



3rd Quarter 2009 Rates Coventry Health Care of Georgia, Inc.

CoventryOne® monthly rates shown on the following pages are for effective dates of August 1, 2009, through October 15, 2009.

Rates are issued for illustrative purposes only and are subject to change. Contact your local, independent agent for specific rates and availability. All applicants are subject to medical underwriting and approval by Coventry Health Care of Georgia, Inc.

Refer to plan documents for a complete list of coverage, limitations and exclusions.

Eligibility

Eligible persons are individuals under the age of 63½ who are not eligible for Medicare. Eligible dependents include children under age 19 as well as any unmarried children until the end of the calendar month in which he/she reaches age 26 if he/she is not regularly employed on a full-time basis and is primarily dependent upon the eligible person for support and maintenance. The age limit does not apply to dependents who continue to be both incapable of self-sustaining employment by reason of mental or physical incapacity and chiefly dependent upon the eligible person for maintenance and support. All eligible persons must reside in the service area.

Instructions for calculating rates for \$20 Copay, \$35 Copay and Fusion Plans:

- 1) Select the plan and corresponding premium based on each applicant's county, age and gender.
- 2) For applicants under age 40 who have used tobacco in the previous 12 months, add 10% additional premium;
For applicants age 40 and over who have used tobacco in the previous 12 months, add 20% additional premium.
- 3) If the Mental Health Rider is selected, add \$29.86 additional premium for each family member applying for medical coverage.
- 4) Add each applicant's premium rate together to determine the total family rate for families with fewer than four members.
- 5) For a family with four or more members applying, multiply the total family rate by .90 for a 10% discount.

Instructions for calculating rates for Qualified High Deductible (QHD) Plans:

- 1) Select the plan and corresponding premium based on each applicant's county, age and gender.
- 2) For applicants under age 40 who have used tobacco in the previous 12 months, add 10% additional premium;
For applicants age 40 and over who have used tobacco in the previous 12 months, add 20% additional premium.
- 3) Add each applicant's premium rate together to determine the total family rate for families with fewer than four members.
- 4) For a family with four or more members applying, multiply the total family rate by .90 for a 10% discount.

Please note that a monthly \$5 administrative fee will be added to each policy for applicants who do not elect to pay the monthly premium via electronic funds transfer (EFT) or automatic withdrawal.



Counties by Area

Area	County
Area 1	Banks
Area 1	Barrow
Area 1	Bartow
Area 1	Butts
Area 1	Cherokee
Area 1	Clayton
Area 1	Cobb
Area 1	Coweta
Area 1	Dawson
Area 1	Dekalb
Area 1	Douglas
Area 1	Fayette
Area 1	Forsyth
Area 1	Fulton
Area 1	Greene
Area 1	Gwinnett
Area 1	Henry
Area 1	Jackson
Area 1	Jasper
Area 1	Meriwether
Area 1	Morgan
Area 1	Newton
Area 1	Paulding
Area 1	Pike
Area 1	Rockdale
Area 1	Spalding
Area 1	Troup
Area 1	Walton

Area	County
Area 2	Atkinson
Area 2	Brantley
Area 2	Chattooga
Area 2	Clarke
Area 2	Floyd
Area 2	Gilmer
Area 2	Habersham
Area 2	Hall
Area 2	Lumpkin
Area 2	Madison
Area 2	Oconee
Area 2	Oglethorpe
Area 2	Pickens
Area 2	Pierce
Area 2	Polk
Area 2	Ware
Area 2	White
Area 2	Wilkes

Area	County
Area 3	Appling
Area 3	Bryan
Area 3	Bulloch
Area 3	Candler
Area 3	Chatham
Area 3	Effingham
Area 3	Emanuel
Area 3	Evans
Area 3	Liberty
Area 3	Long
Area 3	McIntosh
Area 3	Screven
Area 3	Tattnall
Area 3	Wayne

Area	County
Area 4	Bibb
Area 4	Bleckley
Area 4	Burke
Area 4	Carroll
Area 4	Columbia
Area 4	Crawford
Area 4	Dooly
Area 4	Gordon
Area 4	Haralson
Area 4	Heard
Area 4	Houston
Area 4	Jones
Area 4	Lamar
Area 4	Lincoln
Area 4	Macon
Area 4	McDuffie
Area 4	Monroe
Area 4	Peach
Area 4	Richmond
Area 4	Taylor
Area 4	Twiggs
Area 4	Wilkinson

**3rd Quarter 2009 Rates for Fusion 100%/50% Point-of-Service Plans (Area 1)
Coventry Health Care of Georgia, Inc.**



Age	Coventry Fusion Plan 3,000		Coventry Fusion Plan 5,000	
	M	F	M	F
0	\$180.80	\$180.80	\$164.57	\$164.57
1	\$80.85	\$80.85	\$73.39	\$73.39
2-5	\$73.35	\$73.35	\$66.57	\$66.57
6-16	\$73.35	\$73.35	\$66.58	\$66.58
17	\$73.35	\$78.12	\$66.58	\$70.91
18	\$73.35	\$80.85	\$66.58	\$73.39
19	\$73.35	\$80.85	\$66.58	\$73.39
20	\$73.67	\$95.15	\$66.86	\$88.00
21	\$74.49	\$105.10	\$67.62	\$97.19
22	\$75.34	\$107.78	\$68.38	\$99.67
23	\$75.93	\$112.96	\$68.92	\$104.45
24	\$76.53	\$115.65	\$69.46	\$106.94
25	\$81.01	\$120.16	\$74.18	\$109.89
26	\$81.64	\$122.36	\$74.75	\$111.90
27	\$82.28	\$124.90	\$75.34	\$114.23
28	\$83.25	\$127.33	\$76.21	\$116.45
29	\$86.00	\$130.81	\$78.73	\$119.63
30	\$88.31	\$135.65	\$82.00	\$121.86
31	\$93.45	\$141.60	\$86.78	\$127.22
32	\$97.35	\$146.90	\$90.40	\$131.97
33	\$98.66	\$148.88	\$91.61	\$133.76
34	\$99.95	\$151.52	\$92.81	\$136.14
35	\$105.85	\$153.28	\$96.31	\$138.73
36	\$110.84	\$155.92	\$100.86	\$141.13
37	\$115.73	\$157.90	\$105.32	\$142.92
38	\$121.25	\$161.21	\$110.33	\$145.91
39	\$124.53	\$163.85	\$113.31	\$148.30
40	\$133.40	\$180.77	\$124.43	\$162.69
41	\$138.52	\$183.47	\$129.21	\$165.12
42	\$142.02	\$186.87	\$132.48	\$168.19
43	\$146.99	\$189.92	\$137.12	\$170.93
44	\$148.21	\$193.29	\$138.25	\$173.97
45	\$188.35	\$220.56	\$169.32	\$200.07
46	\$201.48	\$231.73	\$181.12	\$210.20
47	\$215.37	\$242.90	\$193.60	\$220.32
48	\$226.36	\$251.47	\$203.49	\$228.10
49	\$234.26	\$259.61	\$210.59	\$235.49
50	\$272.00	\$285.87	\$248.47	\$260.53
51	\$295.81	\$300.15	\$270.23	\$273.54
52	\$308.28	\$315.18	\$281.63	\$287.24
53	\$323.70	\$330.95	\$295.71	\$301.61
54	\$331.45	\$347.46	\$302.79	\$316.65
55	\$363.96	\$368.55	\$329.34	\$334.94
56	\$383.06	\$386.32	\$346.63	\$351.09
57	\$402.16	\$396.08	\$363.91	\$359.95
58	\$413.08	\$396.08	\$373.80	\$359.95
59	\$432.55	\$396.08	\$391.42	\$359.95
60	\$492.91	\$450.66	\$448.77	\$412.49
61	\$517.66	\$455.81	\$471.30	\$417.20
62	\$543.55	\$455.81	\$494.87	\$417.20
63	\$570.59	\$455.81	\$519.49	\$417.20

CoventryOne® monthly rates shown are for effective dates of August 1, 2009, through October 15, 2009.

An optional Mental Health Rider is available with POS Plans shown above. The monthly premium is \$29.86 per member. If this Rider is purchased, it must be taken by all family members applying for coverage on the same application.

**3rd Quarter 2009 Rates for Fusion 100%/50% Point-of-Service Plans (Area 2)
Coventry Health Care of Georgia, Inc.**



Age	Coventry Fusion Plan 3,000		Coventry Fusion Plan 5,000	
	M	F	M	F
0	\$216.96	\$216.96	\$197.48	\$197.48
1	\$97.02	\$97.02	\$88.07	\$88.07
2-5	\$88.02	\$88.02	\$79.89	\$79.89
6-16	\$88.02	\$88.02	\$79.89	\$79.89
17	\$88.02	\$93.74	\$79.89	\$85.09
18	\$88.02	\$97.02	\$79.89	\$88.07
19	\$88.02	\$97.02	\$79.89	\$88.07
20	\$88.40	\$114.18	\$80.24	\$105.60
21	\$89.38	\$126.11	\$81.14	\$116.62
22	\$90.40	\$129.34	\$82.05	\$119.61
23	\$91.12	\$135.55	\$82.70	\$125.34
24	\$91.84	\$138.78	\$83.35	\$128.33
25	\$97.22	\$144.20	\$89.01	\$131.87
26	\$97.97	\$146.83	\$89.70	\$134.28
27	\$98.74	\$149.88	\$90.40	\$137.08
28	\$99.90	\$152.80	\$91.45	\$139.74
29	\$103.20	\$156.97	\$94.47	\$143.56
30	\$105.97	\$162.78	\$98.40	\$146.24
31	\$112.14	\$169.93	\$104.14	\$152.67
32	\$116.82	\$176.27	\$108.48	\$158.37
33	\$118.39	\$178.66	\$109.93	\$160.51
34	\$119.94	\$181.83	\$111.37	\$163.36
35	\$127.02	\$183.94	\$115.58	\$166.48
36	\$133.01	\$187.10	\$121.04	\$169.36
37	\$138.88	\$189.48	\$126.38	\$171.50
38	\$145.49	\$193.45	\$132.40	\$175.09
39	\$149.43	\$196.62	\$135.98	\$177.96
40	\$160.08	\$216.93	\$149.31	\$195.23
41	\$166.23	\$220.16	\$155.05	\$198.15
42	\$170.43	\$224.25	\$158.98	\$201.83
43	\$176.39	\$227.91	\$164.54	\$205.12
44	\$177.85	\$231.95	\$165.90	\$208.76
45	\$226.02	\$264.68	\$203.18	\$240.09
46	\$241.77	\$278.08	\$217.34	\$252.24
47	\$258.45	\$291.48	\$232.32	\$264.39
48	\$271.64	\$301.77	\$244.18	\$273.72
49	\$281.12	\$311.54	\$252.70	\$282.59
50	\$326.40	\$343.04	\$298.17	\$312.64
51	\$354.97	\$360.18	\$324.27	\$328.25
52	\$369.94	\$378.21	\$337.95	\$344.69
53	\$388.45	\$397.14	\$354.86	\$361.93
54	\$397.75	\$416.95	\$363.35	\$379.98
55	\$436.75	\$442.26	\$395.21	\$401.93
56	\$459.67	\$463.58	\$415.95	\$421.31
57	\$482.59	\$475.29	\$436.70	\$431.94
58	\$495.70	\$475.29	\$448.56	\$431.94
59	\$519.06	\$475.29	\$469.71	\$431.94
60	\$591.50	\$540.79	\$538.53	\$494.99
61	\$621.19	\$546.97	\$565.56	\$500.64
62	\$652.26	\$546.97	\$593.84	\$500.64
63	\$684.71	\$546.97	\$623.39	\$500.64

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**3rd Quarter 2009 Rates for Fusion 100%/50% Point-of-Service Plans (Area 3)
Coventry Health Care of Georgia, Inc.**



Age	Coventry Fusion Plan 3,000		Coventry Fusion Plan 5,000	
	M	F	M	F
0	\$171.76	\$171.76	\$156.34	\$156.34
1	\$76.81	\$76.81	\$69.72	\$69.72
2-5	\$69.68	\$69.68	\$63.25	\$63.25
6-16	\$69.68	\$69.68	\$63.25	\$63.25
17	\$69.68	\$74.21	\$63.25	\$67.36
18	\$69.68	\$76.81	\$63.25	\$69.72
19	\$69.68	\$76.81	\$63.25	\$69.72
20	\$69.99	\$90.40	\$63.52	\$83.60
21	\$70.76	\$99.84	\$64.23	\$92.33
22	\$71.57	\$102.39	\$64.96	\$94.69
23	\$72.14	\$107.31	\$65.47	\$99.22
24	\$72.70	\$109.87	\$65.99	\$101.59
25	\$76.96	\$114.15	\$70.47	\$104.40
26	\$77.56	\$116.24	\$71.01	\$106.31
27	\$78.17	\$118.66	\$71.57	\$108.52
28	\$79.08	\$120.97	\$72.40	\$110.63
29	\$81.70	\$124.27	\$74.79	\$113.65
30	\$83.89	\$128.87	\$77.90	\$115.77
31	\$88.78	\$134.52	\$82.44	\$120.86
32	\$92.48	\$139.55	\$85.88	\$125.37
33	\$93.72	\$141.44	\$87.03	\$127.07
34	\$94.95	\$143.95	\$88.17	\$129.33
35	\$100.55	\$145.62	\$91.50	\$131.80
36	\$105.30	\$148.12	\$95.82	\$134.07
37	\$109.95	\$150.00	\$100.05	\$135.77
38	\$115.18	\$153.15	\$104.82	\$138.62
39	\$118.30	\$155.66	\$107.65	\$140.88
40	\$126.73	\$171.74	\$118.21	\$154.56
41	\$131.60	\$174.30	\$122.75	\$156.87
42	\$134.92	\$177.53	\$125.86	\$159.78
43	\$139.64	\$180.43	\$130.26	\$162.39
44	\$140.80	\$183.63	\$131.34	\$165.27
45	\$178.94	\$209.54	\$160.85	\$190.07
46	\$191.40	\$220.15	\$172.06	\$199.69
47	\$204.60	\$230.75	\$183.92	\$209.31
48	\$215.05	\$238.90	\$193.31	\$216.69
49	\$222.55	\$246.63	\$200.06	\$223.71
50	\$258.40	\$271.58	\$236.05	\$247.50
51	\$281.02	\$285.15	\$256.72	\$259.87
52	\$292.87	\$299.42	\$267.55	\$272.88
53	\$307.52	\$314.40	\$280.93	\$286.53
54	\$314.88	\$330.09	\$287.65	\$300.82
55	\$345.76	\$350.13	\$312.87	\$318.19
56	\$363.90	\$367.00	\$329.29	\$333.53
57	\$382.05	\$376.27	\$345.72	\$341.95
58	\$392.43	\$376.27	\$355.11	\$341.95
59	\$410.92	\$376.27	\$371.85	\$341.95
60	\$468.27	\$428.13	\$426.33	\$391.87
61	\$491.77	\$433.02	\$447.73	\$396.34
62	\$516.37	\$433.02	\$470.13	\$396.34
63	\$542.06	\$433.02	\$493.52	\$396.34

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**3rd Quarter 2009 Rates for Fusion 100%/50% Point-of-Service Plans (Area 4)
Coventry Health Care of Georgia, Inc.**



Age	Coventry Fusion Plan 3,000		Coventry Fusion Plan 5,000	
	M	F	M	F
0	\$189.84	\$189.84	\$172.80	\$172.80
1	\$84.90	\$84.90	\$77.06	\$77.06
2-5	\$77.02	\$77.02	\$69.90	\$69.90
6-16	\$77.02	\$77.02	\$69.91	\$69.91
17	\$77.02	\$82.03	\$69.91	\$74.45
18	\$77.02	\$84.90	\$69.91	\$77.06
19	\$77.02	\$84.90	\$69.91	\$77.06
20	\$77.35	\$99.91	\$70.21	\$92.40
21	\$78.21	\$110.35	\$71.00	\$102.05
22	\$79.10	\$113.17	\$71.80	\$104.66
23	\$79.73	\$118.60	\$72.36	\$109.67
24	\$80.36	\$121.44	\$72.93	\$112.29
25	\$85.07	\$126.17	\$77.89	\$115.38
26	\$85.73	\$128.48	\$78.49	\$117.50
27	\$86.40	\$131.15	\$79.10	\$119.94
28	\$87.41	\$133.70	\$80.02	\$122.27
29	\$90.30	\$137.35	\$82.66	\$125.61
30	\$92.72	\$142.43	\$86.10	\$127.96
31	\$98.13	\$148.68	\$91.12	\$133.58
32	\$102.22	\$154.24	\$94.92	\$138.57
33	\$103.59	\$156.33	\$96.19	\$140.45
34	\$104.95	\$159.10	\$97.45	\$142.94
35	\$111.14	\$160.94	\$101.13	\$145.67
36	\$116.38	\$163.72	\$105.91	\$148.19
37	\$121.52	\$165.79	\$110.58	\$150.06
38	\$127.31	\$169.27	\$115.85	\$153.21
39	\$130.75	\$172.04	\$118.98	\$155.71
40	\$140.07	\$189.81	\$130.65	\$170.83
41	\$145.45	\$192.64	\$135.67	\$173.38
42	\$149.13	\$196.22	\$139.10	\$176.60
43	\$154.34	\$199.42	\$143.97	\$179.48
44	\$155.62	\$202.95	\$145.16	\$182.67
45	\$197.77	\$231.59	\$177.79	\$210.08
46	\$211.55	\$243.32	\$190.17	\$220.71
47	\$226.14	\$255.04	\$203.28	\$231.34
48	\$237.68	\$264.05	\$213.66	\$239.50
49	\$245.98	\$272.59	\$221.12	\$247.26
50	\$285.60	\$300.16	\$260.90	\$273.56
51	\$310.60	\$315.16	\$283.74	\$287.22
52	\$323.70	\$330.94	\$295.71	\$301.60
53	\$339.89	\$347.50	\$310.50	\$316.69
54	\$348.03	\$364.84	\$317.93	\$332.49
55	\$382.16	\$386.98	\$345.81	\$351.69
56	\$402.21	\$405.63	\$363.96	\$368.64
57	\$422.26	\$415.88	\$382.11	\$377.95
58	\$433.74	\$415.88	\$392.49	\$377.95
59	\$454.18	\$415.88	\$410.99	\$377.95
60	\$517.56	\$473.19	\$471.21	\$433.11
61	\$543.54	\$478.60	\$494.86	\$438.06
62	\$570.73	\$478.60	\$519.61	\$438.06
63	\$599.12	\$478.60	\$545.47	\$438.06

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