

# Here are the monthly rates for KeystoneBlue<sup>SM</sup> Individual HMO:

## Male (Non-Tobacco User)

	Single	Parent/ Child	Parent/ Children	Husband/ Wife	Husband/ Wife/ Child	Husband/ Wife/ Children
< 25	\$126.55	\$237.10	\$388.80	\$337.00	\$447.05	\$598.45
25 - 29	\$133.25	\$243.80	\$395.50	\$401.50	\$511.55	\$662.95
30 - 34	\$156.10	\$266.65	\$418.35	\$486.85	\$596.90	\$748.30
35 - 39	\$190.00	\$300.55	\$452.25	\$520.85	\$630.90	\$782.30
40 - 44	\$232.50	\$343.05	\$494.75	\$569.15	\$679.25	\$830.65
45 - 49	\$297.30	\$407.85	\$559.60	\$675.10	\$785.20	\$936.60
50 - 54	\$388.85	\$499.40	\$651.10	\$837.70	\$947.75	\$1,099.15
55 - 59	\$519.65	\$630.20	\$781.95	\$1,036.65	\$1,146.75	\$1,298.15
60 - 64	\$710.20	\$820.75	\$972.50	\$1,322.00	\$1,432.10	\$1,583.50

## Male (Tobacco User)

	Single	Parent/ Child	Parent/ Children	Husband/ Wife	Husband/ Wife/ Child	Husband/ Wife/ Children
< 25	\$144.05	\$270.10	\$443.55	\$384.60	\$510.20	\$683.30
25 - 29	\$151.75	\$277.80	\$451.25	\$458.80	\$584.35	\$757.50
30 - 34	\$178.05	\$304.10	\$477.55	\$556.95	\$682.50	\$855.65
35 - 39	\$217.00	\$343.05	\$516.50	\$596.00	\$721.55	\$894.70
40 - 44	\$265.90	\$391.95	\$565.40	\$651.60	\$777.15	\$950.30
45 - 49	\$340.45	\$466.50	\$639.95	\$773.45	\$899.05	\$1,072.15
50 - 54	\$445.70	\$571.75	\$745.20	\$960.40	\$1,085.95	\$1,259.10
55 - 59	\$596.15	\$722.20	\$895.65	\$1,189.25	\$1,314.80	\$1,487.90
60 - 64	\$815.30	\$941.35	\$1,114.75	\$1,517.40	\$1,642.95	\$1,816.10

## Female (Non-Tobacco User)

	Single	Parent/ Child	Parent/ Children	Husband/ Wife	Husband/ Wife/ Child	Husband/ Wife/ Children
< 25	\$210.45	\$321.00	\$472.75	\$337.00	\$447.05	\$598.45
25 - 29	\$268.25	\$378.80	\$530.55	\$401.50	\$511.55	\$662.95
30 - 34	\$330.75	\$441.30	\$593.00	\$486.85	\$596.90	\$748.30
35 - 39	\$330.85	\$441.35	\$593.10	\$520.85	\$630.90	\$782.30
40 - 44	\$336.65	\$447.20	\$598.95	\$569.15	\$679.25	\$830.65
45 - 49	\$377.80	\$488.35	\$640.10	\$675.10	\$785.20	\$936.60
50 - 54	\$448.85	\$559.40	\$711.10	\$837.70	\$947.75	\$1,099.15
55 - 59	\$517.00	\$627.55	\$779.25	\$1,036.65	\$1,146.75	\$1,298.15
60 - 64	\$611.80	\$722.35	\$874.10	\$1,322.00	\$1,432.10	\$1,583.50

## Female (Tobacco User)

	Single	Parent/ Child	Parent/ Children	Husband/ Wife	Husband/ Wife/ Child	Husband/ Wife/ Children
< 25	\$240.55	\$366.60	\$540.05	\$384.60	\$510.20	\$683.30
25 - 29	\$307.05	\$433.10	\$606.50	\$458.80	\$584.35	\$757.50
30 - 34	\$378.90	\$504.95	\$678.40	\$556.95	\$682.50	\$855.65
35 - 39	\$379.00	\$505.05	\$678.45	\$596.00	\$721.55	\$894.70
40 - 44	\$385.70	\$511.75	\$685.20	\$651.60	\$777.15	\$950.30
45 - 49	\$433.00	\$559.05	\$732.50	\$773.45	\$899.05	\$1,072.15
50 - 54	\$514.70	\$640.75	\$814.20	\$960.40	\$1,085.95	\$1,259.10
55 - 59	\$593.10	\$719.15	\$892.55	\$1,189.25	\$1,314.80	\$1,487.90
60 - 64	\$702.10	\$828.15	\$1,001.60	\$1,517.40	\$1,642.95	\$1,816.10

### Rate Information:

- 1) Your rates are based on your gender, age, tobacco use by any family member applying and the number of family members applying for coverage.
- 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.
- 4) For example:

- Family of four: father, age 34; mother, age 32; son, age 4; daughter, age 2. Based on the father's gender as the older spouse, the rate is taken from the Male (Non-Tobacco User) rate chart for age 34. Under Husband/Wife/Children category, this family's monthly rate is \$748.30.
- Family of two: mother, age 29 and tobacco user; daughter, age 6. Based on the mother's gender and tobacco use, the rate is taken from the Female (Tobacco User) rate chart for age 29. Under Parent/Child category, this family's monthly rate is \$433.10.

**Note:** Once you have enrolled as a tobacco user, you cannot change to a non-tobacco user rate even if you stop using tobacco. However, if the tobacco user is no longer covered under your Agreement, the remaining covered individuals may change to a non-tobacco user rate.

**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. Your KeystoneBlue 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 "Under 25" to "25-29" age category.

Monthly rates effective October 1, 2007.



An Individual HMO  
from Keystone Health Plan West