

**MANUAL PREMIUM CALCULATION**

1. Select the plan you want to purchase and find the appropriate monthly premium based on your age, gender and tobacco use status from the rate tables below
2. Repeat for each family member applying for coverage. (Please use appropriate rates, tobacco or non-tobacco, for each applicant)
3. Follow the same procedure for the optional riders (accident or maternity).
4. Add the rate components for each family member and multiply the total by your County Factor, based on the county where you live (found on next page).

Male	Female	Child / Children	Totals
Base Rate: _____	+ _____	+ _____	= (1) _____
Optional Maternity Rider - (SOLO View 500 plan only) (females aged 17 - 34 and 3 months)			+ (2) _____
Subtotal (1) + (2)			= _____
<b>County Factor (next page)</b>			X _____
Subtotal			= _____
CoverColorado Assessment			+ \$2.00
Optional Accident Rider - per person:			+ _____
Approximate Monthly Premium			= _____

Premium calculation is FOR YOUR INFORMATION ONLY. Do not remit premium payment with application.

To help pay the expense of CoverColorado, the State of Colorado's high risk insurance program, a fee of \$20 per subscriber per month will be collected by RMHP.

**This amount is not included in the rate tables below.**

<b>SOLO View Includes Generic Drug Coverage</b>																
Age	SOLO View 500				SOLO View 1500				SOLO View 2500				SOLO View 4000			
	Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4**	\$150.45	\$150.45	\$150.45	\$150.45	\$104.33	\$104.33	\$104.33	\$104.33	\$87.00	\$87.00	\$87.00	\$87.00	\$78.49	\$78.49	\$78.49	\$78.49
5-12**	\$116.25	\$116.25	\$116.25	\$116.25	\$80.89	\$80.89	\$80.89	\$80.89	\$67.60	\$67.60	\$67.60	\$67.60	\$61.07	\$61.07	\$61.07	\$61.07
13-17**	\$128.39	\$128.39	\$128.39	\$128.39	\$89.21	\$89.21	\$89.21	\$89.21	\$74.49	\$74.49	\$74.49	\$74.49	\$67.25	\$67.25	\$67.25	\$67.25
18-24	\$140.15	\$173.74	\$167.66	\$207.94	\$96.77	\$119.99	\$115.63	\$143.44	\$80.46	\$99.79	\$96.07	\$119.20	\$72.45	\$89.87	\$86.47	\$107.30
25-29	\$155.35	\$206.56	\$185.58	\$246.95	\$107.68	\$143.07	\$128.41	\$170.77	\$89.76	\$119.21	\$106.92	\$142.13	\$80.97	\$107.49	\$96.37	\$128.07
30-34	\$183.23	\$240.63	\$218.91	\$287.46	\$127.30	\$167.02	\$151.77	\$199.13	\$106.28	\$139.35	\$126.53	\$165.93	\$95.96	\$125.77	\$114.14	\$149.63
35-39	\$202.26	\$312.30	\$241.16	\$373.01	\$140.95	\$216.72	\$167.63	\$258.35	\$117.91	\$180.80	\$139.99	\$215.25	\$106.60	\$163.16	\$126.42	\$194.09
40-44	\$254.22	\$335.25	\$303.29	\$400.42	\$177.18	\$232.97	\$210.83	\$277.66	\$148.23	\$194.53	\$176.08	\$231.52	\$134.01	\$175.66	\$159.01	\$208.86
45-49	\$334.36	\$400.86	\$398.79	\$478.67	\$232.94	\$278.72	\$277.12	\$332.07	\$194.83	\$232.81	\$231.39	\$276.97	\$176.11	\$210.27	\$208.93	\$249.92
50-54	\$418.51	\$448.83	\$499.05	\$535.56	\$292.01	\$312.67	\$347.23	\$372.14	\$244.47	\$261.50	\$290.17	\$310.72	\$221.12	\$236.37	\$262.15	\$280.56
55-59	\$512.09	\$492.55	\$610.21	\$586.96	\$357.70	\$344.09	\$424.98	\$408.82	\$299.67	\$288.29	\$355.36	\$341.87	\$271.18	\$260.89	\$321.18	\$308.99
60-64	\$602.95	\$544.75	\$717.68	\$648.09	\$422.55	\$382.19	\$501.21	\$453.04	\$354.74	\$321.09	\$419.85	\$379.73	\$321.45	\$291.09	\$379.90	\$343.73
Per Child*	\$107.58	\$107.58	\$107.58	\$107.58	\$74.94	\$74.94	\$74.94	\$74.94	\$62.67	\$62.67	\$62.67	\$62.67	\$56.65	\$56.65	\$56.65	\$56.65

<b>SOLO View Includes Generic and Brand Name Drug Coverage</b>																
Age	SOLO View 500				SOLO View 1500				SOLO View 2500				SOLO View 4000			
	Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4**	\$160.03	\$160.03	\$160.03	\$160.03	\$113.91	\$113.91	\$113.91	\$113.91	\$96.58	\$96.58	\$96.58	\$96.58	\$88.07	\$88.07	\$88.07	\$88.07
5-12**	\$125.83	\$125.83	\$125.83	\$125.83	\$90.47	\$90.47	\$90.47	\$90.47	\$77.18	\$77.18	\$77.18	\$77.18	\$70.65	\$70.65	\$70.65	\$70.65
13-17**	\$137.97	\$137.97	\$137.97	\$137.97	\$98.79	\$98.79	\$98.79	\$98.79	\$84.07	\$84.07	\$84.07	\$84.07	\$76.83	\$76.83	\$76.83	\$76.83
18-24	\$145.59	\$180.80	\$173.10	\$215.00	\$102.21	\$127.05	\$121.07	\$150.50	\$85.90	\$106.85	\$101.51	\$126.26	\$77.89	\$96.93	\$91.91	\$114.36
25-29	\$164.78	\$218.31	\$195.01	\$258.70	\$117.11	\$154.82	\$137.84	\$182.52	\$99.19	\$130.96	\$116.35	\$153.88	\$90.40	\$119.24	\$105.80	\$139.82
30-34	\$196.77	\$257.12	\$232.45	\$303.95	\$140.84	\$183.51	\$165.31	\$215.62	\$119.82	\$155.84	\$140.07	\$182.42	\$109.50	\$142.26	\$127.68	\$166.12
35-39	\$220.73	\$333.34	\$259.63	\$394.05	\$159.42	\$237.76	\$186.10	\$279.39	\$136.38	\$201.84	\$158.46	\$236.29	\$125.07	\$184.20	\$144.89	\$215.13
40-44	\$277.57	\$360.46	\$326.64	\$425.63	\$200.53	\$258.18	\$234.18	\$302.87	\$171.58	\$219.74	\$199.43	\$256.73	\$157.36	\$200.87	\$182.36	\$234.07
45-49	\$364.27	\$432.27	\$428.70	\$510.08	\$262.85	\$310.13	\$307.03	\$363.48	\$224.74	\$264.22	\$261.30	\$308.38	\$206.02	\$241.68	\$238.84	\$281.33
50-54	\$459.56	\$488.83	\$540.10	\$575.56	\$333.06	\$352.67	\$388.28	\$412.14	\$285.52	\$301.50	\$331.22	\$350.72	\$262.17	\$276.37	\$303.20	\$320.56
55-59	\$565.54	\$544.20	\$663.66	\$638.61	\$411.15	\$395.74	\$478.43	\$460.47	\$353.12	\$339.94	\$408.81	\$393.52	\$324.63	\$312.54	\$374.63	\$360.64
60-64	\$677.07	\$615.15	\$791.80	\$718.49	\$496.67	\$452.59	\$575.33	\$523.44	\$428.86	\$391.49	\$493.97	\$450.13	\$395.57	\$361.49	\$454.02	\$414.13
Per Child*	\$117.16	\$117.16	\$117.16	\$117.16	\$84.52	\$84.52	\$84.52	\$84.52	\$72.25	\$72.25	\$72.25	\$72.25	\$66.23	\$66.23	\$66.23	\$66.23

**MATERNITY RIDER**

For SOLO View 500 Plan Only	\$521.56
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**ACCIDENT RIDER**

Available for all SOLO View Plans	\$12.00 per person	If selected, must apply for all family members.
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<b>SOLO View</b>																
<b>Includes Generic and Brand Name with Deductible Drug Coverage</b>																
Age	SOLO View 500				SOLO View 1500				SOLO View 2500				SOLO View 4000			
	Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4**	\$159.44	\$159.44	\$159.44	\$159.44	\$113.32	\$113.32	\$113.32	\$113.32	\$95.99	\$95.99	\$95.99	\$95.99	\$87.48	\$87.48	\$87.48	\$87.48
5-12**	\$125.24	\$125.24	\$125.24	\$125.24	\$89.88	\$89.88	\$89.88	\$89.88	\$76.59	\$76.59	\$76.59	\$76.59	\$70.06	\$70.06	\$70.06	\$70.06
13-17**	\$137.38	\$137.38	\$137.38	\$137.38	\$98.20	\$98.20	\$98.20	\$98.20	\$83.48	\$83.48	\$83.48	\$83.48	\$76.24	\$76.24	\$76.24	\$76.24
18-24	\$145.26	\$180.37	\$172.77	\$214.57	\$101.88	\$126.62	\$120.74	\$150.07	\$85.57	\$106.42	\$101.18	\$125.83	\$77.56	\$96.50	\$91.58	\$113.93
25-29	\$164.21	\$217.59	\$194.44	\$257.98	\$116.54	\$154.10	\$137.27	\$181.80	\$98.62	\$130.24	\$115.78	\$153.16	\$89.83	\$118.52	\$105.23	\$139.10
30-34	\$195.95	\$256.11	\$231.63	\$302.94	\$140.02	\$182.50	\$164.49	\$214.61	\$119.00	\$154.83	\$139.25	\$181.41	\$108.68	\$141.25	\$126.86	\$165.11
35-39	\$219.60	\$332.05	\$258.50	\$392.76	\$158.29	\$236.47	\$184.97	\$278.10	\$135.25	\$200.55	\$157.33	\$235.00	\$123.94	\$182.91	\$143.76	\$213.84
40-44	\$276.15	\$358.93	\$325.22	\$424.10	\$199.11	\$256.65	\$232.76	\$301.34	\$170.16	\$218.21	\$198.01	\$255.20	\$155.94	\$199.34	\$180.94	\$232.54
45-49	\$362.44	\$430.35	\$426.87	\$508.16	\$261.02	\$308.21	\$305.20	\$361.56	\$222.91	\$262.30	\$259.47	\$306.46	\$204.19	\$239.76	\$237.01	\$279.41
50-54	\$457.06	\$486.39	\$537.60	\$573.12	\$330.56	\$350.23	\$385.78	\$409.70	\$283.02	\$299.06	\$328.72	\$348.28	\$259.67	\$273.93	\$300.70	\$318.12
55-59	\$562.28	\$541.05	\$660.40	\$635.46	\$407.89	\$392.59	\$475.17	\$457.32	\$349.86	\$336.79	\$405.55	\$390.37	\$321.37	\$309.39	\$371.37	\$357.49
60-64	\$672.54	\$610.85	\$787.27	\$714.19	\$492.14	\$448.29	\$570.80	\$519.14	\$424.33	\$387.19	\$489.44	\$445.83	\$391.04	\$357.19	\$449.49	\$409.83
Per Child*	\$116.57	\$116.57	\$116.57	\$116.57	\$83.93	\$83.93	\$83.93	\$83.93	\$71.66	\$71.66	\$71.66	\$71.66	\$65.64	\$65.64	\$65.64	\$65.64

<b>SOLO View</b>																
<b>Includes Discount Only Drug Coverage</b>																
Age	SOLO View 500				SOLO View 1500				SOLO View 2500				SOLO View 4000			
	Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4**	\$146.70	\$146.70	\$146.70	\$146.70	\$100.58	\$100.58	\$100.58	\$100.58	\$83.25	\$83.25	\$83.25	\$83.25	\$74.74	\$74.74	\$74.74	\$74.74
5-12**	\$112.50	\$112.50	\$112.50	\$112.50	\$77.14	\$77.14	\$77.14	\$77.14	\$63.85	\$63.85	\$63.85	\$63.85	\$57.32	\$57.32	\$57.32	\$57.32
13-17**	\$124.64	\$124.64	\$124.64	\$124.64	\$85.46	\$85.46	\$85.46	\$85.46	\$70.74	\$70.74	\$70.74	\$70.74	\$63.50	\$63.50	\$63.50	\$63.50
18-24	\$138.02	\$170.98	\$165.53	\$205.18	\$94.64	\$117.23	\$113.50	\$140.68	\$78.33	\$97.03	\$93.94	\$116.44	\$70.32	\$87.11	\$84.34	\$104.54
25-29	\$151.65	\$201.96	\$181.88	\$242.35	\$103.98	\$138.47	\$124.71	\$166.17	\$86.06	\$114.61	\$103.22	\$137.53	\$77.27	\$102.89	\$92.67	\$123.47
30-34	\$177.92	\$234.17	\$213.60	\$281.00	\$121.99	\$160.56	\$146.46	\$192.67	\$100.97	\$132.89	\$121.22	\$159.47	\$90.65	\$119.31	\$108.83	\$143.17
35-39	\$195.02	\$304.05	\$233.92	\$364.76	\$133.71	\$208.47	\$160.39	\$250.10	\$110.67	\$172.55	\$132.75	\$207.00	\$99.36	\$154.91	\$119.18	\$185.84
40-44	\$245.07	\$325.36	\$294.14	\$390.53	\$168.03	\$223.08	\$201.68	\$267.77	\$139.08	\$184.64	\$166.93	\$221.63	\$124.86	\$165.77	\$149.86	\$198.97
45-49	\$322.63	\$388.55	\$387.06	\$466.36	\$221.21	\$266.41	\$265.39	\$319.76	\$183.10	\$220.50	\$219.66	\$264.66	\$164.38	\$197.96	\$197.20	\$237.61
50-54	\$402.42	\$433.15	\$482.96	\$519.88	\$275.92	\$296.99	\$331.14	\$356.46	\$228.38	\$245.82	\$274.08	\$295.04	\$205.03	\$220.69	\$246.06	\$264.88
55-59	\$491.14	\$472.30	\$589.26	\$566.71	\$336.75	\$323.84	\$404.03	\$388.57	\$278.72	\$268.04	\$334.41	\$321.62	\$250.23	\$240.64	\$300.23	\$288.74
60-64	\$573.90	\$517.15	\$688.63	\$620.49	\$393.50	\$354.59	\$472.16	\$425.44	\$325.69	\$293.49	\$390.80	\$352.13	\$292.40	\$263.49	\$350.85	\$316.13
Per Child*	\$103.83	\$103.83	\$103.83	\$103.83	\$71.19	\$71.19	\$71.19	\$71.19	\$58.92	\$58.92	\$58.92	\$58.92	\$52.90	\$52.90	\$52.90	\$52.90

<b>SOLO View HSA</b>																								
<b>(HSA-Qualified High Deductible Health Plans)</b>																								
Age	Includes Generic Drug Coverage												Includes Generic and Brand Name Drug Coverage											
	SOLO View HSA 2500/100				SOLO View HSA 3250/100				SOLO View HSA 5000/100				SOLO View HSA 2500/100				SOLO View HSA 3250/100				SOLO View HSA 5000/100			
	Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User		Non-Tobacco User		Tobacco User	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female			
0-4**	\$91.49	\$91.49	\$91.49	\$91.49	\$85.24	\$85.24	\$85.24	\$85.24	\$75.23	\$75.23	\$75.23	\$75.23	\$98.24	\$98.24	\$98.24	\$98.24	\$91.68	\$91.68	\$91.68	\$91.68	\$80.80	\$80.80		
5-12**	\$70.71	\$70.71	\$70.71	\$70.71	\$65.87	\$65.87	\$65.87	\$65.87	\$58.17	\$58.17	\$58.17	\$58.17	\$77.46	\$77.46	\$77.46	\$77.46	\$72.31	\$72.31	\$72.31	\$72.31	\$63.74	\$63.74		
13-17**	\$78.09	\$78.09	\$78.09	\$78.09	\$72.74	\$72.74	\$72.74	\$72.74	\$64.23	\$64.23	\$64.23	\$64.23	\$84.84	\$84.84	\$84.84	\$84.84	\$79.18	\$79.18	\$79.18	\$79.18	\$69.80	\$69.80		
18-24	\$85.20	\$105.62	\$101.91	\$126.39	\$79.40	\$98.43	\$94.98	\$117.80	\$70.03	\$86.81	\$83.75	\$103.87	\$89.04	\$110.60	\$105.75	\$131.37	\$83.05	\$103.17	\$98.63	\$122.54	\$73.20	\$90.92		
25-29	\$94.46	\$125.60	\$112.83	\$150.14	\$88.01	\$117.03	\$105.14	\$139.91	\$77.68	\$103.26	\$92.76	\$123.42	\$101.12	\$133.89	\$119.49	\$158.43	\$94.35	\$124.92	\$111.48	\$147.80	\$83.17	\$110.10		
30-34	\$111.43	\$146.34	\$133.11	\$174.80	\$103.81	\$136.34	\$124.03	\$162.87	\$91.65	\$120.35	\$109.46	\$143.71	\$120.99	\$157.97	\$142.67	\$186.43	\$112.91	\$147.42	\$133.13	\$173.95	\$99.54	\$129.95		
35-39	\$123.03	\$189.92	\$146.67	\$226.81	\$114.61	\$176.94	\$136.65	\$211.33	\$101.23	\$156.18	\$120.64	\$186.47	\$136.07	\$204.77	\$159.71	\$241.66	\$127.02	\$191.08	\$149.06	\$225.47	\$111.98	\$168.43		
40-44	\$154.64	\$203.89	\$184.46	\$243.48	\$144.05	\$189.95	\$171.84	\$226.87	\$127.25	\$167.71	\$151.73	\$200.22	\$171.13	\$221.70	\$200.95	\$261.29	\$159.74	\$206.90	\$187.53	\$243.82	\$140.84	\$182.39		
45-49	\$203.39	\$243.81	\$242.54	\$291.09	\$189.46	\$227.12	\$225.95	\$271.20	\$167.35	\$200.55	\$199.49	\$239.38	\$224.51	\$265.98	\$263.66	\$313.26	\$209.56	\$248.23	\$246.05	\$292.31	\$184.76	\$218.83		
50-54	\$254.61	\$273.02	\$303.54	\$325.72	\$237.16	\$254.32	\$282.77	\$303.45	\$209.53	\$224.64	\$249.71	\$267.91	\$283.59	\$301.26	\$332.52	\$353.96	\$264.74	\$281.20	\$310.35	\$330.33	\$233.42	\$247.92		
55-59	\$311.56	\$299.68	\$371.18	\$357.04	\$290.18	\$279.11	\$345.76	\$332.59	\$256.43	\$246.65	\$305.39	\$293.76	\$349.29	\$336.14	\$408.91	\$393.50	\$326.10	\$313.82	\$381.68	\$367.30	\$287.54	\$276.71		
60-64	\$366.93	\$331.54	\$436.64	\$394.32	\$341.69	\$308.71	\$406.68	\$367.25	\$302.13	\$273.03	\$359.38	\$324.59	\$419.26	\$381.24	\$488.97	\$444.02	\$391.50	\$356.02	\$456.49	\$414.56	\$345.26	\$314.00		
Per Child*	\$65.44	\$65.44	\$65.44	\$65.44	\$60.95	\$60.95	\$60.95	\$60.95	\$53.84	\$53.84	\$53.84	\$53.84	\$72.19	\$72.19	\$72.19	\$72.19	\$67.39	\$67.39	\$67.39	\$67.39	\$59.41	\$59.41		

**COUNTY FACTORS**

Adams	0.95	Chaffee	0.84	Denver	0.95	Gilpin	0.93	Kit Carson	0.84	Mineral	0.84	Phillips	0.93	San Juan	0.84
Alamosa	0.93	Cheyenne	1.06	Dolores	0.84	Grand	1.12	La Plata	0.90	Moffat	1.12	Pitkin	1.58	San Miguel	1.06
Arapahoe	0.95	Clear Creel	1.12	Douglas	0.95	Gunnison	1.45	Lake	1.45	Montezuma	1.00	Prowers	0.84	Sedgwick	1.00
Archuleta	1.12	Conejos	0.97	Eagle	1.84	Hinsdale	0.84	Larimer	1.00	Montrose	0.93	Pueblo	1.28	Summit	1.28
Baca	0.84	Costilla	0.84	El Paso	1.00	Huerfano	0.97	Las Animas	0.93	Morgan	0.93	Rio Blanco	1.00	Teller	0.97
Bent	0.93	Crowley	0.84	Elbert	1.00	Jackson	1.00	Lincoln	0.84	Otero	0.97	Rio Grande	0.93	Washington	1.06
Boulder	1.00	Custer	0.84	Fremont	1.18	Jefferson	0.95	Logan	0.84	Ouray	0.93	Routt	1.00	Weld	1.00
Broomfield	0.95	Delta	0.84	Garfield	1.28	Kiowa	0.84	Mesa	0.84	Park	0.84	Saguache	0.84	Yuma	0.84

**Rate Table Footnotes**

\* Child as part of a family - The rate shown is charged per child enrolled.

\*\* Child Only - If you are enrolling a child or children on their own, each child will be considered a subscriber and a separate application is required for each child enrolling. The Child Only rates will apply.

The rates and premiums quoted are based on the effective date of the application. Actual rates may vary depending on the actual enrollment date and county of residence. No subscriber specific information was utilized in creating this rate table.

Rates and coverage are subject to all terms and conditions of Rocky Mountain HealthCare Options' policies and procedures, underwriting guidelines, HealthCare Plan Contract and requirements of applicable law.

To help pay the expense of CoverColorado, the State of Colorado's high risk insurance program, a fee of \$2.00 per subscriber per month will be collected by RMHP. **This amount is not included in the rate tables above.**