



## New Hampshire Health Plan - High Risk Pool

### Monthly Premium Rates

**Important Notes:**

1. These are the initial rates for policies issued effective July 1, 2005 through December 31, 2005.
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](http://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 C	Option A	Option B	Option A	Option B	Option C
0-18	\$221	\$181	\$176	\$143	\$135	\$332	\$272	\$264	\$215	\$203
19	\$242	\$198	\$193	\$157	\$149	\$363	\$297	\$290	\$236	\$224
20	\$242	\$198	\$193	\$157	\$149	\$363	\$297	\$290	\$236	\$224
21	\$242	\$198	\$193	\$157	\$149	\$363	\$297	\$290	\$236	\$224
22	\$242	\$198	\$193	\$157	\$149	\$363	\$297	\$290	\$236	\$224
23	\$244	\$200	\$195	\$159	\$151	\$366	\$300	\$293	\$239	\$227
24	\$246	\$202	\$197	\$160	\$152	\$369	\$303	\$296	\$240	\$228
25	\$249	\$204	\$198	\$161	\$153	\$374	\$306	\$297	\$242	\$230
26	\$251	\$205	\$200	\$163	\$154	\$377	\$308	\$300	\$245	\$231
27	\$253	\$207	\$202	\$164	\$155	\$380	\$311	\$303	\$246	\$233
28	\$254	\$208	\$203	\$165	\$156	\$381	\$312	\$305	\$248	\$234
29	\$256	\$209	\$204	\$166	\$157	\$384	\$314	\$306	\$249	\$236
30	\$257	\$210	\$205	\$167	\$158	\$386	\$315	\$308	\$251	\$237
31	\$258	\$211	\$206	\$168	\$159	\$387	\$317	\$309	\$252	\$239
32	\$259	\$212	\$207	\$168	\$159	\$389	\$318	\$311	\$252	\$239
33	\$270	\$221	\$215	\$175	\$166	\$405	\$332	\$323	\$263	\$249
34	\$281	\$230	\$224	\$182	\$172	\$422	\$345	\$336	\$273	\$258
35	\$292	\$239	\$233	\$190	\$180	\$438	\$359	\$350	\$285	\$270
36	\$305	\$249	\$243	\$198	\$188	\$458	\$374	\$365	\$297	\$282
37	\$317	\$260	\$253	\$206	\$195	\$476	\$390	\$380	\$309	\$293
38	\$334	\$274	\$267	\$217	\$206	\$501	\$411	\$401	\$326	\$309
39	\$352	\$288	\$281	\$228	\$216	\$528	\$432	\$422	\$342	\$324
40	\$371	\$304	\$296	\$241	\$228	\$557	\$456	\$444	\$362	\$342
41	\$391	\$320	\$312	\$254	\$241	\$587	\$480	\$468	\$381	\$362
42	\$411	\$337	\$328	\$267	\$253	\$617	\$506	\$492	\$401	\$380
43	\$439	\$359	\$350	\$285	\$270	\$659	\$539	\$525	\$428	\$405
44	\$468	\$383	\$373	\$304	\$288	\$702	\$575	\$560	\$456	\$432
45	\$499	\$408	\$398	\$324	\$307	\$749	\$612	\$597	\$486	\$461
46	\$532	\$435	\$424	\$345	\$327	\$798	\$653	\$636	\$518	\$491
47	\$567	\$465	\$453	\$368	\$349	\$851	\$698	\$680	\$552	\$524
48	\$588	\$482	\$470	\$382	\$362	\$882	\$723	\$705	\$573	\$543
49	\$610	\$500	\$487	\$396	\$375	\$915	\$750	\$731	\$594	\$563
50	\$633	\$518	\$505	\$411	\$389	\$950	\$777	\$758	\$617	\$584
51	\$656	\$538	\$524	\$426	\$404	\$984	\$807	\$786	\$639	\$606
52	\$681	\$558	\$544	\$442	\$419	\$1,022	\$837	\$816	\$663	\$629
53	\$728	\$596	\$581	\$472	\$447	\$1,092	\$894	\$872	\$708	\$671
54	\$777	\$636	\$620	\$504	\$478	\$1,166	\$954	\$930	\$756	\$717
55	\$830	\$680	\$662	\$539	\$511	\$1,245	\$1,020	\$993	\$809	\$767
56	\$859	\$703	\$685	\$558	\$529	\$1,289	\$1,055	\$1,028	\$837	\$794
57	\$889	\$728	\$709	\$577	\$547	\$1,334	\$1,092	\$1,064	\$866	\$821
58	\$920	\$753	\$734	\$597	\$566	\$1,380	\$1,130	\$1,101	\$896	\$849
59	\$952	\$780	\$760	\$618	\$586	\$1,428	\$1,170	\$1,140	\$927	\$879
60	\$954	\$782	\$762	\$620	\$587	\$1,431	\$1,173	\$1,143	\$930	\$881
61	\$957	\$784	\$764	\$621	\$588	\$1,436	\$1,176	\$1,146	\$932	\$882
62	\$960	\$786	\$766	\$623	\$590	\$1,440	\$1,179	\$1,149	\$935	\$885
63	\$963	\$789	\$769	\$625	\$592	\$1,445	\$1,184	\$1,154	\$938	\$888
64	\$967	\$792	\$771	\$628	\$595	\$1,451	\$1,188	\$1,157	\$942	\$893
65+	\$967	\$792	\$771	\$628	\$595	\$1,451	\$1,188	\$1,157	\$942	\$893

**Optional Maternity Rider**

(If selected, add these amounts to Option A premium rates above)

All	\$668	not available	\$533	not available	not available	\$1,001	not available	\$799	not available	not available
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For Family Plans (Managed Care Option C Only): Per Child: \$57

**Rating Instructions For Family Plans (Managed Care Option C Only):**

The age 0-18 rate is used only for Individual Option C policies that are issued to persons aged 0-18

For a Family Option C policy with 2 adults, a factor of 0.91 is applied to the rates shown above

For a Family Option C policy with one or more children insured, the applicable Child rate times the number of children insured is added to the Adult rate

Members	Premium:
1 Adult	Adult's Premium Rate
2 Adults	0.91 * (1st Adult's Premium Rate + 2nd Adult's Premium Rate)
1 Child (age 0-18 only)	Use Age 0-18 Premium Rate
1 Adult + B Children	Adult Rate (above) + B * Per Child Premium Rate (\$57) where B = number of children
2 Adults + B Children	2 Adults Rate (above) + B * Per Child Premium Rate (\$57)