	79	102	65	84	59	76	54	69
29	93	114	81	105	66	86	60	78	55	72
30	95	117	83	107	67	88	61	80	56	73
31	98	121	86	111	70	91	64	83	58	76
32	102	125	89	114	73	94	66	86	60	78
33	106	129	93	118	75	97	69	89	63	81
34	110	133	96	122	78	101	71	92	65	84
35	114	138	100	126	81	104	74	95	67	86
36	118	142	103	130	84	107	77	98	70	89
37	123	147	107	134	87	111	80	101	73	92
38	128	152	112	138	91	115	83	104	76	95
39	133	157	116	143	95	118	86	108	79	98
40	138	162	120	147	98	122	89	111	82	101
41	141	168	124	152	101	126	92	115	84	105
42	145	173	127	157	104	130	94	118	86	108
43	154	179	135	162	110	134	100	122	91	112
44	162	185	142	167	116	139	105	126	96	115
45	175	196	154	177	125	147	114	134	104	122
46	188	208	165	187	134	156	122	142	112	129
47	201	220	176	199	144	165	131	150	120	137
48	216	233	189	210	155	175	141	159	128	145
49	232	247	203	222	166	184	151	168	138	153
50	247	260	217	234	177	195	161	177	147	162
51	262	268	230	240	187	200	171	182	156	166
52	277	276	243	247	199	206	181	187	165	171
53	293	283	257	253	210	211	191	192	174	175
54	308	290	270	259	220	216	201	197	183	180
55	323	297	283	266	231	222	211	202	192	184
56	337	302	295	271	241	226	220	205	200	187
57	357	311	313	279	256	232	233	211	212	193
58	378	321	332	287	271	239	247	218	225	199
59	401	330	351	295	287	246	261	224	238	205
60	425	340	372	304	304	254	277	231	253	211
61	450	350	395	313	322	261	293	238	268	217
62	477	361	418	323	342	269	311	245	284	223
63	505	371	443	332	362	277	329	252	301	230
64	536	383	470	342	384	285	349	260	319	237

2 HEALTH CLASS FACTOR		
(See page 1.)		
Preferred		1.00
Standard		1.10
Tobacco		1.35

3 QUARTERLY TREND FACTOR		
2006		
Effective Date		Factor
February, March.....		1.050
April, May, June.....		1.075
July, August, September.....		1.100
October, November, December.....		1.125
2007		
Effective Date		Factor
January, February, March.....		1.150

4 AREA FACTOR		
Georgia ZIP Codes	UnitedHealthcare Choice Plus Network	Savings-Based Network
300-304, 306, 310, 311, 398, 399	0.88	1.61
305, 307-309, 312-314, 316, 318, 319	0.98	1.61
315, 317	1.12	1.61

HSA SaverSM -- Single Deductibles

Preferred Health Class Eligibility:

To be considered, the applicant must be 18 years of age or older and otherwise meet the Health Rating Classes criteria listed on page 1.

5 CHILD HEALTH SURCHARGE		
Applies if the insured is under age listed.		
State	Age	Amount
Georgia	<6	15.00

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Optional Benefits (6, 7):

6 PREVENTIVE CARE BENEFIT		
AGE	MALE	FEMALE
To 24	10.56	14.95
25-29	10.56	14.95
30-34	12.37	16.76
35-39	12.37	19.42
40-44	16.13	23.79
45-49	16.13	23.79
50-54	16.82	25.12
55-59	16.82	25.12
60-64	16.82	25.12

7 HOSPITAL INDEMNITY BENEFIT	
\$1,800 - \$5,000 Deductibles	
One-time premium amount	40.00
<i>(This benefit is not available with \$1,050 deductible.)</i>	

PREMIUM CALCULATIONS			
MALE OR FEMALE			
1	Base Rate	_____	
2	Health Class Factor	x _____	
	Sub Total	= _____	= _____
3	Quarterly Trend Factor	x _____	
4	Area Factor	x _____	
5	Child Health Surcharge (if applicable)	+ _____	
6	Optional Preventive Care Benefit	+ _____	
	HSA Monthly Deposit	+ _____	
	Monthly Payment	= _____	
	If Quarterly		If Monthly
	x 3		↓
	Quarterly Payment	= _____	
	One-Time HSA Set-Up Fee	+ 10.00	+ 10.00
7	Optional One-Time Hospital Indemnity Benefit	+ _____	+ _____
	Total Payment With Application	= _____	= _____

Family HSA SaverSM

BASE RATES

AGE	\$2,100 FAMILY DEDUCTIBLE			\$3,650 FAMILY DEDUCTIBLE			\$5,450 FAMILY DEDUCTIBLE			\$7,500 FAMILY DEDUCTIBLE			\$10,000 FAMILY DEDUCTIBLE		
	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE	1 PARENT MALE	1 PARENT FEMALE	HUSBAND/WIFE
0-17	80	77	71	65	67	59	53	55	47	45	47	41	39	41	35
18-20	80	77	71	65	67	59	53	55	47	45	47	41	39	41	35
21	81	81	73	65	70	61	53	58	49	46	50	42	39	43	36
22	81	86	75	66	74	63	54	61	50	46	52	43	40	45	37
23	82	90	77	67	77	64	54	63	52	47	55	45	40	47	38
24	83	94	80	67	81	66	55	66	53	47	57	46	41	49	40
25	84	98	82	68	84	68	55	69	55	48	59	47	41	51	41
26	85	101	84	69	87	69	56	71	56	48	61	48	42	53	42
27	86	104	86	70	89	71	57	73	57	49	63	49	42	54	43
28	88	107	88	72	91	73	58	75	59	50	65	51	43	56	44
29	90	110	91	73	94	75	60	78	61	51	67	52	44	58	45
30	92	113	93	75	97	77	61	80	62	52	69	53	45	59	46
31	95	117	96	77	100	79	63	82	64	54	71	55	47	61	48
32	99	121	100	80	103	82	65	85	67	56	73	58	49	63	50
33	103	125	104	83	106	85	68	88	69	58	76	60	50	65	51
34	107	129	107	87	110	89	71	91	72	61	78	62	52	67	53
35	111	133	111	90	113	92	73	94	75	63	81	64	54	69	55
36	115	138	115	93	117	95	76	97	77	65	83	67	56	72	57
37	119	143	120	97	121	99	79	100	80	68	86	69	58	74	60
38	124	148	124	101	125	102	82	103	83	71	89	72	61	77	62
39	129	153	129	105	129	106	85	107	87	73	92	75	63	79	64
40	133	157	133	108	133	110	88	110	90	76	95	77	66	81	66
41	137	163	138	111	137	113	91	113	92	78	98	80	67	84	69
42	141	168	142	114	141	117	93	117	95	80	101	82	69	87	71
43	149	174	149	121	146	122	99	121	100	85	104	86	73	90	74
44	157	179	155	128	151	128	104	125	104	90	108	90	77	93	77
45	170	190	162	138	159	134	113	132	109	97	114	94	84	98	81
46	182	202	169	148	169	139	121	140	114	104	121	98	90	104	84
47	195	214	176	159	179	145	130	149	118	112	128	102	96	110	88
48	210	226	184	170	189	151	139	157	123	120	135	106	103	117	92
49	225	239	191	183	199	157	150	166	129	129	143	111	111	123	95
50	240	252	199	195	210	163	159	175	134	137	151	115	118	130	99
51	254	260	208	207	216	171	169	180	140	145	155	120	125	134	104
52	269	267	218	219	222	179	179	185	146	154	160	126	133	137	109
53	284	274	227	231	228	186	189	190	153	162	164	131	140	141	113
54	299	281	236	243	233	194	198	195	159	171	167	137	147	144	118
55	313	288	246	255	239	201	208	200	165	179	172	142	154	148	122
56	327	293	254	266	244	208	217	203	171	187	175	147	161	150	127
57	346	302	265	282	251	217	230	209	178	198	180	153	170	155	132
58	367	311	277	298	258	227	244	215	186	210	185	160	181	160	138
59	389	320	290	316	266	237	258	222	195	222	191	167	191	164	144
60	412	330	303	335	274	248	274	228	203	236	197	175	203	169	151
61	437	340	316	355	282	259	290	235	212	250	202	183	215	174	157
62	463	350	330	376	291	271	308	242	222	265	208	191	228	179	164
63	490	360	345	399	299	283	326	249	232	280	215	199	241	185	172
64	520	371	361	423	308	295	345	257	242	297	221	208	256	190	179
Per Child: 58			Per Child: 45			Per Child: 36			Per Child: 31			Per Child: 27			

2 HEALTH CLASS FACTOR	
(See page 1.)	
Preferred	1.00
Standard	1.10
Tobacco	1.35

3 QUARTERLY TREND FACTOR	
2006	
Effective Date	Factor
February, March.....	1.050
April, May, June.....	1.075
July, August, September.....	1.100
October, November, December.....	1.125
2007	
Effective Date	Factor
January, February, March.....	1.150

4 AREA FACTOR		
Georgia ZIP Codes	UnitedHealthcare Choice Plus Network	Savings-Based Network
300-304, 306, 310, 311, 398, 399	0.88	1.61
305, 307-309, 312-314, 316, 318, 319	0.98	1.61
315, 317	1.12	1.61

HSA SaverSM -- Family Deductibles

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

5 CHILD HEALTH SURCHARGE		
Applies if primary insured or dependent child is under age listed.		
State	Age	Per Child
Georgia	<6	15.00

One-Parent Family:

Use the 1-parent male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Optional Benefits (6, 7):

6 PREVENTIVE CARE BENEFIT		
AGE	MALE	FEMALE
To 24	10.56	14.95
25-29	10.56	14.95
30-34	12.37	16.76
35-39	12.37	19.42
40-44	16.13	23.79
45-49	16.13	23.79
50-54	16.82	25.12
55-59	16.82	25.12
60-64	16.82	25.12

Per Child: 8.00

7 HOSPITAL INDEMNITY BENEFIT	
\$3,650 - \$10,000 Deductibles	
One-time premium amount	150.00
<i>(This benefit is not available with \$2,100 deductible.)</i>	

PREMIUM CALCULATIONS			
	1-PARENT MALE OR HUSBAND	1-PARENT FEMALE OR WIFE	CHILD/ CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
3 Quarterly Trend Factor	x _____		
4 Area Factor	x _____		
5 Child Health Surcharge (if applicable)	+ _____		
6 Optional Preventive Care Benefit	+ _____		
HSA Monthly Deposit	+ _____		
Monthly Payment	= _____		
	If Quarterly		If Monthly
	x 3		
Quarterly Payment	= _____		
One-Time HSA Set-Up Fee	+ 10.00	+ 10.00	
7 Optional One-Time Hospital Indemnity Benefit	+ _____	+ _____	
Total Payment With Application	= _____	= _____	

Plan 100[®]

1 BASE RATES										
AGE	\$2,500 DEDUCTIBLE			\$3,500 DEDUCTIBLE			\$5,000 DEDUCTIBLE			
	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	
0-17	73	65	64	68	61	59	63	56	55	
18-20	73	65	64	68	61	59	63	56	55	
21	73	69	66	68	65	61	63	60	57	
22	74	74	68	69	68	63	64	63	59	
23	75	77	70	69	72	65	64	67	60	
24	76	81	72	70	76	67	65	70	62	
25	76	85	74	71	79	69	66	73	64	
26	77	88	76	72	82	71	67	76	66	
27	79	91	78	73	84	72	68	78	67	
28	80	94	80	75	87	74	69	81	69	
29	82	97	82	77	90	77	71	83	71	
30	84	100	84	78	93	79	72	86	73	
31	87	103	88	81	96	81	75	89	75	
32	90	107	91	84	99	85	78	92	78	
33	94	111	95	87	103	88	81	95	81	
34	98	115	98	91	107	91	84	99	85	
35	101	119	102	94	110	95	87	102	88	
36	105	123	106	98	114	98	90	106	91	
37	109	127	110	102	118	102	94	110	95	
38	114	132	114	106	123	106	98	114	98	
39	118	137	119	110	127	110	102	118	102	
40	123	141	123	114	131	114	106	121	106	
41	126	146	127	117	136	118	108	126	109	
42	129	151	131	120	140	122	111	130	113	
43	137	156	137	128	145	128	118	135	118	
44	145	162	144	135	150	134	125	139	124	
45	157	172	150	146	160	140	135	148	129	
46	168	183	157	156	170	146	145	157	135	
47	180	194	163	168	181	152	155	167	141	
48	193	206	170	180	192	158	167	177	147	
49	208	218	178	193	203	165	179	188	153	
50	222	230	185	206	214	172	191	198	159	
51	235	238	193	218	221	180	202	204	166	
52	249	245	203	232	227	188	214	210	174	
53	263	251	211	244	234	197	226	216	182	
54	276	257	220	257	239	205	238	221	189	
55	290	264	229	270	245	213	250	227	197	
56	303	269	237	281	250	220	260	231	204	
57	321	277	247	298	257	230	276	238	213	
58	340	285	258	316	265	240	292	245	222	
59	360	294	270	335	273	251	310	253	232	
60	382	302	282	355	281	262	328	260	243	
61	405	312	295	376	290	274	348	268	254	
62	429	321	308	399	298	286	369	276	265	
63	455	330	322	423	307	299	391	284	277	
64	482	340	336	448	317	313	414	293	289	
Per Child: 48			Per Child: 45			Per Child: 41				

2 HEALTH CLASS FACTOR	
(See page 1.)	
Preferred	1.00
Standard	1.10
Tobacco	1.35

3 QUARTERLY TREND FACTOR	
2006	
Effective Date	Factor
February, March.....	1.050
April, May, June.....	1.075
July, August, September.....	1.100
October, November, December.....	1.125
2007	
Effective Date	Factor
January, February, March.....	1.150

4 AREA FACTOR		
Georgia ZIP Codes	UnitedHealthcare Choice Plus Network	Savings-Based Network
300-304, 306, 310, 311, 398, 399	0.88	1.61
305, 307-309, 312-314, 316, 318, 319	0.98	1.61
315, 317	1.12	1.61

5 CHILD HEALTH SURCHARGE		
Applies if primary insured or dependent child is under age listed.		
State	Age	Per Child
Georgia	<6	15.00

Plan 100®

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Child Alone:

Rate the child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits.

One-Parent Family:

Use the male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Children Only:

Rate the youngest child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits. Multiply the per child rate by the number of remaining children. Add the individual rate to the rate for the remaining child/children.

Optional Benefits (6-8):

PRESCRIPTION DRUG CARD	
GENERIC: \$0 DEDUCTIBLE, THEN \$20 COPAY	
BRAND: \$250 DEDUCTIBLE, THEN \$50 COPAY	
6	
AGE	PER ADULT (based on Deductible) \$2,500 – \$5,000
To 24	12.73
25-29	14.87
30-34	17.01
35-39	18.00
40-44	21.68
45-49	24.13
50-54	26.81
55-59	33.92
60-64	42.55
Per Child	12.73

7 \$500 ACCIDENT BENEFIT	
Deductible	\$2,500 – \$5,000
Per Adult	8.15
Per Child	9.70

8 PREVENTIVE CARE BENEFIT		
AGE	MALE	FEMALE
To 24	10.56	14.95
25-29	10.56	14.95
30-34	12.37	16.76
35-39	12.37	19.42
40-44	16.13	23.79
45-49	16.13	23.79
50-54	16.82	25.12
55-59	16.82	25.12
60-64	16.82	25.12
Per Child: 8.00		

PREMIUM CALCULATIONS			
	MALE OR HUSBAND	FEMALE OR WIFE	CHILD/CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
3 Quarterly Trend Factor	x _____		
4 Area Factor	x _____		
5 Child Health Surcharge (if applicable)	+ _____		
6 Optional Prescription Drug Card Benefit	+ _____		
7 Optional Accident Benefit	+ _____		
8 Optional Preventive Care Benefit	+ _____		
Total Monthly Payment With Application	= _____		
	If Quarterly	x	3
Total Quarterly Payment With Application	= _____		

Plan 80SM

1 BASE RATES										
AGE	\$2,500 DEDUCTIBLE			\$3,500 DEDUCTIBLE			\$5,000 DEDUCTIBLE			
	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	
0-17	62	55	54	57	52	50	53	48	47	
18-20	62	55	54	57	52	50	53	48	47	
21	62	59	56	58	55	52	54	51	48	
22	63	62	58	58	58	54	54	54	50	
23	63	66	59	59	61	55	55	57	51	
24	64	69	61	60	64	57	55	59	53	
25	65	72	63	60	67	59	56	62	54	
26	66	75	64	61	69	60	57	64	56	
27	67	77	66	62	72	61	58	66	57	
28	68	79	68	63	74	63	59	68	58	
29	70	82	70	65	76	65	60	71	60	
30	71	84	72	66	79	67	61	73	62	
31	74	88	74	69	81	69	63	75	64	
32	77	91	77	71	84	72	66	78	66	
33	80	94	80	74	87	75	69	81	69	
34	83	97	83	77	91	78	71	84	72	
35	86	101	86	80	94	80	74	87	74	
36	89	104	90	83	97	83	77	90	77	
37	93	108	93	86	100	87	80	93	80	
38	96	112	97	90	104	90	83	96	83	
39	100	116	101	93	108	94	86	100	87	
40	104	120	104	97	111	97	90	103	90	
41	107	124	108	99	115	100	92	107	93	
42	110	128	111	102	119	103	95	110	96	
43	117	133	117	108	123	108	100	114	100	
44	123	137	122	114	128	113	106	118	105	
45	133	146	127	124	135	119	115	125	110	
46	143	155	133	133	144	124	123	133	114	
47	153	165	138	142	153	129	132	142	119	
48	164	175	144	153	163	134	141	150	124	
49	176	185	151	164	172	140	152	159	130	
50	188	195	157	175	182	146	162	168	135	
51	199	201	164	185	187	152	171	173	141	
52	211	207	172	196	193	160	182	178	148	
53	223	213	179	207	198	167	192	183	154	
54	234	218	187	218	203	174	202	188	161	
55	246	224	194	229	208	181	212	193	167	
56	257	228	201	239	212	187	221	196	173	
57	272	235	210	253	218	195	234	202	180	
58	288	242	219	268	225	204	248	208	189	
59	306	249	229	284	232	213	263	214	197	
60	324	257	239	301	239	222	279	221	206	
61	343	264	250	319	246	232	295	227	215	
62	364	272	261	338	253	243	313	234	225	
63	386	280	273	359	261	254	332	241	235	
64	409	289	285	380	268	265	352	248	245	
Per Child: 41			Per Child: 38			Per Child: 35				

2 HEALTH CLASS FACTOR	
(See page 1.)	
Preferred	1.00
Standard	1.10
Tobacco	1.35

3 QUARTERLY TREND FACTOR	
2006	
Effective Date	Factor
February, March.....	1.050
April, May, June.....	1.075
July, August, September.....	1.100
October, November, December.....	1.125
2007	
Effective Date	Factor
January, February, March.....	1.150

4 AREA FACTOR		
Georgia ZIP Codes	UnitedHealthcare Choice Plus Network	Savings-Based Network
300-304, 306, 310, 311, 398, 399	0.88	1.61
305, 307-309, 312-314, 316, 318, 319	0.98	1.61
315, 317	1.12	1.61

5 CHILD HEALTH SURCHARGE		
Applies if primary insured or dependent child is under age listed.		
State	Age	Per Child
Georgia	<6	15.00

Plan 80SM

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Child Alone:

Rate the child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits.

One-Parent Family:

Use the male or female rate for the adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rate to the rate for the child/children.

Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

Two-Parent Family:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Children Only:

Rate the youngest child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits. Multiply the per child rate by the number of remaining children. Add the individual rate to the rate for the remaining child/children.

Optional Benefits (6-8):

PRESCRIPTION DRUG CARD	
GENERIC: \$0 DEDUCTIBLE, THEN \$20 COPAY	
BRAND: \$250 DEDUCTIBLE, THEN \$50 COPAY	
6	
AGE	PER ADULT (based on Deductible) \$2,500 – \$5,000
To 24	12.73
25-29	14.87
30-34	17.01
35-39	18.00
40-44	21.68
45-49	24.13
50-54	26.81
55-59	33.92
60-64	42.55
Per Child	12.73

7 \$500 ACCIDENT BENEFIT	
Deductible	\$2,500 – \$5,000
Per Adult	8.15
Per Child	9.70

8 PREVENTIVE CARE BENEFIT		
AGE	MALE	FEMALE
To 24	10.56	14.95
25-29	10.56	14.95
30-34	12.37	16.76
35-39	12.37	19.42
40-44	16.13	23.79
45-49	16.13	23.79
50-54	16.82	25.12
55-59	16.82	25.12
60-64	16.82	25.12
Per Child: 8.00		

PREMIUM CALCULATIONS			
	MALE OR HUSBAND	FEMALE OR WIFE	CHILD/CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
3 Quarterly Trend Factor	x _____		
4 Area Factor	x _____		
5 Child Health Surcharge (if applicable)	+ _____		
6 Optional Prescription Drug Card Benefit	+ _____		
7 Optional Accident Benefit	+ _____		
8 Optional Preventive Care Benefit	+ _____		
Total Monthly Payment With Application	= _____		
If Quarterly	x _____		3
Total Quarterly Payment With Application	= _____		

Saver 80SM

BASE RATES

1																		
\$500 DEDUCTIBLE				\$1,000 DEDUCTIBLE			\$1,500 DEDUCTIBLE			\$2,500 DEDUCTIBLE			\$3,500 DEDUCTIBLE			\$5,000 DEDUCTIBLE		
AGE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE	MALE	FEMALE	HUSBAND/ WIFE
0-17	87	97	84	66	64	59	58	60	53	47	49	42	44	45	39	41	42	36
18-20	87	97	84	66	64	59	58	60	53	47	49	42	44	45	39	41	42	36
21	88	101	86	67	67	61	58	63	54	48	51	44	44	48	41	41	44	38
22	88	106	89	67	71	62	59	66	56	48	54	45	45	50	42	41	47	39
23	89	110	91	68	74	64	60	69	57	48	57	46	45	53	43	42	49	40
24	90	114	93	69	78	66	60	72	59	49	59	48	46	55	44	42	51	41
25	91	118	95	70	81	68	61	75	61	49	62	49	46	57	46	43	53	42
26	92	121	97	71	84	70	62	77	62	50	64	50	47	59	47	43	55	43
27	94	124	99	72	86	71	63	79	63	51	65	51	47	61	48	44	56	44
28	96	127	102	73	89	73	64	82	65	52	67	53	48	63	49	45	58	45
29	98	131	104	75	91	75	65	84	67	53	69	54	50	64	50	46	60	47
30	100	134	106	76	94	77	67	86	68	54	71	55	50	66	52	47	61	48
31	103	138	110	79	97	80	69	89	71	56	73	57	52	68	53	49	63	50
32	107	142	114	82	100	83	72	92	74	58	76	60	54	71	56	50	65	52
33	111	146	117	85	104	86	75	95	76	61	78	62	56	73	58	52	68	53
34	115	150	122	89	107	89	77	98	79	63	81	64	59	75	60	54	70	56
35	119	154	125	92	111	92	80	101	82	65	84	67	61	78	62	56	72	57
36	123	159	130	95	114	96	83	104	85	68	86	69	63	80	64	58	74	60
37	128	164	134	99	118	99	86	108	88	70	89	72	66	83	67	61	77	62
38	133	169	139	103	122	103	90	111	91	73	92	74	68	86	69	63	79	64
39	138	174	144	107	126	107	94	115	95	76	95	77	71	89	72	66	82	67
40	143	179	148	111	130	111	97	118	98	79	98	80	73	91	74	68	85	69
41	147	184	153	114	135	114	99	122	101	81	101	83	75	94	77	70	87	71
42	151	189	157	117	139	118	102	126	104	83	105	85	78	97	79	72	90	73
43	160	195	164	124	144	123	108	130	109	88	108	89	82	101	83	76	93	77
44	168	201	171	130	149	129	114	134	114	93	112	93	87	104	87	80	96	80
45	181	212	178	141	157	135	124	142	119	101	118	98	94	110	91	87	102	84
46	194	223	185	151	167	140	132	151	124	108	125	102	101	117	94	93	108	88
47	207	236	192	162	177	146	142	160	129	116	133	106	108	124	98	100	114	91
48	222	249	200	174	188	152	152	169	135	124	140	110	116	131	103	107	121	95
49	239	262	208	187	198	159	163	178	140	134	148	115	124	138	107	115	128	99
50	254	275	216	199	209	165	174	188	146	142	156	119	132	145	111	123	135	103
51	269	283	225	210	215	172	184	193	152	151	161	125	140	150	116	130	139	108
52	284	290	235	223	222	180	195	199	160	160	166	131	149	154	122	138	143	113
53	300	297	245	235	227	188	206	204	166	169	170	136	157	158	127	145	146	118
54	315	304	255	247	233	196	217	208	173	177	174	142	165	162	132	153	150	122
55	330	311	264	259	239	204	228	214	180	186	178	148	173	166	137	160	153	127
56	344	316	273	271	243	210	237	217	186	194	181	152	180	169	142	167	156	131
57	365	326	285	287	250	220	251	224	194	205	187	159	191	174	148	177	161	137
58	387	335	298	304	258	230	266	231	203	218	192	166	203	179	155	187	166	143
59	410	345	311	322	265	240	282	237	212	231	198	174	215	184	162	199	171	150
60	434	356	325	341	273	251	299	245	221	244	204	182	227	190	169	210	176	156
61	460	366	340	362	281	262	317	252	231	259	210	190	241	195	176	223	181	163
62	488	377	355	383	290	274	336	259	242	275	216	198	255	201	184	236	186	171
63	517	389	371	406	298	286	356	267	252	291	223	207	271	207	193	250	192	178
64	548	400	387	430	307	299	377	275	264	308	229	216	287	213	201	265	197	186
Per Child: 75				Per Child: 48			Per Child: 40			Per Child: 32			Per Child: 30			Per Child: 28		

2 HEALTH CLASS FACTOR	
(See page 1.)	
Preferred	1.00
Standard	1.10
Tobacco	1.35

3 QUARTERLY TREND FACTOR	
2006	
Effective Date	Factor
February, March.....	1.050
April, May, June.....	1.075
July, August, September.....	1.100
October, November, December.....	1.125
2007	
Effective Date	Factor
January, February, March.....	1.150

4 AREA FACTOR		
Georgia ZIP Codes	UnitedHealthcare Choice Plus Network	Savings-Based Network
300-304, 306, 310, 311, 398, 399	0.88	1.61
305, 307-309, 312-314, 316, 318, 319	0.98	1.61
315, 317	1.12	1.61

Saver 80SM

Preferred Health Class Eligibility:

To be considered, an applicant must be 18 years of age or older, the primary insured or spouse on the plan, and otherwise meet the Health Rating Classes criteria listed on page 1.

5 CHILD HEALTH SURCHARGE		
Applies if primary insured or dependent child is under age listed.		
State	Age	Per Child
Georgia	<6	15.00

Individual:

Use the male or female rate for the individual's age as of the effective date and deductible choice selected.

Child Alone:

Rate the child as an adult by using the male or female rate for the child's age as of the effective date and deductible choice selected and the adult rate for optional benefits.

One-Parent Family:

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Husband and Wife:

Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected.

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Use the Husband/Wife rate for each adult's age as of the effective date and deductible choice selected. Multiply the per child rate by the number of children. Add the adult rates to the rate for the child/children.

Children Only:

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Optional Benefits (6, 7):

6 \$500 ACCIDENT BENEFIT	
All Deductibles	
Per Adult	8.15
Per Child	9.70

7 PREVENTIVE CARE BENEFIT		
AGE	MALE	FEMALE
To 24	10.56	14.95
25-29	10.56	14.95
30-34	12.37	16.76
35-39	12.37	19.42
40-44	16.13	23.79
45-49	16.13	23.79
50-54	16.82	25.12
55-59	16.82	25.12
60-64	16.82	25.12
Per Child: 8.00		

PREMIUM CALCULATIONS			
	MALE OR HUSBAND	FEMALE OR WIFE	CHILD/CHILDREN
1 Base Rate	_____	_____	_____
2 Health Class Factor	x _____	x _____	# of children x _____
Sub Total	= _____	+ _____	+ _____ = _____
3 Quarterly Trend Factor	x _____		
4 Area Factor	x _____		
5 Child Health Surcharge (if applicable)	+ _____		
6 Optional Accident Benefit	+ _____		
7 Optional Preventive Care Benefit	+ _____		
Total Monthly Payment With Application	= _____		
	If Quarterly	x	3
Total Quarterly Payment With Application	= _____		

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2 easy ways to access information and service.

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Visit **www.goldenrule.com/estore** -- Golden Rule's quoting and application Web site.*

- **Increase Your Sales** -- Invite clients to shop in your own personalized E-Store, with all the resources you need to quote, track, and follow up electronically.
- **Save Time** -- Your E-Assistant automatically tracks customers and ranks applications by their completion status, enabling you to prioritize your time.
- **Enhance Client Satisfaction** -- Your clients can browse, compare, and select a product at their convenience, submit an application, and pay -- all online.
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