

BluePreferred Underwritten Maryland



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: January 1, 2008

AGE AT EFFECTIVE DATE	INDIVIDUAL	INDIVIDUAL + CHILD(REN)	INDIVIDUAL + ADULT	FAMILY
1-5	\$160	-	-	-
6-17	\$143	\$280	\$286	\$381
18-20	\$208	\$407	\$417	\$556
21	\$213	\$414	\$424	\$567
22	\$216	\$421	\$431	\$577
23	\$223	\$435	\$445	\$594
24	\$226	\$441	\$452	\$604
25	\$230	\$448	\$458	\$611
26	\$237	\$462	\$472	\$632
27	\$240	\$469	\$479	\$639
28	\$243	\$476	\$486	\$650
29	\$250	\$486	\$501	\$667
30	\$254	\$494	\$507	\$677
31	\$261	\$507	\$521	\$694
32	\$264	\$514	\$528	\$704
33	\$271	\$528	\$542	\$721
34	\$274	\$535	\$548	\$732
35	\$281	\$548	\$562	\$749
36	\$284	\$555	\$569	\$759
37	\$291	\$569	\$583	\$777
38	\$298	\$583	\$596	\$798
39	\$302	\$589	\$603	\$805
40	\$308	\$603	\$617	\$825
41	\$322	\$628	\$645	\$859
42	\$339	\$662	\$679	\$908
43	\$354	\$690	\$707	\$942
44	\$371	\$724	\$741	\$990
45	\$388	\$755	\$776	\$1,035
46	\$405	\$790	\$810	\$1,080
47	\$422	\$824	\$845	\$1,128
48	\$443	\$865	\$886	\$1,184
49	\$463	\$903	\$928	\$1,238
50	\$484	\$945	\$969	\$1,293
51	\$505	\$986	\$1,010	\$1,349
52	\$529	\$1,030	\$1,059	\$1,414
53	\$553	\$1,079	\$1,106	\$1,476
54	\$577	\$1,127	\$1,154	\$1,541
55	\$605	\$1,178	\$1,210	\$1,614
56	\$633	\$1,234	\$1,265	\$1,690
57	\$664	\$1,292	\$1,327	\$1,773
58	\$691	\$1,348	\$1,382	\$1,844
59	\$725	\$1,416	\$1,451	\$1,938
60	\$756	\$1,475	\$1,513	\$2,021
61	\$791	\$1,544	\$1,581	\$2,110
62	\$829	\$1,617	\$1,658	\$2,213
63	\$866	\$1,689	\$1,733	\$2,314
64	\$905	\$1,765	\$1,809	\$2,416
65	\$946	\$1,843	\$1,892	\$2,527
66 and Over	\$991	\$1,933	\$1,981	\$2,644

*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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 Out-of-Network: ■ **\$500 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: January 1, 2008

AGE AT EFFECTIVE DATE	INDIVIDUAL	INDIVIDUAL + CHILD(REN)	INDIVIDUAL + ADULT	FAMILY
1-5	\$140	-	-	-
6-17	\$125	\$245	\$250	\$333
18-20	\$182	\$355	\$364	\$486
21	\$186	\$362	\$370	\$495
22	\$188	\$368	\$376	\$504
23	\$194	\$380	\$389	\$519
24	\$197	\$385	\$395	\$528
25	\$201	\$391	\$400	\$534
26	\$207	\$404	\$413	\$551
27	\$209	\$410	\$419	\$558
28	\$212	\$416	\$425	\$567
29	\$218	\$425	\$437	\$582
30	\$222	\$431	\$442	\$591
31	\$228	\$442	\$455	\$606
32	\$230	\$449	\$461	\$615
33	\$237	\$461	\$473	\$630
34	\$239	\$467	\$478	\$639
35	\$245	\$478	\$491	\$654
36	\$248	\$485	\$497	\$663
37	\$254	\$497	\$509	\$678
38	\$260	\$509	\$521	\$696
39	\$264	\$514	\$527	\$703
40	\$269	\$527	\$539	\$720
41	\$281	\$548	\$563	\$750
42	\$296	\$578	\$593	\$792
43	\$309	\$602	\$617	\$822
44	\$324	\$632	\$647	\$864
45	\$338	\$659	\$677	\$904
46	\$353	\$689	\$707	\$942
47	\$368	\$719	\$738	\$985
48	\$387	\$755	\$774	\$1,033
49	\$404	\$789	\$810	\$1,080
50	\$423	\$825	\$846	\$1,129
51	\$440	\$861	\$882	\$1,177
52	\$461	\$899	\$924	\$1,234
53	\$483	\$941	\$965	\$1,288
54	\$504	\$984	\$1,007	\$1,345
55	\$528	\$1,028	\$1,056	\$1,408
56	\$552	\$1,077	\$1,104	\$1,475
57	\$579	\$1,128	\$1,157	\$1,547
58	\$603	\$1,176	\$1,206	\$1,609
59	\$633	\$1,236	\$1,267	\$1,691
60	\$660	\$1,287	\$1,320	\$1,763
61	\$690	\$1,347	\$1,380	\$1,841
62	\$723	\$1,411	\$1,447	\$1,931
63	\$756	\$1,474	\$1,512	\$2,019
64	\$789	\$1,540	\$1,578	\$2,108
65	\$825	\$1,608	\$1,650	\$2,205
66 and Over	\$865	\$1,686	\$1,729	\$2,307

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

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