

BluePreferred-Saver

Underwritten – District of Columbia



In-Network: ■ **\$5,000 Deductible**, 100%/0% Coinsurance ■ **\$5,000 Out-of-Pocket**
 Out-of-Network: ■ **\$10,000 Deductible**, 80%/20% Coinsurance ■ **\$12,500 Out-of-Pocket**
 Prescription: \$15 Generic Copay, \$150 Deductible, \$1,500 Annual Maximum

Monthly Premium Rates Effective: January 1, 2008

AGE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$50	-	-	-
6-17	\$44	\$87	\$88	\$118
18-20	\$64	\$125	\$128	\$170
21	\$65	\$127	\$131	\$174
22	\$66	\$129	\$132	\$177
23	\$68	\$133	\$136	\$182
24	\$69	\$135	\$139	\$185
25	\$70	\$137	\$141	\$187
26	\$73	\$142	\$144	\$193
27	\$74	\$143	\$147	\$195
28	\$74	\$145	\$149	\$199
29	\$76	\$149	\$153	\$203
30	\$77	\$151	\$155	\$207
31	\$80	\$155	\$159	\$211
32	\$81	\$157	\$161	\$215
33	\$83	\$161	\$165	\$220
34	\$84	\$164	\$167	\$223
35	\$85	\$167	\$172	\$228
36	\$86	\$169	\$174	\$232
37	\$89	\$174	\$177	\$236
38	\$91	\$177	\$182	\$243
39	\$92	\$180	\$184	\$245
40	\$94	\$184	\$188	\$251
41	\$98	\$191	\$197	\$262
42	\$103	\$201	\$207	\$276
43	\$108	\$209	\$215	\$287
44	\$113	\$221	\$225	\$300
45	\$118	\$230	\$235	\$314
46	\$123	\$240	\$246	\$328
47	\$129	\$250	\$256	\$342
48	\$134	\$263	\$269	\$358
49	\$141	\$274	\$281	\$376
50	\$147	\$287	\$294	\$392
51	\$153	\$298	\$306	\$409
52	\$160	\$312	\$321	\$428
53	\$167	\$327	\$335	\$446
54	\$174	\$341	\$349	\$466
55	\$183	\$356	\$366	\$488
56	\$191	\$373	\$383	\$510
57	\$200	\$391	\$401	\$535
58	\$208	\$408	\$418	\$557
59	\$219	\$428	\$438	\$585
60	\$229	\$445	\$457	\$610
61	\$239	\$466	\$477	\$637
62	\$251	\$488	\$500	\$668
63	\$262	\$509	\$523	\$698
64	\$273	\$532	\$546	\$729
65	\$285	\$556	\$571	\$762
66 and over	\$299	\$583	\$598	\$797

*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:

DC/DP/IEA-9/95 • PPP-A/DC (4/96) • DC/CF/LC100 (1/05) • DC/CF/LCRX (1/05) and any amendments.

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