

BluePreferred Underwritten

Virginia



In-Network: ■ **\$750 Deductible**, 80%/20% Coinsurance ■ **\$3,500 Out-of-Pocket**
 Out-of-Network: ■ **\$1,500 Deductible**, 60%/40% Coinsurance ■ **\$7,000 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	\$103	—	—	—
6-17	\$92	\$180	\$184	\$244
18-20	\$134	\$261	\$268	\$357
21	\$136	\$265	\$272	\$363
22	\$138	\$269	\$277	\$370
23	\$143	\$278	\$286	\$381
24	\$145	\$283	\$289	\$387
25	\$147	\$287	\$294	\$392
26	\$152	\$296	\$303	\$405
27	\$154	\$301	\$307	\$410
28	\$155	\$305	\$312	\$416
29	\$160	\$312	\$321	\$427
30	\$163	\$316	\$325	\$434
31	\$167	\$325	\$333	\$445
32	\$169	\$330	\$338	\$451
33	\$173	\$338	\$347	\$461
34	\$176	\$342	\$351	\$469
35	\$180	\$351	\$360	\$479
36	\$182	\$356	\$365	\$486
37	\$187	\$365	\$373	\$497
38	\$191	\$373	\$382	\$510
39	\$193	\$377	\$386	\$514
40	\$198	\$386	\$395	\$528
41	\$207	\$401	\$413	\$549
42	\$217	\$424	\$435	\$581
43	\$226	\$441	\$452	\$602
44	\$237	\$463	\$474	\$634
45	\$248	\$483	\$496	\$662
46	\$259	\$504	\$518	\$690
47	\$270	\$527	\$540	\$722
48	\$284	\$553	\$566	\$757
49	\$296	\$577	\$592	\$792
50	\$310	\$604	\$619	\$827
51	\$323	\$630	\$645	\$862
52	\$338	\$659	\$677	\$904
53	\$354	\$689	\$707	\$943
54	\$369	\$721	\$738	\$984
55	\$387	\$753	\$773	\$1,031
56	\$404	\$788	\$808	\$1,080
57	\$424	\$826	\$848	\$1,132
58	\$442	\$861	\$883	\$1,178
59	\$463	\$904	\$927	\$1,237
60	\$483	\$942	\$966	\$1,290
61	\$505	\$986	\$1,010	\$1,348
62	\$529	\$1,032	\$1,059	\$1,413
63	\$554	\$1,079	\$1,107	\$1,477
64	\$578	\$1,127	\$1,155	\$1,543
65	\$604	\$1,177	\$1,208	\$1,613
66 and Over	\$633	\$1,235	\$1,265	\$1,688

*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.

BluePreferred Underwritten

Virginia

In-Network: ■ **\$2,500 Deductible**, 80%/20% Coinsurance ■ **\$5,000 Out-of-Pocket**
 Out-of-Network: ■ **\$5,000 Deductible**, 60%/40% Coinsurance ■ **\$7,500 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	\$83	—	—	—
6-17	\$73	\$144	\$148	\$196
18-20	\$107	\$209	\$214	\$285
21	\$108	\$212	\$218	\$290
22	\$111	\$216	\$221	\$296
23	\$114	\$223	\$229	\$305
24	\$116	\$226	\$231	\$310
25	\$118	\$230	\$235	\$313
26	\$122	\$237	\$242	\$324
27	\$123	\$241	\$246	\$328
28	\$124	\$244	\$249	\$332
29	\$128	\$249	\$257	\$341
30	\$130	\$253	\$260	\$347
31	\$134	\$260	\$266	\$355
32	\$135	\$264	\$270	\$360
33	\$139	\$270	\$277	\$369
34	\$141	\$274	\$281	\$375
35	\$143	\$281	\$288	\$383
36	\$146	\$284	\$292	\$388
37	\$149	\$292	\$298	\$398
38	\$153	\$298	\$305	\$407
39	\$154	\$301	\$309	\$411
40	\$158	\$309	\$316	\$422
41	\$165	\$321	\$330	\$439
42	\$174	\$339	\$347	\$464
43	\$181	\$352	\$362	\$481
44	\$189	\$370	\$379	\$506
45	\$198	\$386	\$397	\$528
46	\$207	\$403	\$414	\$551
47	\$216	\$421	\$432	\$576
48	\$227	\$442	\$452	\$604
49	\$236	\$461	\$473	\$632
50	\$247	\$482	\$495	\$660
51	\$258	\$503	\$515	\$688
52	\$270	\$526	\$540	\$722
53	\$282	\$550	\$565	\$753
54	\$294	\$575	\$589	\$786
55	\$309	\$601	\$617	\$823
56	\$322	\$629	\$645	\$862
57	\$338	\$659	\$677	\$904
58	\$352	\$687	\$705	\$940
59	\$369	\$722	\$740	\$987
60	\$385	\$752	\$771	\$1,030
61	\$403	\$787	\$806	\$1,076
62	\$423	\$823	\$845	\$1,128
63	\$442	\$861	\$884	\$1,178
64	\$461	\$899	\$921	\$1,231
65	\$482	\$939	\$964	\$1,287
66 and Over	\$505	\$985	\$1,009	\$1,346

*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.

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.