



Individual Health Plans Monthly Premiums

BLUEPREFERRED®

BLUEPREFERRED® BASIC

BLUE CLASSIC®

BLUESELECT®

CareAmerica Term Life Insurance

Effective October 1, 2003



An Independent Licensee of the Blue Cross and Blue Shield Association

www.bcbsaz.com

STATEWIDE (except Pima County)

DEDUCTIBLE	\$250		\$500		\$1,000		\$2,500		\$5,000	
OFFICE VISIT	\$15 COPAY		\$20 COPAY		\$25 COPAY		\$30 COPAY		\$30 COPAY	
AGE RANGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<2	\$305	\$305	\$256	\$256	\$209	\$209	\$170	\$170	\$129	\$129
2-6	106	106	90	90	72	72	59	59	47	47
7-10	85	85	71	71	58	58	49	49	36	36
11-14	88	88	75	75	60	60	50	50	37	37
15-17	109	130	92	112	77	90	60	73	48	56
18-29	124	187	105	161	86	131	70	105	54	80
30-34	138	198	118	172	100	139	78	110	59	84
35-39	163	212	138	179	116	150	91	118	70	90
40-44	188	229	162	196	135	161	106	128	81	97
45-49	274	311	236	263	194	218	152	173	116	131
50-54	328	336	281	287	229	237	183	187	139	142
55-59	410	385	351	328	289	270	226	213	173	162
60-64	473	454	403	389	333	319	263	251	199	190
1 dependent child	104		91		77		58		46	
2 dependent children	214		183		152		120		92	
3+ dependent children	317		272		226		179		138	

PIMA COUNTY

DEDUCTIBLE	\$250		\$500		\$1,000		\$2,500		\$5,000	
OFFICE VISIT	\$15 COPAY		\$20 COPAY		\$25 COPAY		\$30 COPAY		\$30 COPAY	
AGE RANGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<2	\$275	\$275	\$232	\$232	\$188	\$188	\$153	\$153	\$116	\$116
2-6	96	96	81	81	65	65	54	54	43	43
7-10	78	78	63	63	53	53	45	45	33	33
11-14	79	79	67	67	55	55	46	46	34	34
15-17	98	117	83	101	69	81	55	66	44	50
18-29	110	168	94	144	78	118	62	94	48	72
30-34	125	179	107	155	89	126	70	100	54	77
35-39	147	190	125	161	105	135	82	107	62	81
40-44	170	207	146	177	120	144	96	115	73	88
45-49	246	280	212	236	174	196	137	156	105	118
50-54	295	303	253	257	207	213	164	168	126	129
55-59	370	347	316	295	260	243	205	191	156	146
60-64	427	408	362	351	300	288	236	225	181	171
1 dependent child	93		82		69		53		42	
2 dependent children	193		164		137		108		83	
3+ dependent children	286		245		205		161		125	

The dependent child rates apply when children are enrolled with a parent. Children who enroll without a parent receive individual rates based on their age, sex and residence.

BLUEPREFERRED® BASIC

STATEWIDE (except Pima County)

DEDUCTIBLE AGE RANGE	\$5,000		\$10,000	
	MALE	FEMALE	MALE	FEMALE
<2	\$ 88	\$ 88	\$ 66	\$66
2-6	32	32	24	24
7-10	25	25	18	18
11-14	25	25	19	19
15-17	33	38	24	28
18-29	37	55	27	41
30-34	40	58	30	43
35-39	48	62	36	46
40-44	55	66	41	49
45-49	79	90	59	67
50-54	95	97	71	72
55-59	118	111	88	82
60-64	136	130	101	97
1 dependent child	32		23	
2 dependent children	63		47	
3+ dependent children	95		70	

PIMA COUNTY

DEDUCTIBLE AGE RANGE	\$5,000		\$10,000	
	MALE	FEMALE	MALE	FEMALE
<2	\$ 79	\$ 79	\$59	\$59
2-6	29	29	22	22
7-10	23	23	17	17
11-14	23	23	17	17
15-17	30	34	22	25
18-29	33	49	24	37
30-34	37	53	27	39
35-39	42	55	32	41
40-44	50	60	37	45
45-49	72	81	53	60
50-54	86	88	64	66
55-59	107	100	79	74
60-64	124	117	92	87
1 dependent child	29		21	
2 dependent children	57		42	
3+ dependent children	86		64	

The dependent child rates apply when children are enrolled with a parent. Children who enroll without a parent receive individual rates based on their age, sex and residence.

BLUEPREFERRED®/BLUECLASSIC®

Family coverage:

Dependent children enrolled with a parent can be covered at the dependent child rate through 18 years, or through age 24 if a full-time student. When children no longer qualify for the dependent child rate, they can transition to their own contract on the same product and deductible without having to pass medical underwriting again.

Child-only coverage:

Children can be covered without a parent through 18 years. Each child will receive a separate rate based upon his/her age, sex and residence. At age 19, children will transition to an adult contract on the same product and deductible without having to pass medical underwriting.

BLUESELECT®

Whether you're applying for family coverage or for child-only coverage, each individual family member will receive a separate rate based upon his/her age, sex and residence.

Note: Rates on this premium summary are not guaranteed and are subject to change.



BLUECLASSIC®

STATEWIDE (except Pima County)

DEDUCTIBLE	\$250		\$500		\$750		\$1,250		\$2,500		\$5,000	
AGE RANGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<2	\$439	\$439	\$376	\$376	\$351	\$351	\$311	\$311	\$265	\$265	\$161	\$161
2-6	154	154	132	132	122	122	108	108	92	92	56	56
7-10	122	122	105	105	97	97	86	86	73	73	46	46
11-14	130	130	112	112	102	102	92	92	78	78	49	49
15-17	159	190	136	162	125	151	114	136	96	117	60	72
18-29	180	280	155	244	143	222	130	200	109	167	66	102
30-34	188	296	163	258	151	236	136	212	115	177	71	107
35-39	202	312	174	272	160	247	143	224	121	186	74	114
40-44	212	319	183	279	168	254	154	229	129	192	76	117
45-49	265	342	231	295	211	270	190	244	159	203	96	123
50-54	349	354	304	308	278	280	250	254	208	211	126	129
55-59	507	453	439	393	400	357	362	324	300	270	180	161
60-64	595	492	515	428	470	392	423	353	353	293	211	177
1 dependent child	109		95		89		80		66		42	
2 dependent children	209		182		167		151		131		84	
3+ dependent children	316		273		252		229		195		126	

PIMA COUNTY

DEDUCTIBLE	\$250		\$500		\$750		\$1,250		\$2,500		\$5,000	
AGE RANGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<2	\$394	\$394	\$339	\$339	\$315	\$315	\$280	\$280	\$237	\$237	\$145	\$145
2-6	138	138	119	119	111	111	97	97	83	83	51	51
7-10	111	111	95	95	88	88	77	77	66	66	41	41
11-14	116	116	100	100	92	92	83	83	70	70	44	44
15-17	143	169	123	146	113	136	103	123	86	104	54	65
18-29	163	251	139	220	129	201	116	180	98	150	60	92
30-34	169	267	148	232	136	213	123	191	103	159	63	96
35-39	181	281	157	244	144	222	129	203	108	167	67	103
40-44	191	288	165	250	151	229	138	206	116	172	69	104
45-49	237	308	209	266	190	242	169	220	143	182	86	111
50-54	314	318	274	278	249	251	225	229	188	190	114	116
55-59	455	409	394	355	361	322	325	292	270	242	163	145
60-64	535	443	463	385	423	354	380	317	317	264	190	159
1 dependent child	98		85		81		71		60		38	
2 dependent children	189		164		150		136		118		76	
3+ dependent children	285		246		227		206		175		114	

The dependent child rates apply when children are enrolled with a parent. Children who enroll without a parent receive individual rates based on their age, sex and residence.

STANDARD RATES

BENEFIT PLAN	MARICOPA COUNTY				PIMA COUNTY				OTHER COUNTIES*			
	PLAN ONE		PLAN TWO		PLAN ONE		PLAN TWO		PLAN ONE		PLAN TWO	
PCP	\$10 COPAY		\$25 COPAY		\$10 COPAY		\$25 COPAY		\$10 COPAY		\$25 COPAY	
SPECIALIST	\$15 COPAY		\$30 COPAY		\$15 COPAY		\$30 COPAY		\$15 COPAY		\$30 COPAY	
HOSPITAL	\$250 COPAY		\$500 COPAY		\$250 COPAY		\$500 COPAY		\$250 COPAY		\$500 COPAY	
AGE RANGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<2	\$474	\$474	\$385	\$385	\$426	\$426	\$348	\$348	\$661	\$661	\$535	\$535
2-6	135	135	112	112	130	130	106	106	198	198	165	165
7-10	122	122	103	103	120	120	97	97	182	182	153	153
11-14	133	133	110	110	128	128	103	103	194	194	162	162
15-17	145	145	120	120	137	137	118	118	214	214	178	178
18-24	153	318	128	255	144	287	120	231	225	443	188	360
25-29	181	436	147	351	167	389	138	314	256	602	217	484
30-34	205	435	172	351	190	387	162	314	299	601	244	484
35-39	251	434	209	348	227	387	188	314	348	601	289	484
40-44	299	430	248	351	272	385	225	314	420	595	345	484
45-49	363	430	300	351	327	385	269	314	502	595	415	484
50-54	436	434	356	353	389	387	321	318	602	601	497	492
55-59	539	435	439	356	479	389	396	321	735	602	605	497
60-64	662	479	544	392	590	429	484	351	906	659	747	541

* All Counties except Maricopa and Pima.

Note: These are the BlueSelect standard rates. Because we do not place waivers on a BlueSelect policy, you may be assigned a non-standard rate (on average 15% higher than the standard rate) based upon the results of the medical underwriting process.

CAREAMERICA LIFE INSURANCE COMPANY TERM LIFE INSURANCE

INDIVIDUAL/FAMILY COVERAGE

	\$20,000 LIFE INSURANCE		\$30,000 LIFE INSURANCE		\$50,000 LIFE INSURANCE	
	SPOUSE: \$10,000 CHILD*: \$2,000		SPOUSE: \$15,000 CHILD*: \$3,000		SPOUSE: \$25,000 CHILD*: \$5,000	
	APPLICANT ONLY	APPLICANT WITH FAMILY	APPLICANT ONLY	APPLICANT WITH FAMILY	APPLICANT ONLY	APPLICANT WITH FAMILY
< 30	\$ 4.60	\$ 6.20	\$ 6.90	\$ 9.30	\$ 11.50	\$ 15.50
30-34	5.00	7.00	7.50	10.50	12.50	17.50
35-39	6.20	8.60	9.30	12.90	15.50	21.50
40-44	8.80	11.80	13.20	17.70	22.00	29.50
45-49	13.00	17.40	19.50	26.10	32.50	43.50
50-54	19.60	25.80	29.40	38.70	49.00	64.50
55-59	30.00	38.60	45.00	57.90	75.00	96.50
60-64	40.80	51.00	61.20	76.50	102.00	127.50

* CareAmerica Life: Dependent child(ren) - 14 days through 18 years, or through age 24 if a full-time student

CHILD-ONLY COVERAGE

	\$10,000 LIFE INSURANCE	\$20,000 LIFE INSURANCE	\$30,000 LIFE INSURANCE
For children 1 through 18 years	\$1.00 per child	\$2.00 per child	\$3.00 per child

BCBSAZ does not own or control, is not affiliated with and is not the agent for CareAmerica Life Insurance Company.