

Exhibit 3
SoloCare Tobacco Rate Sheets
SoloCare Rate Sheets for Rating Area 9, Murray County

Plan	Expanded Bronze 10027
Plan Marketing Name	SoloCare Vitruvian Plus Bronze HMO 130027
Plan ID	83761GA0130027
Vitruvian Plus HMO	
Age	
0-14	\$254.78
15	\$277.43
16	\$286.08
17	\$294.74
18	\$304.07
19	\$313.39
20	\$323.05
21	\$349.70
22	\$349.70
23	\$349.70
24	\$349.70
25	\$351.09
26	\$358.09
27	\$366.48
28	\$380.12
29	\$391.31
30	\$396.90
31	\$405.30
32	\$413.69
33	\$418.94
34	\$424.53
35	\$427.33
36	\$430.13
37	\$432.92
38	\$435.72
39	\$441.32
40	\$446.91
41	\$455.30
42	\$463.35
43	\$474.54
44	\$488.52
45	\$504.96
46	\$524.54
47	\$546.57
48	\$571.75
49	\$596.58
50	\$624.56
51	\$652.18
52	\$682.61
53	\$713.38
54	\$746.60
55	\$779.82
56	\$815.84
57	\$852.21
58	\$891.02
59	\$910.26
60	\$949.07
61	\$982.64
62	\$1,004.68
63	\$1,032.30
64 and over	\$1,049.09