

SHORT TERM PPOSM

Effective April 1 through July 31, 2022

All of our short-term plans offer a \$45 copay for the first 3 office visits and \$1 million lifetime max

Monthly rates: 1–6 months of coverage

Age (Applicant or Spouse)	Non-smoker	Smoker
\$1,500 DEDUCTIBLE COINSURANCE 20%		
0-19	\$ 82.80	\$ 99.36
20-24	82.80	99.36
25-29	82.80	99.36
30-34	95.22	114.26
35-39	124.20	149.04
40-44	136.62	163.94
45-49	165.60	198.72
50-54	244.26	293.11
55-59	310.50	372.60
60+	372.60	447.12
Per child (non-smoker)	66.24	

Age (Applicant or Spouse)	Non-smoker	Smoker
\$3,000 DEDUCTIBLE COINSURANCE 20%		
0-19	\$ 72.94	\$ 87.53
20-24	72.94	87.53
25-29	72.94	87.53
30-34	83.88	100.66
35-39	109.41	131.29
40-44	120.35	144.42
45-49	145.88	175.06
50-54	215.17	258.21
55-59	273.52	328.23
60+	328.23	393.87
Per child (non-smoker)	58.35	

Age (Applicant or Spouse)	Non-smoker	Smoker
\$1,500 DEDUCTIBLE COINSURANCE 50%		
0-19	\$ 78.17	\$ 93.80
20-24	78.17	93.80
25-29	78.17	93.80
30-34	89.89	107.87
35-39	117.25	140.70
40-44	128.98	154.77
45-49	156.34	187.60
50-54	230.59	276.71
55-59	293.13	351.75
60+	351.75	422.11
Per child (non-smoker)	62.53	

Age (Applicant or Spouse)	Non-smoker	Smoker
\$3,000 DEDUCTIBLE COINSURANCE 50%		
0-19	\$ 69.01	\$ 82.82
20-24	69.01	82.82
25-29	69.01	82.82
30-34	79.37	95.24
35-39	103.52	124.23
40-44	113.87	136.65
45-49	138.03	165.64
50-54	203.59	244.31
55-59	258.81	310.57
60+	310.57	372.68
Per child (non-smoker)	55.21	

Rates per child only apply for up to three dependents