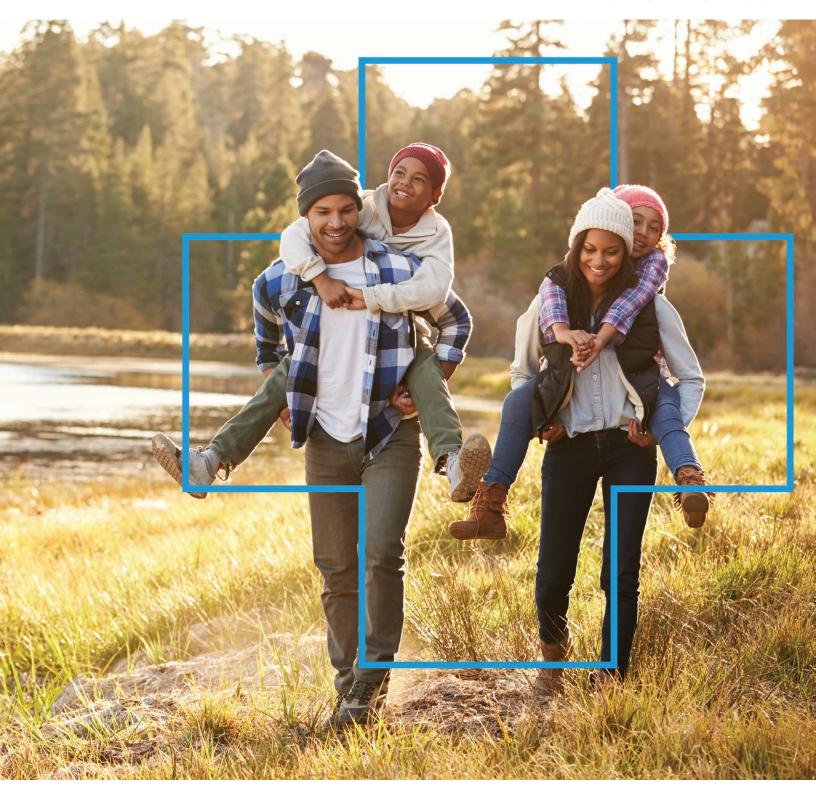
# Blue Cross Health™

A PLAN THAT'S RIGHT FOR YOU



# Complete Health Rate Guide

FLEXIBLE. PERSONAL. AFFORDABLE.





## What are my choices?



### REQUIRED: CHOOSE ONE

Entry: Health | Essential: Health | Enhanced: Health



#### OPTIONAL DENTAL BENEFITS: CHOOSE ONE

Entry: Dental | Essential: Dental | Enhanced: Dental







#### Mandatory Health Benefits (Must choose one)

Health Benefits REQUIRED: please choose ONE (1) of these modules.	Entry			Essential			Enhanced		
Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
O-29	28.34	49.60	69.43	46.50	81.61	114.68	68.33	119.35	169.25
30-44	30.61	53.57	74.99	50.14	87.96	123.57	73.59	129.75	182.25
45-54	32.87	57.52	80.53	53.75	94.28	132.44	83.95	146.92	208.90
55-64	34.57	60.50	84.70	56.51	99.47	139.53	92.19	163.28	228.17
65+ no AD&D	34.86	61.01	85.41	55.78	97.62	136.66	97.29	170.26	238.98
65+ Without Travel no AD&D	N/A	N/A	N/A	N/A	N/A	N/A	73.81	129.18	181.00
AD&D Rates	N/A	N/A	N/A	1.35*	2.40**	2.40**	1.79*	3.20**	3.20**

Enhanced module includes Semi-Private hospital room and Travel (Travel optional at 65+)

Can be added to your Standard Plan from ORWP for OREA members for additional coverage

### Optional Dental Benefits (Choose one)

Dental Benefits OPTIONAL: please choose ONE (1) of these modules.	Entry			Essential			Enhanced		
Age	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family
O-29	33.21	53.14	81.04	49.82	79.71	121.56	69.75	111.60	170.19
30-44	36.56	59.05	89.21	54.84	88.57	133.81	76.77	124.00	187.34
45-54	39.51	68.44	97.41	59.26	102.66	146.12	82.97	143.73	204.57
55-64	41.48	71.34	102.37	62.22	107.02	153.56	87.10	149.82	214.98
65+	41.50	71.91	102.45	62.25	107.86	153.67	87.15	151.01	215.14

For total monthly cost, add mandatory Health Benefits to optional Dental Benefits

<sup>\*</sup> One aged 65 or over, no AD&D; one adult under 65 with AD&D.

\*\* One aged 65 or over, no AD&D; one adult under 65 and dependent(s) with AD&D.