

BlueChoice Underwritten District of Columbia

Monthly Premium Rates Effective: January 1, 2008

INDIVIDUAL & CHILD(REN)	AGE	HIGH OPTION \$10/\$20 Copays	MEDIUM OPTION \$15/\$25 Copays	LOW OPTION \$20/\$30 Copays
	1-5	-	-	-
	6-17	\$188	\$169	\$150
	18-20	\$272	\$246	\$217
	21	\$278	\$251	\$221
	22	\$282	\$255	\$225
	23	\$291	\$262	\$232
	24	\$296	\$267	\$235
	25	\$300	\$271	\$239
	26	\$309	\$279	\$247
	27	\$314	\$284	\$251
	28	\$319	\$288	\$254
	29	\$326	\$294	\$259
	30	\$330	\$298	\$262
	31	\$339	\$307	\$271
	32	\$344	\$311	\$274
	33	\$353	\$318	\$281
	34	\$358	\$323	\$285
	35	\$367	\$331	\$292
	36	\$371	\$335	\$296
	37	\$380	\$344	\$303
	38	\$389	\$351	\$310
	39	\$394	\$356	\$313
	40	\$403	\$364	\$322
	41	\$419	\$379	\$334
	42	\$442	\$400	\$352
	43	\$461	\$416	\$367
	44	\$484	\$437	\$385
	45	\$505	\$455	\$401
	46	\$528	\$476	\$420
	47	\$550	\$496	\$438
	48	\$578	\$522	\$460
	49	\$603	\$545	\$479
	50	\$630	\$569	\$502
	51	\$659	\$594	\$523
	52	\$689	\$621	\$547
	53	\$720	\$650	\$573
	54	\$752	\$679	\$598
	55	\$787	\$710	\$625
	56	\$824	\$743	\$655
	57	\$862	\$779	\$686
	58	\$899	\$812	\$715
	59	\$945	\$852	\$752
	60	\$984	\$888	\$783
	61	\$1,030	\$929	\$818
	62	\$1,079	\$973	\$857
	63	\$1,127	\$1,016	\$895
	64	\$1,177	\$1,062	\$936
	65*	\$1,230	\$1,109	\$977
	66 and over*	\$1,289	\$1,163	\$1,025
	Optional Extended Maternity	\$126	\$126	\$126
	Optional Dental Coverage†	\$20	\$20	\$20

† 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.