October 1, 2007 - September 30, 2008
Pro-rata Premiums for PEEHIP Hospital Medical or HMO Plans

Coverage Effective Date	Single Full Coverage	Dependent Full Coverage	Each Optional Coverage	Monthly Allocation	Single Out-of-Pocket	Family Out-of-Pocket
1	777.00	132.00	38.00	775.00	2.00	134.00
2	751.10	127.60	36.73	749.17	1.93	129.53
3	725.20	123.20	35.47	723.33	1.87	125.07
4	699.30	118.80	34.20	697.50	1.80	120.60
5	673.40	114.40	32.93	671.67	1.73	116.13
6	647.50	110.00	31.67	645.83	1.67	111.67
7	621.60	105.60	30.40	620.00	1.60	107.20
8	595.70	101.20	29.13	594.17	1.53	102.73
9	569.80	96.80	27.87	568.33	1.47	98.27
10	543.90	92.40	26.60	542.50	1.40	93.80
11	518.00	88.00	25.33	516.67	1.33	89.33
12	492.10	83.60	24.07	490.83	1.27	84.87
13	466.20	79.20	22.80	465.00	1.20	80.40
14	440.30	74.80	21.53	439.17	1.13	75.93
15	414.40	70.40	20.27	413.33	1.07	71.47
16	388.50	66.00	19.00	387.50	1.00	67.00
17	362.60	61.60	17.73	361.67	0.93	62.53
18	336.70	57.20	16.47	335.83	0.87	58.07
19	310.80	52.80	15.20	310.00	0.80	53.60
20	284.90	48.40	13.93	284.17	0.73	49.13
21	259.00	44.00	12.67	258.33	0.67	44.67
22	233.10	39.60	11.40	232.50	0.60	40.20
23	207.20	35.20	10.13	206.67	0.53	35.73
24	181.30	30.80	8.87	180.83	0.47	31.27
25	155.40	26.40	7.60	155.00	0.40	26.80
26	129.50	22.00	6.33	129.17	0.33	22.33
27	103.60	17.60	5.07	103.33	0.27	17.87
28	77.70	13.20	3.80	77.50	0.20	13.40
29	51.80	8.80	2.53	51.67	0.13	8.93
30	25.90	4.40	1.27	25.83	0.07	4.47