

**January 2011 Rates for \$35 Copayment Point-of-Service Plans (Area 3)  
Coventry Health Care of Georgia, Inc.**



Age	Coventry Plan 1,000		Coventry Plan 2,500		Coventry Plan 3,500		Coventry Plan 5,000		Coventry Plan 7,500 Basic		Coventry Plan 10,000 Basic	
	M	F	M	F	M	F	M	F	M	F	M	F
0	\$342.76	\$342.76	\$194.67	\$194.67	\$186.67	\$186.67	\$172.69	\$172.69	\$143.17	\$143.17	\$131.88	\$131.88
1	\$205.67	\$205.67	\$116.82	\$116.82	\$112.02	\$112.02	\$103.63	\$103.63	\$85.92	\$85.92	\$79.14	\$79.14
2-5	\$134.67	\$134.67	\$81.26	\$81.26	\$78.44	\$78.44	\$72.98	\$72.98	\$63.69	\$63.69	\$59.65	\$59.65
6-16	\$131.85	\$131.85	\$81.26	\$81.26	\$78.44	\$78.44	\$72.98	\$72.98	\$63.69	\$63.69	\$59.65	\$59.65
17	\$128.79	\$138.60	\$79.37	\$84.73	\$76.62	\$81.73	\$71.28	\$75.90	\$62.20	\$66.01	\$58.26	\$61.71
18	\$125.72	\$139.83	\$77.48	\$88.12	\$74.79	\$84.93	\$69.59	\$78.77	\$60.72	\$68.27	\$56.88	\$63.72
19	\$122.65	\$139.83	\$75.59	\$90.18	\$72.97	\$86.89	\$67.89	\$80.52	\$59.24	\$69.66	\$55.49	\$64.96
20	\$111.04	\$142.87	\$63.99	\$91.45	\$61.36	\$89.94	\$56.08	\$80.27	\$47.78	\$71.43	\$44.01	\$65.82
21	\$112.28	\$157.79	\$64.71	\$91.45	\$62.05	\$89.94	\$56.69	\$80.27	\$48.33	\$71.45	\$44.51	\$65.82
22	\$113.56	\$161.82	\$65.44	\$93.79	\$62.75	\$89.94	\$57.34	\$82.31	\$48.87	\$71.45	\$45.01	\$65.82
23	\$114.46	\$169.30	\$65.96	\$98.29	\$63.25	\$94.24	\$57.80	\$86.25	\$49.26	\$71.45	\$45.38	\$65.82
24	\$115.36	\$169.30	\$66.47	\$102.79	\$63.73	\$98.55	\$58.25	\$90.21	\$49.64	\$74.72	\$45.72	\$68.84
25	\$122.99	\$185.33	\$70.15	\$105.67	\$67.27	\$101.32	\$62.84	\$93.44	\$51.48	\$77.55	\$47.41	\$71.43
26	\$123.94	\$188.72	\$70.70	\$107.61	\$67.79	\$103.18	\$63.31	\$95.13	\$51.87	\$78.96	\$47.78	\$72.74
27	\$124.91	\$192.64	\$71.26	\$109.85	\$68.32	\$105.33	\$63.82	\$97.11	\$52.28	\$80.60	\$48.16	\$74.25
28	\$126.37	\$196.39	\$72.09	\$111.97	\$69.13	\$107.36	\$64.56	\$99.00	\$52.89	\$82.18	\$48.73	\$75.71
29	\$130.54	\$201.76	\$74.47	\$115.04	\$71.40	\$110.30	\$66.69	\$101.70	\$54.63	\$84.41	\$50.33	\$77.77
30	\$138.19	\$207.67	\$78.49	\$119.01	\$75.25	\$114.12	\$69.62	\$104.87	\$57.73	\$87.29	\$53.18	\$80.41
31	\$146.26	\$216.79	\$83.07	\$124.24	\$79.66	\$119.12	\$73.70	\$109.46	\$61.10	\$91.12	\$56.29	\$83.95
32	\$152.36	\$224.90	\$86.53	\$128.87	\$82.97	\$123.58	\$76.76	\$113.56	\$63.64	\$94.53	\$58.62	\$87.08
33	\$154.39	\$227.94	\$87.69	\$130.62	\$84.07	\$125.24	\$77.78	\$115.10	\$64.49	\$95.80	\$59.41	\$88.25
34	\$156.42	\$231.99	\$88.84	\$132.94	\$85.18	\$127.48	\$78.81	\$117.15	\$65.34	\$97.51	\$60.19	\$89.82
35	\$161.61	\$232.95	\$92.30	\$134.06	\$88.49	\$128.55	\$81.93	\$117.85	\$68.51	\$98.73	\$63.11	\$90.96
36	\$169.25	\$236.98	\$96.66	\$136.37	\$92.69	\$130.76	\$85.80	\$119.88	\$71.74	\$100.44	\$66.10	\$92.51
37	\$176.72	\$239.98	\$100.92	\$138.12	\$96.77	\$132.43	\$89.58	\$121.40	\$74.91	\$101.71	\$69.01	\$93.71
38	\$185.14	\$245.01	\$105.74	\$141.01	\$101.39	\$135.20	\$93.86	\$123.94	\$78.47	\$103.84	\$72.28	\$95.66
39	\$185.83	\$249.02	\$110.14	\$143.31	\$105.61	\$137.42	\$97.76	\$125.98	\$81.74	\$105.55	\$75.30	\$97.23
40	\$197.70	\$259.61	\$113.23	\$148.78	\$108.56	\$142.65	\$100.18	\$131.53	\$82.44	\$109.48	\$75.94	\$100.85
41	\$205.31	\$263.49	\$117.59	\$150.98	\$112.74	\$144.76	\$104.03	\$133.49	\$85.60	\$111.11	\$78.86	\$102.36
42	\$210.50	\$268.39	\$120.56	\$153.80	\$115.60	\$147.48	\$106.68	\$135.98	\$87.78	\$113.19	\$80.86	\$104.27
43	\$214.92	\$272.76	\$126.11	\$156.30	\$120.91	\$149.87	\$111.60	\$138.18	\$91.82	\$115.03	\$84.59	\$105.97
44	\$214.92	\$277.59	\$138.73	\$159.08	\$133.02	\$152.53	\$122.75	\$140.63	\$101.00	\$117.07	\$93.03	\$107.85
45	\$244.60	\$286.89	\$150.97	\$164.10	\$144.74	\$157.35	\$133.47	\$144.86	\$111.11	\$120.58	\$102.36	\$111.08
46	\$261.64	\$301.40	\$166.07	\$179.48	\$159.24	\$172.09	\$146.82	\$158.45	\$122.22	\$131.89	\$112.58	\$121.50
47	\$279.69	\$315.93	\$182.68	\$194.87	\$175.17	\$186.84	\$161.51	\$172.02	\$134.44	\$143.20	\$123.85	\$131.92
48	\$293.97	\$327.08	\$200.94	\$213.38	\$192.67	\$204.61	\$177.66	\$188.36	\$147.88	\$156.80	\$136.23	\$144.45
49	\$297.51	\$337.67	\$221.04	\$220.60	\$211.93	\$210.97	\$195.42	\$193.34	\$152.16	\$158.67	\$139.49	\$145.15
50	\$318.70	\$358.40	\$223.59	\$258.97	\$213.74	\$232.12	\$196.11	\$213.54	\$156.44	\$178.16	\$142.75	\$164.12
51	\$349.58	\$376.32	\$226.14	\$264.49	\$215.54	\$239.77	\$196.80	\$219.93	\$160.72	\$181.90	\$146.01	\$166.91
52	\$363.22	\$395.17	\$236.13	\$270.02	\$225.00	\$247.42	\$205.33	\$226.31	\$165.00	\$185.64	\$149.27	\$169.70
53	\$380.07	\$414.93	\$245.59	\$275.55	\$233.95	\$255.07	\$213.39	\$232.70	\$171.24	\$189.38	\$154.81	\$172.48
54	\$380.49	\$420.47	\$259.30	\$281.07	\$246.95	\$262.72	\$225.10	\$239.08	\$180.31	\$193.12	\$162.85	\$175.27
55	\$420.92	\$426.01	\$274.72	\$286.60	\$261.54	\$270.38	\$238.28	\$245.47	\$191.41	\$196.86	\$172.69	\$178.06
56	\$441.63	\$445.28	\$292.13	\$292.13	\$278.03	\$278.03	\$253.12	\$251.85	\$202.97	\$200.60	\$182.95	\$180.84
57	\$462.35	\$446.64	\$306.56	\$304.99	\$291.69	\$290.21	\$265.45	\$262.76	\$212.56	\$209.04	\$191.45	\$188.33
58	\$474.20	\$446.64	\$315.53	\$313.36	\$300.20	\$298.13	\$273.10	\$269.86	\$218.53	\$214.53	\$196.74	\$193.20
59	\$485.09	\$446.64	\$331.45	\$327.72	\$315.27	\$311.74	\$286.69	\$282.05	\$229.11	\$223.94	\$206.12	\$201.54
60	\$564.07	\$515.26	\$351.15	\$343.85	\$333.92	\$327.01	\$301.79	\$296.51	\$240.23	\$236.49	\$215.99	\$212.68
61	\$591.07	\$515.26	\$362.52	\$354.97	\$344.69	\$337.55	\$311.45	\$305.98	\$247.72	\$243.86	\$222.63	\$219.21
62	\$619.34	\$515.26	\$372.27	\$365.62	\$353.93	\$347.62	\$319.71	\$315.04	\$254.14	\$250.91	\$228.32	\$225.45
63	\$648.84	\$515.26	\$381.78	\$375.80	\$362.93	\$357.28	\$327.78	\$323.71	\$260.41	\$257.65	\$233.89	\$231.44

CoventryOne® monthly rates shown are for effective dates of January 1, 2011, through January 31, 2011.

An optional Mental Health Rider is available with POS Plans shown above. The monthly premium is \$35.83 per member. If this Rider is purchased, it must be taken by all family members applying for coverage on the same application.



## January 2011 Rates Coventry Health Care of Georgia, Inc.

CoventryOne® monthly rates shown on the following pages are for effective dates of January 1, 2011, through January 31, 2011.

Rates are issued for illustrative purposes only and are subject to change. Contact your local, independent agent for specific rates and availability. All applicants are subject to medical underwriting and approval by Coventry Health Care of Georgia, Inc.

Refer to plan documents for a complete list of coverage, limitations and exclusions.

### Eligibility

Eligible persons are individuals over the age of 18 and under the age of 63 ½ who are not eligible for Medicare. Eligible dependents include children until the end of the calendar month in which he/she reaches age 26. The age limit does not apply to dependents who continue to be both incapable of self-sustaining employment by reason of mental or physical incapacity and chiefly dependent upon the eligible person for maintenance and support. All eligible persons must reside in the service area.

### Instructions for calculating rates for \$20 Copay, \$30 Copay, \$35 Copay, \$45 Copay and Fusion Plans:

- 1) Select the plan and corresponding premium based on each applicant's county, age and gender.
- 2) For applicants under age 40 who have used tobacco in the previous 12 months, add 10% additional premium;  
For applicants age 40 and over who have used tobacco in the previous 12 months, add 20% additional premium.
- 3) If the Mental Health Rider is selected, add \$35.83 additional premium for each family member applying for medical coverage.
- 4) Add each applicant's premium rate together to determine the total family rate for families with fewer than four members.
- 5) i. For a family with three members applying, multiply the total family rate by .95 for a 5% discount.  
ii. For a family with four or five members applying, multiply the total family rate by .85 for a 15% discount.  
iii. For a family with six or more members applying, multiply the total family rate by .80 for a 20% discount.

### Instructions for calculating rates for Qualified High Deductible (QHD) Plans:

- 1) Select the plan and corresponding premium based on each applicant's county, age and gender.
- 2) For applicants under age 40 who have used tobacco in the previous 12 months, add 10% additional premium;  
For applicants age 40 and over who have used tobacco in the previous 12 months, add 20% additional premium.
- 3) Add each applicant's premium rate together to determine the total family rate for families with fewer than four members.
- 4) i. For a family with three members applying, multiply the total family rate by .95 for a 5% discount.  
ii. For a family with four or five members applying, multiply the total family rate by .85 for a 15% discount.  
iii. For a family with six or more members applying, multiply the total family rate by .80 for a 20% discount.

*Please note that a monthly \$5 administrative fee will be added to each policy for applicants who do not elect to pay the monthly premium via electronic funds transfer (EFT) or automatic withdrawal.*



**Counties by Area**

Area	County	Area	County	Area	County	Area	County
Area 1	Banks	Area 2	Atkinson	Area 3	Appling	Area 4	Chattahoochee
Area 1	Barrow	Area 2	Brantley	Area 3	Bryan	Area 4	Chattooga
Area 1	Bartow	Area 2	Brooks	Area 3	Bulloch	Area 4	Clarke
Area 1	Bibb	Area 2	Camden	Area 3	Candler	Area 4	Floyd
Area 1	Bleckley	Area 2	Carroll	Area 3	Chatham	Area 4	Habersham
Area 1	Burke	Area 2	Echols	Area 3	Effingham	Area 4	Hall
Area 1	Butts	Area 2	Gilmer	Area 3	Emanuel	Area 4	Lumpkin
Area 1	Cherokee	Area 2	Glynn	Area 3	Evans	Area 4	Madison
Area 1	Clayton	Area 2	Gordon	Area 3	Liberty	Area 4	Muscogee
Area 1	Cobb	Area 2	Haralson	Area 3	Long	Area 4	Oconee
Area 1	Columbia	Area 2	Heard	Area 3	McIntosh	Area 4	Oglethorpe
Area 1	Coweta	Area 2	Lanier	Area 3	Screven	Area 4	Pickens
Area 1	Crawford	Area 2	Lowndes	Area 3	Tattnall	Area 4	Polk
Area 1	Dawson	Area 2	Pierce	Area 3	Wayne	Area 4	White
Area 1	Dekalb	Area 2	Ware			Area 4	Wilkes
Area 1	Dooly						
Area 1	Douglas						
Area 1	Fayette						
Area 1	Forsyth						
Area 1	Fulton						
Area 1	Greene						
Area 1	Gwinnett						
Area 1	Henry						
Area 1	Houston						
Area 1	Jackson						
Area 1	Jasper						
Area 1	Jones						
Area 1	Lamar						
Area 1	Lincoln						
Area 1	Macon						
Area 1	McDuffie						
Area 1	Meriwether						
Area 1	Monroe						
Area 1	Morgan						
Area 1	Newton						
Area 1	Paulding						
Area 1	Peach						
Area 1	Pike						
Area 1	Richmond						
Area 1	Rockdale						
Area 1	Spalding						
Area 1	Taylor						
Area 1	Troup						
Area 1	Twiggs						
Area 1	Walton						
Area 1	Wilkinson						

Coventry Health Care of Georgia, Inc.  
Effective 11/1/2009