

BlueChoice Underwritten District of Columbia

Monthly Premium Rates Effective: January 1, 2008

FAMILY	AGE	HIGH OPTION \$10/\$20 Copays	MEDIUM OPTION \$15/\$25 Copays	LOW OPTION \$20/\$30 Copays
	1-5	-	-	-
	6-17	\$255	\$230	\$204
	18-20	\$372	\$336	\$297
	21	\$380	\$342	\$302
	22	\$386	\$348	\$307
	23	\$398	\$359	\$317
	24	\$404	\$365	\$323
	25	\$409	\$369	\$326
	26	\$423	\$382	\$337
	27	\$428	\$385	\$340
	28	\$434	\$392	\$346
	29	\$446	\$402	\$355
	30	\$452	\$408	\$361
	31	\$464	\$419	\$370
	32	\$471	\$425	\$375
	33	\$482	\$435	\$384
	34	\$490	\$441	\$390
	35	\$500	\$453	\$399
	36	\$508	\$458	\$404
	37	\$520	\$469	\$414
	38	\$533	\$481	\$425
	39	\$538	\$486	\$428
	40	\$551	\$497	\$439
	41	\$574	\$519	\$457
	42	\$607	\$547	\$483
	43	\$630	\$568	\$501
	44	\$661	\$597	\$527
	45	\$691	\$624	\$550
	46	\$721	\$651	\$574
	47	\$753	\$680	\$599
	48	\$790	\$713	\$629
	49	\$827	\$746	\$658
	50	\$863	\$780	\$687
	51	\$900	\$813	\$716
	52	\$944	\$852	\$751
	53	\$985	\$889	\$784
	54	\$1,029	\$928	\$818
	55	\$1,077	\$972	\$856
	56	\$1,128	\$1,017	\$896
	57	\$1,183	\$1,067	\$940
	58	\$1,231	\$1,110	\$978
	59	\$1,293	\$1,166	\$1,028
	60	\$1,348	\$1,216	\$1,072
	61	\$1,408	\$1,269	\$1,119
	62	\$1,477	\$1,332	\$1,174
	63	\$1,543	\$1,392	\$1,226
	64	\$1,612	\$1,454	\$1,282
	65*	\$1,686	\$1,520	\$1,340
	66 and over*	\$1,763	\$1,591	\$1,401
	Optional Extended Maternity	\$126	\$126	\$126
	Optional Dental Coverage†	\$30	\$30	\$30

† Monthly dental benefit premium rates effective 12/1/2003.

The actual premium rate may be either 25% or 50% higher than above premium rates based on the Medical Underwriting results.

*If you are age 65 or older, you can only apply for CareFirst BlueChoice if you are NOT eligible for Medicare.

Policy Form Numbers:

DC/CC/UW-EOC (3/01); DC/CC/Plan A Schedule (3/01); DC/CC/Plan C Schedule (3/01); DC/CC/Ind Drug (3/01); as amended.