

Monthly rates effective July 1, 2007

Individual BlueChoices

Individual BlueChoices																								
BlueAdvantage Traditional Network												BlueAdvantage ValueCare Network												
Copayment Plans: You pay \$20 copay for office visits. 20% coinsurance for other Eligible Medical Expenses after the deductible.						Coinsurance Plans: You pay 20% coinsurance for Eligible Medical Expenses after the deductible.						Copayment Plans: You pay \$20 copay for office visits. 20% coinsurance for other Eligible Medical Expenses after the deductible.						Coinsurance Plan You pay 20% coinsurance for Eligible Medical Expenses after the deductible.						
\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500		\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500		
Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
<20	\$121.90	\$121.90	\$107.90	\$107.90	\$94.60	\$94.60	\$76.40	\$76.40	\$63.40	\$63.40	\$54.50	\$54.50	\$115.60	\$115.60	\$101.50	\$101.50	\$89.10	\$89.10	\$72.40	\$72.40	\$59.50	\$59.50	\$51.80	\$51.80
20-24	\$143.90	\$154.30	\$126.70	\$136.20	\$113.70	\$120.60	\$92.20	\$97.50	\$75.30	\$80.60	\$66.50	\$70.50	\$136.40	\$145.50	\$120.40	\$128.50	\$106.80	\$113.70	\$86.90	\$92.10	\$71.40	\$76.60	\$62.40	\$66.40
25-29	\$153.00	\$177.60	\$134.80	\$156.40	\$119.10	\$138.40	\$97.50	\$113.30	\$79.30	\$92.50	\$69.10	\$79.90	\$144.20	\$167.50	\$127.10	\$147.40	\$112.30	\$130.20	\$92.10	\$106.60	\$75.30	\$87.20	\$65.00	\$75.70
30-34	\$195.80	\$230.70	\$171.20	\$203.60	\$152.00	\$179.40	\$123.80	\$146.20	\$101.70	\$120.20	\$89.10	\$106.50	\$184.50	\$218.20	\$162.30	\$192.10	\$143.80	\$169.90	\$117.20	\$138.20	\$96.40	\$113.60	\$83.70	\$99.70
35-39	\$213.90	\$249.00	\$188.70	\$218.40	\$167.20	\$194.60	\$137.10	\$158.10	\$112.30	\$130.70	\$97.10	\$113.10	\$202.60	\$235.10	\$178.50	\$206.90	\$157.60	\$183.50	\$129.00	\$148.80	\$105.70	\$122.80	\$91.70	\$106.30
40-44	\$256.80	\$278.80	\$225.10	\$245.30	\$200.00	\$217.80	\$163.40	\$177.90	\$134.70	\$145.40	\$117.10	\$126.40	\$242.90	\$263.70	\$213.70	\$232.70	\$189.10	\$205.50	\$154.00	\$167.20	\$126.80	\$137.40	\$110.30	\$119.50
45-49	\$290.50	\$303.40	\$254.80	\$266.90	\$224.70	\$237.00	\$184.40	\$192.30	\$150.60	\$158.50	\$133.00	\$138.40	\$274.00	\$287.10	\$240.70	\$252.90	\$212.30	\$223.40	\$173.80	\$181.70	\$142.60	\$149.30	\$124.80	\$130.20
50-54	\$344.90	\$353.90	\$303.30	\$311.30	\$268.50	\$275.40	\$218.80	\$225.30	\$179.70	\$184.90	\$158.40	\$162.40	\$326.10	\$335.10	\$286.80	\$294.90	\$253.40	\$260.30	\$206.70	\$211.90	\$169.00	\$174.40	\$148.80	\$152.70
55-59	\$389.00	\$399.30	\$341.00	\$351.80	\$304.20	\$312.30	\$247.70	\$254.30	\$203.50	\$208.70	\$178.20	\$182.20	\$367.60	\$378.00	\$323.30	\$332.70	\$286.30	\$294.60	\$233.00	\$239.60	\$191.60	\$196.80	\$167.30	\$171.30
60-64	\$460.30	\$460.30	\$404.40	\$404.40	\$359.00	\$359.00	\$292.60	\$292.60	\$239.10	\$239.10	\$210.20	\$210.20	\$435.10	\$435.10	\$382.80	\$382.80	\$338.40	\$338.40	\$275.10	\$275.10	\$225.90	\$225.90	\$197.80	\$197.80
Child*	\$96.00	\$96.00	\$85.00	\$85.00	\$74.00	\$74.00	\$60.60	\$60.60	\$50.20	\$50.20	\$43.90	\$43.90	\$90.90	\$90.90	\$79.80	\$79.80	\$69.90	\$69.90	\$56.60	\$56.60	\$47.60	\$47.60	\$41.10	\$41.10

* Per child, up to three children per family. No additional charge thereafter.

Rates shown are based on one person. See the back to calculate your total family rate per month. Your final monthly rate may be higher depending on your health status.

Individual BlueChoices

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BlueBasic Traditional Network												BlueBasic ValueCare Network												
Copayment Plans: You pay \$30 copay for office visits. 30% coinsurance for other Eligible Medical Expenses after the deductible.						Coinsurance Plans: You pay 30% coinsurance for Eligible Medical Expenses after the deductible.						Copayment Plans: You pay \$30 copay for office visits. 30% coinsurance for other Eligible Medical Expenses after the deductible.						Coinsurance Plans: You pay 30% coinsurance for Eligible Medical Expenses after the deductible.						
\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500		\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500		
Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
<20	\$106.50	\$106.50	\$97.00	\$97.00	\$83.10	\$83.10	\$69.20	\$69.20	\$58.00	\$58.00	\$50.80	\$50.80	\$100.40	\$100.40	\$91.90	\$91.90	\$77.70	\$77.70	\$65.10	\$65.10	\$55.20	\$55.20	\$48.10	\$48.10
20-24	\$127.00	\$134.30	\$115.60	\$122.30	\$99.00	\$105.50	\$81.20	\$87.90	\$68.80	\$72.90	\$61.40	\$64.20	\$119.70	\$127.00	\$109.10	\$115.70	\$93.60	\$98.90	\$77.10	\$82.40	\$64.70	\$68.70	\$57.40	\$60.20
25-29	\$133.10	\$154.80	\$121.00	\$140.90	\$102.80	\$120.00	\$86.60	\$99.90	\$72.90	\$85.00	\$64.20	\$73.50	\$125.80	\$146.40	\$114.40	\$133.00	\$97.40	\$113.30	\$81.10	\$94.40	\$68.70	\$79.50	\$60.20	\$69.40
30-34	\$170.50	\$204.40	\$155.50	\$184.80	\$133.20	\$158.10	\$110.50	\$131.80	\$93.10	\$110.60	\$80.20	\$96.30	\$160.90	\$192.30	\$146.40	\$174.20	\$125.20	\$148.90	\$103.60	\$123.60	\$87.50	\$103.70	\$76.20	\$90.90
35-39	\$187.40	\$218.80	\$170.10	\$198.00	\$145.00	\$168.70	\$121.20	\$141.20	\$101.20	\$118.70	\$89.50	\$102.90	\$176.50	\$206.80	\$161.00	\$187.60	\$137.10	\$159.40	\$114.30	\$132.90	\$95.60	\$111.80	\$84.20	\$97.50
40-44	\$224.90	\$244.30	\$204.70	\$222.00	\$175.30	\$189.90	\$145.10	\$158.50	\$122.80	\$133.50	\$106.90	\$116.20	\$211.70	\$231.00	\$192.90	\$210.20	\$164.70	\$179.10	\$136.90	\$148.90	\$115.80	\$125.20	\$100.30	\$109.60
45-49	\$254.00	\$266.10	\$231.30	\$241.90	\$196.40	\$207.10	\$163.80	\$171.80	\$139.00	\$144.40	\$120.20	\$125.60	\$239.50	\$251.60	\$218.20	\$228.90	\$185.70	\$195.00	\$154.20	\$162.20	\$130.60	\$136.10	\$113.60	\$119.00
50-54	\$302.30	\$310.80	\$275.20	\$281.80	\$234.60	\$239.90	\$194.40	\$201.10	\$164.60	\$168.70	\$143.00	\$147.00	\$285.50	\$292.70	\$259.50	\$266.10	\$221.30	\$226.60	\$183.40	\$188.80	\$154.90	\$158.90	\$135.00	\$139.00
55-59	\$341.10	\$349.50	\$309.70	\$319.00	\$263.70	\$271.50	\$219.70	\$226.30	\$186.20	\$190.20	\$161.70	\$167.10	\$321.70	\$330.10	\$292.70	\$300.70	\$248.90	\$255.50	\$207.40	\$212.70	\$175.10	\$179.10	\$152.30	\$157.70
60-64	\$403.90	\$403.90	\$366.90	\$366.90	\$312.40	\$312.40	\$260.90	\$260.90	\$218.60	\$218.60	\$191.00	\$191.00	\$381.00	\$381.00	\$346.00	\$346.00	\$295.10	\$295.10	\$245.90	\$245.90	\$206.10	\$206.10	\$180.40	\$180.40
Child*	\$84.70	\$84.70	\$77.10	\$77.10	\$65.90	\$65.90	\$54.60	\$54.60	\$45.80	\$45.80	\$40.10	\$40.10	\$79.80	\$79.80	\$73.10	\$73.10	\$61.90	\$61.90	\$51.90	\$51.90	\$43.10	\$43.10	\$37.40	\$37.40