

## Monthly Premiums Effective 9/1/06

Self-Only				
T1S \$1,500 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$6,500				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$388.92	\$388.92	\$388.92	\$388.92
3-7	\$121.00	\$121.00	\$121.00	\$121.00
8-17	\$93.30	\$93.30	\$93.30	\$93.30
18-24	\$236.84	\$277.06	\$296.05	\$346.32
25-29	\$247.88	\$305.43	\$322.25	\$397.05
30-34	\$264.11	\$344.90	\$343.35	\$448.36
35-39	\$303.67	\$393.20	\$409.95	\$530.82
40-44	\$361.15	\$442.19	\$541.72	\$663.29
45-49	\$460.68	\$510.44	\$691.01	\$765.66
50-54	\$561.69	\$555.91	\$842.53	\$833.86
55-59	\$659.82	\$602.47	\$989.73	\$903.71
60-64	\$749.64	\$658.62	\$1,124.46	\$987.93
65+	\$1,014.41	\$931.16	\$1,521.61	\$1,396.74

Family				
T1F \$3,000 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$13,000				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$350.02	\$350.02	\$350.02	\$350.02
3-7	\$108.90	\$108.90	\$108.90	\$108.90
8-17	\$83.97	\$83.97	\$83.97	\$83.97
18-24	\$213.15	\$249.35	\$266.44	\$311.69
25-29	\$223.09	\$274.88	\$290.02	\$357.35
30-34	\$237.70	\$310.41	\$309.01	\$403.53
35-39	\$273.30	\$353.88	\$368.96	\$477.74
40-44	\$325.03	\$397.97	\$487.55	\$596.96
45-49	\$414.61	\$459.40	\$621.91	\$689.09
50-54	\$505.52	\$500.32	\$758.28	\$750.48
55-59	\$593.84	\$542.23	\$890.76	\$813.34
60-64	\$674.68	\$592.76	\$1,012.01	\$889.14
65+	\$912.97	\$838.04	\$1,369.45	\$1,257.07

Self-Only				
T2S \$2,500 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$7,500				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$297.32	\$297.32	\$297.32	\$297.32
3-7	\$92.50	\$92.50	\$92.50	\$92.50
8-17	\$71.32	\$71.32	\$71.32	\$71.32
18-24	\$181.06	\$211.80	\$226.32	\$264.76
25-29	\$189.50	\$233.49	\$246.35	\$303.54
30-34	\$201.91	\$263.37	\$262.48	\$342.77
35-39	\$232.15	\$300.59	\$313.40	\$405.80
40-44	\$276.09	\$338.05	\$414.14	\$507.07
45-49	\$352.18	\$390.22	\$528.27	\$585.33
50-54	\$429.40	\$424.98	\$644.10	\$637.47
55-59	\$504.42	\$460.58	\$756.64	\$690.87
60-64	\$573.09	\$503.50	\$859.63	\$755.26
65+	\$775.50	\$711.86	\$1,163.25	\$1,067.79

Family				
T2F \$5,000 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$15,000				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$267.59	\$267.59	\$267.59	\$267.59
3-7	\$83.25	\$83.25	\$83.25	\$83.25
8-17	\$64.19	\$64.19	\$64.19	\$64.19
18-24	\$162.95	\$190.62	\$203.69	\$238.28
25-29	\$170.55	\$210.14	\$221.72	\$273.19
30-34	\$181.72	\$237.30	\$236.24	\$308.49
35-39	\$208.93	\$270.53	\$282.06	\$365.22
40-44	\$248.48	\$304.24	\$372.72	\$456.37
45-49	\$316.96	\$351.20	\$475.44	\$526.80
50-54	\$386.46	\$382.48	\$579.69	\$573.73
55-59	\$453.98	\$414.52	\$680.97	\$621.79
60-64	\$515.78	\$453.15	\$773.67	\$679.73
65+	\$697.95	\$640.67	\$1,046.92	\$961.01

Self-Only				
T3S \$3,500 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$8,500				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$257.65	\$257.65	\$257.65	\$257.65
3-7	\$80.16	\$80.16	\$80.16	\$80.16
8-17	\$61.81	\$61.81	\$61.81	\$61.81
18-24	\$156.90	\$183.55	\$196.13	\$229.43
25-29	\$164.22	\$202.34	\$213.49	\$263.05
30-34	\$174.97	\$228.49	\$227.47	\$297.04
35-39	\$201.18	\$260.49	\$271.59	\$351.66
40-44	\$239.26	\$292.95	\$358.89	\$439.42
45-49	\$305.19	\$338.16	\$457.79	\$507.24
50-54	\$372.11	\$368.29	\$558.17	\$552.43
55-59	\$437.13	\$399.13	\$655.69	\$598.70
60-64	\$496.63	\$436.33	\$744.95	\$654.50
65+	\$672.04	\$616.89	\$1,008.06	\$925.33

Family				
T3F \$7,000 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$17,000				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$231.89	\$231.89	\$231.89	\$231.89
3-7	\$72.15	\$72.15	\$72.15	\$72.15
8-17	\$55.63	\$55.63	\$55.63	\$55.63
18-24	\$141.21	\$165.19	\$176.52	\$206.49
25-29	\$147.80	\$182.11	\$192.14	\$236.74
30-34	\$157.48	\$205.64	\$204.72	\$267.33
35-39	\$181.06	\$234.44	\$244.43	\$316.50
40-44	\$215.33	\$263.65	\$323.00	\$395.48
45-49	\$274.67	\$304.35	\$412.01	\$456.52
50-54	\$334.90	\$331.46	\$502.35	\$497.18
55-59	\$393.41	\$359.22	\$590.12	\$538.83
60-64	\$446.97	\$392.70	\$670.45	\$589.05
65+	\$604.83	\$555.20	\$907.25	\$832.80

# SimplyBluePlus Guaranteed Issue

## Monthly Premiums Effective 9/1/06

### Self-Only

T4S \$1,500 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$6,500				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$466.92	\$466.92	\$466.92	\$466.92
3-7	\$199.00	\$199.00	\$199.00	\$199.00
8-17	\$171.30	\$171.30	\$171.30	\$171.30
18-24	\$314.84	\$355.06	\$374.05	\$424.32
25-29	\$325.88	\$383.43	\$400.25	\$475.05
30-34	\$342.11	\$422.90	\$421.35	\$526.36
35-39	\$381.67	\$471.20	\$487.95	\$608.82
40-44	\$439.15	\$520.19	\$619.72	\$741.29
45-49	\$538.68	\$588.44	\$769.01	\$843.66
50-54	\$639.69	\$633.91	\$920.53	\$911.86
55-59	\$737.82	\$680.47	\$1,067.73	\$981.71
60-64	\$827.64	\$736.62	\$1,202.46	\$1,065.93
65+	\$1,092.41	\$1,009.16	\$1,599.61	\$1,474.74

### Family

T4F \$3,000 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$13,000				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$428.02	\$428.02	\$428.02	\$428.02
3-7	\$186.90	\$186.90	\$186.90	\$186.90
8-17	\$161.97	\$161.97	\$161.97	\$161.97
18-24	\$291.15	\$327.35	\$344.44	\$389.69
25-29	\$301.09	\$352.88	\$368.02	\$435.35
30-34	\$315.70	\$388.41	\$387.01	\$481.53
35-39	\$351.30	\$431.88	\$446.96	\$555.74
40-44	\$403.03	\$475.97	\$565.55	\$674.96
45-49	\$492.61	\$537.40	\$699.91	\$767.09
50-54	\$583.52	\$578.32	\$836.28	\$828.48
55-59	\$671.84	\$620.23	\$968.76	\$891.34
60-64	\$752.68	\$670.76	\$1,090.01	\$967.14
65+	\$990.97	\$916.04	\$1,447.45	\$1,335.07

### Self-Only

T5S \$2,500 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$7,500				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$375.32	\$375.32	\$375.32	\$375.32
3-7	\$170.50	\$170.50	\$170.50	\$170.50
8-17	\$149.32	\$149.32	\$149.32	\$149.32
18-24	\$259.06	\$289.80	\$304.32	\$342.76
25-29	\$267.50	\$311.49	\$324.35	\$381.54
30-34	\$279.91	\$341.67	\$340.48	\$420.77
35-39	\$310.15	\$378.59	\$391.40	\$483.80
40-44	\$354.09	\$416.05	\$492.14	\$585.07
45-49	\$430.18	\$468.22	\$606.27	\$663.33
50-54	\$507.40	\$502.98	\$722.10	\$715.47
55-59	\$582.42	\$538.58	\$834.64	\$768.87
60-64	\$651.09	\$581.50	\$937.63	\$833.26
65+	\$853.50	\$789.86	\$1,241.25	\$1,145.79

### Family

T5F \$5,000 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$15,000				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$345.59	\$345.59	\$345.59	\$345.59
3-7	\$161.25	\$161.25	\$161.25	\$161.25
8-17	\$142.19	\$142.19	\$142.19	\$142.19
18-24	\$240.95	\$268.62	\$281.69	\$316.28
25-29	\$248.55	\$288.14	\$299.72	\$351.19
30-34	\$259.72	\$315.30	\$314.24	\$386.49
35-39	\$286.93	\$348.53	\$360.06	\$443.22
40-44	\$326.48	\$382.24	\$450.72	\$534.37
45-49	\$394.96	\$429.20	\$553.44	\$604.80
50-54	\$464.46	\$460.48	\$657.69	\$651.73
55-59	\$531.98	\$492.52	\$758.97	\$699.79
60-64	\$593.78	\$531.15	\$851.67	\$757.73
65+	\$775.95	\$718.67	\$1,124.92	\$1,039.01

### Self-Only

T6S \$3,500 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$8,500				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$335.65	\$335.65	\$335.65	\$335.65
3-7	\$158.16	\$158.16	\$158.16	\$158.16
8-17	\$139.81	\$139.81	\$139.81	\$139.81
18-24	\$234.90	\$261.55	\$274.13	\$307.43
25-29	\$242.22	\$280.34	\$291.49	\$341.05
30-34	\$252.97	\$306.49	\$305.47	\$375.04
35-39	\$279.18	\$338.49	\$349.59	\$429.66
40-44	\$317.26	\$370.95	\$436.89	\$517.42
45-49	\$383.19	\$416.16	\$535.79	\$585.24
50-54	\$450.11	\$446.29	\$636.17	\$630.43
55-59	\$515.13	\$477.13	\$733.69	\$676.70
60-64	\$574.63	\$514.33	\$822.95	\$732.50
65+	\$750.04	\$694.89	\$1,086.06	\$1,003.33

### Family

T6F \$7,000 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$17,000				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$309.89	\$309.89	\$309.89	\$309.89
3-7	\$150.15	\$150.15	\$150.15	\$150.15
8-17	\$133.63	\$133.63	\$133.63	\$133.63
18-24	\$219.21	\$243.19	\$254.52	\$284.49
25-29	\$225.80	\$260.11	\$270.14	\$314.74
30-34	\$235.48	\$283.64	\$282.72	\$345.33
35-39	\$259.06	\$312.44	\$322.43	\$394.50
40-44	\$293.33	\$341.65	\$401.00	\$473.48
45-49	\$352.67	\$382.35	\$490.01	\$534.52
50-54	\$412.90	\$409.46	\$580.35	\$575.18
55-59	\$471.41	\$437.22	\$668.12	\$616.83
60-64	\$524.97	\$470.70	\$748.45	\$667.05
65+	\$682.83	\$633.20	\$985.25	\$910.80

# Personal Health Coverage Guaranteed Issue

## Monthly Premiums Effective 8/1/09

H31 \$500 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$1,500				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$724.97	\$724.97	\$724.97	\$724.97
18-24	\$876.58	\$1,025.43	\$1,095.72	\$1,281.78
25-29	\$917.46	\$1,130.43	\$1,146.81	\$1,413.04
30-34	\$977.52	\$1,276.52	\$1,270.79	\$1,659.48
35-39	\$1,123.93	\$1,455.29	\$1,517.31	\$1,964.65
40-44	\$1,336.66	\$1,636.63	\$1,871.32	\$2,291.27
45-49	\$1,705.04	\$1,889.22	\$2,472.30	\$2,739.37
50-54	\$2,078.90	\$2,057.50	\$3,118.36	\$3,086.27
55-59	\$2,442.10	\$2,229.86	\$3,663.17	\$3,344.79
60-64	\$2,774.54	\$2,437.65	\$4,161.83	\$3,656.50
65+	\$3,754.48	\$3,446.38	\$5,631.75	\$5,169.58

H32 \$1,000 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$2,000 Maternity Rate*: \$1,372.69				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$700.93	\$700.93	\$700.93	\$700.93
18-24	\$847.49	\$991.41	\$1,059.37	\$1,239.26
25-29	\$887.02	\$1,092.93	\$1,108.78	\$1,366.17
30-34	\$945.10	\$1,234.17	\$1,228.63	\$1,604.42
35-39	\$1,086.64	\$1,407.01	\$1,466.97	\$1,899.47
40-44	\$1,292.32	\$1,582.33	\$1,809.25	\$2,215.27
45-49	\$1,648.47	\$1,826.55	\$2,390.28	\$2,648.49
50-54	\$2,009.93	\$1,989.25	\$3,014.90	\$2,983.87
55-59	\$2,361.09	\$2,155.88	\$3,541.64	\$3,233.83
60-64	\$2,682.50	\$2,356.79	\$4,023.75	\$3,535.19
65+	\$3,629.93	\$3,332.05	\$5,444.90	\$4,998.07

H37 \$2,500 Deductible / 80% Coinsurance Out-of-Pocket Maximum: \$3,500 Maternity Rate*: \$1,297.97				
Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$576.01	\$576.01	\$576.01	\$576.01
18-24	\$696.45	\$814.72	\$870.57	\$1,018.41
25-29	\$728.94	\$898.15	\$911.17	\$1,122.70
30-34	\$776.66	\$1,014.21	\$1,009.66	\$1,318.49
35-39	\$892.99	\$1,156.26	\$1,205.53	\$1,560.95
40-44	\$1,062.00	\$1,300.32	\$1,486.80	\$1,820.46
45-49	\$1,354.69	\$1,501.02	\$1,964.29	\$2,176.48
50-54	\$1,651.73	\$1,634.73	\$2,477.59	\$2,452.10
55-59	\$1,940.30	\$1,771.66	\$2,910.46	\$2,657.50
60-64	\$2,204.43	\$1,936.76	\$3,306.65	\$2,905.16
65+	\$2,983.01	\$2,738.21	\$4,474.52	\$4,107.33

\* The maternity rate is an additional monthly cost added to your final calculated rate.

## Estimating Your Guaranteed Issue Monthly Premium

The premium tables on this sheet can be used to estimate your Guaranteed Issue plan's monthly premium. Your rates will be calculated by our automated system and your final rate may vary slightly due to rounding.

1. Locate the appropriate rates for the plan you have selected.
2. Use the rate calculator below to add each applicant's rate together to get your family's total premium. Note: the cost of premium coverage for dependent children for Personal Health Coverage is capped at three children. All eligible children are covered, but you only pay premiums based on your three oldest children. For SimplyBlue and SimplyBlue*Plus* plans you will pay a premium for every dependent child enrolled. See your agent for complete details. If you are adding a dependent to an existing policy, choose the rate based on the dependent's age as of the month and day of your policy's last anniversary date.
3. Your monthly premium will be adjusted, if necessary, once your policy has been issued.

## Payment Options

Depending on the type of application you submit (paper or online), you may pay by eCheck (electronic funds transfer) or with your MasterCard or Visa credit card.

Our bank draft option, eCheck, allows your monthly premium to be automatically deducted from your checking, savings, or credit card account. Please see the Automatic Bank Draft and Credit Card form enclosed,

if you wish to select this option. If you choose this option, you are still required to send the first month's payment with your application.

## When Will Your Guaranteed Issue Coverage Begin?

If your application is received after your prior coverage has terminated, your guaranteed issue coverage will begin the day after we receive your application. If you submit your application before your existing coverage ends, your guaranteed issue coverage will begin the day after your current coverage terminates.

Your application must be received by BlueCross BlueShield of Tennessee within 63 days of your loss of creditable coverage for you to be eligible for a guaranteed issue policy.

## 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.

To apply, check the dental option box on the application and you will be applying for Personal Dental Coverage for yourself and any dependents.

When purchasing at your initial enrollment, your effective date will be the same as your individual health coverage effective date. If you add Personal Dental Coverage after your medical effective date, your dental coverage will be effective the first day of the month after your change application has been received by BlueCross BlueShield of Tennessee.

### Guaranteed Issue Family Rate Calculator

Applicant's Name	Age	Gender	Tobacco Use	Rate
Total premium due				



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