

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, 2009

AGE AT EFFECTIVE DATE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$48	-	-	-
6-17	\$43	\$84	\$86	\$115
18-20	\$61	\$119	\$122	\$163
21	\$62	\$121	\$124	\$166
22	\$63	\$123	\$126	\$168
23	\$64	\$125	\$128	\$172
24	\$65	\$127	\$131	\$175
25	\$66	\$129	\$133	\$177
26	\$67	\$132	\$135	\$180
27	\$68	\$134	\$137	\$183
28	\$69	\$136	\$139	\$185
29	\$71	\$138	\$141	\$188
30	\$73	\$142	\$145	\$194
31	\$75	\$145	\$149	\$200
32	\$77	\$149	\$154	\$205
33	\$79	\$154	\$158	\$211
34	\$81	\$158	\$162	\$217
35	\$83	\$162	\$166	\$222
36	\$85	\$166	\$171	\$227
37	\$87	\$171	\$175	\$234
38	\$89	\$175	\$179	\$239
39	\$92	\$179	\$183	\$244
40	\$94	\$183	\$187	\$251
41	\$98	\$191	\$196	\$261
42	\$103	\$201	\$206	\$276
43	\$107	\$210	\$215	\$286
44	\$113	\$220	\$225	\$301
45	\$118	\$230	\$236	\$315
46	\$123	\$240	\$246	\$328
47	\$128	\$251	\$257	\$343
48	\$135	\$263	\$270	\$360
49	\$141	\$275	\$282	\$377
50	\$147	\$287	\$295	\$394
51	\$154	\$300	\$307	\$411
52	\$161	\$314	\$322	\$431
53	\$168	\$328	\$337	\$450
54	\$176	\$343	\$352	\$470
55	\$184	\$359	\$368	\$492
56	\$193	\$376	\$385	\$515
57	\$202	\$394	\$404	\$540
58	\$211	\$411	\$421	\$562
59	\$221	\$432	\$442	\$591
60	\$231	\$450	\$461	\$616
61	\$241	\$471	\$482	\$643
62	\$253	\$493	\$505	\$675
63	\$264	\$515	\$529	\$705
64	\$276	\$538	\$552	\$737
65*	\$288	\$562	\$577	\$771
66 and over*	\$302	\$590	\$604	\$806

*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.