



# MEDICARE-ELIGIBLE

## Premium Rate Tables Effective Date 01/01/2010

(No Outpatient Prescription Drug Coverage)

### Texas Health Insurance Pool Premium Rate Table Instructions

Your monthly premium rate is determined by your deductible plan, age, gender, tobacco user status, and zip code.

Policy benefits for covered medical expenses are reduced by amounts payable by Medicare.

1. Select the deductible plan you want: Plan I (\$1,000 deductible) or Plan II (\$2,500 deductible).

Carefully review the Outline of Coverage before selecting your deductible plan. The deductible amount selected may not be changed to a lower amount after the policy is issued.

2. The rate tables are separated into tobacco user and non-tobacco user categories. You may choose the non-tobacco user category only if you have not used any tobacco products in the last 12 months.
3. Look at the table below for your zip code. The rate area is determined by the first three numbers of your zip code.
4. Find your rate area within the appropriate tobacco user status table. Next, find the age bracket that contains your age as of your anticipated coverage date. (For example, age 42 would be found in the "40-44" age bracket.)
5. Locate your monthly premium rate for the deductible plan you have selected. For example, a 42 year-old male non-tobacco user whose zip code begins with 754 would be located in Area 3. His monthly premium would be \$461 for Plan I or \$312 for Plan II.

ZIP Code Areas												
Area 1		Area 2					Area 3		Area 4	Area 5	Area 6	
765	781	755	769	784	790	795	754	761	750	773	752	
766	788	759	778	785	791	796	756	762	751	774	753	
767	798	763	779	786	792	797	757		776	775	770	
780	799	764	782	787	793		758		777		772	
		768	783	789	794		760					

Administered by:



**BlueCross BlueShield  
of Texas**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Texas Health Insurance Pool  
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**TEXAS HEALTH INSURANCE POOL  
MEDICARE - ELIGIBLE**



**Monthly Premium Rate Table**

Effective Date 01/01/2010

**NON-TOBACCO USER**

	<b>Plan I</b> <b>\$1,000 Deductible</b> (Excludes Prescription Drugs)		<b>Plan II</b> <b>\$2,500 Deductible</b> (Excludes Prescription Drugs)	
<b>Area 1</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$234	\$234	\$161	\$161
19-24	\$254	\$338	\$173	\$230
25-29	\$262	\$366	\$175	\$250
30-34	\$297	\$403	\$202	\$274
35-39	\$339	\$438	\$229	\$298
40-44	\$392	\$478	\$267	\$325
45-49	\$454	\$519	\$310	\$351
50-54	\$537	\$568	\$362	\$387
55-59	\$679	\$622	\$464	\$424
60-64	\$778	\$735	\$528	\$502
<b>Area 2</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$263	\$263	\$178	\$178
19-24	\$283	\$381	\$196	\$262
25-29	\$294	\$411	\$200	\$280
30-34	\$336	\$455	\$230	\$306
35-39	\$381	\$494	\$257	\$336
40-44	\$441	\$538	\$299	\$367
45-49	\$510	\$584	\$349	\$394
50-54	\$605	\$642	\$413	\$436
55-59	\$765	\$699	\$520	\$474
60-64	\$879	\$830	\$598	\$564
<b>Area 3</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$276	\$276	\$186	\$186
19-24	\$295	\$395	\$205	\$273
25-29	\$309	\$429	\$209	\$295
30-34	\$350	\$474	\$239	\$321
35-39	\$396	\$517	\$273	\$350
40-44	\$461	\$566	\$312	\$383
45-49	\$533	\$610	\$366	\$413
50-54	\$633	\$672	\$431	\$455
55-59	\$803	\$733	\$545	\$497
60-64	\$916	\$868	\$626	\$590

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	<b>Plan I</b>		<b>Plan II</b>	
	<b>\$1,000 Deductible</b>		<b>\$2,500 Deductible</b>	
	<i>(Excludes Prescription Drugs)</i>		<i>(Excludes Prescription Drugs)</i>	
<b>Area 4</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$292	\$292	\$198	\$198
19-24	\$319	\$421	\$218	\$291
25-29	\$329	\$461	\$222	\$312
30-34	\$373	\$505	\$254	\$342
35-39	\$420	\$546	\$290	\$375
40-44	\$491	\$601	\$335	\$407
45-49	\$568	\$648	\$387	\$440
50-54	\$674	\$712	\$459	\$485
55-59	\$853	\$779	\$578	\$528
60-64	\$975	\$923	\$663	\$628
<b>Area 5</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$308	\$308	\$209	\$209
19-24	\$333	\$441	\$229	\$302
25-29	\$348	\$485	\$236	\$329
30-34	\$393	\$531	\$267	\$358
35-39	\$445	\$574	\$302	\$392
40-44	\$515	\$630	\$351	\$429
45-49	\$599	\$678	\$407	\$463
50-54	\$706	\$747	\$479	\$509
55-59	\$894	\$819	\$609	\$555
60-64	\$1,024	\$971	\$695	\$659
<b>Area 6</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$332	\$332	\$224	\$224
19-24	\$361	\$477	\$245	\$329
25-29	\$372	\$521	\$254	\$352
30-34	\$421	\$573	\$290	\$387
35-39	\$478	\$618	\$329	\$420
40-44	\$555	\$677	\$377	\$464
45-49	\$643	\$734	\$440	\$497
50-54	\$762	\$807	\$519	\$549
55-59	\$967	\$883	\$656	\$598
60-64	\$1,105	\$1,044	\$752	\$710

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**TOBACCO USER**

	<b>Plan I</b>		<b>Plan II</b>	
	<b>\$1,000 Deductible</b>		<b>\$2,500 Deductible</b>	
	<i>(Excludes Prescription Drugs)</i>		<i>(Excludes Prescription Drugs)</i>	
<b>Area 1</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$302	\$302	\$201	\$201
19-24	\$332	\$441	\$222	\$301
25-29	\$340	\$478	\$235	\$322
30-34	\$389	\$523	\$265	\$356
35-39	\$441	\$569	\$301	\$385
40-44	\$512	\$624	\$348	\$425
45-49	\$592	\$674	\$403	\$458
50-54	\$699	\$739	\$474	\$499
55-59	\$884	\$807	\$601	\$547
60-64	\$1,013	\$960	\$688	\$651
<b>Area 2</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$341	\$341	\$225	\$225
19-24	\$372	\$497	\$254	\$338
25-29	\$383	\$538	\$263	\$366
30-34	\$438	\$588	\$298	\$403
35-39	\$500	\$643	\$337	\$435
40-44	\$578	\$701	\$391	\$477
45-49	\$666	\$758	\$452	\$516
50-54	\$786	\$830	\$535	\$564
55-59	\$996	\$908	\$675	\$617
60-64	\$1,141	\$1,079	\$774	\$735
<b>Area 3</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$356	\$356	\$239	\$239
19-24	\$389	\$521	\$263	\$355
25-29	\$400	\$564	\$274	\$379
30-34	\$459	\$614	\$311	\$417
35-39	\$522	\$673	\$352	\$454
40-44	\$601	\$733	\$408	\$498
45-49	\$696	\$796	\$472	\$539
50-54	\$824	\$868	\$564	\$588
55-59	\$1,040	\$952	\$708	\$647
60-64	\$1,194	\$1,125	\$809	\$767

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**TOBACCO USER**

	<b>Plan I</b> <b>\$1,000 Deductible</b> (Excludes Prescription Drugs)		<b>Plan II</b> <b>\$2,500 Deductible</b> (Excludes Prescription Drugs)	
<b>Area 4</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$379	\$379	\$254	\$254
19-24	\$411	\$553	\$280	\$378
25-29	\$425	\$601	\$292	\$407
30-34	\$487	\$655	\$331	\$444
35-39	\$552	\$716	\$376	\$485
40-44	\$643	\$779	\$436	\$529
45-49	\$741	\$843	\$502	\$571
50-54	\$877	\$923	\$595	\$627
55-59	\$1,106	\$1,014	\$753	\$687
60-64	\$1,269	\$1,199	\$863	\$818
<b>Area 5</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$399	\$399	\$267	\$267
19-24	\$433	\$584	\$296	\$395
25-29	\$448	\$631	\$305	\$428
30-34	\$513	\$688	\$347	\$467
35-39	\$581	\$753	\$393	\$509
40-44	\$674	\$818	\$455	\$558
45-49	\$778	\$887	\$529	\$602
50-54	\$919	\$970	\$628	\$659
55-59	\$1,164	\$1,064	\$790	\$722
60-64	\$1,333	\$1,260	\$905	\$856
<b>Area 6</b>				
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
0-18	\$428	\$428	\$290	\$290
19-24	\$465	\$625	\$319	\$428
25-29	\$481	\$675	\$331	\$461
30-34	\$551	\$741	\$375	\$502
35-39	\$626	\$810	\$427	\$547
40-44	\$723	\$884	\$493	\$601
45-49	\$835	\$956	\$570	\$648
50-54	\$993	\$1,044	\$675	\$708
55-59	\$1,254	\$1,145	\$852	\$778
60-64	\$1,436	\$1,359	\$979	\$925