

BlueChoice Health Savings Account

Underwritten - Maryland



- **\$30/\$40 Copay**
- **\$1,200 Individual Deductible**
- **\$2,400 Individual Out-of-Pocket**
- **\$2,400 Family Deductible**
- **\$4,800 Family Out-of-Pocket**
- **Rx \$5 Generic Copay, \$25 Preferred Brand Copay, \$45 Non-Preferred Brand Copay**
- Deductible combined with Medical**

Monthly Premium Rates Effective: January 1, 2008

AGE AT EFFECTIVE DATE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$53	-	-	-
6-17	\$47	\$92	\$94	\$125
18-20	\$67	\$130	\$134	\$178
21	\$68	\$132	\$136	\$182
22	\$69	\$135	\$138	\$184
23	\$70	\$137	\$140	\$188
24	\$71	\$139	\$143	\$191
25	\$73	\$142	\$145	\$193
26	\$74	\$144	\$147	\$197
27	\$75	\$146	\$150	\$200
28	\$76	\$149	\$152	\$203
29	\$77	\$151	\$154	\$206
30	\$79	\$155	\$159	\$212
31	\$82	\$159	\$163	\$219
32	\$84	\$163	\$168	\$224
33	\$86	\$168	\$173	\$230
34	\$89	\$173	\$177	\$237
35	\$91	\$177	\$182	\$243
36	\$93	\$182	\$186	\$249
37	\$96	\$186	\$191	\$256
38	\$98	\$191	\$196	\$261
39	\$100	\$196	\$200	\$267
40	\$102	\$200	\$205	\$274
41	\$107	\$208	\$214	\$285
42	\$113	\$220	\$226	\$302
43	\$117	\$229	\$235	\$313
44	\$123	\$241	\$246	\$329
45	\$129	\$251	\$258	\$344
46	\$135	\$262	\$269	\$359
47	\$140	\$274	\$281	\$375
48	\$147	\$288	\$295	\$394
49	\$154	\$300	\$309	\$412
50	\$161	\$314	\$322	\$431
51	\$168	\$328	\$336	\$449
52	\$176	\$343	\$352	\$471
53	\$184	\$359	\$368	\$492
54	\$192	\$375	\$385	\$513
55	\$201	\$393	\$403	\$538
56	\$211	\$411	\$421	\$563
57	\$221	\$431	\$442	\$591
58	\$230	\$449	\$460	\$615
59	\$242	\$472	\$484	\$646
60	\$252	\$492	\$504	\$673
61	\$264	\$515	\$527	\$703
62	\$276	\$539	\$553	\$738
63	\$289	\$563	\$578	\$771
64	\$302	\$588	\$603	\$806
65*	\$315	\$615	\$631	\$843

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

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