SCHIP High Deductible Health Plan Rates

Monthly Rates Effective January 1, 2007

	TABLE 1 Discounted Rates		TABLE 1 Approved by DOI	
AGE	MALE	FEMALE	MALE	FEMALE
00-19	$ 245.35	$ 281.98	$ 266.69	$ 306.51
20-24	264.11	439.39	287.09	477.62
25-29	277.29	466.77	301.41	507.38
30-34	309.73	480.54	336.67	522.34
35-39	376.39	552.89	409.13	600.99
40-44	454.04	590.77	493.54	642.16
45-49	559.07	674.19	607.71	732.84
50-54	693.26	738.45	753.56	802.68
55-59	872.56	815.10	948.46	886.00
60-64	1,005.81	867.26	1,093.30	942.70
65-69	1,225.94	1,021.61	1,332.57	1,110.47
70 +	1,452.96	1,135.11	1,579.34	1,233.84

	TABLE 2 Discounted Rates		TABLE 2 Approved by DOI	
AGE	MALE	FEMALE	MALE	FEMALE
00-19	$ 306.69	$ 352.48	$ 333.37	$ 383.14
20-24	330.15	549.25	358.87	597.03
25-29	346.62	583.48	376.77	634.23
30-34	387.17	600.68	420.84	652.93
35-39	470.49	691.13	511.42	751.24
40-44	567.55	738.48	616.93	802.70
45-49	698.85	842.75	759.64	916.05
50-54	866.58	923.07	941.95	1,003.35
55-59	1,090.70	1,018.88	1,185.58	1,107.50
60-64	1,257.27	1,084.08	1,366.63	1,178.38
65-69	1,532.43	1,277.02	1,665.72	1,388.09
70 +	1,816.20	1,418.89	1,974.18	1,542.30

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.

As a result of a Federal Grant, the premiums listed in the Discounted Rates column reflect an 8% reduction from the rates approved by the South Carolina Department of Insurance (DOI) for 2007. Please be aware that adjustments to these premiums may be necessary should the grant funds be exhausted prior to the end of 2007.

SCHIP HDHP COMPARISON RATES
Effective January 1, 2007

AGE	MALE	FEMALE
00-19	$ 400.04	$ 459.77
20-24	430.64	716.43
25-29	452.12	761.07
30-34	505.01	783.51
35-39	613.70	901.49
40-44	740.31	963.24
45-49	911.57	1,099.26
50-54	1,130.34	1,204.02
55-59	1,422.69	1,329.00
60-64	1,639.95	1,414.05
65-69	1,998.86	1,665.71
+70	2,369.01	1,850.76

These rates are only to be used as a comparison to your current rates. These rates ARE NOT the premiums you will pay if you are accepted for coverage.

If the monthly rate you are currently paying is equal to or greater than the above rates, you may be eligible for SCHIP coverage.

The comparison rates are based on the rates filed with the Department of Insurance not the rates on the reverse side.