

Personal Health Coverage - H Plans™



Monthly Premiums Effective 12/1/11

H01 \$250 deductible, 80% Coinsurance, \$1,250 Out-of-Pocket Max \$20 Office Visit Maternity \$393.15				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$303.14	\$303.14	\$303.14	\$303.14
18-24	\$366.53	\$428.77	\$458.17	\$535.97
25-29	\$383.63	\$472.68	\$479.53	\$590.86
30-34	\$408.74	\$533.76	\$531.37	\$693.89
35-39	\$469.96	\$608.51	\$634.45	\$821.49
40-44	\$558.91	\$684.33	\$782.47	\$958.06
45-49	\$712.94	\$789.95	\$1,033.77	\$1,145.43
50-54	\$869.26	\$860.32	\$1,303.90	\$1,290.49
55-59	\$1,021.14	\$932.39	\$1,531.71	\$1,398.58
60-64	\$1,160.14	\$1,019.27	\$1,740.22	\$1,528.93
65+	\$1,569.89	\$1,441.05	\$2,354.85	\$2,161.60

H02 \$500 deductible, 80% Coinsurance, \$1,500 Out-of-Pocket Max \$20 Office Visit Maternity \$365.95				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$258.20	\$258.20	\$258.20	\$258.20
18-24	\$312.19	\$365.20	\$390.24	\$456.50
25-29	\$326.75	\$402.60	\$408.44	\$503.26
30-34	\$348.15	\$454.63	\$452.59	\$591.01
35-39	\$400.28	\$518.30	\$540.38	\$699.70
40-44	\$476.04	\$582.88	\$666.47	\$816.03
45-49	\$607.24	\$672.84	\$880.50	\$975.62
50-54	\$740.39	\$732.78	\$1,110.60	\$1,099.17
55-59	\$869.75	\$794.16	\$1,304.63	\$1,191.24
60-64	\$988.14	\$868.16	\$1,482.23	\$1,302.26
65+	\$1,337.15	\$1,227.41	\$2,005.73	\$1,841.14

H03 \$1,000 deductible, 80% Coinsurance, \$2,000 Out-of-Pocket Max \$20 Office Visit Maternity \$330.06				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$206.94	\$206.94	\$206.94	\$206.94
18-24	\$250.22	\$292.71	\$312.77	\$365.87
25-29	\$261.88	\$322.67	\$327.35	\$403.34
30-34	\$279.03	\$364.37	\$362.74	\$473.68
35-39	\$320.82	\$415.40	\$433.10	\$560.79
40-44	\$381.54	\$467.16	\$534.16	\$654.04
45-49	\$486.69	\$539.27	\$705.70	\$781.93
50-54	\$593.41	\$587.30	\$890.12	\$880.96
55-59	\$697.08	\$636.49	\$1,045.64	\$954.75
60-64	\$791.97	\$695.82	\$1,187.97	\$1,043.73
65+	\$1,071.69	\$983.74	\$1,607.55	\$1,475.62

H05 \$2,500 deductible, 80% Coinsurance, \$3,500 Out-of-Pocket Max \$20 Office Visit Maternity \$260.06				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$161.61	\$161.61	\$161.61	\$161.61
18-24	\$195.41	\$228.58	\$244.25	\$285.73
25-29	\$204.52	\$251.99	\$255.64	\$314.99
30-34	\$217.91	\$284.55	\$283.28	\$369.92
35-39	\$250.54	\$324.41	\$338.23	\$437.95
40-44	\$297.97	\$364.83	\$417.14	\$510.76
45-49	\$380.08	\$421.14	\$551.11	\$610.64
50-54	\$463.42	\$458.66	\$695.14	\$688.00
55-59	\$544.38	\$497.07	\$816.60	\$745.62
60-64	\$618.49	\$543.40	\$927.76	\$815.11
65+	\$836.94	\$768.26	\$1,255.43	\$1,152.41

H11 \$1,000 deductible, 80% Coinsurance, \$2,000 Out-of-Pocket Max \$30 Office Visit Maternity \$330.06				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$194.19	\$194.19	\$194.19	\$194.19
18-24	\$234.79	\$274.66	\$293.50	\$343.33
25-29	\$245.75	\$302.79	\$307.19	\$378.49
30-34	\$261.83	\$341.92	\$340.38	\$444.50
35-39	\$301.05	\$389.81	\$406.42	\$526.24
40-44	\$358.03	\$438.37	\$501.24	\$613.73
45-49	\$456.70	\$506.04	\$662.22	\$733.75
50-54	\$556.84	\$551.11	\$835.27	\$826.68
55-59	\$654.13	\$597.28	\$981.21	\$895.93
60-64	\$743.17	\$652.93	\$1,114.77	\$979.42
65+	\$1,005.65	\$923.13	\$1,508.50	\$1,384.71

H13 \$2,500 deductible, 80% Coinsurance, \$3,500 Out-of-Pocket Max \$30 Office Visit Maternity \$260.06				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$150.87	\$150.87	\$150.87	\$150.87
18-24	\$182.41	\$213.39	\$228.01	\$266.73
25-29	\$190.92	\$235.23	\$238.65	\$294.04
30-34	\$203.42	\$265.63	\$264.44	\$345.33
35-39	\$233.88	\$302.83	\$315.74	\$408.83
40-44	\$278.15	\$340.56	\$389.40	\$476.79
45-49	\$354.80	\$393.13	\$514.46	\$570.03
50-54	\$432.60	\$428.15	\$648.90	\$642.22
55-59	\$508.18	\$464.01	\$762.27	\$696.01
60-64	\$577.36	\$507.25	\$866.04	\$760.88
65+	\$781.28	\$717.16	\$1,171.91	\$1,075.74

H18 \$5,000 deductible, 100% Coinsurance, \$5,000 Out-of-Pocket Max \$30 Office Visit Maternity \$211.42				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$119.48	\$119.48	\$119.48	\$119.48
18-24	\$144.46	\$168.99	\$180.57	\$211.23
25-29	\$151.20	\$186.29	\$188.99	\$232.87
30-34	\$161.09	\$210.36	\$209.43	\$273.48
35-39	\$185.22	\$239.82	\$250.04	\$323.76
40-44	\$220.28	\$269.71	\$308.40	\$377.61
45-49	\$280.99	\$311.33	\$407.42	\$451.43
50-54	\$342.59	\$339.07	\$513.91	\$508.62
55-59	\$402.45	\$367.47	\$603.69	\$551.23
60-64	\$457.24	\$401.72	\$685.87	\$602.59
65+	\$618.73	\$567.95	\$928.12	\$851.95

H20 \$500 deductible, 80% Coinsurance, \$1,500 Out-of-Pocket Max Maternity \$365.95				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$210.19	\$210.19	\$210.19	\$210.19
18-24	\$254.13	\$297.29	\$317.68	\$371.62
25-29	\$265.99	\$327.74	\$332.49	\$409.68
30-34	\$283.41	\$370.08	\$368.43	\$481.12
35-39	\$325.84	\$421.92	\$439.89	\$569.58
40-44	\$387.52	\$474.49	\$542.53	\$664.28
45-49	\$494.32	\$547.72	\$716.77	\$794.20
50-54	\$602.71	\$596.51	\$904.07	\$894.76
55-59	\$708.01	\$646.48	\$1,062.02	\$969.72
60-64	\$804.39	\$706.72	\$1,206.58	\$1,060.08
65+	\$1,088.50	\$999.16	\$1,632.74	\$1,498.75

Personal Health Coverage - H Plans™

Monthly Premiums Effective 12/1/11



H21 \$1,000 deductible, 80% Coinsurance, \$2,000 Out-of-Pocket Max Maternity \$330.06				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$160.01	\$160.01	\$160.01	\$160.01
18-24	\$193.47	\$226.31	\$241.83	\$282.89
25-29	\$202.49	\$249.49	\$253.10	\$311.86
30-34	\$215.75	\$281.73	\$280.46	\$366.24
35-39	\$248.05	\$321.18	\$334.87	\$433.60
40-44	\$295.01	\$361.20	\$413.00	\$505.69
45-49	\$376.31	\$416.95	\$545.65	\$604.59
50-54	\$458.82	\$454.10	\$688.23	\$681.15
55-59	\$538.98	\$492.14	\$808.47	\$738.20
60-64	\$612.35	\$537.99	\$918.52	\$807.00
65+	\$828.63	\$760.63	\$1,242.95	\$1,140.94

H25 \$2,500 deductible, 100% Coinsurance, \$2,500 Out-of-Pocket Max Maternity \$282.92				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$121.98	\$121.98	\$121.98	\$121.98
18-24	\$147.49	\$172.53	\$184.37	\$215.67
25-29	\$154.37	\$190.20	\$192.96	\$237.76
30-34	\$164.48	\$214.78	\$213.81	\$279.22
35-39	\$189.10	\$244.87	\$255.29	\$330.56
40-44	\$224.90	\$275.38	\$314.86	\$385.51
45-49	\$286.89	\$317.88	\$415.98	\$460.92
50-54	\$349.78	\$346.19	\$524.69	\$519.29
55-59	\$410.90	\$375.19	\$616.35	\$562.79
60-64	\$466.83	\$410.15	\$700.26	\$615.23
65+	\$631.71	\$579.88	\$947.59	\$869.82

H26 \$5,000 deductible, 80% Coinsurance, \$6,000 Out-of-Pocket Max Maternity \$197.20				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$75.73	\$75.73	\$75.73	\$75.73
18-24	\$91.56	\$107.10	\$114.45	\$133.88
25-29	\$95.83	\$118.07	\$119.79	\$147.59
30-34	\$102.10	\$133.33	\$132.74	\$173.33
35-39	\$117.39	\$152.01	\$158.48	\$205.20
40-44	\$139.61	\$170.95	\$195.46	\$239.32
45-49	\$178.09	\$197.33	\$258.24	\$286.13
50-54	\$217.14	\$214.90	\$325.71	\$322.36
55-59	\$255.08	\$232.90	\$382.62	\$349.36
60-64	\$289.80	\$254.61	\$434.70	\$381.92
65+	\$392.15	\$359.97	\$588.23	\$539.96

H28 \$5,000 deductible, 100% Coinsurance, \$5,000 Out-of-Pocket Max Maternity \$211.42				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$78.76	\$78.76	\$78.76	\$78.76
18-24	\$95.23	\$111.39	\$119.03	\$139.25
25-29	\$99.66	\$122.80	\$124.58	\$153.51
30-34	\$106.20	\$138.67	\$138.05	\$180.28
35-39	\$122.09	\$158.09	\$164.83	\$213.42
40-44	\$145.21	\$177.79	\$203.29	\$248.91
45-49	\$185.23	\$205.23	\$268.57	\$297.58
50-54	\$225.84	\$223.52	\$338.76	\$335.27
55-59	\$265.29	\$242.24	\$397.95	\$363.36
60-64	\$301.40	\$264.81	\$452.12	\$397.22
65+	\$407.86	\$374.39	\$611.80	\$561.59

H29 \$20 Office Visit Copay Plan Maternity \$443.52				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$341.44	\$341.44	\$341.44	\$341.44
18-24	\$412.83	\$482.93	\$516.04	\$603.68
25-29	\$432.08	\$532.39	\$540.11	\$665.49
30-34	\$460.37	\$601.19	\$598.50	\$781.55
35-39	\$529.33	\$685.38	\$714.59	\$925.27
40-44	\$629.52	\$770.79	\$881.31	\$1,079.09
45-49	\$803.00	\$889.74	\$1,164.36	\$1,290.14
50-54	\$979.08	\$969.00	\$1,468.61	\$1,453.51
55-59	\$1,150.14	\$1,050.17	\$1,725.21	\$1,575.26
60-64	\$1,306.70	\$1,148.04	\$1,960.05	\$1,722.06
65+	\$1,768.22	\$1,623.10	\$2,652.32	\$2,434.66

H30 \$30 Office Visit Copay Plan Maternity \$401.64				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$309.52	\$309.52	\$309.52	\$309.52
18-24	\$374.24	\$437.80	\$467.81	\$547.25
25-29	\$391.70	\$482.63	\$489.63	\$603.29
30-34	\$417.35	\$544.99	\$542.54	\$708.49
35-39	\$479.85	\$621.33	\$647.80	\$838.79
40-44	\$570.68	\$698.75	\$798.96	\$978.25
45-49	\$727.95	\$806.59	\$1,055.53	\$1,169.55
50-54	\$887.57	\$878.43	\$1,331.35	\$1,317.66
55-59	\$1,042.64	\$952.02	\$1,563.96	\$1,428.03
60-64	\$1,184.57	\$1,040.74	\$1,776.86	\$1,561.11
65+	\$1,602.95	\$1,471.41	\$2,404.43	\$2,207.10

Estimating Your Personal Health Coverage Monthly Premium

The premium tables can be used to estimate your Personal Health Coverage plan's monthly premium. The premiums listed are for a preferred risk. Your actual rate may vary based on your health status. Your rates will be calculated by our automated system and your final rate may vary due to rounding.

Payment Options

You may pay by eCheck (electronic funds transfer) or select the "Bill Me" option.

Optional Dental Coverage Available

Monthly premiums are \$26.50 for each adult and \$14.60 for each dependent from age 2 through age 17. Your dental premiums will be billed with your individual health coverage.

Personal VisionBlue Coverage Available

Add Personal VisionBlue coverage to an individual health insurance or dental plan for a monthly premium of \$5.81 for eye exams only or \$14.50 for eye exams and materials. The coverage will apply to you and any dependents. Your vision coverage will be effective the first day of the month after your change application is received by BlueCross BlueShield of Tennessee.



BlueCross BlueShield of Tennessee
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