

**1 Monthly & EFT Base Rates**  
(All rates based on age last birthday)

Age	\$1,000 Ded.*		\$3,000 Ded.*	
	Male	Female	Male	Female
18-24	72.76	106.72	48.51	71.15
25	75.68	109.63	50.45	73.09
26	78.59	112.54	52.39	75.03
27	81.50	114.48	54.33	76.32
28	83.44	120.30	55.63	80.20
29	85.38	127.10	56.92	84.73
30	87.32	130.98	58.21	87.32
31	90.23	135.83	60.15	90.55
32	92.17	140.68	61.45	93.79
33	95.08	148.44	63.39	98.96
34	98.96	158.14	65.97	105.43
35	100.90	162.99	67.27	108.66
36	104.78	167.85	69.85	111.90
37	112.54	174.64	75.03	116.42
38	120.30	183.37	80.20	122.25
39	128.07	195.01	85.38	130.01
40	135.83	199.86	90.55	133.24
41	140.68	205.68	93.79	137.12
42	147.47	213.44	98.31	142.30
43	155.23	221.21	103.49	147.47
44	164.93	226.06	109.96	150.71
45	175.61	233.82	117.07	155.88
46	186.28	243.52	124.19	162.35
47	196.95	252.25	131.30	168.17
48	207.62	259.04	138.42	172.70
49	221.21	268.75	147.47	179.16
50	237.70	280.39	158.47	186.93
51	255.16	294.94	170.11	196.63
52	266.81	297.85	177.87	198.57
53	278.45	302.70	185.63	201.80
54	296.88	312.40	197.92	208.27
55	315.32	323.08	210.21	215.39
56	333.75	332.78	222.50	221.85
57	352.18	344.42	234.79	229.62
58	370.62	355.09	247.08	236.73
59	388.08	367.71	258.72	245.14
60	403.60	379.35	269.07	252.90
61	421.07	390.99	280.71	260.66
62	437.56	403.60	291.71	269.07
63	454.05	416.22	302.70	277.48
64	469.58	428.83	313.05	285.89
Key Child	72.76	72.76	48.51	48.51
*Child Dep.	71.79	71.79	47.86	47.86

**2**

County	Area Factor	Network Factors	
		SuperMed Factor	PHCS Factor
Allen	0.95	1.128	1.157
Ashland	0.95	1.017	1.153
Ashtabula	1.10	0.965	1.196
Athens	0.82	1.142	1.157
Auglaize	0.95	1.128	1.157
Belmont	0.95	1.017	1.153
Brown	0.90	1.034	1.145
Butler	0.90	1.034	1.145
Carroll	0.95	1.017	1.153
Champaign	0.82	1.102	1.128
Clark	0.82	1.102	1.128
Clermont	0.90	1.034	1.145
Clinton	0.82	1.142	1.157
Columbiana	0.95	1.017	1.153
Coshocton	0.82	1.142	1.157
Crawford	0.95	0.972	1.195
Cuyahoga	1.10	0.965	1.196
Darke	0.82	1.102	1.128
Defiance	0.95	1.128	1.157
Delaware	0.95	0.972	1.195
Erie	0.95	1.128	1.157
Fairfield	0.95	0.972	1.195
Fayette	0.82	1.142	1.157
Franklin	0.95	0.972	1.195
Fulton	1.10	0.888	1.124
Gallia	0.82	1.142	1.157
Geauga	1.10	0.965	1.196
Greene	0.82	1.102	1.128
Guernsey	0.82	1.142	1.157
Hamilton	0.90	1.034	1.145
Hancock	0.95	1.128	1.157
Hardin	0.95	1.128	1.157
Harrison	0.95	1.017	1.153
Henry	0.95	1.128	1.157
Highland	0.82	1.142	1.157
Hocking	0.82	1.142	1.157
Holmes	0.95	1.017	1.153
Huron	0.95	1.128	1.157

**2**

County	Area Factor	Network Factors	
		SuperMed Factor	PHCS Factor
Jefferson	0.95	1.017	1.153
Knox	0.95	0.972	1.195
Lake	1.10	0.965	1.196
Lawrence	0.82	1.142	1.157
Licking	0.95	0.972	1.195
Logan	0.82	1.102	1.128
Lorain	1.10	0.965	1.196
Lucas	1.10	0.888	1.124
Madison	0.95	0.972	1.195
Mahoning	0.95	1.017	1.153
Marion	0.95	0.972	1.195
Medina	0.95	1.017	1.153
Meigs	0.82	1.142	1.157
Mercer	0.95	1.128	1.157
Miami	0.82	1.102	1.128
Monroe	0.82	1.142	1.157
Montgomery	0.82	1.102	1.128
Morgan	0.82	1.142	1.157
Morrow	0.95	0.972	1.195
Muskingum	0.82	1.142	1.157
Noble	0.82	1.142	1.157
Ottawa	0.95	1.128	1.157
Paulding	0.95	1.128	1.157
Perry	0.82	1.142	1.157
Pickaway	0.95	0.972	1.195
Pike	0.82	1.142	1.157
Portage	0.95	1.017	1.153
Preble	0.82	1.102	1.128
Putnam	0.95	1.128	1.157
Richland	0.95	0.972	1.195
Ross	0.82	1.142	1.157
Sandusky	0.95	1.128	1.157
Scioto	0.82	1.142	1.157
Seneca	0.95	1.128	1.157
Shelby	0.82	1.102	1.128
Stark	0.95	1.017	1.153
Summit	0.95	1.017	1.153
Trumbull	0.95	1.017	1.153

**2**

County	Area Factor	Network Factors	
		SuperMed Factor	PHCS Factor
Union	0.95	0.972	1.195
Van Wert	0.95	1.128	1.157
Vinton	0.82	1.142	1.157
Warren	0.90	1.034	1.145
Washington	0.82	1.142	1.157
Wayne	0.95	1.017	1.153
Williams	0.95	1.128	1.157
Wood	1.10	0.888	1.124
Wyandott	0.95	1.128	1.157

**3**

**Premium Guarantee**

American Community guarantees your rate to be level for the first 12 months of coverage under this policy. The premium may be adjusted to reflect requested policy changes which would include an address change.

\* Non-network deductible 2x network deductible shown above.

**Premium Calculations**

	<b>MALE</b>	<b>FEMALE</b>	<b>DEPENDENT 1**</b>	<b>DEPENDENT 2**</b>	<b>DEPENDENT 3**</b>	
<b>1</b> Base Rate	_____	_____	_____	_____	_____	
<b>2</b> Area Factor x	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____ x _____	
Step 1 & 2 Total	_____	_____	_____	_____	_____	
<b>3</b> Network Factor x	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____ x _____	
Step 3 Total	_____	_____	_____	_____	_____	
<b>4</b> Tobacco Factor x	_____ x _____	_____ x _____	_____ x _____	_____ x _____	_____ x _____	
<b>Total Monthly Premium</b>	_____ + _____	_____ + _____	_____ + _____	_____ + _____	_____ + _____	= _____

(If not applicable, proceed to Step 5)

**To Calculate Other Modes**

- Annual - Monthly Premium x 12
- Semi-annual - Monthly Premium x 6
- Quarterly - Monthly Premium x 3

**Administrative Charge:** Once approved, an additional billing fee of \$4.75 will be applied for Monthly billing mode (fee is waived for EFT, Quarterly, Semi-Annual, and Annual modes); a \$10 per month billing fee will be charged per List Bill.

**5** Optional Benefits:

Dental + \_\_\_\_\_

Maternity + \_\_\_\_\_

**Total Monthly Premium with Optional Benefits** = \_\_\_\_\_

\*\* Rates per child (ages 0-17 and full-time students ages 18-21) listed as dependents on the policy are for first 3 children. No charge for additional children.

**5** **Optional Benefits**

<b>Dental</b>	
<b>Adult</b>	<b>Child**</b>
\$27.83	\$13.92

<b>Maternity Rates (please calculate)</b>		
Deductible	\$1,000	\$3,000
Base Rate	\$664.21	\$587.43
<b>2</b> Area Factor	x _____	_____
Total	= _____	_____



**For more information, please contact American Community's National Sales Office at (800) 233-3444 ext. 4717.**

**4**

<b>Age</b>	<b>Tobacco Factor</b>
	<b>Standard</b>
18-25	1.10
26	1.11
27	1.12
28	1.13
29	1.14
30	1.15
31	1.16
32	1.17
33	1.18
34	1.19
35	1.20
36	1.21
37	1.22
38	1.23
39	1.24
40	1.25
41	1.27
42	1.29
43	1.30
44	1.32
45	1.34
46	1.36
47	1.37
48	1.39
49	1.41
50	1.43
51	1.44
52	1.46
53	1.48
54	1.50
55	1.51
56	1.53
57	1.55
58	1.57
59	1.58
60 & Over	1.60
Key Child	1.00
Dep. Child	1.00