

BluePreferred Underwritten Maryland

In-Network: ■ **\$500 Deductible**, 80%/20% Coinsurance ■ **\$2,500 Out-of-Pocket**
 Out-of-Network: ■ **\$750 Deductible**, 60%/40% Coinsurance ■ **\$4,000 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	\$116	-	-	-
6-17	\$104	\$204	\$208	\$277
18-20	\$151	\$295	\$302	\$403
21	\$154	\$300	\$307	\$411
22	\$156	\$305	\$313	\$419
23	\$161	\$316	\$323	\$431
24	\$164	\$320	\$328	\$438
25	\$167	\$325	\$332	\$443
26	\$172	\$335	\$342	\$458
27	\$174	\$340	\$348	\$463
28	\$176	\$346	\$353	\$471
29	\$181	\$353	\$363	\$483
30	\$184	\$358	\$367	\$491
31	\$189	\$367	\$377	\$503
32	\$191	\$372	\$383	\$510
33	\$196	\$383	\$393	\$522
34	\$198	\$388	\$397	\$531
35	\$204	\$397	\$407	\$543
36	\$206	\$402	\$412	\$550
37	\$211	\$412	\$423	\$563
38	\$216	\$423	\$432	\$578
39	\$219	\$427	\$437	\$583
40	\$223	\$437	\$447	\$598
41	\$233	\$455	\$467	\$622
42	\$246	\$479	\$492	\$657
43	\$256	\$500	\$512	\$682
44	\$268	\$525	\$537	\$717
45	\$281	\$547	\$562	\$750
46	\$293	\$572	\$586	\$782
47	\$305	\$597	\$612	\$817
48	\$321	\$626	\$642	\$857
49	\$335	\$654	\$672	\$896
50	\$351	\$684	\$701	\$936
51	\$365	\$714	\$731	\$976
52	\$383	\$746	\$766	\$1,023
53	\$400	\$781	\$800	\$1,068
54	\$418	\$816	\$835	\$1,115
55	\$438	\$853	\$875	\$1,167
56	\$458	\$893	\$915	\$1,223
57	\$480	\$935	\$960	\$1,283
58	\$500	\$975	\$1,000	\$1,334
59	\$525	\$1,024	\$1,050	\$1,402
60	\$547	\$1,067	\$1,094	\$1,462
61	\$572	\$1,117	\$1,144	\$1,526
62	\$600	\$1,170	\$1,199	\$1,601
63	\$626	\$1,222	\$1,254	\$1,674
64	\$654	\$1,277	\$1,308	\$1,748
65	\$684	\$1,333	\$1,368	\$1,828
66 and Over	\$717	\$1,398	\$1,433	\$1,912

*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.