

BluePreferred Underwritten Maryland

In-Network: ■ **\$300 Deductible**, 90%/10% Coinsurance ■ **\$2,500 Out-of-Pocket**
 Out-of-Network: ■ **\$500 Deductible**, 70%/30% Coinsurance ■ **\$5,000 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	\$140	-	-	-
6-17	\$125	\$245	\$250	\$333
18-20	\$182	\$355	\$364	\$486
21	\$186	\$362	\$370	\$495
22	\$188	\$368	\$376	\$504
23	\$194	\$380	\$389	\$519
24	\$197	\$385	\$395	\$528
25	\$201	\$391	\$400	\$534
26	\$207	\$404	\$413	\$551
27	\$209	\$410	\$419	\$558
28	\$212	\$416	\$425	\$567
29	\$218	\$425	\$437	\$582
30	\$222	\$431	\$442	\$591
31	\$228	\$442	\$455	\$606
32	\$230	\$449	\$461	\$615
33	\$237	\$461	\$473	\$630
34	\$239	\$467	\$478	\$639
35	\$245	\$478	\$491	\$654
36	\$248	\$485	\$497	\$663
37	\$254	\$497	\$509	\$678
38	\$260	\$509	\$521	\$696
39	\$264	\$514	\$527	\$703
40	\$269	\$527	\$539	\$720
41	\$281	\$548	\$563	\$750
42	\$296	\$578	\$593	\$792
43	\$309	\$602	\$617	\$822
44	\$324	\$632	\$647	\$864
45	\$338	\$659	\$677	\$904
46	\$353	\$689	\$707	\$942
47	\$368	\$719	\$738	\$985
48	\$387	\$755	\$774	\$1,033
49	\$404	\$789	\$810	\$1,080
50	\$423	\$825	\$846	\$1,129
51	\$440	\$861	\$882	\$1,177
52	\$461	\$899	\$924	\$1,234
53	\$483	\$941	\$965	\$1,288
54	\$504	\$984	\$1,007	\$1,345
55	\$528	\$1,028	\$1,056	\$1,408
56	\$552	\$1,077	\$1,104	\$1,475
57	\$579	\$1,128	\$1,157	\$1,547
58	\$603	\$1,176	\$1,206	\$1,609
59	\$633	\$1,236	\$1,267	\$1,691
60	\$660	\$1,287	\$1,320	\$1,763
61	\$690	\$1,347	\$1,380	\$1,841
62	\$723	\$1,411	\$1,447	\$1,931
63	\$756	\$1,474	\$1,512	\$2,019
64	\$789	\$1,540	\$1,578	\$2,108
65	\$825	\$1,608	\$1,650	\$2,205
66 and Over	\$865	\$1,686	\$1,729	\$2,307

*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:

IEA/OE DP MD • DOCS-PPO/M • CMM/MM ATTB • C-DP 1/95 • MD/CF/RX3 (R. 1/03) and any amendments.