

SCHIP High Deductible Health Plan Rates  
Monthly Rates Effective January 1, 2025

AGE	TABLE 1 Approved by DOI		TABLE 2 Approved by DOI	
	MALE	FEMALE	MALE	FEMALE
00-19	\$650.58	\$747.72	\$813.23	\$934.65
20-24	\$700.36	\$1,165.14	\$875.45	\$1,456.43
25-29	\$735.30	\$1,237.75	\$919.13	\$1,547.19
30-34	\$821.30	\$1,274.24	\$1,026.63	\$1,592.80
35-39	\$994.81	\$1,466.10	\$1,243.51	\$1,832.63
40-44	\$1,203.98	\$1,566.55	\$1,504.98	\$1,958.19
45-49	\$1,482.49	\$1,787.75	\$1,853.11	\$2,234.69
50-54	\$1,838.30	\$1,958.14	\$2,297.88	\$2,447.68
55-59	\$2,313.76	\$2,161.39	\$2,892.20	\$2,701.74
60-64	\$2,667.09	\$2,299.70	\$3,333.86	\$2,874.63
65-69	\$3,250.79	\$2,708.99	\$4,063.49	\$3,386.24
70 +	\$3,852.78	\$3,009.95	\$4,815.98	\$3,762.44

**Benefits:**

80/60 Co-insurance, \$1,500 deductible

\$5,000 In Network & \$10,000 Out of Network out of pocket expense

Table 1 rates apply except for applicants who have comparable health insurance but are eligible for SCHIP because their premiums exceed 150% of SCHIP premiums.

For these applicants, Table 2 rates apply for the first 6 months of coverage and Table 1 rates apply thereafter.