



# ViiP Rate Quote Table Instructions

**If you need assistance calculating your rate, contact MVP's Vermont Sales representative at 1-800-683-9488**

1. Choose your deductible. Refer to the Quote Table provided. Determine what plan design based on deductible level you'd like to purchase and check the "Deductible Level" box at the bottom of the form. Note what column this is, you will use this in Step 3 (and 4-5, if applicable).
2. Determine your age on the Policy Effective Date. If your birthday falls between today and the Policy Effective Date, increase your age today by one year. Note this age in the Quote Table on the bottom of the page in the "Age" column on the "Subscriber" row.
3. Enter your monthly rate. Locate your age from Step 2 on the Quote Table. Match that column with your chosen deductible level. Enter this amount in the Quote Table on the bottom of the page on the "Subscriber" row of the column you chose in Step 1. If you are the only one covered on your policy, proceed to Step 6.
4. (If applicable) Enter your spouse's/domestic partner's monthly premium. Determine the age of your spouse or partner on the Policy Effective Date in the same way you determined yours in Step 1. Locate your spouse's or domestic partner's age on the Quote Table. Match that column with your chosen deductible level. Enter this amount in the Quote Table on the bottom of the page on the "Spouse/DomPar" row of the column you chose in Step 1.
5. (If applicable) Enter the monthly premium for your dependent(s). Each dependent child has the same rate. Locate the "Dependent Child" category on the Quote Table. Enter this amount in the Quote Table on the bottom of the page on the "Dependent" row of the column you chose in Step 1 for each dependent you wish to cover.
6. Add up your Total Monthly Rate. Total the sum of the rates noted in the column(s) for "Subscriber," "Spouse/DomPar" (if applicable) and "Dependents" (if applicable). This is your total monthly premium.
7. Sign, date, and return with your ViiP enrollment materials. Sign this rate sheet, keep a copy for yourself, and return this rate sheet, completed enrollment form, and a check for the first month's total monthly premium calculated in Step 6 and mail to the address below. This must be postmarked by the last day of the month in order for coverage to begin on the first of the following month. Premium rate quote change monthly. (If the application package is not postmarked by the last day of the month, you will need to make a request for a new ViiP Rate Quote Table.) Mail to:
8. MVP Health Care, EAS-VT Non-Group Indemnity, P.O. Box 2207, Schenectady, NY 12305.



## ViiP Rate Quote Table

POLICY EFFECTIVE DATE: October 1, 2009

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Deductible		\$3,500	\$5,000	\$10,000	\$25,000	\$100,000
Age on Policy Effective Date		Monthly Premium per Covered Adult				
Dependent Child		\$98.67	\$83.74	\$66.93	\$27.14	\$7.34
Under 30		\$210.49	\$178.67	\$142.77	\$57.89	\$15.66
30		\$213.10	\$180.87	\$144.53	\$58.61	\$15.84
31		\$215.74	\$183.10	\$146.32	\$59.33	\$16.04
32		\$218.40	\$185.37	\$148.12	\$60.07	\$16.22
33		\$221.10	\$187.67	\$149.95	\$60.81	\$16.42
34		\$223.82	\$189.99	\$151.80	\$61.56	\$16.64
35		\$226.59	\$192.34	\$153.68	\$62.31	\$16.85
36		\$229.40	\$194.72	\$155.58	\$63.09	\$17.05
37		\$232.22	\$197.15	\$157.51	\$63.86	\$17.26
38		\$235.10	\$199.59	\$159.46	\$64.65	\$17.47
39		\$238.01	\$202.06	\$161.43	\$65.46	\$17.67
40		\$240.95	\$204.55	\$163.42	\$66.26	\$17.90
41		\$243.93	\$207.09	\$165.45	\$67.08	\$18.13
42		\$246.94	\$209.66	\$167.49	\$67.92	\$18.35
43		\$249.99	\$212.24	\$169.56	\$68.76	\$18.57
44		\$253.07	\$214.87	\$171.66	\$69.61	\$18.79
45		\$256.21	\$217.52	\$173.78	\$70.46	\$19.03
46		\$259.37	\$220.21	\$175.92	\$71.32	\$19.28
47		\$262.58	\$222.93	\$178.10	\$72.20	\$19.50
48		\$265.83	\$225.68	\$180.30	\$73.10	\$19.74
49		\$269.12	\$228.48	\$182.55	\$74.01	\$19.98
50		\$272.44	\$231.30	\$184.79	\$74.91	\$20.24
51		\$275.82	\$234.17	\$187.07	\$75.85	\$20.50
52		\$279.22	\$237.06	\$189.38	\$76.79	\$20.75
53		\$282.68	\$239.99	\$191.71	\$77.74	\$20.99
54		\$286.17	\$242.95	\$194.08	\$78.69	\$21.25
55		\$289.71	\$245.96	\$196.48	\$79.65	\$21.52
56		\$293.28	\$249.01	\$198.92	\$80.65	\$21.79
57		\$296.90	\$252.09	\$201.38	\$81.64	\$22.06
58		\$300.58	\$255.20	\$203.86	\$82.65	\$22.33
59		\$304.28	\$258.36	\$206.38	\$83.68	\$22.61
60		\$308.04	\$261.56	\$208.92	\$84.71	\$22.89
61		\$311.86	\$264.79	\$211.51	\$85.76	\$23.18
62		\$315.70	\$268.07	\$214.12	\$86.81	\$23.46
63		\$315.70	\$268.07	\$214.12	\$86.81	\$23.46
64+		\$315.70	\$268.07	\$214.12	\$86.81	\$23.46

My Premium:      \$3,500      \$5,000      \$10,000      \$25,000      \$100,000  
 Check Deductible Level                           

My Premium:	AGE	RATE	RATE	RATE	RATE	RATE
Subscriber						
Spouse/DomPar						
Dependent						
Dependent						
Dependent						
Total Monthly Rate						

Print Name

Signature

Date