

# BluePreferred Underwritten

## Virginia

In-Network: ■ **\$2,500 Deductible**, 80%/20% Coinsurance      ■ **\$5,000 Out-of-Pocket**  
 Out-of-Network: ■ **\$5,000 Deductible**, 60%/40% Coinsurance      ■ **\$7,500 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, 2009

AGE AT EFFECTIVE DATE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$91	—	—	—
6-17	\$81	\$158	\$162	\$215
18-20	\$118	\$230	\$235	\$313
21	\$119	\$233	\$239	\$319
22	\$122	\$237	\$243	\$325
23	\$126	\$245	\$251	\$334
24	\$127	\$249	\$254	\$340
25	\$129	\$252	\$258	\$344
26	\$133	\$260	\$266	\$356
27	\$135	\$264	\$270	\$360
28	\$136	\$268	\$274	\$365
29	\$140	\$274	\$282	\$375
30	\$143	\$278	\$286	\$381
31	\$147	\$286	\$292	\$390
32	\$148	\$290	\$296	\$396
33	\$152	\$296	\$304	\$405
34	\$155	\$300	\$308	\$412
35	\$158	\$308	\$316	\$421
36	\$160	\$312	\$320	\$426
37	\$164	\$320	\$327	\$437
38	\$168	\$327	\$335	\$448
39	\$169	\$331	\$339	\$452
40	\$173	\$339	\$347	\$463
41	\$181	\$352	\$363	\$482
42	\$191	\$372	\$381	\$510
43	\$199	\$387	\$397	\$529
44	\$208	\$407	\$416	\$556
45	\$217	\$424	\$436	\$581
46	\$228	\$443	\$455	\$606
47	\$237	\$462	\$474	\$633
48	\$249	\$485	\$497	\$664
49	\$260	\$506	\$520	\$695
50	\$272	\$530	\$543	\$725
51	\$284	\$553	\$566	\$756
52	\$297	\$578	\$594	\$793
53	\$310	\$605	\$621	\$828
54	\$324	\$632	\$647	\$864
55	\$339	\$661	\$678	\$905
56	\$354	\$691	\$708	\$947
57	\$372	\$724	\$744	\$993
58	\$387	\$755	\$775	\$1,034
59	\$406	\$793	\$813	\$1,085
60	\$423	\$827	\$848	\$1,132
61	\$443	\$865	\$886	\$1,182
62	\$464	\$905	\$929	\$1,240
63	\$486	\$946	\$971	\$1,295
64	\$507	\$989	\$1,013	\$1,354
65	\$530	\$1,033	\$1,059	\$1,415
66 and Over	\$555	\$1,083	\$1,110	\$1,480

\*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:

V/DP/IEA-5/96 • PPP-A-BPDB-4/96 • CMM/ATTB BPDB-4/96 • VA/CF/DB/ELIG SCH (R. 5/06) • VA/CF/RX3 (R. 1/03) and any attached amendments.