



Navigator Health Plan
Premium Estimates (monthly in USD)
Effective July 1, 2024

The estimated premium information below is for general reference only and should not be shared with consumers. Use the quoting tool available on Agent Hub for more accurate pricing.

	0	250	500	1,000	2,500	5,000
Male/Female						
29 and Younger	\$463	\$444	\$426	\$395	\$340	\$301
30-34	\$505	\$484	\$463	\$426	\$366	\$324
35-39	\$556	\$534	\$517	\$477	\$407	\$360
40-44	\$626	\$600	\$576	\$536	\$462	\$403
45-49	\$774	\$740	\$710	\$662	\$565	\$498
50-54	\$957	\$916	\$882	\$818	\$699	\$614
55-59	\$1,140	\$1,089	\$1,049	\$970	\$836	\$738
60-64	\$1,401	\$1,342	\$1,294	\$1,200	\$1,027	\$901
65-69	\$2,593	\$2,485	\$2,393	\$2,216	\$1,894	\$1,668
70-74	\$3,722	\$3,564	\$3,431	\$3,177	\$2,718	\$2,393
Child (when insured with parent)						
One Child under Age 1	\$440	\$423	\$408	\$378	\$322	\$282
One Child 1-25	\$318	\$306	\$295	\$274	\$236	\$208
2 Children	\$526	\$508	\$487	\$455	\$389	\$343
3 Children	\$700	\$669	\$647	\$597	\$512	\$456
Dental/Vision						
Participant Only	\$75		Participant and Child		\$139	
Participant and Spouse	\$148		Participant and Family		\$249	

Prices are subject to change

All coverage and premium decisions are subject to medical underwriting.

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