

BluePreferred Underwritten

Virginia



In-Network: ■ **\$100 Deductible**, 90%/10% Coinsurance ■ **\$2,500 Out-of-Pocket**
 Out-of-Network: ■ **\$300 Deductible**, 70%/30% Coinsurance ■ **\$5,000 Out-of-Pocket**
 Prescription: \$10 Generic Copay, \$25 Preferred Brand Copay, \$45 Non-Preferred Brand Copay
 \$100 Deductible, \$1,500 Annual Maximum

Monthly Premium Rates Effective: July 1, 2008

AGE AT EFFECTIVE DATE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$167	—	—	—
6-17	\$148	\$290	\$298	\$395
18-20	\$217	\$423	\$433	\$578
21	\$220	\$429	\$441	\$588
22	\$224	\$437	\$448	\$599
23	\$231	\$451	\$462	\$617
24	\$234	\$458	\$469	\$627
25	\$238	\$466	\$476	\$635
26	\$246	\$480	\$490	\$656
27	\$249	\$487	\$498	\$664
28	\$252	\$495	\$505	\$674
29	\$259	\$505	\$520	\$692
30	\$263	\$512	\$527	\$703
31	\$271	\$527	\$540	\$721
32	\$274	\$534	\$548	\$731
33	\$281	\$548	\$562	\$749
34	\$285	\$555	\$569	\$760
35	\$291	\$569	\$584	\$778
36	\$296	\$577	\$591	\$788
37	\$303	\$591	\$605	\$807
38	\$310	\$605	\$619	\$828
39	\$313	\$612	\$626	\$835
40	\$320	\$626	\$641	\$857
41	\$335	\$651	\$670	\$892
42	\$353	\$688	\$705	\$943
43	\$367	\$716	\$734	\$978
44	\$385	\$752	\$770	\$1,029
45	\$402	\$784	\$806	\$1,074
46	\$421	\$819	\$841	\$1,121
47	\$439	\$856	\$877	\$1,172
48	\$460	\$898	\$920	\$1,229
49	\$481	\$938	\$962	\$1,286
50	\$503	\$981	\$1,006	\$1,343
51	\$525	\$1,024	\$1,049	\$1,400
52	\$550	\$1,070	\$1,099	\$1,469
53	\$575	\$1,120	\$1,149	\$1,533
54	\$599	\$1,171	\$1,199	\$1,600
55	\$629	\$1,224	\$1,256	\$1,676
56	\$657	\$1,281	\$1,313	\$1,755
57	\$689	\$1,342	\$1,378	\$1,841
58	\$718	\$1,399	\$1,435	\$1,916
59	\$753	\$1,471	\$1,507	\$2,012
60	\$785	\$1,532	\$1,571	\$2,098
61	\$821	\$1,603	\$1,643	\$2,192
62	\$861	\$1,678	\$1,722	\$2,298
63	\$900	\$1,754	\$1,801	\$2,402
64	\$940	\$1,833	\$1,878	\$2,510
65	\$982	\$1,915	\$1,964	\$2,624
66 and Over	\$1,029	\$2,008	\$2,058	\$2,746

*To include a maternity benefit, add \$126 to the monthly premium rate.

The actual premium rate may be either 25% or 50% higher than above premium rates based on the Medical Underwriting results.

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 \$100 Deductible, \$1,500 Annual Maximum

Monthly Premium Rates Effective: July 1, 2008

AGE AT EFFECTIVE DATE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$146	—	—	—
6-17	\$130	\$254	\$261	\$346
18-20	\$190	\$370	\$379	\$505
21	\$192	\$376	\$386	\$514
22	\$196	\$382	\$392	\$524
23	\$202	\$395	\$405	\$540
24	\$205	\$401	\$410	\$549
25	\$209	\$407	\$416	\$555
26	\$215	\$420	\$429	\$574
27	\$218	\$426	\$435	\$581
28	\$220	\$433	\$442	\$590
29	\$227	\$442	\$455	\$605
30	\$230	\$448	\$461	\$615
31	\$237	\$461	\$473	\$631
32	\$239	\$467	\$479	\$640
33	\$246	\$479	\$492	\$655
34	\$250	\$485	\$498	\$665
35	\$255	\$498	\$511	\$680
36	\$259	\$504	\$517	\$689
37	\$265	\$517	\$529	\$706
38	\$271	\$529	\$542	\$724
39	\$274	\$535	\$548	\$730
40	\$280	\$548	\$561	\$749
41	\$293	\$570	\$586	\$780
42	\$308	\$601	\$617	\$825
43	\$321	\$626	\$642	\$855
44	\$336	\$658	\$673	\$900
45	\$352	\$686	\$705	\$940
46	\$368	\$716	\$736	\$980
47	\$384	\$748	\$767	\$1,025
48	\$403	\$785	\$804	\$1,075
49	\$421	\$820	\$842	\$1,125
50	\$440	\$858	\$880	\$1,174
51	\$459	\$895	\$917	\$1,224
52	\$481	\$936	\$961	\$1,284
53	\$502	\$979	\$1,005	\$1,340
54	\$524	\$1,024	\$1,048	\$1,399
55	\$550	\$1,070	\$1,098	\$1,465
56	\$574	\$1,120	\$1,148	\$1,534
57	\$602	\$1,173	\$1,205	\$1,610
58	\$628	\$1,223	\$1,255	\$1,675
59	\$658	\$1,286	\$1,318	\$1,759
60	\$686	\$1,339	\$1,374	\$1,834
61	\$718	\$1,402	\$1,436	\$1,916
62	\$753	\$1,467	\$1,505	\$2,009
63	\$787	\$1,533	\$1,574	\$2,100
64	\$822	\$1,602	\$1,642	\$2,194
65	\$859	\$1,674	\$1,717	\$2,294
66 and Over	\$899	\$1,755	\$1,799	\$2,400

*To include a maternity benefit, add \$126 to the monthly premium rate.

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Policy Form Numbers:

V/DP/IEA-5/96 • PPP-A-BPDB-4/96 • CMM/ATTB BPDB-4/96 • VA/CF/DB/ELIG SCH (R. 5/06) • VA/CF/RX3 (R. 1/03) and any attached amendments.