

BluePreferred Underwritten District of Columbia



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: January 1, 2008

AGE AT EFFECTIVE DATE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$88	-	-	-
6-17	\$79	\$153	\$157	\$208
18-20	\$114	\$222	\$228	\$304
21	\$116	\$227	\$232	\$310
22	\$118	\$230	\$235	\$315
23	\$122	\$238	\$243	\$324
24	\$123	\$241	\$246	\$329
25	\$126	\$245	\$250	\$333
26	\$129	\$252	\$257	\$345
27	\$131	\$256	\$261	\$349
28	\$133	\$260	\$266	\$354
29	\$137	\$266	\$273	\$363
30	\$138	\$269	\$277	\$369
31	\$142	\$277	\$284	\$378
32	\$144	\$280	\$288	\$384
33	\$148	\$288	\$295	\$393
34	\$149	\$292	\$299	\$399
35	\$154	\$299	\$306	\$408
36	\$155	\$303	\$310	\$414
37	\$159	\$310	\$317	\$423
38	\$162	\$317	\$325	\$434
39	\$165	\$321	\$328	\$438
40	\$168	\$328	\$337	\$449
41	\$176	\$342	\$351	\$468
42	\$184	\$360	\$370	\$494
43	\$193	\$376	\$385	\$513
44	\$201	\$394	\$403	\$539
45	\$211	\$411	\$422	\$563
46	\$220	\$430	\$441	\$587
47	\$230	\$448	\$459	\$613
48	\$241	\$470	\$481	\$644
49	\$252	\$491	\$504	\$673
50	\$264	\$513	\$527	\$703
51	\$275	\$536	\$549	\$733
52	\$287	\$561	\$575	\$769
53	\$301	\$586	\$601	\$802
54	\$314	\$612	\$627	\$837
55	\$329	\$640	\$657	\$876
56	\$343	\$671	\$687	\$918
57	\$360	\$702	\$721	\$962
58	\$375	\$732	\$750	\$1,002
59	\$394	\$769	\$788	\$1,052
60	\$411	\$801	\$821	\$1,097
61	\$429	\$838	\$859	\$1,145
62	\$450	\$878	\$900	\$1,202
63	\$471	\$917	\$941	\$1,256
64	\$491	\$957	\$982	\$1,312
65	\$513	\$1,001	\$1,027	\$1,372
66 and over	\$538	\$1,049	\$1,076	\$1,434

*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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