



New Hampshire Health Plan - High Risk Pool

Monthly Premium Rates

Important Notes:

1. These are the initial rates for policies issued effective July 1, 2004 through December 31, 2004
2. These rates are for EFT payment only. Add \$10 monthly for direct billed policies.
3. Rates on all NHHP in-force policies are expected to increase every 6 months.
(see www.nhhealthplan.org for updates)

Class: Attained Age	Non-Tobacco User				Tobacco User			
	Indemnity Plan		Managed Care Plan		Indemnity Plan		Managed Care Plan	
	Option A	Option B	Option A	Option B	Option A	Option B	Option A	Option B
0-18	\$197	\$162	\$169	\$140	\$294	\$241	\$252	\$209
19	\$216	\$178	\$186	\$154	\$322	\$265	\$277	\$229
20	\$216	\$178	\$186	\$154	\$322	\$265	\$277	\$229
21	\$216	\$178	\$186	\$154	\$322	\$265	\$277	\$229
22	\$216	\$178	\$186	\$154	\$322	\$265	\$277	\$229
23	\$218	\$179	\$188	\$155	\$325	\$267	\$280	\$231
24	\$220	\$181	\$189	\$156	\$328	\$270	\$282	\$232
25	\$222	\$182	\$191	\$157	\$331	\$271	\$285	\$234
26	\$224	\$184	\$192	\$159	\$334	\$274	\$286	\$237
27	\$226	\$186	\$194	\$160	\$337	\$277	\$289	\$238
28	\$227	\$187	\$195	\$161	\$338	\$279	\$291	\$240
29	\$228	\$188	\$196	\$162	\$340	\$280	\$292	\$241
30	\$229	\$188	\$197	\$163	\$341	\$280	\$294	\$243
31	\$230	\$189	\$198	\$163	\$343	\$282	\$295	\$243
32	\$231	\$190	\$199	\$164	\$344	\$283	\$297	\$244
33	\$241	\$198	\$207	\$171	\$359	\$295	\$308	\$255
34	\$250	\$206	\$215	\$178	\$373	\$307	\$320	\$265
35	\$261	\$214	\$224	\$185	\$389	\$319	\$334	\$276
36	\$272	\$223	\$234	\$193	\$405	\$332	\$349	\$288
37	\$283	\$233	\$243	\$201	\$422	\$347	\$362	\$299
38	\$298	\$245	\$256	\$212	\$444	\$365	\$381	\$316
39	\$314	\$258	\$270	\$223	\$468	\$384	\$402	\$332
40	\$331	\$272	\$285	\$235	\$493	\$405	\$425	\$350
41	\$349	\$287	\$300	\$247	\$520	\$428	\$447	\$368
42	\$367	\$302	\$316	\$261	\$547	\$450	\$471	\$389
43	\$391	\$322	\$337	\$278	\$583	\$480	\$502	\$414
44	\$418	\$343	\$359	\$296	\$623	\$511	\$535	\$441
45	\$445	\$366	\$383	\$316	\$663	\$545	\$571	\$471
46	\$474	\$390	\$408	\$337	\$706	\$581	\$608	\$502
47	\$506	\$416	\$435	\$360	\$754	\$620	\$648	\$536
48	\$525	\$432	\$452	\$373	\$782	\$644	\$673	\$556
49	\$545	\$448	\$468	\$387	\$812	\$668	\$697	\$577
50	\$565	\$464	\$486	\$401	\$842	\$691	\$724	\$597
51	\$586	\$482	\$504	\$416	\$873	\$718	\$751	\$620
52	\$608	\$500	\$523	\$431	\$906	\$745	\$779	\$642
53	\$649	\$534	\$558	\$461	\$967	\$796	\$831	\$687
54	\$693	\$570	\$596	\$492	\$1,033	\$849	\$888	\$733
55	\$741	\$609	\$637	\$526	\$1,104	\$907	\$949	\$784
56	\$766	\$630	\$659	\$544	\$1,141	\$939	\$982	\$811
57	\$793	\$652	\$682	\$563	\$1,182	\$971	\$1,016	\$839
58	\$821	\$675	\$706	\$583	\$1,223	\$1,006	\$1,052	\$869
59	\$849	\$699	\$730	\$603	\$1,265	\$1,042	\$1,088	\$898
60	\$852	\$700	\$732	\$605	\$1,269	\$1,043	\$1,091	\$901
61	\$854	\$702	\$734	\$606	\$1,272	\$1,046	\$1,094	\$903
62	\$857	\$705	\$737	\$608	\$1,277	\$1,050	\$1,098	\$906
63	\$860	\$707	\$739	\$610	\$1,281	\$1,053	\$1,101	\$909
64	\$863	\$709	\$742	\$612	\$1,286	\$1,056	\$1,106	\$912
65+	\$863	\$709	\$742	\$612	\$1,286	\$1,056	\$1,106	\$912
Optional Maternity Rider								
(If selected, add these amounts to Option A premium rates above)								
All	\$547	not available	\$470	not available	\$815	not available	\$700	not available