

# Premium Details

Gold EPO \$1,000 \$40/\$50 - Premium Network - \$15/\$40/\$75/\$95 (NEP7V)

(Plan Code: NEP7V, Association: None, )

The premium details for this plan are displayed below. Estimated monthly premium is based off of census information and subject to change based on census changes and final plan selection.

Premium Details		Age-Banded Rates					
0-14	300.84	27	412.13	40	502.57	53	802.23
15	327.58	28	427.46	41	512.01	54	839.59
16	337.8	29	440.05	42	521.06	55	876.95
17	348.03	30	446.34	43	533.64	56	917.45
18	359.04	31	455.78	44	549.37	57	958.35
19	370.05	32	465.21	45	567.85	58	1002.0
20	381.45	33	471.11	46	589.88	59	1023.63
21	393.25	34	477.41	47	614.65	60	1067.28
22	393.25	35	480.55	48	642.96	61	1105.03
23	393.25	36	483.7	49	670.88	62	1129.81
24	393.25	37	486.84	50	702.34	63	1160.87
25	394.82	38	489.99	51	733.41	64 and over	1179.75
26	402.69	39	496.28	52	767.62		

Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and/or UPMC Benefits Management Services Inc.

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