



Amigo Short Term Medical Plan
Rates for 6 month plans (\$2 million maximum)
Valid 1/1/09 – 12/31/09



Monthly Rates for 1 to 6 months – 80/20 Coinsurance

Age	Deductibles							
	\$250		\$500		\$1,000		\$2,500	
	Male	Female	Male	Female	Male	Female	Male	Female
2-19	\$131.24	\$154.42	\$78.30	\$92.13	\$55.95	\$65.83	\$38.67	\$45.51
20-24	\$151.32	\$175.54	\$90.28	\$104.73	\$64.51	\$74.84	\$44.59	\$51.73
25-29	\$135.17	\$163.53	\$80.65	\$97.57	\$57.63	\$69.72	\$39.83	\$48.19
30-34	\$169.74	\$191.48	\$101.27	\$114.24	\$72.37	\$81.63	\$50.02	\$56.43
35-39	\$207.00	\$221.90	\$123.50	\$132.39	\$88.25	\$94.60	\$61.00	\$65.39
40-44	\$252.13	\$270.76	\$150.42	\$161.54	\$107.49	\$115.43	\$74.30	\$79.79
45-49	\$327.68	\$329.34	\$195.50	\$196.49	\$139.70	\$140.41	\$96.56	\$97.05
50-54	\$425.80	\$423.94	\$254.04	\$252.93	\$181.53	\$180.74	\$125.48	\$124.93
55-59	\$560.56	\$519.98	\$334.44	\$310.23	\$238.98	\$221.68	\$165.19	\$153.23
60-64	\$716.63	\$630.52	\$427.56	\$376.18	\$305.52	\$268.81	\$211.18	\$185.81
Child	\$95.01	\$95.01	\$56.69	\$56.69	\$40.51	\$40.51	\$28.00	\$28.00

Monthly Rates for 1 to 6 months – 50/50 Coinsurance

Age	Deductibles							
	\$250		\$500		\$1,000		\$2,500	
	Male	Female	Male	Female	Male	Female	Male	Female
2-19	\$111.81	\$131.57	\$67.73	\$79.69	\$48.79	\$57.41	\$34.61	\$40.73
20-24	\$128.92	\$149.56	\$78.09	\$90.59	\$56.25	\$65.26	\$39.91	\$46.30
25-29	\$115.17	\$139.33	\$69.76	\$84.39	\$50.25	\$60.79	\$35.65	\$43.13
30-34	\$144.62	\$163.14	\$87.60	\$98.82	\$63.10	\$71.18	\$44.77	\$50.50
35-39	\$176.36	\$189.06	\$106.83	\$114.52	\$76.95	\$82.49	\$54.60	\$58.53
40-44	\$214.81	\$230.68	\$130.12	\$139.73	\$93.73	\$100.66	\$66.50	\$71.41
45-49	\$279.18	\$280.60	\$169.11	\$169.96	\$121.82	\$122.43	\$86.42	\$86.86
50-54	\$362.78	\$361.19	\$219.74	\$218.78	\$158.29	\$157.60	\$112.30	\$111.81
55-59	\$477.59	\$443.03	\$289.29	\$268.35	\$208.39	\$193.31	\$147.84	\$137.14
60-64	\$610.57	\$537.20	\$369.84	\$325.40	\$266.41	\$234.40	\$189.01	\$166.30
Child	\$80.95	\$80.95	\$49.03	\$49.03	\$35.32	\$35.32	\$25.06	\$25.06

Daily Rates for 30 to 180 days – 80/20 Coinsurance

Age	Deductibles							
	\$250		\$500		\$1,000		\$2,500	
	Male	Female	Male	Female	Male	Female	Male	Female
2-19	\$3.09	\$3.64	\$1.92	\$2.26	\$1.37	\$1.61	\$0.94	\$1.11
20-24	\$3.57	\$4.14	\$2.21	\$2.57	\$1.58	\$1.83	\$1.09	\$1.26
25-29	\$3.19	\$3.86	\$1.98	\$2.39	\$1.41	\$1.71	\$0.97	\$1.18
30-34	\$4.00	\$4.51	\$2.48	\$2.80	\$1.77	\$2.00	\$1.22	\$1.38
35-39	\$4.88	\$5.23	\$3.03	\$3.25	\$2.16	\$2.32	\$1.49	\$1.60
40-44	\$5.94	\$6.38	\$3.69	\$3.96	\$2.63	\$2.83	\$1.81	\$1.95
45-49	\$7.73	\$7.76	\$4.80	\$4.82	\$3.42	\$3.44	\$2.36	\$2.37
50-54	\$10.04	\$9.99	\$6.23	\$6.21	\$4.44	\$4.42	\$3.06	\$3.05
55-59	\$13.22	\$12.26	\$8.21	\$7.61	\$5.85	\$5.43	\$4.03	\$3.74
60-64	\$16.89	\$14.86	\$10.49	\$9.23	\$7.48	\$6.58	\$5.16	\$4.54
Child	\$2.24	\$2.24	\$1.39	\$1.39	\$0.99	\$0.99	\$0.68	\$0.68

Daily Rates for 30 to 180 days – 50/50 Coinsurance

Age	Deductibles							
	\$250		\$500		\$1,000		\$2,500	
	Male	Female	Male	Female	Male	Female	Male	Female
2-19	\$2.64	\$3.10	\$1.66	\$1.96	\$1.19	\$1.41	\$0.85	\$0.99
20-24	\$3.04	\$3.53	\$1.92	\$2.22	\$1.38	\$1.60	\$0.97	\$1.13
25-29	\$2.72	\$3.28	\$1.71	\$2.07	\$1.23	\$1.49	\$0.87	\$1.05
30-34	\$3.41	\$3.85	\$2.15	\$2.42	\$1.54	\$1.74	\$1.09	\$1.23
35-39	\$4.16	\$4.46	\$2.62	\$2.81	\$1.88	\$2.02	\$1.33	\$1.43
40-44	\$5.06	\$5.44	\$3.19	\$3.43	\$2.29	\$2.46	\$1.62	\$1.74
45-49	\$6.58	\$6.61	\$4.15	\$4.17	\$2.98	\$3.00	\$2.11	\$2.12
50-54	\$8.55	\$8.52	\$5.39	\$5.37	\$3.87	\$3.86	\$2.74	\$2.73
55-59	\$11.26	\$10.44	\$7.10	\$6.58	\$5.10	\$4.73	\$3.61	\$3.35
60-64	\$14.39	\$12.66	\$9.07	\$7.98	\$6.52	\$5.74	\$4.62	\$4.06
Child	\$1.91	\$1.91	\$1.20	\$1.20	\$0.86	\$0.86	\$0.61	\$0.61

Amigo Short Term Medical Plan

Rates for 12 month plans (\$2 million maximum) Note: 12 month plan is not available in all states

Valid 1/1/09 – 12/31/09

Single pay rates for terms of more than 180 days are available online or by contacting our office.

Monthly Rates for 1 to 12 months – 80/20 Coinsurance

Age	Deductibles							
	\$500		\$1,000		\$2,500		\$5,000	
	Male	Female	Male	Female	Male	Female	Male	Female
2-19	\$108.84	\$128.06	\$77.77	\$91.51	\$53.76	\$63.25	\$44.72	\$52.62
20-24	\$125.49	\$145.57	\$89.67	\$104.02	\$61.98	\$71.90	\$51.57	\$59.82
25-29	\$112.10	\$135.62	\$80.10	\$96.91	\$55.37	\$66.98	\$46.06	\$55.73
30-34	\$140.77	\$158.79	\$100.59	\$113.47	\$69.53	\$78.43	\$57.84	\$65.25
35-39	\$171.67	\$184.02	\$122.67	\$131.50	\$84.79	\$90.89	\$70.54	\$75.62
40-44	\$209.09	\$224.54	\$149.41	\$160.45	\$103.27	\$110.91	\$85.92	\$92.27
45-49	\$271.75	\$273.12	\$194.18	\$195.16	\$134.22	\$134.90	\$111.67	\$112.23
50-54	\$353.11	\$351.57	\$252.33	\$251.22	\$174.41	\$173.65	\$145.11	\$144.47
55-59	\$464.87	\$431.22	\$332.18	\$308.14	\$229.61	\$212.99	\$191.03	\$177.20
60-64	\$594.30	\$522.89	\$424.67	\$373.65	\$293.54	\$258.27	\$244.22	\$214.87
Child	\$78.79	\$78.79	\$56.30	\$56.30	\$38.92	\$38.92	\$32.38	\$32.38

Monthly Rates for 1 to 12 months – 50/50 Coinsurance

Age	Deductibles							
	\$500		\$1,000		\$2,500		\$5,000	
	Male	Female	Male	Female	Male	Female	Male	Female
2-19	\$94.14	\$110.77	\$67.82	\$79.80	\$48.11	\$56.61	\$40.92	\$48.15
20-24	\$108.55	\$125.92	\$78.19	\$90.71	\$55.47	\$64.35	\$47.18	\$54.74
25-29	\$96.96	\$117.31	\$69.85	\$84.50	\$49.55	\$59.95	\$42.15	\$50.99
30-34	\$121.76	\$137.35	\$87.71	\$98.94	\$62.23	\$70.20	\$52.93	\$59.71
35-39	\$148.49	\$159.18	\$106.97	\$114.67	\$75.89	\$81.35	\$64.55	\$69.19
40-44	\$180.86	\$194.23	\$130.28	\$139.91	\$92.43	\$99.26	\$78.62	\$84.43
45-49	\$235.06	\$236.25	\$169.33	\$170.18	\$120.13	\$120.74	\$102.18	\$102.69
50-54	\$305.44	\$304.11	\$220.03	\$219.07	\$156.10	\$155.42	\$132.77	\$132.19
55-59	\$402.11	\$373.01	\$289.66	\$268.70	\$205.50	\$190.63	\$174.79	\$162.14
60-64	\$514.07	\$452.30	\$370.32	\$325.82	\$262.72	\$231.15	\$223.46	\$196.61
Child	\$68.16	\$68.16	\$49.10	\$49.10	\$34.83	\$34.83	\$29.63	\$29.63

Area Factor Table

Zip Code	Factor
Maine	
All zip codes	1.075
New Hampshire	
All zip codes	1.000
South Dakota	
All zip codes	0.950