

<b>AmeriHealth Plans</b>		<b>2015-16 Monthly Rates</b>			
Plan #	Plans	One Adult	Adult/ Children	Two Adults	Family
H10	PPO 10 PS Plan B w/ Int Rx	\$ 798.87	\$ 1,358.07	\$ 1,597.72	\$ 2,156.93
H15	PPO Direct 15 w/ Int Rx	\$ 754.12	\$ 1,282.02	\$ 1,508.26	\$ 2,036.15
H51	PPO Direct 15/25 w/ Int Rx	\$ 729.81	\$ 1,240.66	\$ 1,459.61	\$ 1,970.47
H63	PPO Freedom 15/25 FS Rx \$7/\$16/\$35	\$ 732.38	\$ 1,245.04	\$ 1,464.75	\$ 1,977.43
H52	PPO Direct 20/20 w/Int Rx	\$ 691.46	\$ 1,175.48	\$ 1,382.92	\$ 1,866.93
H56	PPO Direct 20/35 w/Int Rx	\$ 596.50	\$ 1,014.05	\$ 1,192.99	\$ 1,610.54
H19	HMO PS 10 FS Rx \$5/\$10/\$20	\$ 793.37	\$ 1,348.74	\$ 1,586.75	\$ 2,142.11
H62	HMO 20/30 FS Rx \$3/\$18/\$46	\$ 701.66	\$ 1,192.83	\$ 1,403.32	\$ 1,894.49
H55	HMO Coins Opt 2 FS Rx \$7/\$21	\$ 611.17	\$ 1,039.00	\$ 1,222.34	\$ 1,650.16

<b>Horizon Dental Plans</b>		<b>2015-16 Monthly Rates</b>			
Plan #	Plans	One Adult	Adult/ Children	Two Adults	Family
H04	Dental Option Plan	\$ 30.07	\$ 52.34	\$ 57.62	\$ 87.93
H05	Dental Choice	\$ 24.84	\$ 48.75	\$ 53.67	\$ 81.90
H06	Dental Total Care	\$ 32.26	\$ 55.95	\$ 61.59	\$ 93.99

<b>2016-17 Monthly Rates</b>					
Overage Dependent	One Adult	Adult/ Children	Two Adults	Family	Overage Dependent
	\$ 838.81	\$ 1,425.97	\$ 1,677.61	\$ 2,264.78	\$ 565.36
\$ 508.28	\$ 791.82	\$ 1,346.12	\$ 1,583.68	\$ 2,137.96	\$ 533.69
	\$ 766.30	\$ 1,302.69	\$ 1,532.59	\$ 2,069.00	\$ 516.49
	\$ 768.99	\$ 1,307.29	\$ 1,537.99	\$ 2,076.31	\$ 518.31
	\$ 726.03	\$ 1,234.25	\$ 1,452.07	\$ 1,960.28	\$ 489.35
	\$ 626.32	\$ 1,064.75	\$ 1,252.64	\$ 1,691.07	\$ 422.14
	\$ 833.03	\$ 1,416.18	\$ 1,666.10	\$ 2,249.22	\$ 561.46
	\$ 736.74	\$ 1,252.48	\$ 1,473.49	\$ 1,989.22	\$ 496.56
	\$ 641.72	\$ 1,090.96	\$ 1,283.46	\$ 1,732.67	\$ 432.52

<b>2016-17 Monthly Rates</b>					
	One Adult	Adult/ Children	Two Adults	Family	
	\$ 30.07	\$ 52.34	\$ 57.62	\$ 87.93	
	\$ 24.84	\$ 48.75	\$ 53.67	\$ 81.90	
	\$ 32.26	\$ 55.95	\$ 61.59	\$ 93.99	