

SINGLE PAY AND MONTHLY PAY RATES*						
AGE	DEDUCTIBLE CHOICE (with 80%/20% coinsurance)					
	\$500		\$1,000		\$2,500	
	SINGLE*	MONTHLY	SINGLE	MONTHLY	SINGLE	MONTHLY
0-14	43.50	55.68	37.50	48.00	28.50	36.48
15-19	57.00	72.96	46.50	59.52	37.50	48.00
20-24	51.00	65.28	45.00	57.60	33.00	42.24
25-29	50.70	64.90	41.40	52.99	29.10	37.25
30-34	57.00	72.96	40.50	51.84	31.50	40.32
35-39	67.80	86.78	51.00	65.28	36.00	46.08
40-44	75.30	96.38	60.30	77.18	43.50	55.68
45-49	88.80	113.66	75.30	96.38	52.50	67.20
50-54	120.60	154.37	100.80	129.02	75.30	96.38
55-59	164.10	210.05	132.60	169.73	97.80	125.18
60-64	257.70	329.86	212.40	271.87	152.10	194.69
DEPENDENT CHILD RATES (per child)						
PER CHILD	27.00	34.56	24.00	30.72	15.00	19.20

*Choose single payment (full payment at enrollment) and save 20%.
Choose monthly payment if you wish to pay as you go.

ZIP CODE FACTOR	
707-708	1.84
All other LA	2.25

PREMIUM CALCULATION	
1. RATE	
A) Policyholder Rate	
B) Spouse Rate	+
C) Multiply dependent child rate by number of children and enter total	+
SUBTOTAL	=
2. ZIP CODE FACTOR	
SUBTOTAL	×
3. SINGLE-PAY RATE (For monthly pay, skip to step 3) Multiply by number of months you need coverage (maximum 6 months) For coverage up to 12 months, see your agent.	
SUBTOTAL	×
4. APPLICATION FEE (one-time)	+ \$25.00
TOTAL DUE	=

Effective Date of Coverage

Your coverage will begin at 12:01 a.m. on your approved effective date as long as your enrollment form is complete, meets the requirements for acceptance, and includes the initial premium. Your requested effective date must fall within 45 days of the date you signed the enrollment form.