

**October 1, 2009 - September 30, 2010**  
**Prorata Premiums for PEEHIP Hospital Medical or Viva Health Plan**

The premium for the tobacco surcharge is never prorated regardless of the enrollment date.

Coverage Effective Date	Single Full Coverage	Dependent Full Coverage	Each Optional Coverage	Monthly Allocation	Single Out-of-Pocket	Family Out-of-Pocket	Tobacco Premium
1	754.00	132.00	38.00	752.00	2.00	134.00	25.00
2	728.87	127.60	36.73	726.93	1.94	129.54	25.00
3	703.73	123.20	35.47	701.87	1.86	125.06	25.00
4	678.60	118.80	34.20	676.80	1.80	120.60	25.00
5	653.47	114.40	32.93	651.73	1.74	116.14	25.00
6	628.33	110.00	31.67	626.67	1.66	111.66	25.00
7	603.20	105.60	30.40	601.60	1.60	107.20	25.00
8	578.07	101.20	29.13	576.53	1.54	102.74	25.00
9	552.93	96.80	27.87	551.47	1.46	98.26	25.00
10	527.80	92.40	26.60	526.40	1.40	93.80	25.00
11	502.67	88.00	25.33	501.33	1.34	89.34	25.00
12	477.53	83.60	24.07	476.27	1.26	84.86	25.00
13	452.40	79.20	22.80	451.20	1.20	80.40	25.00
14	427.27	74.80	21.53	426.13	1.14	75.94	25.00
15	402.13	70.40	20.27	401.07	1.06	71.46	25.00
16	377.00	66.00	19.00	376.00	1.00	67.00	25.00
17	351.87	61.60	17.73	350.93	0.94	62.54	25.00
18	326.73	57.20	16.47	325.87	0.86	58.06	25.00
19	301.60	52.80	15.20	300.80	0.80	53.60	25.00
20	276.47	48.40	13.93	275.73	0.74	49.14	25.00
21	251.33	44.00	12.67	250.67	0.66	44.66	25.00
22	226.20	39.60	11.40	225.60	0.60	40.20	25.00
23	201.07	35.20	10.13	200.53	0.54	35.74	25.00
24	175.93	30.80	8.87	175.47	0.46	31.26	25.00
25	150.80	26.40	7.60	150.40	0.40	26.80	25.00
26	125.67	22.00	6.33	125.33	0.34	22.34	25.00
27	100.53	17.60	5.07	100.27	0.26	17.86	25.00
28	75.40	13.20	3.80	75.20	0.20	13.40	25.00
29	50.27	8.80	2.53	50.13	0.14	8.94	25.00
30	25.13	4.40	1.27	25.07	0.06	4.46	25.00