

**SCHIP High Deductible Health Plan Rates**  
**Monthly Rates Effective January 1, 2026**

AGE	TABLE 1 Approved by DOI		TABLE 2 Approved by DOI	
	MALE	FEMALE	MALE	FEMALE
00-19	\$743.49	\$854.51	\$929.36	\$1,068.14
20-24	\$800.38	\$1,331.54	\$1,000.48	\$1,664.43
25-29	\$840.31	\$1,414.52	\$1,050.39	\$1,768.15
30-34	\$938.59	\$1,456.22	\$1,173.24	\$1,820.28
35-39	\$1,136.88	\$1,675.48	\$1,421.10	\$2,094.35
40-44	\$1,375.93	\$1,790.28	\$1,719.91	\$2,237.85
45-49	\$1,694.21	\$2,043.07	\$2,117.76	\$2,553.84
50-54	\$2,100.84	\$2,237.79	\$2,626.05	\$2,797.24
55-59	\$2,644.20	\$2,470.07	\$3,305.25	\$3,087.59
60-64	\$3,047.99	\$2,628.13	\$3,809.99	\$3,285.16
65-69	\$3,715.05	\$3,095.87	\$4,643.81	\$3,869.84
70 +	\$4,403.01	\$3,439.82	\$5,503.76	\$4,299.78

**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.