Precios de seguros individuales (rangos del más económico al más costoso)

Edad	Tipo de plan	Costo mensua	Deducible	Co-seguro	Co-pagos visitas al médico primario
Niños 8 años					
Aetna	POS	$34.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$202.00	$0.00	35.00%	$35
AvMed	POS	$55.79	$5,000.00	30.00%	$35 por 4 visitas, luego 30% después de deducible
AvMed	POS	$131.00	$500.00	20.00%	$35 antes de deducible
Celtic	PPO	$91.71	$7,500.00	30.00%	$30
Celtic	PPO	$267.19	$500.00	20.00%	$15
Cigna	PPO	$54.00	$5,000.00	20.00%	$30
Cigna	PPO	$97.00	$1,000.00	20.00%	20% después de deducible
Coventry One	PPO	$73.79	$5,000.00	0.00%	Sin pago despues de deducible
Humana One	PPO	$66.04	$7,500.00	0.00%	Sin pago después de deducible
Humana One	PPO	$244.21	$1,000.00	20.00%	$35 antes de deducible
Vista	HMO	$83.37	$10,000.00	0.00%	$30
Vista	HMO	$233.50	$0.00	0.00%	$10
Mujer 18 años					
Aetna	POS	$34.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$202.00	$0.00	35.00%	$35
AvMed	POS	$62.99	$5,000.00	30.00%	$35 por 4 visitas, luego 30% después de deducible
AvMed	POS	$165.23	$500.00	20.00%	$35 antes de deducible
Celtic	PPO	$86.27	$7,500.00	30.00%	$30
Celtic	PPO	$253.21	$500.00	20.00%	$15
Cigna	PPO	$87.00	$5,000.00	20.00%	$30
Cigna	PPO	$155.00	$1,000.00	20.00%	$25
CoventryOne	PPO	$106.94	$5,000.00	0.00%	Sin cargo después de deducible
CoventryOne	PPO	$274.65	$1,500.00	0.00%	$25
Humana One	PPO	$62.03	$7,500.00	0.00%	Sin cargo después de deducible
Humana One	PPO	$239.77	$1,000.00	20.00%	$35 antes de deducible
Vista	HMO	$102.30	$10,000.00	0.00%	$30
Vista	HMO	$286.49	$0.00	0.00%	$10
Hombre 18 años					
Aetna	POS	$34.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$202.00	$0.00	35.00%	$35
AvMed	POS	$62.53	$5,000.00	30.00%	$35 por 4 visitas, luego 30% después de deducible
AvMed	POS	$163.96	$500.00	20.00%	$35 antes de deducible
Celtic	PPO	$81.66	$7,500.00	30.00%	$30
Celtic	PPO	$237.29	$500.00	20.00%	$15
Cigna	PPO	$82.00	$5,000.00	20.00%	$30
Cigna	PPO	$148.00	$1,000.00	20.00%	$25
CoventryOne	PPO	$87.41	$5,000.00	0.00%	Sin cargo después de deducible
CoventryOne	PPO	$224.14	$1,500.00	0.00%	$25
Humana One	PPO	$56.47	$7,500.00	0.00%	Sin cargo después de deducible
Humana One	PPO	$201.22	$1,000.00	20.00%	$35 antes de deducible
Vista	HMO	$79.39	$10,000.00	0.00%	$30
Vista	HMO	$222.32	$0.00	0.00%	$10
Mujer 30 años (sin maternidad)					
Aetna	POS	$74.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$402.00	$0.00	35.00%	$35
AvMed	POS	$123.06	$10,000.00	20.00%	$35 antes de deducible
AvMed	POS	$286.59	$500.00	20.00%	$35 antes de deducible
Celtic	PPO	$109.40	$7,500.00	30.00%	$30
Celtic	PPO	$322.60	$500.00	20.00%	$15
Cigna	PPO	$149.00	$5,000.00	20.00%	$30
Cigna	PPO	$266.00	$1,000.00	20.00%	$25
CoventryOne	PPO	$136.76	$5,000.00	0.00%	Sin cargo después de deducible
CoventryOne	PPO	$350.72	$1,500.00	0.00%	$25
Humana One	PPO	$87.22	$7,500.00	0.00%	Sin cargo después de deducible
Humana One	PPO	$320.29	$1,000.00	20.00%	$35 antes de deducible
UnitedHealthOne	Network	$66.78	$10,000.00	20.00%	No cubiertas
UnitedHealthOne	Network	$409.54	$500.00	0.00%	$35
Vista	HMO	$146.55	$10,000.00	0.00%	$30
Vista	HMO	$410.41	$0.00	0.00%	$10

Hombres 30 años

Aetna	POS	$49.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$267.00	$0.00	35.00%	$35
AvMed	POS	$66.02	$5,000.00	30.00%	$35 por 4 visitas, luego 30% después de deducible
AvMed	POS	$240.15	$500.00	20.00%	$35 antes de deducible
Celtic	PPO	$90.28	$7,500.00	30.00%	$30
Celtic	PPO	$266.82	$500.00	20.00%	$15
Cigna	PPO	$125.00	$5,000.00	20.00%	$30
Cigna	PPO	$223.00	$1,000.00	20.00%	$25
CoventryOne	PPO	$102.83	$5,000.00	0.00%	Sin cargo después de deducible
CoventryOne	PPO	$263.70	$1,500.00	0.00%	$25
Humana One	PPO	$63.32	$7,500.00	0.00%	Sin cargo después de deducible
Humana One	PPO	$229.67	$1,000.00	20.00%	$35 después de deducible
UnitedHealthOne	Network	$51.71	$10,000.00	20.00%	No cubre
UnitedHealthOne	Network	$311.11	$500.00	0.00%	$35
Vista	HMO	$107.02	$10,000.00	0.00%	$30
Vista	HMO	$299.71	$0.00	0.00%	$10

Mujer 40 años (sin maternidad)

Aetna	POS	$96.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$477.00	$0.00	35.00%	$35
Av Med	POS	$159.00	$5,000.00	30.00%	$35 por 4 visitas, luego 30% después de deducible
AvMed	POS	$355.34	$500.00	20.00%	$35 antes de deducible
Celtic	PPO	$172.62	$7,500.00	30.00%	$30
Celtic	PPO	$506.84	$500.00	20.00%	$15
Cigna	PPO	$172.00	$5,000.00	20.00%	$30
Cigna	PPO	$306.00	$1,000.00	20.00%	$25
CoventryOne	PPO	$190.27	$5,000.00	0.00%	Sin cargo después de deducible
CoventryOne	PPO	$491.81	$1,500.00	0.00%	$25
Humana One	PPO	$168.86	$7,500.00	0.00%	Sin cargo después de deducible
Humana One	PPO	$531.18	$1,000.00	20.00%	$35 antes de deducible
UnitedHealthOne	Network	$104.05	$10,000.00	20.00%	No cubre
UnitedHealthOne	Network	$617.94	$500.00	0.00%	$35
Vista	HMO	$162.43	$10,000.00	0.00%	$30
Vista	HMO	$454.90	$0.00	0.00%	$10

Hombre 40 años

Aetna	POS	$69.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$340.00	$0.00	35.00%	$35
AvMed	POS	$127.95	$5,000.00	30.00%	$35 por 4 visitas, luego 30% después de deducible
AvMed	POS	$328.54	$500.00	20.00%	$35 antes de deducible
Celtic	PPO	$141.62	$7,500.00	30.00%	$30
Celtic	PPO	$422.56	$500.00	20.00%	$15
Cigna	PPO	$165.00	$5,000.00	20.00%	$30
Cigna	PPO	$295.00	$1,000.00	20.00%	$25
CoventryOne	PPO	$143.36	$5,000.00	0.00%	Sin cargo después de deducible
CoventryOne	PPO	$370.55	$1,500.00	0.00%	$25
Humana One	PPO	$118.55	$7,500.00	0.00%	Sin cargo después de deducible
Humana One	PPO	$364.93	$1,000.00	20.00%	$35 antes de deducible
UnitedHealthOne	Network	$84.11	$10,000.00	20.00%	No cubre
UnitedHealthOne	Network	$505.10	$500.00	0.00%	$35
Vista	HMO	$133.48	$10,000.00	0.00%	$30
Vista	HMO	$373.82	$0.00	0.00%	$10

Mujer 50 años

AARP	PPO	$208.00	$3,000.00	20.00%	No cubre
AARP	PPO	$523.00	$1,500.00	20.00%	$25 antes del deducible
Aetna	POS	$122.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$564.00	$0.00	35.00%	$35
Celtic	PPO	$207.21	$7,500.00	30.00%	$30
Celtic	PPO	$607.49	$500.00	20.00%	$15
Cigna	PPO	$216.00	$5,000.00	20.00%	$30
Cigna	PPO	$385.00	$1,000.00	20.00%	$25
CoventryOne	PPO	$206.63	$5,000.00	30.00%	$40
CoventryOne	PPO	$487.59	$1,500.00	0.00%	$25
Humana One	PPO	$145.03	$7,500.00	0.00%	Sin cargo después de deducible
Humana One	PPO	$424.38	$1,000.00	20.00%	$35 antes de deducible
UnitedHealthOne	Network	$144.48	$10,000.00	20.00%	No cubre
UnitedHealthOne	Network	$773.28	$500.00	0.00%	$35
Vista	HMO	$227.36	$10,000.00	0.00%	$30
Vista	HMO	$637.48	$0.00	0.00%	$10

Hombre 50 años

AARP	PPO	$202.00	$3,000.00	20.00%	No cubre
AARP	PPO	$507.00	$1,500.00	20.00%	$25 antes del deducible
Aetna	POS	$118.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$548.00	$0.00	35.00%	$35
Av Med	POS	$196.32	$5,000.00	30.00%	$35 por 4 visitas, luego 30% después de deducible
AvMed	POS	$425.54	$500.00	20.00%	$35 antes de deducible
Celtic	PPO	$223.29	$7,500.00	30.00%	$30
Celtic	PPO	$449.60	$5,000.00	0.00%	$35
Cigna	PPO	$217.00	$5,000.00	20.00%	$30
Cigna	PPO	$386.00	$1,000.00	20.00%	$25
CoventryOne	PPO	$242.43	$5,000.00	0.00%	Sin cargo después de deducible
CoventryOne	PPO	$626.67	$1,500.00	0.00%	$25
Humana One	PPO	$228.86	$7,500.00	0.00%	Sin cargo después de deducible
Humana One	PPO	$616.79	$1,000.00	20.00%	$35 antes de deducible
UnitedHealthOne	Network	$150.59	$10,000.00	20.00%	No cubre
UnitedHealthOne	Network	$835.46	$500.00	0.00%	$35
Vista	HMO	$188.53	$10,000.00	0.00%	$30
Vista	HMO	$527.98	$0.00	0.00%	$10

Mujer 64 años

AARP	PPO	$233.00	$3,000.00	20.00%	No cubre
AARP	PPO	$579.00	$1,500.00	20.00%	$25 antes del deducible
Aetna	POS	$137.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$619.00	$0.00	35.00%	$35
AvMed	POS	$253.21	$10,000.00	20.00%	$35 antes de deducible
AvMed	POS	$508.75	$500.00	20.00%	$35 antes de deducible
Celtic	PPO	$273.11	$7,500.00	30.00%	$30
Celtic	PPO	$797.60	$500.00	20.00%	$15
Cigna	PPO	$261.00	$5,000.00	20.00%	$30
Cigna	PPO	$466.00	$1,000.00	20.00%	$25
CoventryOne	PPO	$316.24	$5,000.00	0.00%	Sin cargo después de deducible
CoventryOne	PPO	$817.42	$1,500.00	0.00%	$25
Humana One	PPO	$280.27	$7,500.00	0.00%	Sin cargo después de deducible
Humana One	PPO	$780.97	$1,000.00	20.00%	$35 antes de deducible
UnitedHealthOne	Network	$183.83	$10,000.00	20.00%	No cubre
UnitedHealthOne	Network	$977.75	$500.00	0.00%	$35
Vista	HMO	$219.09	$10,000.00	0.00%	$30
Vista	HMO	$613.57	$0.00	0.00%	$10

Hombre 64 años

AARP	PPO	$237.00	$3,000.00	20.00%	No cubre
AARP	PPO	$587.00	$1,500.00	20.00%	$25 antes del deducible
Aetna	POS	$140.00	$10,000.00	20.00%	$40 de 1-5 visitas, no aplica al deducible, 6 + visitas paciente paga 100%
Aetna	POS	$628.00	$0.00	35.00%	$35
AvMed	POS	$250.30	$5,000.00	20.00%	$35 por 4 visitas, luego 30% después de deducible
AvMed	POS	$548.80	$500.00	20.00%	$35 antes de deducible
Celtic	PPO	$272.37	$7,500.00	30.00%	$30
Celtic	PPO	$542.77	$5,000.00	0.00%	$35
Cigna	PPO	$266.00	$5,000.00	20.00%	$30
Cigna	PPO	$474.00	$1,000.00	20.00%	$25
CoventryOne	PPO	$326.74	$5,000.00	0.00%	Sin cargo después de deducible
CoventryOne	PPO	$844.64	$1,500.00	0.00%	$25
Humana One	PPO	$278.53	$7,500.00	0.00%	Sin cargo después de deducible
Humana One	PPO	$771.21	$1,000.00	20.00%	$35 antes de deducible
UnitedHealthOne	Network	$186.49	$10,000.00	20.00%	No cubre
UnitedHealthOne	Network	$1,034.99	$500.00	0.00%	$35
Vista	HMO	$219.34	$10,000.00	0.00%	$30
Vista	HMO	$614.28	$0.00	0.00%	$10

Fuente: www.ehealthinsurance.com