

Premium Calculations

	MALE	FEMALE	CHILD/ CHILDREN	Rates per child (ages 0-18) on parent's policy are for first 3 children. No charge for additional children.*
1 Base Rate	_____	_____	_____	
2 Benefit Per. Factor	x _____	x _____	x _____	
Step 1 & 2 Total	_____	_____	_____	
3 Area Factor	x _____	x _____	x _____	
Step 2 & 3 Total	_____	_____	_____	
4 Network Factor	x _____	x _____	x _____	
Step 3 & 4 Total	_____	_____	_____	
5 Health Class Factor	x _____	x _____	x _____	
Step 4 & 5 Total	_____	_____	_____	
6 Base Rate Trend Factor	x _____	x _____	x _____	
Total Monthly Premium	_____ +	_____ +	_____ =	

2 Benefit Percentage Maximums	Factor
\$10,000 Network/\$20,000 Non-Network ..	1.000
\$5,000 Network/\$10,000 Non-Network	1.055

3 County	Area Factor
Lake	1.48
Marion	1.28
Hamilton, Hancock, LaPorte, Porter	1.16
Boone, Jasper, Johnson, Madison, Monroe, Newton	1.10
Allen, Elkhart, Greene, Hendricks, Kosciusko, Montgomery, Morgan, St Joseph, Shelby, Tippecanoe, Vigo	1.05
Rest of State	1.00

4 Network	Factor
Sagamore	0.950
PHCS	0.903

5 Health Class	Factor
Preferred	1.0000
Standard	1.3804

6 Policy Effective Month	Trend Factors	
	Base Rate	Maternity
January 2003	1.0828	1.0000
February 2003	1.0936	1.0100
March 2003	1.1046	1.0201
April 2003	1.1156	1.0303
May 2003	1.1268	1.0406
June 2003	1.1380	1.0510
July 2003	1.1494	1.0615
August 2003	1.1609	1.0721
September 2003	1.1725	1.0829
October 2003	1.1842	1.0937
November 2003	1.1961	1.1046
December 2003	1.2080	1.1157

To Calculate Other Modes

- Annual - Monthly Premium x 12
- Semi-annual - Monthly Premium x 6
- Quarterly - Monthly Premium x 3

Administrative Charge: Once approved, an additional billing fee of \$4.75 will be applied for Monthly billing mode (fee is waived for EFT, Quarterly, Semi-Annual, and Annual modes); a \$10 per month billing fee will be charged for List Bill.

7 Optional Benefits:

Preventive Care	+	_____
Dental	+	_____
Office Visit Copay	+	_____
Maternity	+	_____
Total Monthly Premium with Optional Benefits	=	_____

7 Optional Benefits

Preventive Care	
Adult	*Child
\$18.00	\$9.00

Dental	
Adult	*Child
\$25.30	\$12.65

Maternity Base Rates (please calculate)					
Deductible	\$500	\$1,000	\$1,500	\$2,500	\$5,000
Adult Rate	\$223.39	\$206.48	\$191.35	\$165.54	\$129.05
Area Factor	x _____	_____	_____	_____	_____
	= _____	_____	_____	_____	_____
Maternity Trend Factor	x _____	_____	_____	_____	_____
Total	= _____	_____	_____	_____	_____

Office Visit Copay					
Ded.	\$500	\$1,000	\$1,500	\$2,500	\$5,000
Copay	\$25	\$30	\$35	\$40	\$40
Adult or *Child	\$11.50	\$14.30	\$15.30	\$16.70	\$17.70

For more information, please contact American Community's Indiana Office at (800) 692-6383.

Monthly & EFT Base Rates

(All rates based on age last birthday)

Age	80%/50%										70%/50%									
	\$500/\$1,000 Ded.		\$1,000/\$2,000 Ded.		\$1,500/\$3,000 Ded.		\$2,500/\$5,000 Ded.		\$5,000/\$10,000 Ded.		\$500/\$1,000 Ded.		\$1,000/\$2,000 Ded.		\$1,500/\$3,000 Ded.		\$2,500/\$5,000 Ded.		\$5,000/\$10,000 Ded.	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
18-24	69.79	92.78	57.23	76.08	50.25	66.80	37.69	50.10	25.82	34.33	67.00	89.07	54.94	73.04	48.24	64.13	36.18	48.10	24.79	32.96
25	75.54	95.25	61.94	78.10	54.39	68.58	40.79	51.43	27.95	35.24	72.52	91.44	59.46	74.98	52.21	65.83	39.16	49.38	26.83	33.83
26	75.54	96.89	61.94	79.45	54.39	69.76	40.79	52.32	27.95	35.85	72.52	93.01	59.46	76.27	52.21	66.97	39.16	50.23	26.83	34.42
27	77.18	98.53	63.29	80.79	55.57	70.94	41.68	53.21	28.56	36.46	74.09	94.59	60.76	77.56	53.35	68.10	40.01	51.08	27.42	35.00
28	78.82	100.99	64.63	82.81	56.75	72.71	42.56	54.54	29.17	37.37	75.67	96.95	62.05	79.50	54.48	69.81	40.86	52.35	28.00	35.87
29	80.47	102.64	65.98	84.16	57.94	73.90	43.45	55.42	29.77	37.98	77.25	98.53	63.34	80.79	55.62	70.94	41.71	53.21	28.58	36.46
30	82.11	107.56	67.33	88.20	59.12	77.44	44.34	58.08	30.38	39.80	78.82	103.26	64.64	84.67	56.75	74.35	42.56	55.76	29.17	38.21
31	84.57	110.03	69.35	90.22	60.89	79.22	45.67	59.41	31.29	40.71	81.19	105.62	66.57	86.61	58.46	76.05	43.84	57.04	30.04	39.08
32	87.04	113.31	71.37	92.91	62.66	81.58	47.00	61.19	32.20	41.92	83.55	108.78	68.51	89.20	60.16	78.32	45.12	58.74	30.92	40.25
33	88.68	117.42	72.71	96.28	63.85	84.54	47.89	63.40	32.81	43.44	85.13	112.72	69.81	92.43	61.29	81.16	45.97	60.87	31.50	41.71
34	91.14	120.70	74.73	98.97	65.62	86.90	49.22	65.18	33.72	44.66	87.49	115.87	71.75	95.01	63.00	83.43	47.25	62.57	32.37	42.87
35	93.60	124.81	76.75	102.34	67.39	89.86	50.55	67.39	34.63	46.18	89.86	119.81	73.68	98.25	64.70	86.26	48.52	64.70	33.25	44.33
36	97.71	128.91	80.12	105.71	70.35	92.82	52.76	69.61	36.15	47.70	93.80	123.75	76.92	101.48	67.54	89.10	50.65	66.83	34.71	45.79
37	99.35	133.02	81.47	109.07	71.53	95.77	53.65	71.83	36.76	49.22	95.38	127.69	78.21	104.71	68.67	91.94	51.50	68.96	35.29	47.25
38	103.46	137.12	84.83	112.44	74.49	98.73	55.87	74.05	38.28	50.73	99.32	131.64	81.44	107.94	71.51	94.78	53.63	71.08	36.75	48.71
39	107.56	141.23	88.20	115.80	77.44	101.68	58.08	76.26	39.80	52.25	103.26	135.58	84.67	111.17	74.35	97.61	55.76	73.21	38.21	50.16
40	110.85	143.69	90.89	117.82	79.81	103.46	59.86	77.59	41.01	53.17	106.41	137.94	87.26	113.11	76.62	99.32	57.46	74.49	39.37	51.04
41	114.95	148.62	94.26	121.86	82.76	107.00	62.07	80.25	42.53	54.99	110.35	142.67	90.49	116.99	79.45	102.72	59.59	77.04	40.83	52.79
42	118.24	152.72	96.95	125.23	85.13	109.96	63.85	82.47	43.75	56.51	113.51	146.61	93.08	120.22	81.72	105.56	61.29	79.17	42.00	54.25
43	124.81	157.65	102.34	129.27	89.86	113.51	67.39	85.13	46.18	58.33	119.81	151.34	98.25	124.10	86.26	108.97	64.70	81.72	44.33	56.00
44	132.20	161.75	108.40	132.64	95.18	116.46	71.39	87.35	48.91	59.85	126.91	155.28	104.06	127.33	91.37	111.80	68.53	83.85	46.96	57.46
45	139.59	167.50	114.46	137.35	100.50	120.60	75.38	90.45	51.65	61.98	134.00	160.80	109.88	131.86	96.48	115.78	72.36	86.83	49.58	59.50
46	147.80	173.25	121.19	142.06	106.41	124.74	79.81	93.55	54.68	64.10	141.88	166.32	116.34	136.38	102.16	119.75	76.62	89.81	52.50	61.54
47	156.83	179.82	128.60	147.45	112.92	129.47	84.69	97.10	58.03	66.53	150.55	172.62	123.45	141.55	108.40	124.29	81.30	93.22	55.71	63.87
48	163.40	183.92	133.98	150.82	117.65	132.42	88.23	99.32	60.46	68.05	156.86	176.56	128.62	144.78	112.94	127.13	84.70	95.35	58.04	65.33
49	174.07	190.49	142.74	156.20	125.33	137.15	94.00	102.87	64.41	70.48	167.11	182.87	137.03	149.96	120.32	131.67	90.24	98.75	61.83	67.66
50	186.39	197.88	152.84	162.26	134.20	142.47	100.65	106.86	68.96	73.22	178.93	189.97	146.72	155.77	128.83	136.77	96.62	102.58	66.21	70.29
51	199.52	206.91	163.61	169.67	143.66	148.98	107.74	111.73	73.82	76.56	191.54	198.64	157.07	162.88	137.91	143.02	103.43	107.26	70.87	73.50
52	212.66	215.12	174.38	176.40	153.12	154.89	114.84	116.17	78.69	79.60	204.15	206.52	167.41	169.35	146.99	148.69	110.24	111.52	75.54	76.41
53	227.44	221.69	186.50	181.79	163.76	159.62	122.82	119.71	84.15	82.03	218.34	212.82	179.04	174.52	157.21	153.23	117.91	114.93	80.79	78.75
54	241.40	229.08	197.95	187.85	173.81	164.94	130.36	123.70	89.32	84.76	231.74	219.92	190.03	180.33	166.85	158.34	125.14	118.76	85.75	81.37
55	256.18	235.65	210.06	193.23	184.45	169.67	138.34	127.25	94.79	87.19	245.93	226.22	201.66	185.50	177.07	162.88	132.80	122.16	91.00	83.70
56	269.32	243.86	220.84	199.97	193.91	175.58	145.43	131.69	99.65	90.23	258.54	234.11	212.00	191.97	186.15	168.56	139.61	126.42	95.66	86.62
57	284.92	250.43	233.63	205.35	205.14	180.31	153.85	135.23	105.42	92.66	273.52	240.41	224.29	197.14	196.93	173.10	147.70	129.82	101.20	88.95
58	298.05	259.46	244.40	212.76	214.60	186.81	160.95	140.11	110.28	96.00	286.13	249.08	234.63	204.25	206.01	179.34	154.51	134.51	105.87	92.16
59	312.01	268.49	255.85	220.16	224.65	193.32	168.49	144.99	115.44	99.34	299.53	257.75	245.62	211.36	215.66	185.58	161.75	139.19	110.83	95.37
60	324.33	275.88	265.95	226.22	233.52	198.64	175.14	148.98	120.00	102.08	311.35	264.85	255.31	217.18	224.17	190.69	168.13	143.02	115.20	98.00
61	338.29	284.92	277.39	233.63	243.57	205.14	182.67	153.85	125.17	105.42	324.75	273.52	266.30	224.29	233.82	196.93	175.37	147.70	120.16	101.20
62	351.42	293.13	288.16	240.36	253.02	211.05	189.77	158.29	130.03	108.46	337.36	281.40	276.64	230.75	242.90	202.61	182.18	151.96	124.83	104.12
63	364.56	302.98	298.94	248.44	262.48	218.15	196.86	163.61	134.89	112.10	349.98	290.86	286.98	238.51	251.98	209.42	188.99	157.07	129.49	107.62
64	376.88	312.01	309.04	255.85	271.35	224.65	203.51	168.49	139.45	115.44	361.80	299.53	296.68	245.62	260.50	215.66	195.37	161.75	133.87	110.83
*Child Alone	69.79	69.79	57.23	57.23	50.25	50.25	37.69	37.69	25.82	25.82	67.00	67.00	54.94	54.94	48.24	48.24	36.18	36.18	24.79	24.79
*Child Dep.	50.79	50.79	41.65	41.65	36.57	36.57	27.43	27.43	18.79	18.79	48.76	48.76	39.98	39.98	35.10	35.10	26.33	26.33	18.04	18.04

Premium Guarantee

American Community guarantees your rate to be level for the first 12 months of coverage under this policy. The premium may be adjusted to reflect requested policy changes which would include an address change. When a dependent child turns 19, the premium will change to an adult age 19.