PRESBYTERIAN INSURANCE COMPANY INC.

SAVVY 100 (For Individuals)

MONTHLY STANDARD RATE SHEET EFFECTIVE JANUARY 1, 2012

Calculating your rate

1. Rates are based on:
   - Applicant's age on the effective date and the benefit plan applied for.
2. If more than one individual is applying for coverage, add each individual rate together to calculate the total monthly premium. Primary applicants must be age 19 or older. Children under age 19 must apply as a dependent of a parent or legal guardian.
3. Dependents age 26 or older must apply separately for their own policy. When a covered dependent turns 26, 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 26th birthday.
4. Depending on health status, an individual may be offered coverage at a rate that is different than the standard rates shown on this sheet.

MONTHLY STANDARD RATES

Service Area – Torrance, Bernalillo, Sandoval, Valencia, & Dona Ana counties plus zip-code 87015 (Edgewood)

Age	Standard Pharmacy Benefit					No Pharmacy Benefit			
	$2,000 Ded/ $4,000 Ded 100%		$4,000 Ded/ $8,000 Ded 100%			$2,000 Ded/ $4,000 Ded 100%		$4,000 Ded/ $8,000 Ded 100%	
	Male	Female	Male	Female		Male	Female	Male	Female
0-1	$ 99.27	$ 99.27	$ 83.38	$ 83.38		$ 89.33	$ 89.33	$ 75.04	$ 75.04
2-6	$ 58.58	$ 58.58	$ 49.21	$ 49.21		$ 52.72	$ 52.72	$ 44.29	$ 44.29
7-18	$ 67.37	$ 67.37	$ 56.58	$ 56.58		$ 60.63	$ 60.63	$ 50.93	$ 50.93
19-24	$ 78.95	$ 86.84	$ 66.32	$ 72.94		$ 71.05	$ 78.15	$ 59.68	$ 65.65
25-29	$ 80.78	$ 88.85	$ 67.85	$ 74.63		$ 72.70	$ 79.97	$ 61.07	$ 67.18
30-34	$ 92.07	$101.27	$ 77.34	$ 85.07		$ 82.87	$ 91.15	$ 69.60	$ 76.57
35-39	$110.83	$121.91	$ 93.09	$102.40		$ 99.74	$109.71	$ 83.78	$ 92.16
40-44	$122.92	$135.21	$103.26	$113.58		$110.63	$121.70	$ 92.93	$102.22
45-49	$139.06	$152.96	$116.81	$128.49		$125.15	$137.67	$105.13	$115.64
50-54	$169.29	$182.30	$142.20	$153.13		$152.36	$164.07	$127.98	$137.82
55-59	$193.95	$203.64	$162.92	$171.06		$174.55	$183.28	$146.62	$153.95
60+	$232.51	$232.51	$195.31	$195.31		$209.25	$209.25	$175.78	$175.78

Service Area - Other New Mexico (Outside Albuquerque metro area & Dona Ana County)

Age	Standard Pharmacy Benefit					No Pharmacy Benefit			
	$2,000 Ded/ $4,000 Ded 100%		$4,000 Ded/ $8,000 Ded 100%			$2,000 Ded/ $4,000 Ded 100%		$4,000 Ded/ $8,000 Ded 100%	
	Male	Female	Male	Female		Male	Female	Male	Female
0-1	$114.16	$114.16	$ 95.89	$ 95.89		$102.73	$102.73	$ 86.30	$ 86.30
2-6	$ 67.37	$ 67.37	$ 56.60	$ 56.60		$ 60.64	$ 60.64	$ 50.94	$ 50.94
7-18	$ 77.47	$ 77.47	$ 65.07	$ 65.07		$ 69.72	$ 69.72	$ 58.57	$ 58.57
19-24	$ 90.78	$ 99.87	$ 76.26	$ 83.88		$ 81.71	$ 89.88	$ 68.64	$ 75.50
25-29	$ 92.89	$102.19	$ 78.04	$ 85.84		$ 83.60	$ 91.97	$ 70.22	$ 77.25
30-34	$105.88	$116.47	$ 88.95	$ 97.83		$ 95.30	$104.82	$ 80.05	$ 88.05
35-39	$127.45	$140.19	$107.06	$117.76		$114.70	$126.17	$ 96.35	$105.99
40-44	$141.36	$155.49	$118.74	$130.62		$127.23	$139.94	$106.87	$117.56
45-49	$159.92	$175.91	$134.34	$147.76		$143.92	$158.31	$120.90	$132.98
50-54	$194.68	$209.65	$163.53	$176.11		$175.21	$188.69	$147.18	$158.50
55-59	$223.04	$234.19	$187.35	$196.72		$200.73	$210.77	$168.62	$177.05
60+	$267.38	$267.38	$224.61	$224.61		$240.65	$240.65	$202.15	$202.15

If you cover more than one person the family must satisfy the family deductible before any benefits are payable by Presbyterian Insurance Company.

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