

BluePreferred Underwritten Virginia



In-Network: ■ **\$300 Deductible**, 80%/20% Coinsurance ■ **\$2,500 Out-of-Pocket**
 Out-of-Network: ■ **\$600 Deductible**, 60%/40% 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	\$120	—	—	—
6-17	\$106	\$209	\$214	\$284
18-20	\$155	\$304	\$311	\$414
21	\$158	\$308	\$316	\$422
22	\$161	\$313	\$321	\$430
23	\$166	\$324	\$332	\$442
24	\$168	\$329	\$336	\$450
25	\$171	\$334	\$341	\$455
26	\$176	\$344	\$352	\$471
27	\$178	\$350	\$357	\$476
28	\$181	\$355	\$362	\$483
29	\$186	\$362	\$373	\$496
30	\$189	\$367	\$378	\$504
31	\$194	\$378	\$387	\$517
32	\$196	\$383	\$392	\$524
33	\$201	\$392	\$403	\$536
34	\$205	\$398	\$408	\$545
35	\$209	\$408	\$419	\$557
36	\$212	\$413	\$424	\$565
37	\$217	\$424	\$433	\$578
38	\$222	\$433	\$444	\$593
39	\$224	\$438	\$449	\$598
40	\$230	\$449	\$459	\$614
41	\$240	\$467	\$480	\$639
42	\$253	\$493	\$505	\$675
43	\$263	\$513	\$526	\$700
44	\$276	\$539	\$551	\$737
45	\$288	\$562	\$577	\$769
46	\$302	\$587	\$602	\$803
47	\$314	\$613	\$628	\$839
48	\$330	\$643	\$659	\$880
49	\$344	\$671	\$689	\$921
50	\$360	\$703	\$720	\$961
51	\$376	\$733	\$751	\$1,002
52	\$394	\$766	\$787	\$1,051
53	\$411	\$802	\$823	\$1,097
54	\$429	\$838	\$858	\$1,145
55	\$450	\$876	\$899	\$1,199
56	\$470	\$917	\$940	\$1,256
57	\$493	\$960	\$987	\$1,317
58	\$514	\$1,001	\$1,027	\$1,371
59	\$539	\$1,052	\$1,078	\$1,440
60	\$562	\$1,096	\$1,124	\$1,501
61	\$588	\$1,147	\$1,176	\$1,568
62	\$616	\$1,201	\$1,232	\$1,644
63	\$644	\$1,255	\$1,288	\$1,718
64	\$672	\$1,311	\$1,344	\$1,796
65	\$703	\$1,370	\$1,405	\$1,877
66 and Over	\$736	\$1,437	\$1,472	\$1,964

*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: ■ **\$500 Deductible**, 80%/20% Coinsurance ■ **\$2,500 Out-of-Pocket**
 Out-of-Network: ■ **\$1,000 Deductible**, 60%/40% 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	\$113	—	—	—
6-17	\$100	\$197	\$202	\$268
18-20	\$147	\$287	\$293	\$391
21	\$149	\$290	\$298	\$398
22	\$152	\$295	\$303	\$406
23	\$157	\$305	\$313	\$417
24	\$159	\$310	\$317	\$424
25	\$161	\$315	\$322	\$429
26	\$166	\$325	\$332	\$444
27	\$168	\$330	\$337	\$449
28	\$170	\$335	\$342	\$456
29	\$175	\$342	\$352	\$468
30	\$178	\$347	\$356	\$476
31	\$183	\$356	\$365	\$487
32	\$185	\$361	\$370	\$494
33	\$190	\$370	\$380	\$506
34	\$193	\$375	\$385	\$514
35	\$197	\$385	\$395	\$526
36	\$200	\$390	\$400	\$533
37	\$205	\$400	\$409	\$545
38	\$210	\$409	\$418	\$559
39	\$212	\$414	\$423	\$564
40	\$217	\$423	\$433	\$579
41	\$226	\$440	\$453	\$603
42	\$238	\$465	\$477	\$637
43	\$248	\$483	\$496	\$661
44	\$260	\$508	\$520	\$695
45	\$272	\$530	\$544	\$726
46	\$285	\$553	\$568	\$757
47	\$296	\$578	\$593	\$792
48	\$311	\$606	\$621	\$830
49	\$325	\$633	\$650	\$868
50	\$340	\$663	\$679	\$907
51	\$354	\$691	\$708	\$945
52	\$371	\$723	\$742	\$991
53	\$388	\$756	\$776	\$1,035
54	\$405	\$791	\$809	\$1,080
55	\$424	\$826	\$848	\$1,131
56	\$443	\$864	\$886	\$1,184
57	\$465	\$906	\$930	\$1,242
58	\$484	\$944	\$969	\$1,293
59	\$508	\$992	\$1,017	\$1,358
60	\$530	\$1,034	\$1,060	\$1,416
61	\$554	\$1,082	\$1,109	\$1,479
62	\$581	\$1,132	\$1,162	\$1,551
63	\$607	\$1,183	\$1,215	\$1,620
64	\$634	\$1,237	\$1,267	\$1,693
65	\$663	\$1,292	\$1,325	\$1,770
66 and Over	\$694	\$1,355	\$1,388	\$1,852

*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.