

PresSolo Plans (For Individuals)

MONTHLY PREMIUM RATE SHEET EFFECTIVE June 1, 2008

All PresSolo plans include a standard Dental and Vision benefit.*
Calculating your premium

1. Premium rates are based on:
 - Applicant's age on the first of the month for which premium is calculated,
 - Whether an applicant or any dependent(s) is a tobacco user or not, and
 - Which benefit plan applied for. If you are requesting family coverage, all members of the family must select the same plan.
2. If more than one individual is applying for coverage, add each individual rate together to calculate the total monthly premium.
3. Dependents age 25 or older must apply separately for their own policy. When a covered dependent turns 25, they can transfer to their own policy without reapplying as long as the request to transfer is submitted within 31 days of the covered dependent's 25th birthday.

Monthly Premium Rates
New Mexico – not available in Eddy and Lea counties

 To be eligible for **Non-tobacco user** rates, the individual must not have used **any** tobacco products for 2 consecutive years prior to the application date.

Standard Pharmacy Benefit

Non-tobacco User	\$500 Ded; 70% / 50%		\$750 Ded; 70% / 50%		\$1,000 Ded; 70% / 50%		\$2,000 Ded; 70% / 50%		\$5,000 Ded; 70% / 50%	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-1	\$134.50	\$134.50	\$127.36	\$127.36	\$119.51	\$119.51	\$100.29	\$100.29	\$70.96	\$70.96
2-6	82.21	82.21	78.00	78.00	73.36	73.36	62.02	62.02	44.71	44.71
7-18	93.50	93.50	88.66	88.66	83.33	83.33	70.28	70.28	50.38	50.38
19-24	110.06	130.68	104.29	123.76	97.94	116.14	82.40	97.49	58.69	69.04
25-29	118.50	140.82	112.26	133.33	105.39	125.08	88.58	104.91	62.93	74.13
30-34	134.10	159.53	126.98	150.99	119.15	141.60	99.99	118.60	70.76	83.52
35-39	160.01	190.63	151.45	180.35	142.02	169.04	118.96	141.37	83.77	99.13
40-44	176.73	210.69	167.23	199.29	156.78	186.75	131.20	156.05	92.16	109.21
45-49	199.02	237.44	188.27	224.54	176.45	210.35	147.51	175.62	103.35	122.63
50-54	246.28	284.58	232.89	269.05	218.16	251.96	182.10	210.13	127.07	146.30
55-59	281.15	321.76	265.81	304.15	248.93	284.77	207.62	237.34	144.58	164.96
60+	331.85	331.84	313.67	313.66	293.67	293.67	244.72	244.72	170.03	170.02

Tobacco User	\$500 Ded; 70% / 50%		\$750 Ded; 70% / 50%		\$1,000 Ded; 70% / 50%		\$2,000 Ded; 70% / 50%		\$5,000 Ded; 70% / 50%	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-1	\$134.50	\$134.50	\$127.36	\$127.36	\$119.51	\$119.51	\$100.29	\$100.29	\$70.96	\$70.96
2-6	82.21	82.21	78.00	78.00	73.36	73.36	62.02	62.02	44.71	44.71
7-18	93.50	93.50	88.66	88.66	83.33	83.33	70.28	70.28	50.38	50.38
19-24	121.52	144.43	115.11	136.74	108.06	128.27	90.79	107.55	64.44	75.94
25-29	130.90	155.70	123.97	147.37	116.33	138.21	97.66	115.80	69.16	81.60
30-34	148.23	176.48	140.32	167.00	131.62	156.56	110.33	131.01	77.86	92.03
35-39	177.02	211.04	167.51	199.62	157.03	187.05	131.41	156.31	92.31	109.37
40-44	195.60	233.33	185.04	220.66	173.43	206.73	145.01	172.62	101.63	120.57
45-49	220.37	263.05	208.42	248.72	195.29	232.95	163.13	194.36	114.07	135.48
50-54	272.88	315.43	258.00	298.17	241.63	279.18	201.57	232.71	140.42	161.78
55-59	311.62	356.74	294.58	337.17	275.82	315.64	229.92	262.94	159.88	182.52
60+	367.96	367.94	347.76	347.74	325.53	325.53	271.14	271.14	188.16	188.14

(see reverse side for Generic Only Pharmacy Benefit and No Pharmacy Benefit rates)

Individuals age 65+ are not eligible; please call Presbyterian Medicare Plans, (505) 923-8458 or 1-800-347-4766.

**Underwritten and administered by Delta Dental Plan of New Mexico, Inc. and Vision Service Plan Insurance Company*

Generic Only Pharmacy Benefit

Non-tobacco User		\$500 Ded; 70% / 50%		\$750 Ded; 70% / 50%		\$1,000 Ded; 70% / 50%		\$2,000 Ded; 70% / 50%		\$5,000 Ded; 70% / 50%	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
0-1	\$123.64	\$123.64	\$116.67	\$116.67	\$109.20	\$109.20	\$90.74	\$90.74	\$62.57	\$62.57	
2-6	75.80	75.80	71.69	71.69	67.28	67.28	56.39	56.39	39.76	39.76	
7-18	86.13	86.13	81.40	81.40	76.33	76.33	63.80	63.80	44.68	44.68	
19-24	101.28	120.15	95.64	113.38	89.60	106.14	74.68	88.23	51.90	60.90	
25-29	109.00	129.42	102.91	122.11	96.37	114.26	80.23	94.89	55.59	65.32	
30-34	123.27	146.54	116.32	138.20	108.88	129.27	90.48	107.19	62.39	73.48	
35-39	146.98	174.99	138.62	164.96	129.65	154.20	107.51	127.62	73.70	87.05	
40-44	162.27	193.34	153.00	182.22	143.06	170.28	118.49	140.80	80.99	95.80	
45-49	182.66	217.81	172.17	205.22	160.92	191.72	133.14	158.38	90.71	107.47	
50-54	225.90	260.94	212.83	245.78	198.82	229.52	164.19	189.36	111.33	128.04	
55-59	257.80	294.95	242.83	277.76	226.77	259.33	187.10	213.79	126.55	144.26	
60+	304.18	304.18	286.44	286.43	267.41	267.41	220.42	220.41	148.66	148.66	

Tobacco User		\$500 Ded; 70% / 50%		\$750 Ded; 70% / 50%		\$1,000 Ded; 70% / 50%		\$2,000 Ded; 70% / 50%		\$5,000 Ded; 70% / 50%	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
0-1	\$123.64	\$123.64	\$116.67	\$116.67	\$109.20	\$109.20	\$90.74	\$90.74	\$62.57	\$62.57	
2-6	75.80	75.80	71.69	71.69	67.28	67.28	56.39	56.39	39.76	39.76	
7-18	86.13	86.13	81.40	81.40	76.33	76.33	63.80	63.80	44.68	44.68	
19-24	111.77	132.73	105.50	125.21	98.79	117.16	82.21	97.26	56.90	66.90	
25-29	120.34	143.02	113.58	134.91	106.31	126.18	88.38	104.66	61.00	71.81	
30-34	136.20	162.05	128.48	152.78	120.21	142.86	99.77	118.33	68.56	80.87	
35-39	162.54	193.66	153.26	182.52	143.29	170.56	118.69	141.03	81.12	95.95	
40-44	179.53	214.05	169.23	201.69	158.19	188.43	130.89	155.67	89.22	105.67	
45-49	202.19	241.24	190.53	227.25	178.03	212.25	147.17	175.21	100.02	118.64	
50-54	250.23	289.16	235.71	272.32	220.14	254.25	181.67	209.63	122.93	141.50	
55-59	285.68	326.95	269.04	307.85	251.20	287.37	207.12	236.77	139.84	159.52	
60+	337.21	337.21	317.50	317.48	296.36	296.35	244.14	244.13	164.41	164.41	

No Pharmacy Benefit

Non-tobacco User		\$500 Ded; 70% / 50%		\$750 Ded; 70% / 50%		\$1,000 Ded; 70% / 50%		\$2,000 Ded; 70% / 50%		\$5,000 Ded; 70% / 50%	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
0-1	\$117.77	\$117.77	\$110.89	\$110.89	\$103.63	\$103.63	\$85.58	\$85.58	\$58.03	\$58.03	
2-6	72.34	72.34	68.28	68.28	63.99	63.99	53.34	53.34	37.08	37.08	
7-18	82.15	82.15	77.48	77.48	72.55	72.55	60.30	60.30	41.60	41.60	
19-24	96.53	114.45	90.97	107.78	85.10	100.73	70.51	83.23	48.24	56.50	
25-29	103.87	123.26	97.85	116.04	91.50	108.42	75.72	89.48	51.62	60.56	
30-34	117.42	139.52	110.56	131.29	103.32	122.60	85.34	101.02	57.87	68.06	
35-39	139.93	166.53	131.68	156.63	122.97	146.17	101.32	120.20	68.26	80.52	
40-44	154.46	183.97	145.31	172.99	135.64	161.38	111.63	132.57	74.96	88.56	
45-49	173.82	207.20	163.47	194.78	152.53	181.65	125.37	149.06	83.89	99.28	
50-54	214.89	248.16	201.99	233.20	188.36	217.39	154.52	178.13	102.83	118.17	
55-59	245.18	280.47	230.41	263.50	214.79	245.58	176.01	201.06	116.80	133.07	
60+	289.23	289.23	271.72	271.72	253.22	253.22	207.28	207.27	137.12	137.11	

Tobacco User		\$500 Ded; 70% / 50%		\$750 Ded; 70% / 50%		\$1,000 Ded; 70% / 50%		\$2,000 Ded; 70% / 50%		\$5,000 Ded; 70% / 50%	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
0-1	\$117.77	\$117.77	\$110.89	\$110.89	\$103.63	\$103.63	\$85.58	\$85.58	\$58.03	\$58.03	
2-6	72.34	72.34	68.28	68.28	63.99	63.99	53.34	53.34	37.08	37.08	
7-18	82.15	82.15	77.48	77.48	72.55	72.55	60.30	60.30	41.60	41.60	
19-24	106.49	126.40	100.31	118.98	93.79	111.15	77.58	91.71	52.83	62.01	
25-29	114.64	136.18	107.96	128.16	100.90	119.70	83.37	98.65	56.59	66.52	
30-34	129.70	154.25	122.08	145.11	114.03	135.45	94.06	111.47	63.53	74.85	
35-39	154.71	184.26	145.54	173.26	135.87	161.64	111.81	132.78	75.08	88.70	
40-44	170.86	203.64	160.69	191.44	149.94	178.54	123.27	146.53	82.52	97.63	
45-49	192.37	229.45	180.87	215.65	168.71	201.06	138.53	164.85	92.44	109.54	
50-54	238.00	274.96	223.67	258.34	208.52	240.77	170.92	197.15	113.49	130.53	
55-59	271.66	310.86	255.24	292.01	237.89	272.10	194.80	222.63	129.01	147.08	
60+	320.60	320.60	301.14	301.14	280.59	280.58	229.54	229.53	151.59	151.57	

Individuals age 65+ are not eligible; please call Presbyterian Medicare Plans, (505) 923-8458 or 1-800-347-4766.