

Highmark Individual and Family Plan CompleteCareSM Rates

\$500 Individual/\$1,500 Family Annual Deductibles

Female

Age	Single	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
< 19	\$94.20	\$176.65	\$290.65	\$251.90	\$334.00	\$447.95
19 - 24	\$157.70	\$240.10	\$354.10	\$251.90	\$334.00	\$447.95
25 - 29	\$201.40	\$283.80	\$397.85	\$300.70	\$382.80	\$496.70
30 - 34	\$248.65	\$331.10	\$445.10	\$365.25	\$447.35	\$561.25
35 - 39	\$248.75	\$331.15	\$445.15	\$390.95	\$473.05	\$586.95
40 - 44	\$253.15	\$335.55	\$449.60	\$427.50	\$509.60	\$623.50
45 - 49	\$284.25	\$366.65	\$480.70	\$507.65	\$589.75	\$703.65
50 - 54	\$338.00	\$420.40	\$534.40	\$630.60	\$712.70	\$826.60
55 - 59	\$389.55	\$471.95	\$585.95	\$781.10	\$863.15	\$977.10
60 - 64	\$461.25	\$543.65	\$657.65	\$996.90	\$1,079.00	\$1,192.90

Male

Age	Single	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
< 19	\$94.20	\$176.65	\$290.65	\$251.90	\$334.00	\$447.95
19 - 24	\$94.20	\$176.65	\$290.65	\$251.90	\$334.00	\$447.95
25 - 29	\$99.30	\$181.70	\$295.70	\$300.70	\$382.80	\$496.70
30 - 34	\$116.60	\$199.00	\$313.00	\$365.25	\$447.35	\$561.25
35 - 39	\$142.20	\$224.60	\$338.65	\$390.95	\$473.05	\$586.95
40 - 44	\$174.35	\$256.75	\$370.80	\$427.50	\$509.60	\$623.50
45 - 49	\$223.40	\$305.80	\$419.80	\$507.65	\$589.75	\$703.65
50 - 54	\$292.60	\$375.00	\$489.05	\$630.60	\$712.70	\$826.60
55 - 59	\$391.55	\$473.95	\$588.00	\$781.10	\$863.15	\$977.10
60 - 64	\$535.65	\$618.05	\$732.10	\$996.90	\$1,079.00	\$1,192.90

How to Apply the CompleteCare Family Deductible

For an Agreement covering more than one (1) family member, each covered individual must meet his/her individual deductible (within a benefit period) before Highmark will pay for covered services for that individual. No individual member may satisfy the entire family deductible. Only after three (3) individual family members have satisfied their deductibles, will the deductibles for all remaining family members also be considered to have been satisfied.

Rate Information:

- 1) Your rates are based on your gender, age, number of family members applying for coverage and deductible selected.
- 2) If you are applying for husband and wife or family coverage, the applicant must be the older spouse.
- 3) If children only are applying, the youngest child must be the applicant. If two children are applying, the Parent/Child rate applies. If more than two children are applying, the Parent/Children rate applies.
- 4) For example:
 - Family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender as the older spouse, the rate is taken from the Male rate chart for age 51. Under Husband/Wife/Children category, this family's monthly member rate is \$826.60.

If, due to your medical history, you do not qualify for coverage at the rate for which you apply, you may be eligible for coverage at a higher rate as determined in accordance with our medical criteria ("underwriting guidelines"). Each applicant will be reviewed individually, and you will be notified if you are eligible for coverage and at which rate. You will also be notified if your application is denied.

Important Note: This Agreement renews on a month-to-month basis. The premium is payable in advance to Highmark Blue Cross Blue Shield on a monthly basis. Members may, for their convenience, submit amounts in excess of the specific monthly amount. However, such excess amounts will only be applied on a monthly basis by Highmark Blue Cross Blue Shield. Family rates are based on the age of the oldest family member, who is the contract holder. The CompleteCare premium will increase the month after the contract holder's birthday if the contract holder's age moves to the next age bracket. For example, if the contract holder turns 25 in January, his/her premium will increase in February from the "19-24" to "25-29" age category.

Monthly rates effective October 1, 2009

Turn over for
\$1,000 Individual Deductible Plan ›



An Individual Comprehensive Major Medical Program

Highmark Individual and Family Plan CompleteCareSM Rates

\$1,000 Individual/\$3,000 Family Annual Deductibles

Female

Age	Single	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
< 19	\$85.00	\$159.25	\$261.85	\$226.85	\$300.80	\$403.30
19 - 24	\$141.85	\$216.10	\$318.70	\$226.85	\$300.80	\$403.30
25 - 29	\$181.00	\$255.25	\$357.85	\$270.55	\$344.50	\$447.00
30 - 34	\$223.35	\$297.60	\$400.20	\$328.40	\$402.35	\$504.85
35 - 39	\$223.40	\$297.65	\$400.25	\$351.40	\$425.35	\$527.85
40 - 44	\$227.35	\$301.60	\$404.20	\$384.15	\$458.10	\$560.60
45 - 49	\$255.25	\$329.50	\$432.10	\$455.95	\$529.85	\$632.40
50 - 54	\$303.35	\$377.60	\$480.20	\$566.05	\$640.00	\$742.50
55 - 59	\$349.50	\$423.75	\$526.35	\$700.80	\$774.80	\$877.30
60 - 64	\$420.40	\$488.00	\$590.60	\$915.25	\$968.10	\$1,070.60

Male

Age	Single	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
< 19	\$85.00	\$159.25	\$261.85	\$226.85	\$300.80	\$403.30
19 - 24	\$85.00	\$159.25	\$261.85	\$226.85	\$300.80	\$403.30
25 - 29	\$89.55	\$163.80	\$266.40	\$270.55	\$344.50	\$447.00
30 - 34	\$105.05	\$179.30	\$281.90	\$328.40	\$402.35	\$504.85
35 - 39	\$128.00	\$202.25	\$304.85	\$351.40	\$425.35	\$527.85
40 - 44	\$156.80	\$231.05	\$333.65	\$384.15	\$458.10	\$560.60
45 - 49	\$200.70	\$274.95	\$377.55	\$455.95	\$529.85	\$632.40
50 - 54	\$262.70	\$336.95	\$439.55	\$566.05	\$640.00	\$742.50
55 - 59	\$351.30	\$425.55	\$528.20	\$700.80	\$774.80	\$877.30
60 - 64	\$494.85	\$554.65	\$657.25	\$915.25	\$968.10	\$1,070.60

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- 4) For example:
 - Family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender as the older spouse, the rate is taken from the Male rate chart for age 51. Under Husband/Wife/Children category, this family's monthly member rate is \$742.50.

If, due to your medical history, you do not qualify for coverage at the rate for which you apply, you may be eligible for coverage at a higher rate as determined in accordance with our medical criteria ("underwriting guidelines"). Each applicant will be reviewed individually, and you will be notified if you are eligible for coverage and at which rate. You will also be notified if your application is denied.

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Monthly rates effective October 1, 2009

Turn over for
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