



**New Hampshire Health Plan - High Risk Pool**

**Monthly Premium Rates**

**Important Notes:**

1. These are the initial rates for policies issued effective July - December 2003 only.
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 A	Option B	Option A	Option B
0-18	172	141	149	120	256	210	222	179
19	189	155	164	132	282	231	244	197
20	189	155	164	132	282	231	244	197
21	189	155	164	132	282	231	244	197
22	189	155	164	132	282	231	244	197
23	190	156	165	133	283	232	246	198
24	192	158	166	134	286	235	247	200
25	193	159	168	135	288	237	250	201
26	195	160	169	136	291	238	252	203
27	197	162	171	138	294	241	255	206
28	198	163	172	138	295	243	256	206
29	199	163	173	139	297	243	258	207
30	200	164	173	140	298	244	258	209
31	201	165	174	140	299	246	259	209
32	201	166	175	141	299	247	261	210
33	210	172	182	146	313	256	271	218
34	218	179	189	152	325	267	282	226
35	227	187	197	159	338	279	294	237
36	237	195	206	165	353	291	307	246
37	247	203	214	172	368	302	319	256
38	260	214	226	182	387	319	337	271
39	274	225	238	191	408	335	355	285
40	289	237	250	201	431	353	373	299
41	304	250	264	212	453	373	393	316
42	320	263	278	224	477	392	414	334
43	341	281	296	238	508	419	441	355
44	364	299	316	254	542	446	471	378
45	388	319	337	271	578	475	502	404
46	414	340	359	289	617	507	535	431
47	442	363	383	308	659	541	571	459
48	458	376	397	320	682	560	592	477
49	475	390	412	332	708	581	614	495
50	493	405	427	344	735	603	636	513
51	511	420	443	357	761	626	660	532
52	530	435	460	370	790	648	685	551
53	566	465	491	395	843	693	732	589
54	605	497	525	422	901	741	782	629
55	646	531	560	451	963	791	834	672
56	668	549	580	467	995	818	864	696
57	692	568	600	483	1,031	846	894	720
58	716	588	621	500	1,067	876	925	745
59	741	609	643	517	1,104	907	958	770
60	743	610	644	519	1,107	909	960	773
61	745	612	646	520	1,110	912	963	775
62	747	614	648	522	1,113	915	966	778
63	750	616	650	523	1,118	918	969	779
64	752	618	653	525	1,120	921	973	782
65+	752	618	653	525	1,120	921	973	782
<b>Optional Maternity Rider</b>								
<b>(If selected, add these amounts to Option A premium rates above)</b>								
All	456	Not Available	396	Not Available	679	Not Available	590	Not Available