

BlueChoice Underwritten District of Columbia



Monthly Premium Rates Effective: January 1, 2008

INDIVIDUAL	AGE	HIGH OPTION \$10/\$20 Copays	MEDIUM OPTION \$15/\$25 Copays	LOW OPTION \$20/\$30 Copays
	1-5	\$107	\$97	\$86
	6-17	\$97	\$87	\$77
	18-20	\$140	\$127	\$111
	21	\$142	\$128	\$113
	22	\$145	\$130	\$115
	23	\$149	\$134	\$118
	24	\$151	\$137	\$121
	25	\$154	\$138	\$123
	26	\$158	\$143	\$126
	27	\$160	\$145	\$128
	28	\$163	\$147	\$130
	29	\$167	\$151	\$134
	30	\$169	\$153	\$135
	31	\$174	\$157	\$138
	32	\$177	\$160	\$141
	33	\$181	\$164	\$144
	34	\$184	\$166	\$147
	35	\$188	\$170	\$150
	36	\$190	\$171	\$151
	37	\$195	\$176	\$155
	38	\$199	\$180	\$159
	39	\$202	\$183	\$161
	40	\$207	\$186	\$164
	41	\$216	\$194	\$172
	42	\$226	\$204	\$181
	43	\$237	\$213	\$188
	44	\$247	\$223	\$198
	45	\$259	\$234	\$206
	46	\$270	\$244	\$215
	47	\$282	\$255	\$225
	48	\$296	\$267	\$236
	49	\$309	\$279	\$246
	50	\$324	\$292	\$257
	51	\$337	\$305	\$269
	52	\$353	\$319	\$281
	53	\$369	\$333	\$294
	54	\$386	\$348	\$307
	55	\$404	\$364	\$321
	56	\$422	\$381	\$335
	57	\$443	\$399	\$352
	58	\$461	\$416	\$367
	59	\$484	\$437	\$385
	60	\$505	\$455	\$401
	61	\$527	\$476	\$419
	62	\$553	\$499	\$439
	63	\$578	\$521	\$460
	64	\$604	\$544	\$480
	65*	\$631	\$569	\$501
	66 and over*	\$661	\$596	\$525
	Optional Extended Maternity	\$126	\$126	\$126
	Optional Dental Coverage†	\$10	\$10	\$10

† 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.

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