



## 4th Quarter 2008 Rates Coventry Health Care of Georgia, Inc.

CoventryOne® monthly rates shown on the following pages are for effective dates of October 1, 2008, through December 15, 2008.

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 under the age of 63½ who are not eligible for Medicare. Eligible dependents include children under age 19 as well as any unmarried children until the end of the calendar month in which he/she reaches age 26 if he/she is not regularly employed on a full-time basis and is primarily dependent upon the eligible person for support and maintenance. 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 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 \$24.88 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) For a family with four or more members applying, multiply the total family rate by .90 for a 10% 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) For a family with four or more members applying, multiply the total family rate by .90 for a 10% 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.*

**4th Quarter 2008 Rates for Fusion 100%/50% Point-of-Service Plans (Area 2)  
Coventry Health Care of Georgia, Inc.**



Age	Coventry Fusion Plan 3,000		Coventry Fusion Plan 5,000	
	M	F	M	F
0	\$196.40	\$196.40	\$178.78	\$178.78
1	\$85.80	\$85.80	\$77.88	\$77.88
2-5	\$81.84	\$81.84	\$74.28	\$74.28
6-16	\$79.68	\$79.68	\$72.32	\$72.32
17	\$79.68	\$84.86	\$72.32	\$77.03
18	\$79.68	\$85.80	\$72.32	\$77.88
19	\$79.68	\$85.80	\$72.32	\$77.88
20	\$80.03	\$103.37	\$72.64	\$95.59
21	\$80.92	\$114.17	\$73.45	\$105.58
22	\$81.84	\$117.08	\$74.28	\$108.28
23	\$82.49	\$122.51	\$74.87	\$113.28
24	\$83.14	\$122.51	\$75.46	\$113.28
25	\$88.01	\$130.54	\$80.58	\$119.38
26	\$88.69	\$132.92	\$81.20	\$121.56
27	\$89.39	\$135.68	\$81.84	\$124.09
28	\$90.43	\$138.32	\$82.79	\$126.50
29	\$93.42	\$142.10	\$85.52	\$129.96
30	\$95.93	\$147.36	\$89.08	\$132.38
31	\$101.52	\$153.83	\$94.27	\$138.20
32	\$105.76	\$159.58	\$98.21	\$143.36
33	\$107.17	\$161.74	\$99.52	\$145.31
34	\$108.58	\$164.60	\$100.82	\$147.89
35	\$114.98	\$166.51	\$104.63	\$150.71
36	\$120.41	\$169.38	\$109.57	\$153.31
37	\$125.72	\$171.53	\$114.41	\$155.26
38	\$131.71	\$175.13	\$119.86	\$158.51
39	\$132.20	\$178.00	\$120.30	\$161.10
40	\$144.91	\$196.38	\$135.17	\$176.74
41	\$150.48	\$199.31	\$140.36	\$179.38
42	\$154.28	\$203.00	\$143.92	\$182.71
43	\$157.52	\$206.32	\$146.94	\$185.69
44	\$157.52	\$209.98	\$146.94	\$188.99
45	\$204.61	\$239.60	\$183.94	\$217.34
46	\$218.87	\$251.74	\$196.75	\$228.35
47	\$233.96	\$263.87	\$210.31	\$239.34
48	\$245.90	\$273.18	\$221.05	\$247.79
49	\$248.87	\$282.02	\$223.72	\$255.82
50	\$290.68	\$310.55	\$265.54	\$283.02
51	\$321.35	\$326.06	\$293.56	\$297.16
52	\$334.90	\$342.38	\$305.94	\$312.04
53	\$351.65	\$359.52	\$321.24	\$327.65
54	\$352.06	\$373.26	\$321.61	\$340.16
55	\$395.38	\$400.37	\$357.77	\$363.85
56	\$416.12	\$419.66	\$376.55	\$381.40
57	\$436.87	\$421.02	\$395.33	\$382.62
58	\$448.74	\$421.02	\$406.07	\$382.62
59	\$459.64	\$421.02	\$415.93	\$382.62
60	\$535.46	\$484.56	\$487.51	\$443.52
61	\$562.34	\$484.56	\$511.98	\$443.52
62	\$590.47	\$484.56	\$537.59	\$443.52
63	\$619.85	\$484.56	\$564.34	\$443.52

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An optional Mental Health Rider is available with POS Plans shown above. The monthly premium is \$24.88 per member. If this Rider is purchased, it must be taken by all family members applying for coverage on the same application.