

# Annual Premium Rates

## MOBILE HEALTHCARE PLAN

**AETNA  
GLOBAL  
BENEFITS®**

### MOBILE HEALTHCARE PLAN

Our Premiums are shown in US\$ Dollars.

All coverage is for a duration of 12 months whichever payment option is chosen.

Age Band	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
0 – 9	\$768	\$642	\$577	\$436	\$383
10 – 18	\$1,045	\$673	\$606	\$465	\$407
19 – 24	\$1,884	\$1,574	\$1,404	\$1,100	\$968
25 – 29	\$2,074	\$1,736	\$1,445	\$1,211	\$983
30 – 34	\$2,231	\$1,860	\$1,648	\$1,285	\$1,137
35 – 39	\$2,466	\$2,054	\$1,677	\$1,418	\$1,137
40 – 44	\$2,762	\$2,298	\$1,921	\$1,574	\$1,300
45 – 49	\$3,014	\$2,511	\$2,119	\$1,839	\$1,432
50 – 54	\$3,944	\$3,287	\$2,792	\$2,261	\$1,751
55 – 59	\$4,986	\$4,159	\$3,427	\$2,829	\$2,201
60 – 64	\$6,832	\$5,694	\$5,258	\$4,069	\$3,856

**EFFECTIVE  
AUGUST 1ST, 2009**

Premiums are offered in annual or semi-annual installments. Coverage is for a duration of 12 months, whichever payment option you choose.

Rates for new applicants may be subject to change at the time of application. Please consult your representative for the most current rates applicable. All rates are in US dollars.

### MOBILE HEALTHCARE PLAN PLUS

The MHP Plus option offers additional Benefits including: Dental, Maternity and Wellness check-ups. Please refer to page four of the brochure for full description of these Benefits.

Age Band	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
0 – 9	\$1,113	\$933	\$837	\$633	\$557
10 – 18	\$1,156	\$974	\$879	\$675	\$590
19 – 24	\$2,732	\$2,280	\$2,035	\$1,596	\$1,404
25 – 29	\$3,008	\$2,517	\$2,096	\$1,757	\$1,425
30 – 34	\$3,236	\$2,698	\$2,389	\$1,865	\$1,651
35 – 39	\$3,577	\$2,978	\$2,430	\$2,056	\$1,651
40 – 44	\$4,006	\$3,331	\$2,785	\$2,280	\$1,885
45 – 49	\$4,369	\$3,642	\$3,074	\$2,666	\$2,079
50 – 54	\$5,719	\$4,766	\$4,050	\$3,278	\$2,538
55 – 59	\$7,228	\$6,029	\$4,969	\$4,103	\$3,192
60 – 64	\$9,906	\$8,257	\$7,626	\$5,902	\$5,592



# Semi-Annual Premium Rates

## MOBILE HEALTHCARE PLAN

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### MOBILE HEALTHCARE PLAN

Our Premiums are shown in US\$ Dollars.  
All coverage is for a duration of 12 months whichever payment option is chosen.

Age Band	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
0 – 9	\$422	\$354	\$317	\$241	\$212
10 – 18	\$439	\$370	\$334	\$256	\$224
19 – 24	\$1,035	\$866	\$773	\$606	\$531
25 – 29	\$1,142	\$953	\$795	\$666	\$541
30 – 34	\$1,229	\$1,024	\$906	\$707	\$626
35 – 39	\$1,357	\$1,130	\$922	\$781	\$626
40 – 44	\$1,520	\$1,263	\$1,056	\$866	\$716
45 – 49	\$1,658	\$1,381	\$1,166	\$1,012	\$788
50 – 54	\$2,169	\$1,808	\$1,537	\$1,244	\$963
55 – 59	\$2,742	\$2,287	\$1,885	\$1,556	\$1,211
60 – 64	\$3,758	\$3,132	\$2,892	\$2,238	\$2,121

**EFFECTIVE  
AUGUST 1ST, 2009**

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Rates for new applicants may be subject to change at the time of application. Please consult your representative for the most current rates applicable. All rates are in US dollars.

### MOBILE HEALTHCARE PLAN PLUS

The MHP Plus option offers additional Benefits including: Dental, Maternity and Wellness check-ups. Please refer to page five of the brochure for full description of these Benefits.

Age Band	Deductible \$100	Deductible \$250	Deductible \$500	Deductible \$1,000	Deductible \$2,500
0 – 9	\$613	\$513	\$459	\$347	\$307
10 – 18	\$637	\$538	\$483	\$371	\$324
19 – 24	\$1,503	\$1,254	\$1,120	\$877	\$773
25 – 29	\$1,654	\$1,383	\$1,152	\$965	\$784
30 – 34	\$1,779	\$1,485	\$1,314	\$1,025	\$907
35 – 39	\$1,968	\$1,639	\$1,337	\$1,132	\$907
40 – 44	\$2,204	\$1,832	\$1,531	\$1,254	\$1,037
45 – 49	\$2,402	\$2,004	\$1,691	\$1,466	\$1,144
50 – 54	\$3,146	\$2,621	\$2,228	\$1,802	\$1,396
55 – 59	\$3,976	\$3,316	\$2,734	\$2,255	\$1,757
60 – 64	\$5,448	\$4,543	\$4,196	\$3,247	\$3,076

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