

Blue Network P offers a wide variety of providers and medical centers throughout the state.

<b>A01 P</b> \$500 deductible, 80% coinsurance, \$3,500 Out-of-Pocket Max \$25/\$40 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit with \$200 brand deductible Maternity \$265.36				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$254.58	\$254.58	\$254.58	\$254.58
3-17	\$145.47	\$145.47	\$145.47	\$145.47
18-24	\$218.21	\$272.76	\$272.76	\$340.95
25-29	\$229.12	\$320.04	\$297.85	\$416.05
30-34	\$243.67	\$356.41	\$316.77	\$463.32
35-39	\$283.68	\$400.06	\$382.96	\$540.06
40-44	\$341.87	\$447.33	\$512.80	\$671.01
45-49	\$418.24	\$512.79	\$627.37	\$769.20
50-54	\$534.62	\$592.81	\$801.94	\$889.23
55-59	\$691.00	\$691.00	\$1,036.51	\$1,036.51
60-64	\$872.84	\$818.29	\$1,309.29	\$1,227.45
65+	\$1,076.50	\$985.58	\$1,614.79	\$1,478.40

<b>A31 P</b> \$500 deductible, 80% coinsurance, \$3,500 Out-of-Pocket Max \$25/\$40 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit Maternity \$265.36				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$266.47	\$266.47	\$266.47	\$266.47
3-17	\$152.27	\$152.27	\$152.27	\$152.27
18-24	\$228.40	\$285.51	\$285.51	\$356.88
25-29	\$239.82	\$334.99	\$311.76	\$435.48
30-34	\$255.05	\$373.06	\$331.56	\$484.97
35-39	\$296.92	\$418.74	\$400.83	\$565.28
40-44	\$357.83	\$468.22	\$536.75	\$702.35
45-49	\$437.77	\$536.74	\$656.66	\$805.13
50-54	\$559.59	\$620.49	\$839.39	\$930.75
55-59	\$723.27	\$723.27	\$1,084.92	\$1,084.92
60-64	\$913.61	\$856.51	\$1,370.42	\$1,284.77
65+	\$1,126.78	\$1,031.62	\$1,690.19	\$1,547.44

<b>A02 P</b> \$1,000 deductible, 80% coinsurance, \$4,000 Out-of-Pocket Max \$25/\$40 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit with \$200 brand deductible Maternity \$235.43				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$194.89	\$194.89	\$194.89	\$194.89
3-17	\$111.37	\$111.37	\$111.37	\$111.37
18-24	\$167.06	\$208.82	\$208.83	\$261.02
25-29	\$175.41	\$245.01	\$228.03	\$318.51
30-34	\$186.55	\$272.85	\$242.51	\$354.70
35-39	\$217.17	\$306.26	\$293.18	\$413.46
40-44	\$261.72	\$342.46	\$392.58	\$513.69
45-49	\$320.18	\$392.58	\$480.28	\$588.87
50-54	\$409.28	\$453.83	\$613.93	\$680.75
55-59	\$529.00	\$529.00	\$793.51	\$793.51
60-64	\$668.21	\$626.46	\$1,002.33	\$939.68
65+	\$824.13	\$754.53	\$1,236.21	\$1,131.81

<b>A32 P</b> \$1,000 deductible, 80% coinsurance, \$4,000 Out-of-Pocket Max \$25/\$40 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit Maternity \$235.43				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$204.77	\$204.77	\$204.77	\$204.77
3-17	\$117.01	\$117.01	\$117.01	\$117.01
18-24	\$175.52	\$219.39	\$219.40	\$274.25
25-29	\$184.29	\$257.43	\$239.58	\$334.65
30-34	\$195.99	\$286.68	\$254.79	\$372.68
35-39	\$228.17	\$321.78	\$308.03	\$434.40
40-44	\$274.98	\$359.81	\$412.46	\$539.71
45-49	\$336.40	\$412.46	\$504.61	\$618.69
50-54	\$430.01	\$476.82	\$645.02	\$715.23
55-59	\$555.80	\$555.80	\$833.70	\$833.70
60-64	\$702.06	\$658.19	\$1,053.10	\$987.28
65+	\$865.88	\$792.74	\$1,298.81	\$1,189.12

<b>A04 P</b> \$2,500 deductible, 80% coinsurance, \$5,500 Out-of-Pocket Max \$25/\$40 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit with \$200 brand deductible Maternity \$190.31				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$151.36	\$151.36	\$151.36	\$151.36
3-17	\$86.49	\$86.49	\$86.49	\$86.49
18-24	\$129.74	\$162.17	\$162.17	\$202.71
25-29	\$136.22	\$190.28	\$177.09	\$247.36
30-34	\$144.87	\$211.90	\$188.33	\$275.47
35-39	\$168.66	\$237.84	\$227.69	\$321.10
40-44	\$203.25	\$265.95	\$304.88	\$398.93
45-49	\$248.66	\$304.87	\$372.99	\$457.31
50-54	\$317.84	\$352.44	\$476.77	\$528.67
55-59	\$410.82	\$410.82	\$616.24	\$616.24
60-64	\$518.94	\$486.50	\$778.41	\$729.76
65+	\$640.02	\$585.96	\$960.03	\$878.95

<b>A34 P</b> \$2,500 deductible, 80% coinsurance, \$5,500 Out-of-Pocket Max \$25/\$40 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit Maternity \$190.31				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$159.92	\$159.92	\$159.92	\$159.92
3-17	\$91.39	\$91.39	\$91.39	\$91.39
18-24	\$137.08	\$171.35	\$171.36	\$214.19
25-29	\$143.93	\$201.05	\$187.12	\$261.37
30-34	\$153.07	\$223.90	\$199.00	\$291.07
35-39	\$178.20	\$251.31	\$240.57	\$339.27
40-44	\$214.76	\$281.01	\$322.14	\$421.53
45-49	\$262.74	\$322.14	\$394.11	\$483.22
50-54	\$335.85	\$372.40	\$503.78	\$558.61
55-59	\$434.08	\$434.08	\$651.14	\$651.14
60-64	\$548.32	\$514.05	\$822.49	\$771.09
65+	\$676.27	\$619.15	\$1,014.40	\$928.73

<b>A12 P</b> \$1,000 deductible, 80% coinsurance, \$4,000 Out-of-Pocket Max \$35/\$50 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit with \$200 brand deductible Maternity \$235.43				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$184.15	\$184.15	\$184.15	\$184.15
3-17	\$105.23	\$105.23	\$105.23	\$105.23
18-24	\$157.85	\$197.31	\$197.31	\$246.64
25-29	\$165.74	\$231.51	\$215.46	\$300.97
30-34	\$176.26	\$257.82	\$229.14	\$335.16
35-39	\$205.20	\$289.39	\$277.03	\$390.68
40-44	\$247.30	\$323.59	\$370.95	\$485.38
45-49	\$302.54	\$370.95	\$453.82	\$556.41
50-54	\$386.73	\$428.82	\$580.09	\$643.24
55-59	\$499.86	\$499.86	\$749.78	\$749.78
60-64	\$631.39	\$591.93	\$947.09	\$887.90
65+	\$778.72	\$712.95	\$1,168.08	\$1,069.42

<b>A42 P</b> \$1,000 deductible, 80% coinsurance, \$4,000 Out-of-Pocket Max \$35/\$50 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit Maternity \$235.43				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$193.75	\$193.75	\$193.75	\$193.75
3-17	\$110.72	\$110.72	\$110.72	\$110.72
18-24	\$166.07	\$207.58	\$207.58	\$259.48
25-29	\$174.37	\$243.56	\$226.69	\$316.63
30-34	\$185.44	\$271.24	\$241.08	\$352.62
35-39	\$215.89	\$304.45	\$291.45	\$411.02
40-44	\$260.17	\$340.44	\$390.26	\$510.67
45-49	\$318.30	\$390.26	\$477.44	\$585.39
50-54	\$406.86	\$451.15	\$610.30	\$676.73
55-59	\$525.88	\$525.88	\$788.83	\$788.83
60-64	\$664.26	\$622.75	\$996.41	\$934.14
65+	\$819.26	\$750.07	\$1,228.91	\$1,125.12

**Monthly Premiums Effective 12/1/09**  
**Network P**

<b>A14 P</b> \$2,500 deductible, 80% coinsurance, \$5,500 Out-of-Pocket Max \$35/\$50 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit with \$200 brand deductible Maternity \$190.31				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$143.31	\$143.31	\$143.31	\$143.31
3-17	\$81.89	\$81.89	\$81.89	\$81.89
18-24	\$122.83	\$153.54	\$153.54	\$191.93
25-29	\$128.98	\$180.16	\$167.67	\$234.21
30-34	\$137.17	\$200.64	\$178.32	\$260.83
35-39	\$159.69	\$225.21	\$215.58	\$304.02
40-44	\$192.45	\$251.82	\$288.67	\$377.73
45-49	\$235.44	\$288.67	\$353.16	\$433.00
50-54	\$300.95	\$333.70	\$451.43	\$500.56
55-59	\$388.98	\$388.98	\$583.49	\$583.49
60-64	\$491.35	\$460.63	\$737.03	\$690.97
65+	\$605.99	\$554.81	\$909.01	\$832.23

<b>A44P</b> \$2,500 deductible, 80% coinsurance, \$5,500 Out-of-Pocket Max \$35/\$50 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit Maternity \$190.31				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$151.71	\$151.71	\$151.71	\$151.71
3-17	\$86.69	\$86.69	\$86.69	\$86.69
18-24	\$130.05	\$162.55	\$162.56	\$203.20
25-29	\$136.55	\$190.73	\$177.51	\$247.95
30-34	\$145.21	\$212.40	\$188.78	\$276.13
35-39	\$169.06	\$238.42	\$228.22	\$321.86
40-44	\$203.74	\$266.59	\$305.61	\$399.89
45-49	\$249.26	\$305.60	\$373.89	\$458.42
50-54	\$318.61	\$353.29	\$477.92	\$529.94
55-59	\$411.81	\$411.81	\$617.73	\$617.73
60-64	\$520.18	\$487.66	\$780.28	\$731.52
65+	\$641.55	\$587.37	\$962.35	\$881.07

<b>A18 P</b> \$5,000 deductible, 100% coinsurance, \$5,000 Out-of-Pocket Max \$35/\$50 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit with \$200 brand deductible Maternity \$162.76				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$114.73	\$114.73	\$114.73	\$114.73
3-17	\$65.56	\$65.56	\$65.56	\$65.56
18-24	\$98.34	\$122.93	\$122.93	\$153.67
25-29	\$103.26	\$144.24	\$134.24	\$187.51
30-34	\$109.82	\$160.64	\$142.77	\$208.82
35-39	\$127.85	\$180.30	\$172.60	\$243.40
40-44	\$154.08	\$201.61	\$231.11	\$302.42
45-49	\$188.49	\$231.11	\$282.75	\$346.67
50-54	\$240.95	\$267.18	\$361.43	\$400.77
55-59	\$311.43	\$311.43	\$467.16	\$467.16
60-64	\$393.39	\$368.80	\$590.09	\$553.21
65+	\$485.17	\$444.19	\$727.77	\$666.31

<b>A48 P</b> \$5,000 deductible, 100% coinsurance, \$5,000 Out-of-Pocket Max \$35/\$50 Office Visit PCP/Specialist \$10/\$35/\$50 prescription benefit Maternity \$162.76				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$122.39	\$122.39	\$122.39	\$122.39
3-17	\$69.94	\$69.94	\$69.94	\$69.94
18-24	\$104.90	\$131.13	\$131.13	\$163.91
25-29	\$110.15	\$153.86	\$143.20	\$200.02
30-34	\$117.14	\$171.34	\$152.28	\$222.75
35-39	\$136.37	\$192.32	\$184.10	\$259.64
40-44	\$164.34	\$215.05	\$246.52	\$322.58
45-49	\$201.06	\$246.52	\$301.59	\$369.79
50-54	\$257.00	\$284.99	\$385.51	\$427.48
55-59	\$332.18	\$332.18	\$498.29	\$498.29
60-64	\$419.60	\$393.38	\$629.42	\$590.08
65+	\$517.51	\$473.81	\$776.28	\$710.72

<b>A22 P</b> \$1,000 deductible, 80% coinsurance, \$4,000 Out-of-Pocket Max \$10/\$35/\$50 prescription benefit with \$200 brand deductible Maternity \$235.43				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$148.42	\$148.42	\$148.42	\$148.42
3-17	\$84.81	\$84.81	\$84.81	\$84.81
18-24	\$127.22	\$159.02	\$159.02	\$198.78
25-29	\$133.58	\$186.59	\$173.65	\$242.56
30-34	\$142.05	\$207.78	\$184.68	\$270.12
35-39	\$165.39	\$233.23	\$223.27	\$314.87
40-44	\$199.31	\$260.80	\$298.97	\$391.20
45-49	\$243.83	\$298.96	\$365.76	\$448.45
50-54	\$311.68	\$345.61	\$467.54	\$518.42
55-59	\$402.85	\$402.85	\$604.30	\$604.30
60-64	\$508.87	\$477.07	\$763.33	\$715.62
65+	\$627.61	\$574.59	\$941.43	\$861.93

<b>A52 P</b> \$1,000 deductible, 80% coinsurance, \$4,000 Out-of-Pocket Max \$10/\$35/\$50 prescription benefit Maternity \$235.43				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$155.68	\$155.68	\$155.68	\$155.68
3-17	\$88.96	\$88.96	\$88.96	\$88.96
18-24	\$133.44	\$166.80	\$166.80	\$208.50
25-29	\$140.11	\$195.72	\$182.15	\$254.44
30-34	\$149.01	\$217.96	\$193.72	\$283.35
35-39	\$173.48	\$244.65	\$234.20	\$330.28
40-44	\$209.06	\$273.55	\$313.60	\$410.35
45-49	\$255.76	\$313.59	\$383.66	\$470.40
50-54	\$326.93	\$362.52	\$490.42	\$543.79
55-59	\$422.57	\$422.57	\$633.87	\$633.87
60-64	\$533.78	\$500.41	\$800.68	\$750.64
65+	\$658.32	\$602.72	\$987.51	\$904.11

<b>A24 P</b> \$2,500 deductible, 80% coinsurance, \$5,500 Out-of-Pocket Max \$10/\$35/\$50 prescription benefit with \$200 brand deductible Maternity \$190.31				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$107.27	\$107.27	\$107.27	\$107.27
3-17	\$61.29	\$61.29	\$61.29	\$61.29
18-24	\$91.94	\$114.93	\$114.93	\$143.66
25-29	\$96.54	\$134.85	\$125.50	\$175.31
30-34	\$102.67	\$150.17	\$133.47	\$195.23
35-39	\$119.53	\$168.56	\$161.36	\$227.57
40-44	\$144.04	\$188.48	\$216.08	\$282.74
45-49	\$176.23	\$216.07	\$264.35	\$324.11
50-54	\$225.26	\$249.78	\$337.91	\$374.69
55-59	\$291.16	\$291.16	\$436.75	\$436.75
60-64	\$367.77	\$344.79	\$551.68	\$517.20
65+	\$453.59	\$415.28	\$680.41	\$622.94

<b>A54 P</b> \$2,500 deductible, 80% coinsurance, \$5,500 Out-of-Pocket Max \$10/\$35/\$50 prescription benefit Maternity \$190.31				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$113.63	\$113.63	\$113.63	\$113.63
3-17	\$64.93	\$64.93	\$64.93	\$64.93
18-24	\$97.41	\$121.76	\$121.76	\$152.19
25-29	\$102.27	\$142.86	\$132.96	\$185.72
30-34	\$108.76	\$159.09	\$141.40	\$206.82
35-39	\$126.62	\$178.57	\$170.94	\$241.07
40-44	\$152.60	\$199.67	\$228.90	\$299.52
45-49	\$186.69	\$228.90	\$280.04	\$343.35
50-54	\$238.63	\$264.61	\$357.97	\$396.93
55-59	\$308.44	\$308.44	\$462.67	\$462.67
60-64	\$389.61	\$365.26	\$584.43	\$547.91
65+	\$480.51	\$439.93	\$720.80	\$659.93

## Monthly Premiums Effective 12/1/09 Network P

<b>A25 P</b> \$2,500 deductible, 100% coinsurance, \$2,500 Out-of-Pocket Max \$10/\$35/\$50 prescription benefit with \$200 brand deductible Maternity \$217.84				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$118.34	\$118.34	\$118.34	\$118.34
3-17	\$67.63	\$67.63	\$67.63	\$67.63
18-24	\$101.44	\$126.80	\$126.81	\$158.51
25-29	\$106.51	\$148.78	\$138.47	\$193.42
30-34	\$113.28	\$165.68	\$147.26	\$215.40
35-39	\$131.87	\$185.98	\$178.03	\$251.07
40-44	\$158.93	\$207.96	\$238.39	\$311.93
45-49	\$194.42	\$238.39	\$291.65	\$357.59
50-54	\$248.53	\$275.58	\$372.81	\$413.38
55-59	\$321.23	\$321.23	\$481.86	\$481.86
60-64	\$405.77	\$380.40	\$608.66	\$570.61
65+	\$500.45	\$458.17	\$750.68	\$687.28

<b>A55 P</b> \$2,500 deductible, 100% coinsurance, \$2,500 Out-of-Pocket Max \$10/\$35/\$50 prescription benefit Maternity \$217.84				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$125.04	\$125.04	\$125.04	\$125.04
3-17	\$71.45	\$71.45	\$71.45	\$71.45
18-24	\$107.18	\$133.97	\$133.97	\$167.47
25-29	\$112.53	\$157.19	\$146.29	\$204.34
30-34	\$119.68	\$175.05	\$155.58	\$227.56
35-39	\$139.33	\$196.48	\$188.08	\$265.25
40-44	\$167.91	\$219.71	\$251.86	\$329.56
45-49	\$205.41	\$251.86	\$308.12	\$377.79
50-54	\$262.58	\$291.15	\$393.86	\$436.73
55-59	\$339.38	\$339.38	\$509.07	\$509.07
60-64	\$428.70	\$401.90	\$643.04	\$602.85
65+	\$528.72	\$484.07	\$793.09	\$726.10

<b>A28 P</b> \$5,000 deductible, 100% coinsurance, \$5,000 Out-of-Pocket Max \$10/\$35/\$50 prescription benefit with \$200 brand deductible Maternity \$162.76				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$73.76	\$73.76	\$73.76	\$73.76
3-17	\$42.15	\$42.15	\$42.15	\$42.15
18-24	\$63.22	\$79.02	\$79.03	\$98.78
25-29	\$66.38	\$92.72	\$86.30	\$120.54
30-34	\$70.59	\$103.26	\$91.78	\$134.25
35-39	\$82.18	\$115.90	\$110.95	\$156.47
40-44	\$99.05	\$129.60	\$148.56	\$194.40
45-49	\$121.16	\$148.56	\$181.76	\$222.86
50-54	\$154.88	\$171.75	\$232.34	\$257.62
55-59	\$200.19	\$200.19	\$300.29	\$300.29
60-64	\$252.87	\$237.07	\$379.32	\$355.61
65+	\$311.87	\$285.54	\$467.83	\$428.32

<b>A58 P</b> \$5,000 deductible, 100% coinsurance, \$5,000 Out-of-Pocket Max \$10/\$35/\$50 prescription benefit Maternity \$162.76				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-2	\$79.56	\$79.56	\$79.56	\$79.56
3-17	\$45.46	\$45.46	\$45.46	\$45.46
18-24	\$68.19	\$85.24	\$85.23	\$106.54
25-29	\$71.60	\$100.01	\$93.08	\$130.01
30-34	\$76.15	\$111.38	\$98.99	\$144.79
35-39	\$88.65	\$125.01	\$119.67	\$168.76
40-44	\$106.83	\$139.79	\$160.25	\$209.69
45-49	\$130.69	\$160.24	\$196.06	\$240.37
50-54	\$167.06	\$185.25	\$250.60	\$277.89
55-59	\$215.94	\$215.94	\$323.91	\$323.91
60-64	\$272.76	\$255.71	\$409.15	\$383.58
65+	\$336.41	\$307.99	\$504.62	\$462.00

### Estimating Your PremierBlue Monthly Premium

The premium tables on the last page of this sheet can be used to estimate your PremierBlue 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.

1. Locate the rates for the plan you have selected.
2. For family coverage, locate the age bracket and tobacco use status that applies for yourself and each dependent to be covered. Use the rate calculator below to add each applicant's rate together to get your family's total premium. 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. If purchasing the maternity rider, please remember to add the appropriate maternity rate for the plan you have selected.

### 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. You may also select the "Bill Me" option.

## When Will Your PremierBlue Coverage Begin?

You can choose when your coverage becomes effective based on the following selections provided on the application:

- First day of the month following application approval.
- The day after your application is approved.
- The day after your BlueCross BlueShield of Tennessee Short-Term policy ends. This date must be after your application is received by BlueCross BlueShield of Tennessee.
- A specific date of your choosing specified on the application. This date cannot be changed once the policy is approved. If the requested date is prior to our receipt date, it will be changed to the day after receipt. In addition, you will be responsible for all premiums from this effective date.

If you choose the first day of the month or the day following application approval, you may request to have your effective date moved forward a maximum of 45 days one time with proof of other insurance

coverage. This information must be received during the 10-day free look period of the policy. Effective date changes will not be accepted for any of the other options.

BlueCross BlueShield of Tennessee can cancel your coverage back to the effective date if the payment received does not clear the bank or your credit card payment is declined.

### 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.

PremierBlue Family Rate Calculator

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



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