

# Rates

| Area 7

*Effective January 1, 2011*



# How to Find Your Medical Plan Rates

- Step 1** | On pages 4–7, choose the page that will best represent your desired coverage. For example, if you are married and want to cover your spouse and children, you would choose the Employee + Family page. If you are covering a child or children but not your spouse, you would choose the Employee + Children page.
- Step 2** | Using your age on January 1 of the current year, move down until you find your age. Across each row you will find the monthly rates for each medical plan.

## **Medicare Primary**

Call GuideStone at **1-888-98-GUIDE** (1-888-984-8433) for available options.

✧ Example: The monthly rate for a 34-year-old married pastor covering his wife and two children whose employer is in Warren, Michigan 48092, is \$1071 per month for Health Choice 2000.



# Monthly Rates

## Employee and Spouse Term Life

Monthly rates per \$1,000 coverage

AGE	RATE
19 & under	\$ .02
20–24	\$ .03
25–29	\$ .04
30–34	\$ .05
35–39	\$ .08
40–44	\$ .12
45–49	\$ .20
50–54	\$ .35
55–59	\$ .53
60–64	\$ .83
65–69	\$ 1.46
70–74	\$ 2.51
75–79	\$ 4.26
80–84	\$ 7.05
85–89	\$ 10.74
90–94	\$ 16.50

## Child Term Life

The monthly rate for \$10,000 of child life coverage is 75 cents total, regardless of the number of children covered.

AGE	RATE
All Ages 14 Days and Up	\$ .75

## Long Term Disability

Monthly rates per \$100 of monthly salary amount<sup>1</sup>

AGE	ECONOMY LONG TERM DISABILITY PLAN	CHOICE LONG TERM DISABILITY PLAN	PREMIER LONG TERM DISABILITY PLAN
34 & under	\$ .28	\$ .33	\$ .37
35–39	\$ .36	\$ .42	\$ .46
40–44	\$ .45	\$ .55	\$ .60
45–49	\$ .60	\$ .71	\$ .80
50–54	\$ .71	\$ .85	\$ .94
55–59	\$ .80	\$ .94	\$ 1.05
60+	\$ .55	\$ .64	\$ .71

## Short Term Disability

Monthly rates<sup>1</sup>

ECONOMY	CHOICE	PREMIER
\$15.55	\$ 11.29	\$ 11.29

<sup>1</sup> Long Term and Short Term Disability Plans are not available for Mission Service Corps volunteers.

## Accidental Death and Dismemberment (AD&D)

[Employee only]

AGE	RATE
All Ages	2.5¢ per \$1,000 coverage

## Employee and Spousal Personal Accident

AGE	RATE
All Ages	2.5¢ per \$1,000 coverage

## Senior Plans

Monthly rates per person

	RATE
Care Basic Plan	\$ 118.00
Care Plus Plan	\$ 223.90

## Dental Plans

Monthly rates

PREMIER DENTAL CARE PLAN <sup>2</sup>	RATE
Employee Only	\$35.61
Employee + Spouse	\$72.48
Employee + Child(ren)	\$72.48
Employee + Family	\$124.01

CHOICE DENTAL CARE PLAN <sup>2</sup>	RATE
Employee Only	\$28.74
Employee + Spouse	\$55.91
Employee + Child(ren)	\$55.91
Employee + Family	\$102.46

<sup>2</sup> Available in all states.

GUIDED DENTAL HMO PLAN <sup>3</sup>	RATE
Employee Only	\$17.90
Employee + Spouse	\$30.28
Employee + Child(ren)	\$42.07
Employee + Family	\$49.59

<sup>3</sup> Guided Dental HMO Plan available only in AL, AZ, AR, CA, CO, CT, DE, FL, GA, IL, IN, IA, KS, KY, LA, MA, MD, MI, MN, MO, NC, NE, NJ, NY, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA and WI.

# Area 7 Medical Plan Rates

Employee Only

AGE	Health Choice 5000	Health Choice 3000	Health Choice 2000	Health Choice 1000	Health Choice 500	Health Today	Health Saver 2800
19	177	212	242	282	331	358	221
20	177	212	242	282	331	358	221
21	177	212	242	282	331	358	221
22	177	212	242	282	331	358	221
23	184	220	251	292	343	371	229
24	188	225	256	298	351	379	235
25	194	232	265	308	363	392	244
26	198	237	270	315	370	400	249
27	204	245	279	325	382	413	256
28	213	255	290	338	398	430	268
29	220	263	300	349	411	444	277
30	227	271	309	360	424	458	287
31	234	280	319	371	437	472	295
32	241	288	328	382	450	486	305
33	250	299	342	398	468	505	317
34	261	313	357	415	489	528	332
35	270	323	368	429	504	544	342
36	280	335	382	445	524	565	357
37	289	346	394	459	540	583	368
38	296	355	405	471	554	599	378
39	303	363	414	482	567	612	388
40	310	371	423	492	579	626	397
41	317	380	433	504	593	641	407
42	324	388	442	515	606	654	416
43	341	407	465	541	637	688	437
44	357	427	487	567	667	721	460
45	374	448	511	595	700	756	483
46	390	467	532	620	729	787	504
47	407	487	556	647	761	822	527
48	422	505	576	671	789	852	546
49	436	521	594	692	814	879	565
50	448	536	612	712	838	905	583
51	463	554	632	736	866	935	602
52	476	570	650	757	891	962	620
53	497	595	679	790	930	1,004	649
54	517	618	705	821	966	1,044	676
55	538	643	734	855	1,005	1,086	704
56	557	667	760	886	1,042	1,125	731
57	579	692	790	920	1,082	1,168	759
58	609	728	830	967	1,137	1,228	801
59	639	764	872	1,015	1,194	1,290	841
60	668	800	912	1,062	1,249	1,349	881
61	698	835	952	1,109	1,305	1,409	921
62	728	871	993	1,157	1,361	1,470	963
63	755	903	1,030	1,199	1,410	1,523	999
64	780	933	1,064	1,239	1,457	1,574	1,033

Effective: January 1, 2011–December 31, 2011

# Area 7 Medical Plan Rates

Employee + Spouse

AGE	Health Choice 5000	Health Choice 3000	Health Choice 2000	Health Choice 1000	Health Choice 500	Health Today	Health Saver 2800
19	372	445	508	592	695	752	464
20	372	445	508	592	695	752	464
21	372	445	508	592	695	752	464
22	372	445	508	592	695	752	464
23	386	462	527	613	720	779	481
24	395	473	538	626	737	796	494
25	407	487	557	647	762	823	512
26	416	498	567	662	777	840	523
27	428	515	586	683	802	867	538
28	447	536	609	710	836	903	563
29	462	552	630	733	863	932	582
30	477	569	649	756	890	962	603
31	491	588	670	779	918	991	620
32	506	605	689	802	945	1,021	641
33	525	628	718	836	983	1,061	666
34	548	657	750	872	1,027	1,109	697
35	567	678	773	901	1,058	1,142	718
36	588	704	802	935	1,100	1,187	750
37	607	727	827	964	1,134	1,224	773
38	622	746	851	989	1,163	1,258	794
39	636	762	869	1,012	1,191	1,285	815
40	651	779	888	1,033	1,216	1,315	834
41	666	798	909	1,058	1,245	1,346	855
42	680	815	928	1,082	1,273	1,373	874
43	716	855	977	1,136	1,338	1,445	918
44	750	897	1,023	1,191	1,401	1,514	966
45	785	941	1,073	1,250	1,470	1,588	1,014
46	819	981	1,117	1,302	1,531	1,653	1,058
47	855	1,023	1,168	1,359	1,598	1,726	1,107
48	886	1,061	1,210	1,409	1,657	1,789	1,147
49	916	1,094	1,247	1,453	1,709	1,846	1,187
50	941	1,126	1,285	1,495	1,760	1,901	1,224
51	972	1,163	1,327	1,546	1,819	1,964	1,264
52	1,000	1,197	1,365	1,590	1,871	2,020	1,302
53	1,044	1,250	1,426	1,659	1,953	2,108	1,363
54	1,086	1,298	1,481	1,724	2,029	2,192	1,420
55	1,130	1,350	1,541	1,796	2,111	2,281	1,478
56	1,170	1,401	1,596	1,861	2,188	2,363	1,535
57	1,216	1,453	1,659	1,932	2,272	2,453	1,594
58	1,279	1,529	1,743	2,031	2,388	2,579	1,682
59	1,342	1,604	1,831	2,132	2,507	2,709	1,766
60	1,403	1,680	1,915	2,230	2,623	2,833	1,850
61	1,466	1,754	1,999	2,329	2,741	2,959	1,934
62	1,529	1,829	2,085	2,430	2,858	3,087	2,022
63	1,586	1,896	2,163	2,518	2,961	3,198	2,098
64	1,638	1,959	2,234	2,602	3,060	3,305	2,169

# Area 7 Medical Plan Rates

Employee + Child(ren)

AGE	Health Choice 5000	Health Choice 3000	Health Choice 2000	Health Choice 1000	Health Choice 500	Health Today	Health Saver 2800
19	336	403	460	536	629	680	420
20	336	403	460	536	629	680	420
21	336	403	460	536	629	680	420
22	336	403	460	536	629	680	420
23	350	418	477	555	652	705	435
24	357	428	486	566	667	720	447
25	369	441	504	585	690	745	464
26	376	450	513	599	703	760	473
27	388	466	530	618	726	785	486
28	405	485	551	642	756	817	509
29	418	500	570	663	781	844	526
30	431	515	587	684	806	870	545
31	445	532	606	705	830	897	561
32	458	547	623	726	855	923	580
33	475	568	650	756	889	960	602
34	496	595	678	789	929	1,003	631
35	513	614	699	815	958	1,034	650
36	532	637	726	846	996	1,074	678
37	549	657	749	872	1,026	1,108	699
38	562	675	770	895	1,053	1,138	718
39	576	690	787	916	1,077	1,163	737
40	589	705	804	935	1,100	1,189	754
41	602	722	823	958	1,127	1,218	773
42	616	737	840	979	1,151	1,243	790
43	648	773	884	1,028	1,210	1,307	830
44	678	811	925	1,077	1,267	1,370	874
45	711	851	971	1,131	1,330	1,436	918
46	741	887	1,011	1,178	1,385	1,495	958
47	773	925	1,056	1,229	1,446	1,562	1,001
48	802	960	1,094	1,275	1,499	1,619	1,037
49	828	990	1,129	1,315	1,547	1,670	1,074
50	851	1,018	1,163	1,353	1,592	1,720	1,108
51	880	1,053	1,201	1,398	1,645	1,777	1,144
52	904	1,083	1,235	1,438	1,693	1,828	1,178
53	944	1,131	1,290	1,501	1,767	1,908	1,233
54	982	1,174	1,340	1,560	1,835	1,984	1,284
55	1,022	1,222	1,395	1,625	1,910	2,063	1,338
56	1,058	1,267	1,444	1,683	1,980	2,138	1,389
57	1,100	1,315	1,501	1,748	2,056	2,219	1,442
58	1,157	1,383	1,577	1,837	2,160	2,333	1,522
59	1,214	1,452	1,657	1,929	2,269	2,451	1,598
60	1,269	1,520	1,733	2,018	2,373	2,563	1,674
61	1,326	1,587	1,809	2,107	2,480	2,677	1,750
62	1,383	1,655	1,887	2,198	2,586	2,793	1,830
63	1,435	1,716	1,957	2,278	2,679	2,894	1,898
64	1,482	1,773	2,022	2,354	2,768	2,991	1,963

# Area 7 Medical Plan Rates

Employee + Family

AGE	Health Choice 5000	Health Choice 3000	Health Choice 2000	Health Choice 1000	Health Choice 500	Health Today	Health Saver 2800
19	531	636	726	846	993	1,074	663
20	531	636	726	846	993	1,074	663
21	531	636	726	846	993	1,074	663
22	531	636	726	846	993	1,074	663
23	552	660	753	876	1,029	1,113	687
24	564	675	768	894	1,053	1,137	705
25	582	696	795	924	1,089	1,176	732
26	594	711	810	945	1,110	1,200	747
27	612	735	837	975	1,146	1,239	768
28	639	765	870	1,014	1,194	1,290	804
29	660	789	900	1,047	1,233	1,332	831
30	681	813	927	1,080	1,272	1,374	861
31	702	840	957	1,113	1,311	1,416	885
32	723	864	984	1,146	1,350	1,458	915
33	750	897	1,026	1,194	1,404	1,515	951
34	783	939	1,071	1,245	1,467	1,584	996
35	810	969	1,104	1,287	1,512	1,632	1,026
36	840	1,005	1,146	1,335	1,572	1,695	1,071
37	867	1,038	1,182	1,377	1,620	1,749	1,104
38	888	1,065	1,215	1,413	1,662	1,797	1,134
39	909	1,089	1,242	1,446	1,701	1,836	1,164
40	930	1,113	1,269	1,476	1,737	1,878	1,191
41	951	1,140	1,299	1,512	1,779	1,923	1,221
42	972	1,164	1,326	1,545	1,818	1,962	1,248
43	1,023	1,221	1,395	1,623	1,911	2,064	1,311
44	1,071	1,281	1,461	1,701	2,001	2,163	1,380
45	1,122	1,344	1,533	1,785	2,100	2,268	1,449
46	1,170	1,401	1,596	1,860	2,187	2,361	1,512
47	1,221	1,461	1,668	1,941	2,283	2,466	1,581
48	1,266	1,515	1,728	2,013	2,367	2,556	1,638
49	1,308	1,563	1,782	2,076	2,442	2,637	1,695
50	1,344	1,608	1,836	2,136	2,514	2,715	1,749
51	1,389	1,662	1,896	2,208	2,598	2,805	1,806
52	1,428	1,710	1,950	2,271	2,673	2,886	1,860
53	1,491	1,785	2,037	2,370	2,790	3,012	1,947
54	1,551	1,854	2,115	2,463	2,898	3,132	2,028
55	1,614	1,929	2,202	2,565	3,015	3,258	2,112
56	1,671	2,001	2,280	2,658	3,126	3,375	2,193
57	1,737	2,076	2,370	2,760	3,246	3,504	2,277
58	1,827	2,184	2,490	2,901	3,411	3,684	2,403
59	1,917	2,292	2,616	3,045	3,582	3,870	2,523
60	2,004	2,400	2,736	3,186	3,747	4,047	2,643
61	2,094	2,505	2,856	3,327	3,915	4,227	2,763
62	2,184	2,613	2,979	3,471	4,083	4,410	2,889
63	2,265	2,709	3,090	3,597	4,230	4,569	2,997
64	2,340	2,799	3,192	3,717	4,371	4,722	3,099

# ZIP Codes

STATE	AREA	ZIP CODE BY SCF (FIRST THREE DIGITS)
Illinois	7	600 601 602 603 604
Massachusetts	7	021 022
Michigan	7	480 481 483
Nevada	7	895
Ohio	7	441
Pennsylvania	7	191



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