

October 1, 2011 - September 30, 2012
Prorata Premiums for PEEHIP Hospital Medical or Viva Health Plan

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

Coverage Effective Date	Single Full Coverage	Dependent Full Coverage	Each Optional Coverage @ \$38	Family Dental @ \$45	Monthly Allocation	Single Out-of-Pocket	Family Out-of-Pocket
1	729.00	162.00	38.00	45.00	714.00	15.00	177.00
2	704.70	156.60	36.73	43.50	690.20	14.50	171.10
3	680.40	151.20	35.47	42.00	666.40	14.00	165.20
4	656.10	145.80	34.20	40.50	642.60	13.50	159.30
5	631.80	140.40	32.93	39.00	618.80	13.00	153.40
6	607.50	135.00	31.67	37.50	595.00	12.50	147.50
7	583.20	129.60	30.40	36.00	571.20	12.00	141.60
8	558.90	124.20	29.13	34.50	547.40	11.50	135.70
9	534.60	118.80	27.87	33.00	523.60	11.00	129.80
10	510.30	113.40	26.60	31.50	499.80	10.50	123.90
11	486.00	108.00	25.33	30.00	476.00	10.00	118.00
12	461.70	102.60	24.07	28.50	452.20	9.50	112.10
13	437.40	97.20	22.80	27.00	428.40	9.00	106.20
14	413.10	91.80	21.53	25.50	404.60	8.50	100.30
15	388.80	86.40	20.27	24.00	380.80	8.00	94.40
16	364.50	81.00	19.00	22.50	357.00	7.50	88.50
17	340.20	75.60	17.73	21.00	333.20	7.00	82.60
18	315.90	70.20	16.47	19.50	309.40	6.50	76.70
19	291.60	64.80	15.20	18.00	285.60	6.00	70.80
20	267.30	59.40	13.93	16.50	261.80	5.50	64.90
21	243.00	54.00	12.67	15.00	238.00	5.00	59.00
22	218.70	48.60	11.40	13.50	214.20	4.50	53.10
23	194.40	43.20	10.13	12.00	190.40	4.00	47.20
24	170.10	37.80	8.87	10.50	166.60	3.50	41.30
25	145.80	32.40	7.60	9.00	142.80	3.00	35.40
26	121.50	27.00	6.33	7.50	119.00	2.50	29.50
27	97.20	21.60	5.07	6.00	95.20	2.00	23.60
28	72.90	16.20	3.80	4.50	71.40	1.50	17.70
29	48.60	10.80	2.53	3.00	47.60	1.00	11.80
30	24.30	5.40	1.27	1.50	23.80	0.50	5.90