

BluePreferred HSA

Underwritten – District of Columbia



In-Network: ■ **\$1,200 Deductible**, 80%/20% Coinsurance ■ **\$2,800 Out-of-Pocket**
 Out-of-Network: ■ **\$2,400 Deductible**, 60%/40% Coinsurance ■ **\$5,000 Out-of-Pocket**
 Prescription: \$10 Generic Copay, \$25 Preferred Brand Copay, \$45 Non-Preferred Brand Copay
Deductible combined with Medical

Monthly Premium Rates Effective: January 1, 2008

AGE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$55	–	–	–
6-17	\$49	\$95	\$97	\$129
18-20	\$69	\$134	\$137	\$184
21	\$70	\$136	\$140	\$187
22	\$71	\$139	\$142	\$190
23	\$72	\$141	\$145	\$193
24	\$73	\$143	\$147	\$197
25	\$75	\$146	\$149	\$199
26	\$76	\$148	\$152	\$203
27	\$77	\$150	\$154	\$206
28	\$78	\$153	\$156	\$209
29	\$79	\$155	\$159	\$212
30	\$82	\$160	\$164	\$218
31	\$84	\$164	\$168	\$225
32	\$87	\$168	\$173	\$231
33	\$89	\$173	\$178	\$237
34	\$91	\$178	\$182	\$244
35	\$94	\$182	\$187	\$250
36	\$96	\$187	\$192	\$256
37	\$98	\$192	\$197	\$263
38	\$101	\$197	\$201	\$269
39	\$103	\$201	\$206	\$275
40	\$105	\$206	\$211	\$282
41	\$110	\$214	\$220	\$294
42	\$116	\$226	\$232	\$310
43	\$121	\$236	\$242	\$322
44	\$127	\$248	\$254	\$339
45	\$133	\$258	\$265	\$354
46	\$139	\$270	\$277	\$370
47	\$145	\$282	\$289	\$386
48	\$152	\$296	\$303	\$405
49	\$159	\$309	\$318	\$424
50	\$166	\$324	\$332	\$443
51	\$173	\$338	\$346	\$462
52	\$181	\$353	\$363	\$485
53	\$190	\$370	\$379	\$506
54	\$198	\$386	\$396	\$529
55	\$207	\$404	\$415	\$553
56	\$217	\$423	\$434	\$579
57	\$228	\$443	\$455	\$608
58	\$237	\$462	\$474	\$633
59	\$249	\$486	\$498	\$665
60	\$260	\$506	\$519	\$693
61	\$271	\$530	\$543	\$724
62	\$284	\$555	\$569	\$760
63	\$297	\$579	\$595	\$794
64	\$310	\$606	\$621	\$830
65	\$325	\$633	\$649	\$867
66 and over	\$340	\$664	\$680	\$908

*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 HSA

Underwritten – District of Columbia

In-Network: ■ **\$2,700 Deductible**, 100%/0% Coinsurance ■ **\$3,200 Out-of-Pocket**
 Out-of-Network: ■ **\$5,400 Deductible**, 80%/20% Coinsurance ■ **\$6,400 Out-of-Pocket**
 Prescription: \$10 Generic Copay, \$25 Preferred Brand Copay, \$45 Non-Preferred Brand Copay
Deductible combined with Medical

Monthly Premium Rates Effective: January 1, 2008

AGE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$49	–	–	–
6-17	\$43	\$85	\$87	\$116
18-20	\$61	\$120	\$123	\$164
21	\$63	\$122	\$125	\$167
22	\$64	\$124	\$127	\$170
23	\$65	\$126	\$129	\$173
24	\$66	\$128	\$131	\$176
25	\$67	\$130	\$134	\$178
26	\$68	\$133	\$136	\$181
27	\$69	\$135	\$138	\$184
28	\$70	\$137	\$140	\$187
29	\$71	\$139	\$142	\$190
30	\$73	\$143	\$146	\$195
31	\$75	\$146	\$151	\$201
32	\$77	\$151	\$155	\$207
33	\$80	\$155	\$159	\$212
34	\$82	\$159	\$163	\$218
35	\$84	\$163	\$167	\$224
36	\$86	\$167	\$172	\$229
37	\$88	\$172	\$176	\$235
38	\$90	\$176	\$180	\$241
39	\$92	\$180	\$184	\$246
40	\$94	\$184	\$189	\$252
41	\$99	\$192	\$197	\$263
42	\$104	\$202	\$208	\$278
43	\$108	\$211	\$216	\$288
44	\$113	\$222	\$227	\$303
45	\$119	\$231	\$237	\$317
46	\$124	\$242	\$248	\$331
47	\$129	\$252	\$259	\$346
48	\$136	\$265	\$271	\$363
49	\$142	\$277	\$284	\$380
50	\$148	\$289	\$297	\$396
51	\$155	\$302	\$310	\$413
52	\$162	\$316	\$324	\$434
53	\$170	\$331	\$339	\$453
54	\$177	\$346	\$354	\$473
55	\$186	\$361	\$371	\$495
56	\$194	\$378	\$388	\$518
57	\$204	\$396	\$407	\$544
58	\$212	\$413	\$424	\$566
59	\$223	\$435	\$445	\$595
60	\$232	\$453	\$464	\$620
61	\$243	\$474	\$486	\$648
62	\$254	\$496	\$509	\$680
63	\$266	\$518	\$532	\$710
64	\$278	\$542	\$555	\$742
65	\$290	\$566	\$581	\$776
66 and over	\$304	\$594	\$608	\$812

*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 • PP-A/DC-4/96 • DC/CF/DB/ELIG SCH (9/05) • DC/CF/HSA100 (6/05) • DC/CF/HSA80 (6/05) • DC/CF/IND HSA RX3 (6/05) and any amendments.