

BluePreferred Underwritten

Virginia



In-Network: ■ **\$750 Deductible**, 80%/20% Coinsurance ■ **\$3,500 Out-of-Pocket**
 Out-of-Network: ■ **\$1,500 Deductible**, 60%/40% Coinsurance ■ **\$7,000 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: August 1, 2009

AGE AT EFFECTIVE DATE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$128	—	—	—
6-17	\$113	\$222	\$227	\$302
18-20	\$165	\$323	\$331	\$441
21	\$168	\$327	\$336	\$448
22	\$171	\$333	\$342	\$457
23	\$176	\$344	\$353	\$471
24	\$179	\$350	\$357	\$478
25	\$182	\$355	\$363	\$484
26	\$188	\$366	\$374	\$501
27	\$190	\$372	\$380	\$506
28	\$192	\$377	\$385	\$514
29	\$198	\$385	\$396	\$527
30	\$201	\$391	\$402	\$536
31	\$206	\$402	\$412	\$550
32	\$209	\$407	\$417	\$557
33	\$214	\$417	\$429	\$571
34	\$218	\$423	\$434	\$580
35	\$222	\$434	\$445	\$593
36	\$225	\$440	\$451	\$601
37	\$231	\$451	\$461	\$615
38	\$236	\$461	\$472	\$631
39	\$239	\$466	\$477	\$636
40	\$244	\$477	\$489	\$653
41	\$255	\$496	\$511	\$680
42	\$269	\$524	\$537	\$718
43	\$280	\$545	\$560	\$745
44	\$293	\$573	\$586	\$784
45	\$307	\$597	\$614	\$819
46	\$321	\$624	\$641	\$854
47	\$334	\$652	\$669	\$893
48	\$351	\$684	\$701	\$936
49	\$367	\$714	\$733	\$980
50	\$383	\$748	\$766	\$1,023
51	\$400	\$780	\$799	\$1,066
52	\$419	\$815	\$838	\$1,119
53	\$438	\$853	\$875	\$1,168
54	\$457	\$892	\$913	\$1,219
55	\$479	\$932	\$957	\$1,276
56	\$500	\$975	\$1,000	\$1,336
57	\$524	\$1,022	\$1,050	\$1,402
58	\$547	\$1,065	\$1,093	\$1,459
59	\$573	\$1,120	\$1,148	\$1,532
60	\$598	\$1,167	\$1,197	\$1,598
61	\$625	\$1,221	\$1,251	\$1,669
62	\$655	\$1,278	\$1,311	\$1,750
63	\$685	\$1,335	\$1,371	\$1,829
64	\$715	\$1,395	\$1,430	\$1,911
65	\$748	\$1,458	\$1,496	\$1,998
66 and Over	\$783	\$1,529	\$1,567	\$2,090

*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.

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: August 1, 2009

AGE AT EFFECTIVE DATE	INDIVIDUAL	INDIVIDUAL & CHILD(REN)	INDIVIDUAL & ADULT	FAMILY
1-5	\$101	-	-	-
6-17	\$89	\$175	\$180	\$239
18-20	\$131	\$255	\$261	\$348
21	\$132	\$259	\$266	\$354
22	\$135	\$263	\$270	\$361
23	\$139	\$272	\$279	\$372
24	\$141	\$276	\$282	\$378
25	\$144	\$280	\$287	\$382
26	\$148	\$289	\$295	\$395
27	\$150	\$294	\$300	\$400
28	\$152	\$298	\$304	\$406
29	\$156	\$304	\$313	\$416
30	\$159	\$308	\$317	\$423
31	\$163	\$317	\$325	\$434
32	\$165	\$322	\$329	\$440
33	\$169	\$329	\$338	\$450
34	\$172	\$334	\$343	\$457
35	\$175	\$343	\$351	\$468
36	\$178	\$347	\$356	\$474
37	\$182	\$356	\$364	\$485
38	\$187	\$364	\$372	\$498
39	\$188	\$368	\$377	\$502
40	\$193	\$377	\$385	\$515
41	\$202	\$392	\$403	\$536
42	\$212	\$413	\$424	\$567
43	\$221	\$430	\$441	\$588
44	\$231	\$452	\$462	\$618
45	\$242	\$471	\$484	\$645
46	\$253	\$492	\$505	\$673
47	\$264	\$514	\$527	\$704
48	\$277	\$539	\$553	\$738
49	\$289	\$563	\$578	\$772
50	\$302	\$589	\$604	\$806
51	\$315	\$615	\$630	\$841
52	\$330	\$643	\$660	\$882
53	\$345	\$672	\$690	\$920
54	\$360	\$703	\$720	\$960
55	\$377	\$735	\$754	\$1,006
56	\$394	\$769	\$788	\$1,053
57	\$413	\$805	\$827	\$1,105
58	\$431	\$840	\$861	\$1,149
59	\$452	\$882	\$904	\$1,207
60	\$471	\$919	\$943	\$1,259
61	\$493	\$962	\$986	\$1,315
62	\$516	\$1,007	\$1,033	\$1,379
63	\$540	\$1,052	\$1,080	\$1,441
64	\$564	\$1,099	\$1,126	\$1,506
65	\$589	\$1,148	\$1,178	\$1,574
66 and Over	\$617	\$1,204	\$1,234	\$1,646

*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.