

# BlueChoice Health Savings Account

Underwritten - Virginia

- \$30/\$40 Copay
- \$2,700 Individual Deductible
- \$5,250 Individual Out-of-Pocket
- \$5,400 Family Deductible
- \$10,500 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	\$42	-	-	-
6-17	\$38	\$74	\$75	\$100
18-20	\$53	\$104	\$107	\$143
21	\$54	\$106	\$108	\$145
22	\$55	\$108	\$110	\$147
23	\$56	\$109	\$112	\$150
24	\$57	\$111	\$114	\$153
25	\$58	\$113	\$116	\$154
26	\$59	\$115	\$118	\$157
27	\$60	\$117	\$120	\$160
28	\$61	\$119	\$121	\$162
29	\$62	\$120	\$123	\$165
30	\$63	\$124	\$127	\$169
31	\$65	\$127	\$131	\$175
32	\$67	\$131	\$134	\$179
33	\$69	\$134	\$138	\$184
34	\$71	\$138	\$142	\$189
35	\$73	\$142	\$145	\$194
36	\$74	\$145	\$149	\$199
37	\$76	\$149	\$153	\$204
38	\$78	\$153	\$156	\$209
39	\$80	\$156	\$160	\$213
40	\$82	\$160	\$164	\$219
41	\$86	\$166	\$171	\$228
42	\$90	\$176	\$180	\$241
43	\$94	\$183	\$188	\$250
44	\$98	\$192	\$197	\$263
45	\$103	\$200	\$206	\$275
46	\$108	\$210	\$215	\$287
47	\$112	\$219	\$224	\$300
48	\$118	\$230	\$235	\$314
49	\$123	\$240	\$246	\$329
50	\$129	\$251	\$257	\$344
51	\$134	\$262	\$268	\$359
52	\$141	\$274	\$281	\$376
53	\$147	\$287	\$294	\$393
54	\$154	\$300	\$307	\$410
55	\$161	\$314	\$322	\$429
56	\$168	\$328	\$337	\$450
57	\$177	\$344	\$353	\$472
58	\$184	\$359	\$368	\$491
59	\$193	\$377	\$386	\$516
60	\$201	\$393	\$403	\$538
61	\$211	\$411	\$421	\$562
62	\$221	\$430	\$441	\$589
63	\$231	\$450	\$462	\$616
64	\$241	\$470	\$482	\$644
65*	\$252	\$491	\$504	\$673
66 and over*	\$264	\$515	\$528	\$704

\*If you are age 65 or older, you can only apply for BlueChoice HSA 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.