

# 2009 BluePartner Plans



## Monthly Premiums Effective 11/1/2008

Self-Only				
D1S* \$1,150 Deductible / 80% Coinsurance \$2,150 In-Network Out-of-Pocket Maximum Maternity Rate: \$207.66				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$101.05	\$101.05	\$101.05	\$101.05
18-24	\$122.18	\$142.94	\$152.73	\$178.67
25-29	\$127.89	\$157.57	\$159.85	\$196.96
30-34	\$136.26	\$177.93	\$177.13	\$231.31
35-39	\$156.67	\$202.86	\$211.50	\$273.85
40-44	\$186.32	\$228.14	\$260.85	\$319.38
45-49	\$237.66	\$263.34	\$344.61	\$381.84
50-54	\$289.77	\$286.80	\$434.67	\$430.19
55-59	\$340.41	\$310.82	\$510.61	\$466.23
60-64	\$386.75	\$339.79	\$580.11	\$509.68
65+	\$523.34	\$480.40	\$785.01	\$720.59

Family				
D1F* \$2,300 Deductible / 80% Coinsurance \$4,300 In-Network Out-of-Pocket Maximum Maternity Rate: \$207.66				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$90.95	\$90.95	\$90.95	\$90.95
18-24	\$109.97	\$128.64	\$137.46	\$160.79
25-29	\$115.10	\$141.81	\$143.87	\$177.27
30-34	\$122.62	\$160.14	\$159.42	\$208.17
35-39	\$141.00	\$182.57	\$190.34	\$246.46
40-44	\$167.69	\$205.31	\$234.75	\$287.44
45-49	\$213.89	\$237.00	\$310.14	\$343.65
50-54	\$260.80	\$258.11	\$391.19	\$387.17
55-59	\$306.36	\$279.73	\$459.54	\$419.60
60-64	\$348.06	\$305.80	\$522.09	\$458.70
65+	\$470.99	\$432.35	\$706.49	\$648.51

D2S \$1,800 Deductible / 100% Coinsurance \$1,800 In-Network Out-of-Pocket Maximum Maternity Rate: \$195.75				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$96.74	\$96.74	\$96.74	\$96.74
18-24	\$116.96	\$136.83	\$146.21	\$171.03
25-29	\$122.42	\$150.84	\$153.02	\$188.55
30-34	\$130.43	\$170.33	\$169.56	\$221.43
35-39	\$149.97	\$194.19	\$202.46	\$262.14
40-44	\$178.35	\$218.38	\$249.70	\$305.73
45-49	\$227.51	\$252.09	\$329.88	\$365.52
50-54	\$277.40	\$274.54	\$416.09	\$411.81
55-59	\$325.86	\$297.53	\$488.78	\$446.31
60-64	\$370.21	\$325.26	\$555.33	\$487.90
65+	\$500.97	\$459.85	\$751.46	\$689.79

D2F \$3,600 Deductible / 100% Coinsurance \$3,600 In-Network Out-of-Pocket Maximum Maternity Rate: \$195.75				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$87.06	\$87.06	\$87.06	\$87.06
18-24	\$105.27	\$123.14	\$131.58	\$153.93
25-29	\$110.18	\$135.75	\$137.72	\$169.69
30-34	\$117.39	\$153.30	\$152.61	\$199.29
35-39	\$134.97	\$174.77	\$182.21	\$235.93
40-44	\$160.52	\$196.54	\$224.72	\$275.16
45-49	\$204.76	\$226.88	\$296.90	\$328.97
50-54	\$249.65	\$247.08	\$374.48	\$370.63
55-59	\$293.27	\$267.78	\$439.91	\$401.67
60-64	\$333.20	\$292.73	\$499.79	\$439.10
65+	\$450.88	\$413.87	\$676.31	\$620.81

D3S \$2,850 Deductible / 100% Coinsurance \$2,850 In-Network Out-of-Pocket Maximum Maternity Rate: \$172.35				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$75.37	\$75.37	\$75.37	\$75.37
18-24	\$91.12	\$106.60	\$113.90	\$133.25
25-29	\$95.37	\$117.52	\$119.21	\$146.90
30-34	\$101.62	\$132.70	\$132.11	\$172.51
35-39	\$116.84	\$151.28	\$157.73	\$204.23
40-44	\$138.95	\$170.13	\$194.54	\$238.19
45-49	\$177.25	\$196.39	\$257.00	\$284.77
50-54	\$216.11	\$213.88	\$324.17	\$320.84
55-59	\$253.87	\$231.80	\$380.80	\$347.71
60-64	\$288.43	\$253.41	\$432.64	\$380.11
65+	\$390.30	\$358.27	\$585.44	\$537.40

D3F \$5,650 Deductible / 100% Coinsurance \$5,650 In-Network Out-of-Pocket Maximum Maternity Rate: \$172.35				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$67.82	\$67.82	\$67.82	\$67.82
18-24	\$82.01	\$95.93	\$102.51	\$119.92
25-29	\$85.83	\$105.75	\$107.29	\$132.20
30-34	\$91.45	\$119.43	\$118.88	\$155.26
35-39	\$105.15	\$136.15	\$141.95	\$183.80
40-44	\$125.05	\$153.11	\$175.08	\$214.37
45-49	\$159.52	\$176.75	\$231.29	\$256.29
50-54	\$194.49	\$192.49	\$291.74	\$288.74
55-59	\$228.47	\$208.62	\$342.71	\$312.92
60-64	\$259.58	\$228.06	\$389.36	\$342.09
65+	\$351.25	\$322.43	\$526.88	\$483.64

D4S \$5,500 Deductible / 100% Coinsurance \$5,500 In-Network Out-of-Pocket Maximum Maternity Rate: \$133.02				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$48.66	\$48.66	\$48.66	\$48.66
18-24	\$58.84	\$68.83	\$73.55	\$86.03
25-29	\$61.58	\$75.88	\$76.97	\$94.85
30-34	\$65.62	\$85.68	\$85.30	\$111.38
35-39	\$75.44	\$97.68	\$101.84	\$131.87
40-44	\$89.72	\$109.85	\$125.61	\$153.79
45-49	\$114.44	\$126.80	\$165.94	\$183.87
50-54	\$139.54	\$138.10	\$209.30	\$207.15
55-59	\$163.91	\$149.67	\$245.87	\$224.50
60-64	\$186.23	\$163.62	\$279.35	\$245.43
65+	\$252.00	\$231.32	\$378.00	\$346.98

D4F \$11,000 Deductible / 100% Coinsurance \$11,000 In-Network Out-of-Pocket Maximum Maternity Rate: \$133.02				
Preferred	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
0-17	\$43.80	\$43.80	\$43.80	\$43.80
18-24	\$52.95	\$61.94	\$66.19	\$77.43
25-29	\$55.42	\$68.29	\$69.28	\$85.37
30-34	\$59.05	\$77.12	\$76.77	\$100.25
35-39	\$67.90	\$87.91	\$91.66	\$118.69
40-44	\$80.75	\$98.87	\$113.05	\$138.42
45-49	\$103.00	\$114.12	\$149.35	\$165.49
50-54	\$125.59	\$124.29	\$188.38	\$186.44
55-59	\$147.52	\$134.71	\$221.30	\$202.05
60-64	\$167.61	\$147.26	\$251.42	\$220.89
65+	\$226.81	\$208.20	\$340.21	\$312.29

\*Deductible and out-of-pocket amounts are effective 1/1/09.

## Estimating Your BluePartner Monthly Premium

The premium tables on the reverse side of this sheet can be used to estimate your BluePartner plan's monthly premium. The premiums listed are for a preferred risk. Your actual rate may vary based on your health status.

1. Locate the rates for the plan you have selected.
2. For self-only coverage, locate the age bracket and tobacco use status that applies to you on the Self-Only table.
3. For family coverage, locate the age bracket and tobacco use status that applies for yourself and each dependent to be covered on the family table. 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 is capped at three children. All eligible children are covered, but you only pay premiums based on your three oldest children. See your agent for complete details.
4. Include your first month's estimated premium with your application. Your monthly premium will be adjusted on your next bill, if necessary, once your policy has been issued.

## Payment Options

You may pay by check, money order or your MasterCard or Visa credit card. Checks and money orders need to be made payable to BlueCross BlueShield of Tennessee.

## When Will Your BluePartner 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 Blue Shield 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.

Your first month's premium is due with your completed application. BlueCross BlueShield of Tennessee can cancel your coverage back to the effective date if the check 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.

### BluePartner Family Rate Calculator

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



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