BlueCross BlueShield Minnesota

2014 MONTHLY RATE GUIDE
ONGOING HEALTH COVERAGE
FOR INDIVIDUALS AND FAMILIES

New off-exchange plans

Blue Cross and Blue Shield of Minnesota is a nonprofit company committed to making a healthy difference in people's lives with affordable, quality health plan options.

We believe good health is for everyone – not just our members. It's a big vision. And that's why we're investing in the communities we serve and empowering individuals to make smart choices about their health. Your clients are protected by the strength and stability of Blue Cross, the name trusted for over 80 years.

Rates effective January 1, 2014, to December 31, 2014.

Rates are subject to benefit changes mandated by law and annual adjustments. Note: Your client's rate may change when they move into a different rate area or change plans. Their rate will also change on an annual renewal date based on their age and benefit changes.

HOW TO CALCULATE RATES.

1

→ **Use the rating area map** to determine the correct rating area for your clients based on where they live

2

→ **Find the appropriate rating area** in this book

3

→ **Look up rates** for clients, their spouses and their dependents based on their age

- For dependents ages 21 to 25, assign a rate based on their age
- For dependents ages 0 to 20, assign the flat rate with a limit, or cap, on three dependents. That means families with four or more dependents should only be charged for three of the child dependents.
- For each person through age 18 on the health plan, add an additional $23.40 each month for pediatric dental coverage. If there are more than three child dependents ages 0 to 18, the maximum charged for pediatric dental coverage for the dependents is $70.20 per month if applicable.

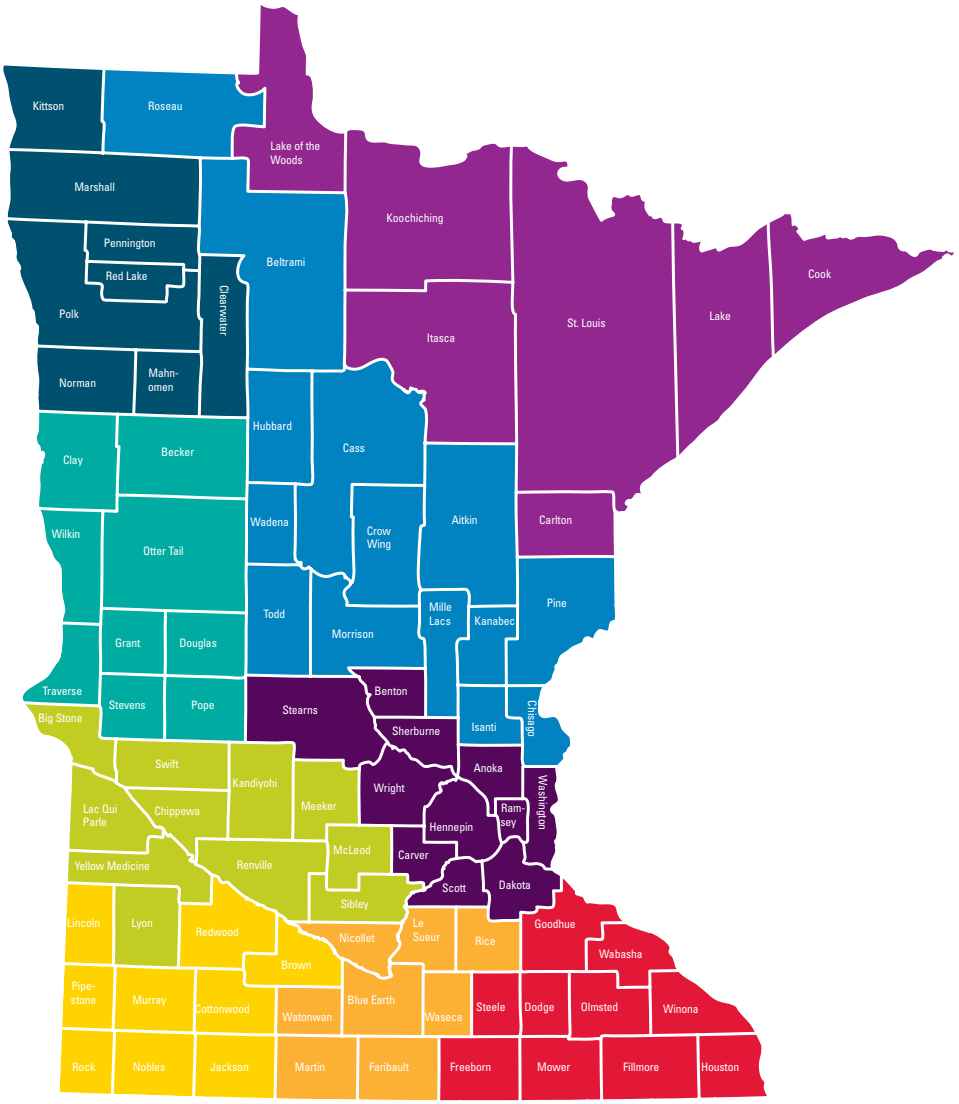
SAMPLE WORKSHEET TO CALCULATE RATES

Subscriber's monthly rate	$
Spouse's monthly rate	+ $
Dependents ages 21 to 25 monthly rate(s)	+ $
Dependents ages 0 to 20 monthly rate(s) (up to three dependents)	+ $
Pediatric dental coverage	+ $
Total monthly rate	= $

QUESTIONS? WE CAN HELP.

If you have questions on how to calculate monthly rates, call Agency Services at **(651) 662-5240** or toll free at **1-800-262-0821**.

REGIONAL RATE MAP
INDIVIDUAL AND FAMILY MARKET



Area factors

1	1.35
2	1.031
3	1.052
4	1.052
5	1.052
6	0.941
7	1.031
8	0.88
9	0.88

1 Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Steele, Wabasha, Winona counties

2 Carlton, Cook, Itasca, Koochiching, Lake, Lake of the Woods, St. Louis counties

3 Blue Earth, Faribault, Waseca, Le Sueur, Martin, Nicollet, Rice, Watonwan counties

4 Brown, Cottonwood, Jackson, Lincoln, Murray, Nobles, Pipestone, Redwood, Rock counties

5 Big Stone, Chippewa, Kandiyohi, Lac Qui Parle, Lyon, McLeod, Meeker, Renville, Sibley, Swift, Yellow Medicine counties

6 Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wilkin counties

7 Aitkin, Beltrami, Cass, Chisago, Crow Wing, Hubbard, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Roseau, Todd, Wadena counties

8 Anoka, Benton, Carver, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington, Wright counties

9 Clearwater, Kittson, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake counties

AREA 1

BLUESAVE WITH THE CONSUMER VALUE NETWORK	
Deductible	$5,650/$11,300
Coinsurance	0%
Subscriber, spouse and/or dependent(s) age	
0 to 20	119.61
21	138.56
22	138.56
23	138.56
24	138.56
25	138.56
26	138.56
27	138.56
28	138.56
29	138.56
30	158.32
31	158.32
32	158.32
33	158.32
34	158.32
35	166.65
36	166.65
37	166.65
38	166.65
39	166.65
40	179.02
41	179.02
42	179.02
43	179.02
44	179.02
45	211.00
46	211.00
47	211.00
48	211.00
49	211.00
50	262.88
51	262.88
52	262.88
53	262.88
54	262.88
55	326.58
56	326.58
57	326.58
58	326.58
59	326.58
60	385.72
61	385.72
62	385.72
63	385.72
64+	403.19

Subject to meeting eligibility criteria of catastrophic plans.

AREA 1

BLUEBASIC WITH THE CONSUMER VALUE NETWORK				
Deductible (single/family)	$5,650/$11,300	$4,350/$8,700	$3,300/$6,600	$2,200/$4,400
Coinsurance	0%	0%	50%	20%
Subscriber, spouse and/or dependent(s) age				
0 to 20	160.93	185.10	158.82	192.86
21	186.42	214.42	183.98	223.41
22	186.42	214.42	183.98	223.41
23	186.42	214.42	183.98	223.41
24	186.42	214.42	183.98	223.41
25	186.42	214.42	183.98	223.41
26	186.42	214.42	183.98	223.41
27	186.42	214.42	183.98	223.41
28	186.42	214.42	183.98	223.41
29	186.42	214.42	183.98	223.41
30	213.00	245.00	210.21	255.26
31	213.00	245.00	210.21	255.26
32	213.00	245.00	210.21	255.26
33	213.00	245.00	210.21	255.26
34	213.00	245.00	210.21	255.26
35	224.22	257.89	221.28	268.70
36	224.22	257.89	221.28	268.70
37	224.22	257.89	221.28	268.70
38	224.22	257.89	221.28	268.70
39	224.22	257.89	221.28	268.70
40	240.85	277.02	237.69	288.63
41	240.85	277.02	237.69	288.63
42	240.85	277.02	237.69	288.63
43	240.85	277.02	237.69	288.63
44	240.85	277.02	237.69	288.63
45	283.89	326.52	280.17	340.21
46	283.89	326.52	280.17	340.21
47	283.89	326.52	280.17	340.21
48	283.89	326.52	280.17	340.21
49	283.89	326.52	280.17	340.21
50	353.68	406.80	349.05	423.85
51	353.68	406.80	349.05	423.85
52	353.68	406.80	349.05	423.85
53	353.68	406.80	349.05	423.85
54	353.68	406.80	349.05	423.85
55	439.39	505.38	433.63	526.56
56	439.39	505.38	433.63	526.56
57	439.39	505.38	433.63	526.56
58	439.39	505.38	433.63	526.56
59	439.39	505.38	433.63	526.56
60	518.95	596.89	512.15	621.90
61	518.95	596.89	512.15	621.90
62	518.95	596.89	512.15	621.90
63	518.95	596.89	512.15	621.90
64+	542.46	623.93	535.35	650.07

AREA 1

BLUEVALUE WITH THE BLUE PERFORMANCE REGIONAL NETWORK	
Deductible (single/family)	$2,400/$4,800 in Tiers 1 and 2
Coinsurance	20% in Tier 1 and 40% in Tier 2
Subscriber, spouse and/or dependent(s) age	
0 to 20	203.99
21	236.31
22	236.31
23	236.31
24	236.31
25	236.31
26	236.31
27	236.31
28	236.31
29	236.31
30	270.01
31	270.01
32	270.01
33	270.01
34	270.01
35	284.22
36	284.22
37	284.22
38	284.22
39	284.22
40	305.30
41	305.30
42	305.30
43	305.30
44	305.30
45	359.86
46	359.86
47	359.86
48	359.86
49	359.86
50	448.33
51	448.33
52	448.33
53	448.33
54	448.33
55	556.97
56	556.97
57	556.97
58	556.97
59	556.97
60	657.82
61	657.82
62	657.82
63	657.82
64+	687.62

AREA 1

BLUEPRINT WITH THE ALLINA HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	199.60	220.95	250.70
21	231.22	255.96	290.42
22	231.22	255.96	290.42
23	231.22	255.96	290.42
24	231.22	255.96	290.42
25	231.22	255.96	290.42
26	231.22	255.96	290.42
27	231.22	255.96	290.42
28	231.22	255.96	290.42
29	231.22	255.96	290.42
30	264.19	292.45	331.83
31	264.19	292.45	331.83
32	264.19	292.45	331.83
33	264.19	292.45	331.83
34	264.19	292.45	331.83
35	278.09	307.84	349.29
36	278.09	307.84	349.29
37	278.09	307.84	349.29
38	278.09	307.84	349.29
39	278.09	307.84	349.29
40	298.73	330.68	375.21
41	298.73	330.68	375.21
42	298.73	330.68	375.21
43	298.73	330.68	375.21
44	298.73	330.68	375.21
45	352.10	389.77	442.25
46	352.10	389.77	442.25
47	352.10	389.77	442.25
48	352.10	389.77	442.25
49	352.10	389.77	442.25
50	438.67	485.60	550.98
51	438.67	485.60	550.98
52	438.67	485.60	550.98
53	438.67	485.60	550.98
54	438.67	485.60	550.98
55	544.97	603.27	684.50
56	544.97	603.27	684.50
57	544.97	603.27	684.50
58	544.97	603.27	684.50
59	544.97	603.27	684.50
60	643.65	712.51	808.45
61	643.65	712.51	808.45
62	643.65	712.51	808.45
63	643.65	712.51	808.45
64+	672.81	744.78	845.07

AREA 1

BLUECONNECT WITH THE SANFORD HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	195.51	220.95	252.13
21	226.48	255.96	292.07
22	226.48	255.96	292.07
23	226.48	255.96	292.07
24	226.48	255.96	292.07
25	226.48	255.96	292.07
26	226.48	255.96	292.07
27	226.48	255.96	292.07
28	226.48	255.96	292.07
29	226.48	255.96	292.07
30	258.78	292.45	333.72
31	258.78	292.45	333.72
32	258.78	292.45	333.72
33	258.78	292.45	333.72
34	258.78	292.45	333.72
35	272.40	307.84	351.28
36	272.40	307.84	351.28
37	272.40	307.84	351.28
38	272.40	307.84	351.28
39	272.40	307.84	351.28
40	292.61	330.68	377.35
41	292.61	330.68	377.35
42	292.61	330.68	377.35
43	292.61	330.68	377.35
44	292.61	330.68	377.35
45	344.89	389.77	444.77
46	344.89	389.77	444.77
47	344.89	389.77	444.77
48	344.89	389.77	444.77
49	344.89	389.77	444.77
50	429.68	485.60	554.12
51	429.68	485.60	554.12
52	429.68	485.60	554.12
53	429.68	485.60	554.12
54	429.68	485.60	554.12
55	533.81	603.27	688.40
56	533.81	603.27	688.40
57	533.81	603.27	688.40
58	533.81	603.27	688.40
59	533.81	603.27	688.40
60	630.46	712.51	813.05
61	630.46	712.51	813.05
62	630.46	712.51	813.05
63	630.46	712.51	813.05
64+	659.02	744.78	849.88

AREA 1

BLUEACCESS WITH THE AWARE NETWORK					
Deductible (single/family)	$5,200/$10,400	$3,150/$6,300	$1,800/$3,600	$0	$0
Coinsurance	0%	0%	0%	20%	10%
Subscriber, spouse and/or dependent(s) age					
0 to 20	171.53	208.98	240.01	256.67	288.53
21	198.71	242.09	278.03	297.33	334.24
22	198.71	242.09	278.03	297.33	334.24
23	198.71	242.09	278.03	297.33	334.24
24	198.71	242.09	278.03	297.33	334.24
25	198.71	242.09	278.03	297.33	334.24
26	198.71	242.09	278.03	297.33	334.24
27	198.71	242.09	278.03	297.33	334.24
28	198.71	242.09	278.03	297.33	334.24
29	198.71	242.09	278.03	297.33	334.24
30	227.04	276.61	317.67	339.72	381.90
31	227.04	276.61	317.67	339.72	381.90
32	227.04	276.61	317.67	339.72	381.90
33	227.04	276.61	317.67	339.72	381.90
34	227.04	276.61	317.67	339.72	381.90
35	238.99	291.16	334.39	357.60	402.00
36	238.99	291.16	334.39	357.60	402.00
37	238.99	291.16	334.39	357.60	402.00
38	238.99	291.16	334.39	357.60	402.00
39	238.99	291.16	334.39	357.60	402.00
40	256.72	312.77	359.20	384.14	431.83
41	256.72	312.77	359.20	384.14	431.83
42	256.72	312.77	359.20	384.14	431.83
43	256.72	312.77	359.20	384.14	431.83
44	256.72	312.77	359.20	384.14	431.83
45	302.59	368.65	423.38	452.77	508.98
46	302.59	368.65	423.38	452.77	508.98
47	302.59	368.65	423.38	452.77	508.98
48	302.59	368.65	423.38	452.77	508.98
49	302.59	368.65	423.38	452.77	508.98
50	376.99	459.29	527.47	564.09	634.12
51	376.99	459.29	527.47	564.09	634.12
52	376.99	459.29	527.47	564.09	634.12
53	376.99	459.29	527.47	564.09	634.12
54	376.99	459.29	527.47	564.09	634.12
55	468.35	570.59	655.29	700.79	787.79
56	468.35	570.59	655.29	700.79	787.79
57	468.35	570.59	655.29	700.79	787.79
58	468.35	570.59	655.29	700.79	787.79
59	468.35	570.59	655.29	700.79	787.79
60	553.15	673.90	773.95	827.68	930.44
61	553.15	673.90	773.95	827.68	930.44
62	553.15	673.90	773.95	827.68	930.44
63	553.15	673.90	773.95	827.68	930.44
64+	578.20	704.43	809.01	865.17	972.58

AREA 2

BLUESAVE WITH THE CONSUMER VALUE NETWORK	
Deductible	$5,650/$11,300
Coinsurance	0%
Subscriber, spouse and/or dependent(s) age	
0 to 20	91.35
21	105.82
22	105.82
23	105.82
24	105.82
25	105.82
26	105.82
27	105.82
28	105.82
29	105.82
30	120.91
31	120.91
32	120.91
33	120.91
34	120.91
35	127.27
36	127.27
37	127.27
38	127.27
39	127.27
40	136.71
41	136.71
42	136.71
43	136.71
44	136.71
45	161.14
46	161.14
47	161.14
48	161.14
49	161.14
50	200.76
51	200.76
52	200.76
53	200.76
54	200.76
55	249.41
56	249.41
57	249.41
58	249.41
59	249.41
60	294.57
61	294.57
62	294.57
63	294.57
64+	307.92

Subject to meeting eligibility criteria of catastrophic plans.

AREA 2

BLUEBASIC WITH THE CONSUMER VALUE NETWORK				
Deductible (single/family)	$5,650/$11,300	$4,350/$8,700	$3,300/$6,600	$2,200/$4,400
Coinsurance	0%	0%	50%	20%
Subscriber, spouse and/or dependent(s) age				
0 to 20	122.90	141.36	121.29	147.28
21	142.37	163.76	140.51	170.62
22	142.37	163.76	140.51	170.62
23	142.37	163.76	140.51	170.62
24	142.37	163.76	140.51	170.62
25	142.37	163.76	140.51	170.62
26	142.37	163.76	140.51	170.62
27	142.37	163.76	140.51	170.62
28	142.37	163.76	140.51	170.62
29	142.37	163.76	140.51	170.62
30	162.67	187.10	160.54	194.94
31	162.67	187.10	160.54	194.94
32	162.67	187.10	160.54	194.94
33	162.67	187.10	160.54	194.94
34	162.67	187.10	160.54	194.94
35	171.23	196.95	168.99	205.20
36	171.23	196.95	168.99	205.20
37	171.23	196.95	168.99	205.20
38	171.23	196.95	168.99	205.20
39	171.23	196.95	168.99	205.20
40	183.94	211.56	181.53	220.43
41	183.94	211.56	181.53	220.43
42	183.94	211.56	181.53	220.43
43	183.94	211.56	181.53	220.43
44	183.94	211.56	181.53	220.43
45	216.80	249.37	213.96	259.82
46	216.80	249.37	213.96	259.82
47	216.80	249.37	213.96	259.82
48	216.80	249.37	213.96	259.82
49	216.80	249.37	213.96	259.82
50	270.11	310.67	266.57	323.69
51	270.11	310.67	266.57	323.69
52	270.11	310.67	266.57	323.69
53	270.11	310.67	266.57	323.69
54	270.11	310.67	266.57	323.69
55	335.56	385.96	331.17	402.14
56	335.56	385.96	331.17	402.14
57	335.56	385.96	331.17	402.14
58	335.56	385.96	331.17	402.14
59	335.56	385.96	331.17	402.14
60	396.32	455.85	391.13	474.95
61	396.32	455.85	391.13	474.95
62	396.32	455.85	391.13	474.95
63	396.32	455.85	391.13	474.95
64+	414.28	476.50	408.85	496.46

AREA 2

BLUEVALUE WITH THE BLUE PERFORMANCE REGIONAL NETWORK	
Deductible (single/family)	$2,400/$4,800 in Tiers 1 and 2
Coinsurance	20% in Tier 1 and 40% in Tier 2
Subscriber, spouse and/or dependent(s) age	
0 to 20	155.79
21	180.47
22	180.47
23	180.47
24	180.47
25	180.47
26	180.47
27	180.47
28	180.47
29	180.47
30	206.20
31	206.20
32	206.20
33	206.20
34	206.20
35	217.06
36	217.06
37	217.06
38	217.06
39	217.06
40	233.16
41	233.16
42	233.16
43	233.16
44	233.16
45	274.82
46	274.82
47	274.82
48	274.82
49	274.82
50	342.39
51	342.39
52	342.39
53	342.39
54	342.39
55	425.36
56	425.36
57	425.36
58	425.36
59	425.36
60	502.38
61	502.38
62	502.38
63	502.38
64+	525.14

AREA 2

BLUEPRINT WITH THE ALLINA HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	152.43	168.74	191.46
21	176.58	195.48	221.80
22	176.58	195.48	221.80
23	176.58	195.48	221.80
24	176.58	195.48	221.80
25	176.58	195.48	221.80
26	176.58	195.48	221.80
27	176.58	195.48	221.80
28	176.58	195.48	221.80
29	176.58	195.48	221.80
30	201.76	223.35	253.42
31	201.76	223.35	253.42
32	201.76	223.35	253.42
33	201.76	223.35	253.42
34	201.76	223.35	253.42
35	212.38	235.10	266.76
36	212.38	235.10	266.76
37	212.38	235.10	266.76
38	212.38	235.10	266.76
39	212.38	235.10	266.76
40	228.14	252.54	286.55
41	228.14	252.54	286.55
42	228.14	252.54	286.55
43	228.14	252.54	286.55
44	228.14	252.54	286.55
45	268.90	297.67	337.75
46	268.90	297.67	337.75
47	268.90	297.67	337.75
48	268.90	297.67	337.75
49	268.90	297.67	337.75
50	335.01	370.85	420.79
51	335.01	370.85	420.79
52	335.01	370.85	420.79
53	335.01	370.85	420.79
54	335.01	370.85	420.79
55	416.20	460.72	522.76
56	416.20	460.72	522.76
57	416.20	460.72	522.76
58	416.20	460.72	522.76
59	416.20	460.72	522.76
60	491.56	544.15	617.41
61	491.56	544.15	617.41
62	491.56	544.15	617.41
63	491.56	544.15	617.41
64+	513.83	568.79	645.38

AREA 2

BLUECONNECT WITH THE SANFORD HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	149.31	168.74	192.55
21	172.97	195.48	223.06
22	172.97	195.48	223.06
23	172.97	195.48	223.06
24	172.97	195.48	223.06
25	172.97	195.48	223.06
26	172.97	195.48	223.06
27	172.97	195.48	223.06
28	172.97	195.48	223.06
29	172.97	195.48	223.06
30	197.63	223.35	254.86
31	197.63	223.35	254.86
32	197.63	223.35	254.86
33	197.63	223.35	254.86
34	197.63	223.35	254.86
35	208.03	235.10	268.28
36	208.03	235.10	268.28
37	208.03	235.10	268.28
38	208.03	235.10	268.28
39	208.03	235.10	268.28
40	223.46	252.54	288.18
41	223.46	252.54	288.18
42	223.46	252.54	288.18
43	223.46	252.54	288.18
44	223.46	252.54	288.18
45	263.39	297.67	339.67
46	263.39	297.67	339.67
47	263.39	297.67	339.67
48	263.39	297.67	339.67
49	263.39	297.67	339.67
50	328.15	370.85	423.18
51	328.15	370.85	423.18
52	328.15	370.85	423.18
53	328.15	370.85	423.18
54	328.15	370.85	423.18
55	407.67	460.72	525.73
56	407.67	460.72	525.73
57	407.67	460.72	525.73
58	407.67	460.72	525.73
59	407.67	460.72	525.73
60	481.49	544.15	620.93
61	481.49	544.15	620.93
62	481.49	544.15	620.93
63	481.49	544.15	620.93
64+	503.30	568.79	649.05

AREA 2

BLUEACCESS WITH THE AWARE NETWORK					
Deductible (single/family)	$5,200/$10,400	$3,150/$6,300	$1,800/$3,600	$0	$0
Coinsurance	0%	0%	0%	20%	10%
Subscriber, spouse and/or dependent(s) age					
0 to 20	131.00	159.60	183.29	196.02	220.35
21	151.76	184.88	212.33	227.07	255.26
22	151.76	184.88	212.33	227.07	255.26
23	151.76	184.88	212.33	227.07	255.26
24	151.76	184.88	212.33	227.07	255.26
25	151.76	184.88	212.33	227.07	255.26
26	151.76	184.88	212.33	227.07	255.26
27	151.76	184.88	212.33	227.07	255.26
28	151.76	184.88	212.33	227.07	255.26
29	151.76	184.88	212.33	227.07	255.26
30	173.39	211.25	242.61	259.45	291.66
31	173.39	211.25	242.61	259.45	291.66
32	173.39	211.25	242.61	259.45	291.66
33	173.39	211.25	242.61	259.45	291.66
34	173.39	211.25	242.61	259.45	291.66
35	182.52	222.36	255.37	273.10	307.01
36	182.52	222.36	255.37	273.10	307.01
37	182.52	222.36	255.37	273.10	307.01
38	182.52	222.36	255.37	273.10	307.01
39	182.52	222.36	255.37	273.10	307.01
40	196.06	238.86	274.32	293.37	329.79
41	196.06	238.86	274.32	293.37	329.79
42	196.06	238.86	274.32	293.37	329.79
43	196.06	238.86	274.32	293.37	329.79
44	196.06	238.86	274.32	293.37	329.79
45	231.09	281.54	323.34	345.78	388.71
46	231.09	281.54	323.34	345.78	388.71
47	231.09	281.54	323.34	345.78	388.71
48	231.09	281.54	323.34	345.78	388.71
49	231.09	281.54	323.34	345.78	388.71
50	287.91	350.76	402.83	430.80	484.28
51	287.91	350.76	402.83	430.80	484.28
52	287.91	350.76	402.83	430.80	484.28
53	287.91	350.76	402.83	430.80	484.28
54	287.91	350.76	402.83	430.80	484.28
55	357.68	435.76	500.45	535.19	601.64
56	357.68	435.76	500.45	535.19	601.64
57	357.68	435.76	500.45	535.19	601.64
58	357.68	435.76	500.45	535.19	601.64
59	357.68	435.76	500.45	535.19	601.64
60	422.44	514.66	591.07	632.10	710.58
61	422.44	514.66	591.07	632.10	710.58
62	422.44	514.66	591.07	632.10	710.58
63	422.44	514.66	591.07	632.10	710.58
64+	441.58	537.98	617.84	660.73	742.76

AREA 3

BLUESAVE WITH THE CONSUMER VALUE NETWORK	
Deductible	$5,650/$11,300
Coinsurance	0%
Subscriber, spouse and/or dependent(s) age	
0 to 20	93.21
21	107.98
22	107.98
23	107.98
24	107.98
25	107.98
26	107.98
27	107.98
28	107.98
29	107.98
30	123.37
31	123.37
32	123.37
33	123.37
34	123.37
35	129.86
36	129.86
37	129.86
38	129.86
39	129.86
40	139.50
41	139.50
42	139.50
43	139.50
44	139.50
45	164.42
46	164.42
47	164.42
48	164.42
49	164.42
50	204.85
51	204.85
52	204.85
53	204.85
54	204.85
55	254.49
56	254.49
57	254.49
58	254.49
59	254.49
60	300.57
61	300.57
62	300.57
63	300.57
64+	314.19

Subject to meeting eligibility criteria of catastrophic plans.

AREA 3

BLUEBASIC WITH THE CONSUMER VALUE NETWORK				
Deductible (single/family)	$5,650/$11,300	$4,350/$8,700	$3,300/$6,600	$2,200/$4,400
Coinsurance	0%	0%	50%	20%
Subscriber, spouse and/or dependent(s) age				
0 to 20	125.41	144.24	123.76	150.28
21	145.27	167.09	143.37	174.09
22	145.27	167.09	143.37	174.09
23	145.27	167.09	143.37	174.09
24	145.27	167.09	143.37	174.09
25	145.27	167.09	143.37	174.09
26	145.27	167.09	143.37	174.09
27	145.27	167.09	143.37	174.09
28	145.27	167.09	143.37	174.09
29	145.27	167.09	143.37	174.09
30	165.99	190.91	163.81	198.92
31	165.99	190.91	163.81	198.92
32	165.99	190.91	163.81	198.92
33	165.99	190.91	163.81	198.92
34	165.99	190.91	163.81	198.92
35	174.72	200.96	172.43	209.38
36	174.72	200.96	172.43	209.38
37	174.72	200.96	172.43	209.38
38	174.72	200.96	172.43	209.38
39	174.72	200.96	172.43	209.38
40	187.69	215.87	185.23	224.92
41	187.69	215.87	185.23	224.92
42	187.69	215.87	185.23	224.92
43	187.69	215.87	185.23	224.92
44	187.69	215.87	185.23	224.92
45	221.22	254.45	218.32	265.11
46	221.22	254.45	218.32	265.11
47	221.22	254.45	218.32	265.11
48	221.22	254.45	218.32	265.11
49	221.22	254.45	218.32	265.11
50	275.61	317.00	272.00	330.29
51	275.61	317.00	272.00	330.29
52	275.61	317.00	272.00	330.29
53	275.61	317.00	272.00	330.29
54	275.61	317.00	272.00	330.29
55	342.40	393.82	337.91	410.33
56	342.40	393.82	337.91	410.33
57	342.40	393.82	337.91	410.33
58	342.40	393.82	337.91	410.33
59	342.40	393.82	337.91	410.33
60	404.40	465.13	399.10	484.62
61	404.40	465.13	399.10	484.62
62	404.40	465.13	399.10	484.62
63	404.40	465.13	399.10	484.62
64+	422.71	486.20	417.17	506.58

AREA 3

BLUEVALUE WITH THE BLUE PERFORMANCE REGIONAL NETWORK	
Deductible (single/family)	$2,400/$4,800 in Tiers 1 and 2
Coinsurance	20% in Tier 1 and 40% in Tier 2
Subscriber, spouse and/or dependent(s) age	
0 to 20	158.96
21	184.15
22	184.15
23	184.15
24	184.15
25	184.15
26	184.15
27	184.15
28	184.15
29	184.15
30	210.40
31	210.40
32	210.40
33	210.40
34	210.40
35	221.48
36	221.48
37	221.48
38	221.48
39	221.48
40	237.91
41	237.91
42	237.91
43	237.91
44	237.91
45	280.42
46	280.42
47	280.42
48	280.42
49	280.42
50	349.36
51	349.36
52	349.36
53	349.36
54	349.36
55	434.03
56	434.03
57	434.03
58	434.03
59	434.03
60	512.62
61	512.62
62	512.62
63	512.62
64+	535.84

AREA 3

BLUEPRINT WITH THE ALLINA HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	155.54	172.18	195.36
21	180.18	199.46	226.31
22	180.18	199.46	226.31
23	180.18	199.46	226.31
24	180.18	199.46	226.31
25	180.18	199.46	226.31
26	180.18	199.46	226.31
27	180.18	199.46	226.31
28	180.18	199.46	226.31
29	180.18	199.46	226.31
30	205.87	227.90	258.58
31	205.87	227.90	258.58
32	205.87	227.90	258.58
33	205.87	227.90	258.58
34	205.87	227.90	258.58
35	216.71	239.89	272.19
36	216.71	239.89	272.19
37	216.71	239.89	272.19
38	216.71	239.89	272.19
39	216.71	239.89	272.19
40	232.79	257.69	292.39
41	232.79	257.69	292.39
42	232.79	257.69	292.39
43	232.79	257.69	292.39
44	232.79	257.69	292.39
45	274.38	303.73	344.63
46	274.38	303.73	344.63
47	274.38	303.73	344.63
48	274.38	303.73	344.63
49	274.38	303.73	344.63
50	341.84	378.41	429.36
51	341.84	378.41	429.36
52	341.84	378.41	429.36
53	341.84	378.41	429.36
54	341.84	378.41	429.36
55	424.68	470.11	533.41
56	424.68	470.11	533.41
57	424.68	470.11	533.41
58	424.68	470.11	533.41
59	424.68	470.11	533.41
60	501.57	555.23	629.99
61	501.57	555.23	629.99
62	501.57	555.23	629.99
63	501.57	555.23	629.99
64+	524.29	580.38	658.53

AREA 3

BLUECONNECT WITH THE SANFORD HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	152.35	172.18	196.48
21	176.49	199.46	227.60
22	176.49	199.46	227.60
23	176.49	199.46	227.60
24	176.49	199.46	227.60
25	176.49	199.46	227.60
26	176.49	199.46	227.60
27	176.49	199.46	227.60
28	176.49	199.46	227.60
29	176.49	199.46	227.60
30	201.65	227.90	260.05
31	201.65	227.90	260.05
32	201.65	227.90	260.05
33	201.65	227.90	260.05
34	201.65	227.90	260.05
35	212.27	239.89	273.74
36	212.27	239.89	273.74
37	212.27	239.89	273.74
38	212.27	239.89	273.74
39	212.27	239.89	273.74
40	228.02	257.69	294.05
41	228.02	257.69	294.05
42	228.02	257.69	294.05
43	228.02	257.69	294.05
44	228.02	257.69	294.05
45	268.76	303.73	346.59
46	268.76	303.73	346.59
47	268.76	303.73	346.59
48	268.76	303.73	346.59
49	268.76	303.73	346.59
50	334.83	378.41	431.80
51	334.83	378.41	431.80
52	334.83	378.41	431.80
53	334.83	378.41	431.80
54	334.83	378.41	431.80
55	415.97	470.11	536.44
56	415.97	470.11	536.44
57	415.97	470.11	536.44
58	415.97	470.11	536.44
59	415.97	470.11	536.44
60	491.29	555.23	633.58
61	491.29	555.23	633.58
62	491.29	555.23	633.58
63	491.29	555.23	633.58
64+	513.55	580.38	662.28

AREA 3

BLUEACCESS WITH THE AWARE NETWORK					
Deductible (single/family)	$5,200/$10,400	$3,150/$6,300	$1,800/$3,600	$0	$0
Coinsurance	0%	0%	0%	20%	10%
Subscriber, spouse and/or dependent(s) age					
0 to 20	133.67	162.85	187.03	200.01	224.84
21	154.85	188.65	216.66	231.70	260.46
22	154.85	188.65	216.66	231.70	260.46
23	154.85	188.65	216.66	231.70	260.46
24	154.85	188.65	216.66	231.70	260.46
25	154.85	188.65	216.66	231.70	260.46
26	154.85	188.65	216.66	231.70	260.46
27	154.85	188.65	216.66	231.70	260.46
28	154.85	188.65	216.66	231.70	260.46
29	154.85	188.65	216.66	231.70	260.46
30	176.92	215.55	247.55	264.73	297.60
31	176.92	215.55	247.55	264.73	297.60
32	176.92	215.55	247.55	264.73	297.60
33	176.92	215.55	247.55	264.73	297.60
34	176.92	215.55	247.55	264.73	297.60
35	186.24	226.89	260.58	278.67	313.26
36	186.24	226.89	260.58	278.67	313.26
37	186.24	226.89	260.58	278.67	313.26
38	186.24	226.89	260.58	278.67	313.26
39	186.24	226.89	260.58	278.67	313.26
40	200.05	243.73	279.91	299.34	336.50
41	200.05	243.73	279.91	299.34	336.50
42	200.05	243.73	279.91	299.34	336.50
43	200.05	243.73	279.91	299.34	336.50
44	200.05	243.73	279.91	299.34	336.50
45	235.80	287.28	329.92	352.83	396.63
46	235.80	287.28	329.92	352.83	396.63
47	235.80	287.28	329.92	352.83	396.63
48	235.80	287.28	329.92	352.83	396.63
49	235.80	287.28	329.92	352.83	396.63
50	293.77	357.90	411.04	439.57	494.15
51	293.77	357.90	411.04	439.57	494.15
52	293.77	357.90	411.04	439.57	494.15
53	293.77	357.90	411.04	439.57	494.15
54	293.77	357.90	411.04	439.57	494.15
55	364.96	444.64	510.64	546.10	613.89
56	364.96	444.64	510.64	546.10	613.89
57	364.96	444.64	510.64	546.10	613.89
58	364.96	444.64	510.64	546.10	613.89
59	364.96	444.64	510.64	546.10	613.89
60	431.05	525.15	603.11	644.98	725.05
61	431.05	525.15	603.11	644.98	725.05
62	431.05	525.15	603.11	644.98	725.05
63	431.05	525.15	603.11	644.98	725.05
64+	450.57	548.93	630.43	674.19	757.89

AREA 4

BLUESAVE WITH THE CONSUMER VALUE NETWORK	
Deductible	$5,650/$11,300
Coinsurance	0%
Subscriber, spouse and/or dependent(s) age	
0 to 20	93.21
21	107.98
22	107.98
23	107.98
24	107.98
25	107.98
26	107.98
27	107.98
28	107.98
29	107.98
30	123.37
31	123.37
32	123.37
33	123.37
34	123.37
35	129.86
36	129.86
37	129.86
38	129.86
39	129.86
40	139.50
41	139.50
42	139.50
43	139.50
44	139.50
45	164.42
46	164.42
47	164.42
48	164.42
49	164.42
50	204.85
51	204.85
52	204.85
53	204.85
54	204.85
55	254.49
56	254.49
57	254.49
58	254.49
59	254.49
60	300.57
61	300.57
62	300.57
63	300.57
64+	314.19

Subject to meeting eligibility criteria of catastrophic plans.

AREA 4

BLUEBASIC WITH THE CONSUMER VALUE NETWORK				
Deductible (single/family)	$5,650/$11,300	$4,350/$8,700	$3,300/$6,600	$2,200/$4,400
Coinsurance	0%	0%	50%	20%
Subscriber, spouse and/or dependent(s) age				
0 to 20	125.41	144.24	123.76	150.28
21	145.27	167.09	143.37	174.09
22	145.27	167.09	143.37	174.09
23	145.27	167.09	143.37	174.09
24	145.27	167.09	143.37	174.09
25	145.27	167.09	143.37	174.09
26	145.27	167.09	143.37	174.09
27	145.27	167.09	143.37	174.09
28	145.27	167.09	143.37	174.09
29	145.27	167.09	143.37	174.09
30	165.99	190.91	163.81	198.92
31	165.99	190.91	163.81	198.92
32	165.99	190.91	163.81	198.92
33	165.99	190.91	163.81	198.92
34	165.99	190.91	163.81	198.92
35	174.72	200.96	172.43	209.38
36	174.72	200.96	172.43	209.38
37	174.72	200.96	172.43	209.38
38	174.72	200.96	172.43	209.38
39	174.72	200.96	172.43	209.38
40	187.69	215.87	185.23	224.92
41	187.69	215.87	185.23	224.92
42	187.69	215.87	185.23	224.92
43	187.69	215.87	185.23	224.92
44	187.69	215.87	185.23	224.92
45	221.22	254.45	218.32	265.11
46	221.22	254.45	218.32	265.11
47	221.22	254.45	218.32	265.11
48	221.22	254.45	218.32	265.11
49	221.22	254.45	218.32	265.11
50	275.61	317.00	272.00	330.29
51	275.61	317.00	272.00	330.29
52	275.61	317.00	272.00	330.29
53	275.61	317.00	272.00	330.29
54	275.61	317.00	272.00	330.29
55	342.40	393.82	337.91	410.33
56	342.40	393.82	337.91	410.33
57	342.40	393.82	337.91	410.33
58	342.40	393.82	337.91	410.33
59	342.40	393.82	337.91	410.33
60	404.40	465.13	399.10	484.62
61	404.40	465.13	399.10	484.62
62	404.40	465.13	399.10	484.62
63	404.40	465.13	399.10	484.62
64+	422.71	486.20	417.17	506.58

AREA 4

BLUEVALUE WITH THE BLUE PERFORMANCE REGIONAL NETWORK	
Deductible (single/family)	$2,400/$4,800 in Tiers 1 and 2
Coinsurance	20% in Tier 1 and 40% in Tier 2
Subscriber, spouse and/or dependent(s) age	
0 to 20	158.96
21	184.15
22	184.15
23	184.15
24	184.15
25	184.15
26	184.15
27	184.15
28	184.15
29	184.15
30	210.40
31	210.40
32	210.40
33	210.40
34	210.40
35	221.48
36	221.48
37	221.48
38	221.48
39	221.48
40	237.91
41	237.91
42	237.91
43	237.91
44	237.91
45	280.42
46	280.42
47	280.42
48	280.42
49	280.42
50	349.36
51	349.36
52	349.36
53	349.36
54	349.36
55	434.03
56	434.03
57	434.03
58	434.03
59	434.03
60	512.62
61	512.62
62	512.62
63	512.62
64+	535.84

AREA 4

BLUEPRINT WITH THE ALLINA HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	155.54	172.18	195.36
21	180.18	199.46	226.31
22	180.18	199.46	226.31
23	180.18	199.46	226.31
24	180.18	199.46	226.31
25	180.18	199.46	226.31
26	180.18	199.46	226.31
27	180.18	199.46	226.31
28	180.18	199.46	226.31
29	180.18	199.46	226.31
30	205.87	227.90	258.58
31	205.87	227.90	258.58
32	205.87	227.90	258.58
33	205.87	227.90	258.58
34	205.87	227.90	258.58
35	216.71	239.89	272.19
36	216.71	239.89	272.19
37	216.71	239.89	272.19
38	216.71	239.89	272.19
39	216.71	239.89	272.19
40	232.79	257.69	292.39
41	232.79	257.69	292.39
42	232.79	257.69	292.39
43	232.79	257.69	292.39
44	232.79	257.69	292.39
45	274.38	303.73	344.63
46	274.38	303.73	344.63
47	274.38	303.73	344.63
48	274.38	303.73	344.63
49	274.38	303.73	344.63
50	341.84	378.41	429.36
51	341.84	378.41	429.36
52	341.84	378.41	429.36
53	341.84	378.41	429.36
54	341.84	378.41	429.36
55	424.68	470.11	533.41
56	424.68	470.11	533.41
57	424.68	470.11	533.41
58	424.68	470.11	533.41
59	424.68	470.11	533.41
60	501.57	555.23	629.99
61	501.57	555.23	629.99
62	501.57	555.23	629.99
63	501.57	555.23	629.99
64+	524.29	580.38	658.53

AREA 4

BLUECONNECT WITH THE SANFORD HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	152.35	172.18	196.48
21	176.49	199.46	227.60
22	176.49	199.46	227.60
23	176.49	199.46	227.60
24	176.49	199.46	227.60
25	176.49	199.46	227.60
26	176.49	199.46	227.60
27	176.49	199.46	227.60
28	176.49	199.46	227.60
29	176.49	199.46	227.60
30	201.65	227.90	260.05
31	201.65	227.90	260.05
32	201.65	227.90	260.05
33	201.65	227.90	260.05
34	201.65	227.90	260.05
35	212.27	239.89	273.74
36	212.27	239.89	273.74
37	212.27	239.89	273.74
38	212.27	239.89	273.74
39	212.27	239.89	273.74
40	228.02	257.69	294.05
41	228.02	257.69	294.05
42	228.02	257.69	294.05
43	228.02	257.69	294.05
44	228.02	257.69	294.05
45	268.76	303.73	346.59
46	268.76	303.73	346.59
47	268.76	303.73	346.59
48	268.76	303.73	346.59
49	268.76	303.73	346.59
50	334.83	378.41	431.80
51	334.83	378.41	431.80
52	334.83	378.41	431.80
53	334.83	378.41	431.80
54	334.83	378.41	431.80
55	415.97	470.11	536.44
56	415.97	470.11	536.44
57	415.97	470.11	536.44
58	415.97	470.11	536.44
59	415.97	470.11	536.44
60	491.29	555.23	633.58
61	491.29	555.23	633.58
62	491.29	555.23	633.58
63	491.29	555.23	633.58
64+	513.55	580.38	662.28

AREA 4

BLUEACCESS WITH THE AWARE NETWORK					
Deductible (single/family)	$5,200/$10,400	$3,150/$6,300	$1,800/$3,600	$0	$0
Coinsurance	0%	0%	0%	20%	10%
Subscriber, spouse and/or dependent(s) age					
0 to 20	133.67	162.85	187.03	200.01	224.84
21	154.85	188.65	216.66	231.70	260.46
22	154.85	188.65	216.66	231.70	260.46
23	154.85	188.65	216.66	231.70	260.46
24	154.85	188.65	216.66	231.70	260.46
25	154.85	188.65	216.66	231.70	260.46
26	154.85	188.65	216.66	231.70	260.46
27	154.85	188.65	216.66	231.70	260.46
28	154.85	188.65	216.66	231.70	260.46
29	154.85	188.65	216.66	231.70	260.46
30	176.92	215.55	247.55	264.73	297.60
31	176.92	215.55	247.55	264.73	297.60
32	176.92	215.55	247.55	264.73	297.60
33	176.92	215.55	247.55	264.73	297.60
34	176.92	215.55	247.55	264.73	297.60
35	186.24	226.89	260.58	278.67	313.26
36	186.24	226.89	260.58	278.67	313.26
37	186.24	226.89	260.58	278.67	313.26
38	186.24	226.89	260.58	278.67	313.26
39	186.24	226.89	260.58	278.67	313.26
40	200.05	243.73	279.91	299.34	336.50
41	200.05	243.73	279.91	299.34	336.50
42	200.05	243.73	279.91	299.34	336.50
43	200.05	243.73	279.91	299.34	336.50
44	200.05	243.73	279.91	299.34	336.50
45	235.80	287.28	329.92	352.83	396.63
46	235.80	287.28	329.92	352.83	396.63
47	235.80	287.28	329.92	352.83	396.63
48	235.80	287.28	329.92	352.83	396.63
49	235.80	287.28	329.92	352.83	396.63
50	293.77	357.90	411.04	439.57	494.15
51	293.77	357.90	411.04	439.57	494.15
52	293.77	357.90	411.04	439.57	494.15
53	293.77	357.90	411.04	439.57	494.15
54	293.77	357.90	411.04	439.57	494.15
55	364.96	444.64	510.64	546.10	613.89
56	364.96	444.64	510.64	546.10	613.89
57	364.96	444.64	510.64	546.10	613.89
58	364.96	444.64	510.64	546.10	613.89
59	364.96	444.64	510.64	546.10	613.89
60	431.05	525.15	603.11	644.98	725.05
61	431.05	525.15	603.11	644.98	725.05
62	431.05	525.15	603.11	644.98	725.05
63	431.05	525.15	603.11	644.98	725.05
64+	450.57	548.93	630.43	674.19	757.89

AREA 5

BLUESAVE WITH THE CONSUMER VALUE NETWORK	
Deductible	$5,650/$11,300
Coinsurance	0%
Subscriber, spouse and/or dependent(s) age	
0 to 20	93.21
21	107.98
22	107.98
23	107.98
24	107.98
25	107.98
26	107.98
27	107.98
28	107.98
29	107.98
30	123.37
31	123.37
32	123.37
33	123.37
34	123.37
35	129.86
36	129.86
37	129.86
38	129.86
39	129.86
40	139.50
41	139.50
42	139.50
43	139.50
44	139.50
45	164.42
46	164.42
47	164.42
48	164.42
49	164.42
50	204.85
51	204.85
52	204.85
53	204.85
54	204.85
55	254.49
56	254.49
57	254.49
58	254.49
59	254.49
60	300.57
61	300.57
62	300.57
63	300.57
64+	314.19

Subject to meeting eligibility criteria of catastrophic plans.

AREA 5

BLUEBASIC WITH THE CONSUMER VALUE NETWORK				
Deductible (single/family)	$5,650/$11,300	$4,350/$8,700	$3,300/$6,600	$2,200/$4,400
Coinsurance	0%	0%	50%	20%
Subscriber, spouse and/or dependent(s) age				
0 to 20	125.41	144.24	123.76	150.28
21	145.27	167.09	143.37	174.09
22	145.27	167.09	143.37	174.09
23	145.27	167.09	143.37	174.09
24	145.27	167.09	143.37	174.09
25	145.27	167.09	143.37	174.09
26	145.27	167.09	143.37	174.09
27	145.27	167.09	143.37	174.09
28	145.27	167.09	143.37	174.09
29	145.27	167.09	143.37	174.09
30	165.99	190.91	163.81	198.92
31	165.99	190.91	163.81	198.92
32	165.99	190.91	163.81	198.92
33	165.99	190.91	163.81	198.92
34	165.99	190.91	163.81	198.92
35	174.72	200.96	172.43	209.38
36	174.72	200.96	172.43	209.38
37	174.72	200.96	172.43	209.38
38	174.72	200.96	172.43	209.38
39	174.72	200.96	172.43	209.38
40	187.69	215.87	185.23	224.92
41	187.69	215.87	185.23	224.92
42	187.69	215.87	185.23	224.92
43	187.69	215.87	185.23	224.92
44	187.69	215.87	185.23	224.92
45	221.22	254.45	218.32	265.11
46	221.22	254.45	218.32	265.11
47	221.22	254.45	218.32	265.11
48	221.22	254.45	218.32	265.11
49	221.22	254.45	218.32	265.11
50	275.61	317.00	272.00	330.29
51	275.61	317.00	272.00	330.29
52	275.61	317.00	272.00	330.29
53	275.61	317.00	272.00	330.29
54	275.61	317.00	272.00	330.29
55	342.40	393.82	337.91	410.33
56	342.40	393.82	337.91	410.33
57	342.40	393.82	337.91	410.33
58	342.40	393.82	337.91	410.33
59	342.40	393.82	337.91	410.33
60	404.40	465.13	399.10	484.62
61	404.40	465.13	399.10	484.62
62	404.40	465.13	399.10	484.62
63	404.40	465.13	399.10	484.62
64+	422.71	486.20	417.17	506.58

AREA 5

BLUEVALUE WITH THE BLUE PERFORMANCE REGIONAL NETWORK	
Deductible (single/family)	$2,400/$4,800 in Tiers 1 and 2
Coinsurance	20% in Tier 1 and 40% in Tier 2
Subscriber, spouse and/or dependent(s) age	
0 to 20	158.96
21	184.15
22	184.15
23	184.15
24	184.15
25	184.15
26	184.15
27	184.15
28	184.15
29	184.15
30	210.40
31	210.40
32	210.40
33	210.40
34	210.40
35	221.48
36	221.48
37	221.48
38	221.48
39	221.48
40	237.91
41	237.91
42	237.91
43	237.91
44	237.91
45	280.42
46	280.42
47	280.42
48	280.42
49	280.42
50	349.36
51	349.36
52	349.36
53	349.36
54	349.36
55	434.03
56	434.03
57	434.03
58	434.03
59	434.03
60	512.62
61	512.62
62	512.62
63	512.62
64+	535.84

AREA 5

BLUEPRINT WITH THE ALLINA HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	155.54	172.18	195.36
21	180.18	199.46	226.31
22	180.18	199.46	226.31
23	180.18	199.46	226.31
24	180.18	199.46	226.31
25	180.18	199.46	226.31
26	180.18	199.46	226.31
27	180.18	199.46	226.31
28	180.18	199.46	226.31
29	180.18	199.46	226.31
30	205.87	227.90	258.58
31	205.87	227.90	258.58
32	205.87	227.90	258.58
33	205.87	227.90	258.58
34	205.87	227.90	258.58
35	216.71	239.89	272.19
36	216.71	239.89	272.19
37	216.71	239.89	272.19
38	216.71	239.89	272.19
39	216.71	239.89	272.19
40	232.79	257.69	292.39
41	232.79	257.69	292.39
42	232.79	257.69	292.39
43	232.79	257.69	292.39
44	232.79	257.69	292.39
45	274.38	303.73	344.63
46	274.38	303.73	344.63
47	274.38	303.73	344.63
48	274.38	303.73	344.63
49	274.38	303.73	344.63
50	341.84	378.41	429.36
51	341.84	378.41	429.36
52	341.84	378.41	429.36
53	341.84	378.41	429.36
54	341.84	378.41	429.36
55	424.68	470.11	533.41
56	424.68	470.11	533.41
57	424.68	470.11	533.41
58	424.68	470.11	533.41
59	424.68	470.11	533.41
60	501.57	555.23	629.99
61	501.57	555.23	629.99
62	501.57	555.23	629.99
63	501.57	555.23	629.99
64+	524.29	580.38	658.53

AREA 5

BLUECONNECT WITH THE SANFORD HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	152.35	172.18	196.48
21	176.49	199.46	227.60
22	176.49	199.46	227.60
23	176.49	199.46	227.60
24	176.49	199.46	227.60
25	176.49	199.46	227.60
26	176.49	199.46	227.60
27	176.49	199.46	227.60
28	176.49	199.46	227.60
29	176.49	199.46	227.60
30	201.65	227.90	260.05
31	201.65	227.90	260.05
32	201.65	227.90	260.05
33	201.65	227.90	260.05
34	201.65	227.90	260.05
35	212.27	239.89	273.74
36	212.27	239.89	273.74
37	212.27	239.89	273.74
38	212.27	239.89	273.74
39	212.27	239.89	273.74
40	228.02	257.69	294.05
41	228.02	257.69	294.05
42	228.02	257.69	294.05
43	228.02	257.69	294.05
44	228.02	257.69	294.05
45	268.76	303.73	346.59
46	268.76	303.73	346.59
47	268.76	303.73	346.59
48	268.76	303.73	346.59
49	268.76	303.73	346.59
50	334.83	378.41	431.80
51	334.83	378.41	431.80
52	334.83	378.41	431.80
53	334.83	378.41	431.80
54	334.83	378.41	431.80
55	415.97	470.11	536.44
56	415.97	470.11	536.44
57	415.97	470.11	536.44
58	415.97	470.11	536.44
59	415.97	470.11	536.44
60	491.29	555.23	633.58
61	491.29	555.23	633.58
62	491.29	555.23	633.58
63	491.29	555.23	633.58
64+	513.55	580.38	662.28

AREA 5

BLUEACCESS WITH THE AWARE NETWORK					
Deductible (single/family)	$5,200/$10,400	$3,150/$6,300	$1,800/$3,600	$0	$0
Coinsurance	0%	0%	0%	20%	10%
Subscriber, spouse and/or dependent(s) age					
0 to 20	133.67	162.85	187.03	200.01	224.84
21	154.85	188.65	216.66	231.70	260.46
22	154.85	188.65	216.66	231.70	260.46
23	154.85	188.65	216.66	231.70	260.46
24	154.85	188.65	216.66	231.70	260.46
25	154.85	188.65	216.66	231.70	260.46
26	154.85	188.65	216.66	231.70	260.46
27	154.85	188.65	216.66	231.70	260.46
28	154.85	188.65	216.66	231.70	260.46
29	154.85	188.65	216.66	231.70	260.46
30	176.92	215.55	247.55	264.73	297.60
31	176.92	215.55	247.55	264.73	297.60
32	176.92	215.55	247.55	264.73	297.60
33	176.92	215.55	247.55	264.73	297.60
34	176.92	215.55	247.55	264.73	297.60
35	186.24	226.89	260.58	278.67	313.26
36	186.24	226.89	260.58	278.67	313.26
37	186.24	226.89	260.58	278.67	313.26
38	186.24	226.89	260.58	278.67	313.26
39	186.24	226.89	260.58	278.67	313.26
40	200.05	243.73	279.91	299.34	336.50
41	200.05	243.73	279.91	299.34	336.50
42	200.05	243.73	279.91	299.34	336.50
43	200.05	243.73	279.91	299.34	336.50
44	200.05	243.73	279.91	299.34	336.50
45	235.80	287.28	329.92	352.83	396.63
46	235.80	287.28	329.92	352.83	396.63
47	235.80	287.28	329.92	352.83	396.63
48	235.80	287.28	329.92	352.83	396.63
49	235.80	287.28	329.92	352.83	396.63
50	293.77	357.90	411.04	439.57	494.15
51	293.77	357.90	411.04	439.57	494.15
52	293.77	357.90	411.04	439.57	494.15
53	293.77	357.90	411.04	439.57	494.15
54	293.77	357.90	411.04	439.57	494.15
55	364.96	444.64	510.64	546.10	613.89
56	364.96	444.64	510.64	546.10	613.89
57	364.96	444.64	510.64	546.10	613.89
58	364.96	444.64	510.64	546.10	613.89
59	364.96	444.64	510.64	546.10	613.89
60	431.05	525.15	603.11	644.98	725.05
61	431.05	525.15	603.11	644.98	725.05
62	431.05	525.15	603.11	644.98	725.05
63	431.05	525.15	603.11	644.98	725.05
64+	450.57	548.93	630.43	674.19	757.89

AREA 6

BLUESAVE WITH THE CONSUMER VALUE NETWORK	
Deductible	$5,650/$11,300
Coinsurance	0%
Subscriber, spouse and/or dependent(s) age	
0 to 20	83.37
21	96.58
22	96.58
23	96.58
24	96.58
25	96.58
26	96.58
27	96.58
28	96.58
29	96.58
30	110.35
31	110.35
32	110.35
33	110.35
34	110.35
35	116.16
36	116.16
37	116.16
38	116.16
39	116.16
40	124.78
41	124.78
42	124.78
43	124.78
44	124.78
45	147.08
46	147.08
47	147.08
48	147.08
49	147.08
50	183.24
51	183.24
52	183.24
53	183.24
54	183.24
55	227.64
56	227.64
57	227.64
58	227.64
59	227.64
60	268.86
61	268.86
62	268.86
63	268.86
64+	281.04

Subject to meeting eligibility criteria of catastrophic plans.

AREA 6

BLUEBASIC WITH THE CONSUMER VALUE NETWORK				
Deductible (single/family)	$5,650/$11,300	$4,350/$8,700	$3,300/$6,600	$2,200/$4,400
Coinsurance	0%	0%	50%	20%
Subscriber, spouse and/or dependent(s) age				
0 to 20	112.17	129.02	110.70	134.43
21	129.94	149.46	128.24	155.72
22	129.94	149.46	128.24	155.72
23	129.94	149.46	128.24	155.72
24	129.94	149.46	128.24	155.72
25	129.94	149.46	128.24	155.72
26	129.94	149.46	128.24	155.72
27	129.94	149.46	128.24	155.72
28	129.94	149.46	128.24	155.72
29	129.94	149.46	128.24	155.72
30	148.47	170.77	146.53	177.93
31	148.47	170.77	146.53	177.93
32	148.47	170.77	146.53	177.93
33	148.47	170.77	146.53	177.93
34	148.47	170.77	146.53	177.93
35	156.29	179.76	154.24	187.29
36	156.29	179.76	154.24	187.29
37	156.29	179.76	154.24	187.29
38	156.29	179.76	154.24	187.29
39	156.29	179.76	154.24	187.29
40	167.88	193.10	165.68	201.19
41	167.88	193.10	165.68	201.19
42	167.88	193.10	165.68	201.19
43	167.88	193.10	165.68	201.19
44	167.88	193.10	165.68	201.19
45	197.88	227.60	195.29	237.14
46	197.88	227.60	195.29	237.14
47	197.88	227.60	195.29	237.14
48	197.88	227.60	195.29	237.14
49	197.88	227.60	195.29	237.14
50	246.53	283.55	243.30	295.44
51	246.53	283.55	243.30	295.44
52	246.53	283.55	243.30	295.44
53	246.53	283.55	243.30	295.44
54	246.53	283.55	243.30	295.44
55	306.27	352.27	302.26	367.03
56	306.27	352.27	302.26	367.03
57	306.27	352.27	302.26	367.03
58	306.27	352.27	302.26	367.03
59	306.27	352.27	302.26	367.03
60	361.73	416.05	356.99	433.49
61	361.73	416.05	356.99	433.49
62	361.73	416.05	356.99	433.49
63	361.73	416.05	356.99	433.49
64+	378.11	434.90	373.16	453.13

AREA 6

BLUEVALUE WITH THE BLUE PERFORMANCE REGIONAL NETWORK	
Deductible (single/family)	$2,400/$4,800 in Tiers 1 and 2
Coinsurance	20% in Tier 1 and 40% in Tier 2
Subscriber, spouse and/or dependent(s) age	
0 to 20	142.19
21	164.72
22	164.72
23	164.72
24	164.72
25	164.72
26	164.72
27	164.72
28	164.72
29	164.72
30	188.20
31	188.20
32	188.20
33	188.20
34	188.20
35	198.11
36	198.11
37	198.11
38	198.11
39	198.11
40	212.81
41	212.81
42	212.81
43	212.81
44	212.81
45	250.83
46	250.83
47	250.83
48	250.83
49	250.83
50	312.50
51	312.50
52	312.50
53	312.50
54	312.50
55	388.23
56	388.23
57	388.23
58	388.23
59	388.23
60	458.53
61	458.53
62	458.53
63	458.53
64+	479.30

AREA 6

BLUEPRINT WITH THE ALLINA HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	139.13	154.01	174.75
21	161.17	178.41	202.43
22	161.17	178.41	202.43
23	161.17	178.41	202.43
24	161.17	178.41	202.43
25	161.17	178.41	202.43
26	161.17	178.41	202.43
27	161.17	178.41	202.43
28	161.17	178.41	202.43
29	161.17	178.41	202.43
30	184.15	203.85	231.30
31	184.15	203.85	231.30
32	184.15	203.85	231.30
33	184.15	203.85	231.30
34	184.15	203.85	231.30
35	193.84	214.58	243.47
36	193.84	214.58	243.47
37	193.84	214.58	243.47
38	193.84	214.58	243.47
39	193.84	214.58	243.47
40	208.22	230.50	261.54
41	208.22	230.50	261.54
42	208.22	230.50	261.54
43	208.22	230.50	261.54
44	208.22	230.50	261.54
45	245.43	271.68	308.27
46	245.43	271.68	308.27
47	245.43	271.68	308.27
48	245.43	271.68	308.27
49	245.43	271.68	308.27
50	305.77	338.48	384.06
51	305.77	338.48	384.06
52	305.77	338.48	384.06
53	305.77	338.48	384.06
54	305.77	338.48	384.06
55	379.87	420.50	477.12
56	379.87	420.50	477.12
57	379.87	420.50	477.12
58	379.87	420.50	477.12
59	379.87	420.50	477.12
60	448.65	496.65	563.52
61	448.65	496.65	563.52
62	448.65	496.65	563.52
63	448.65	496.65	563.52
64+	468.97	519.14	589.04

AREA 6

BLUECONNECT WITH THE SANFORD HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	136.28	154.01	175.74
21	157.87	178.41	203.59
22	157.87	178.41	203.59
23	157.87	178.41	203.59
24	157.87	178.41	203.59
25	157.87	178.41	203.59
26	157.87	178.41	203.59
27	157.87	178.41	203.59
28	157.87	178.41	203.59
29	157.87	178.41	203.59
30	180.38	203.85	232.61
31	180.38	203.85	232.61
32	180.38	203.85	232.61
33	180.38	203.85	232.61
34	180.38	203.85	232.61
35	189.87	214.58	244.86
36	189.87	214.58	244.86
37	189.87	214.58	244.86
38	189.87	214.58	244.86
39	189.87	214.58	244.86
40	203.96	230.50	263.02
41	203.96	230.50	263.02
42	203.96	230.50	263.02
43	203.96	230.50	263.02
44	203.96	230.50	263.02
45	240.40	271.68	310.02
46	240.40	271.68	310.02
47	240.40	271.68	310.02
48	240.40	271.68	310.02
49	240.40	271.68	310.02
50	299.50	338.48	386.24
51	299.50	338.48	386.24
52	299.50	338.48	386.24
53	299.50	338.48	386.24
54	299.50	338.48	386.24
55	372.08	420.50	479.84
56	372.08	420.50	479.84
57	372.08	420.50	479.84
58	372.08	420.50	479.84
59	372.08	420.50	479.84
60	439.46	496.65	566.73
61	439.46	496.65	566.73
62	439.46	496.65	566.73
63	439.46	496.65	566.73
64+	459.36	519.14	592.40

AREA 6

BLUEACCESS WITH THE AWARE NETWORK					
Deductible (single/family)	$5,200/$10,400	$3,150/$6,300	$1,800/$3,600	$0	$0
Coinsurance	0%	0%	0%	20%	10%
Subscriber, spouse and/or dependent(s) age					
0 to 20	119.57	145.67	167.29	178.91	201.12
21	138.51	168.74	193.80	207.25	232.98
22	138.51	168.74	193.80	207.25	232.98
23	138.51	168.74	193.80	207.25	232.98
24	138.51	168.74	193.80	207.25	232.98
25	138.51	168.74	193.80	207.25	232.98
26	138.51	168.74	193.80	207.25	232.98
27	138.51	168.74	193.80	207.25	232.98
28	138.51	168.74	193.80	207.25	232.98
29	138.51	168.74	193.80	207.25	232.98
30	158.26	192.80	221.43	236.80	266.20
31	158.26	192.80	221.43	236.80	266.20
32	158.26	192.80	221.43	236.80	266.20
33	158.26	192.80	221.43	236.80	266.20
34	158.26	192.80	221.43	236.80	266.20
35	166.59	202.95	233.08	249.26	280.21
36	166.59	202.95	233.08	249.26	280.21
37	166.59	202.95	233.08	249.26	280.21
38	166.59	202.95	233.08	249.26	280.21
39	166.59	202.95	233.08	249.26	280.21
40	178.95	218.01	250.37	267.76	301.00
41	178.95	218.01	250.37	267.76	301.00
42	178.95	218.01	250.37	267.76	301.00
43	178.95	218.01	250.37	267.76	301.00
44	178.95	218.01	250.37	267.76	301.00
45	210.92	256.96	295.11	315.60	354.78
46	210.92	256.96	295.11	315.60	354.78
47	210.92	256.96	295.11	315.60	354.78
48	210.92	256.96	295.11	315.60	354.78
49	210.92	256.96	295.11	315.60	354.78
50	262.78	320.14	367.67	393.19	442.01
51	262.78	320.14	367.67	393.19	442.01
52	262.78	320.14	367.67	393.19	442.01
53	262.78	320.14	367.67	393.19	442.01
54	262.78	320.14	367.67	393.19	442.01
55	326.45	397.72	456.76	488.48	549.12
56	326.45	397.72	456.76	488.48	549.12
57	326.45	397.72	456.76	488.48	549.12
58	326.45	397.72	456.76	488.48	549.12
59	326.45	397.72	456.76	488.48	549.12
60	385.57	469.74	539.47	576.92	648.55
61	385.57	469.74	539.47	576.92	648.55
62	385.57	469.74	539.47	576.92	648.55
63	385.57	469.74	539.47	576.92	648.55
64+	403.03	491.01	563.91	603.06	677.93

AREA 7

BLUESAVE WITH THE CONSUMER VALUE NETWORK	
Deductible	$5,650/$11,300
Coinsurance	0%
Subscriber, spouse and/or dependent(s) age	
0 to 20	91.35
21	105.82
22	105.82
23	105.82
24	105.82
25	105.82
26	105.82
27	105.82
28	105.82
29	105.82
30	120.91
31	120.91
32	120.91
33	120.91
34	120.91
35	127.27
36	127.27
37	127.27
38	127.27
39	127.27
40	136.71
41	136.71
42	136.71
43	136.71
44	136.71
45	161.14
46	161.14
47	161.14
48	161.14
49	161.14
50	200.76
51	200.76
52	200.76
53	200.76
54	200.76
55	249.41
56	249.41
57	249.41
58	249.41
59	249.41
60	294.57
61	294.57
62	294.57
63	294.57
64+	307.92

Subject to meeting eligibility criteria of catastrophic plans.

AREA 7

BLUEBASIC WITH THE CONSUMER VALUE NETWORK				
Deductible (single/family)	$5,650/$11,300	$4,350/$8,700	$3,300/$6,600	$2,200/$4,400
Coinsurance	0%	0%	50%	20%
Subscriber, spouse and/or dependent(s) age				
0 to 20	122.90	141.36	121.29	147.28
21	142.37	163.76	140.51	170.62
22	142.37	163.76	140.51	170.62
23	142.37	163.76	140.51	170.62
24	142.37	163.76	140.51	170.62
25	142.37	163.76	140.51	170.62
26	142.37	163.76	140.51	170.62
27	142.37	163.76	140.51	170.62
28	142.37	163.76	140.51	170.62
29	142.37	163.76	140.51	170.62
30	162.67	187.10	160.54	194.94
31	162.67	187.10	160.54	194.94
32	162.67	187.10	160.54	194.94
33	162.67	187.10	160.54	194.94
34	162.67	187.10	160.54	194.94
35	171.23	196.95	168.99	205.20
36	171.23	196.95	168.99	205.20
37	171.23	196.95	168.99	205.20
38	171.23	196.95	168.99	205.20
39	171.23	196.95	168.99	205.20
40	183.94	211.56	181.53	220.43
41	183.94	211.56	181.53	220.43
42	183.94	211.56	181.53	220.43
43	183.94	211.56	181.53	220.43
44	183.94	211.56	181.53	220.43
45	216.80	249.37	213.96	259.82
46	216.80	249.37	213.96	259.82
47	216.80	249.37	213.96	259.82
48	216.80	249.37	213.96	259.82
49	216.80	249.37	213.96	259.82
50	270.11	310.67	266.57	323.69
51	270.11	310.67	266.57	323.69
52	270.11	310.67	266.57	323.69
53	270.11	310.67	266.57	323.69
54	270.11	310.67	266.57	323.69
55	335.56	385.96	331.17	402.14
56	335.56	385.96	331.17	402.14
57	335.56	385.96	331.17	402.14
58	335.56	385.96	331.17	402.14
59	335.56	385.96	331.17	402.14
60	396.32	455.85	391.13	474.95
61	396.32	455.85	391.13	474.95
62	396.32	455.85	391.13	474.95
63	396.32	455.85	391.13	474.95
64+	414.28	476.50	408.85	496.46

AREA 7

BLUEVALUE WITH THE BLUE PERFORMANCE REGIONAL NETWORK	
Deductible (single/family)	$2,400/$4,800 in Tiers 1 and 2
Coinsurance	20% in Tier 1 and 40% in Tier 2
Subscriber, spouse and/or dependent(s) age	
0 to 20	155.79
21	180.47
22	180.47
23	180.47
24	180.47
25	180.47
26	180.47
27	180.47
28	180.47
29	180.47
30	206.20
31	206.20
32	206.20
33	206.20
34	206.20
35	217.06
36	217.06
37	217.06
38	217.06
39	217.06
40	233.16
41	233.16
42	233.16
43	233.16
44	233.16
45	274.82
46	274.82
47	274.82
48	274.82
49	274.82
50	342.39
51	342.39
52	342.39
53	342.39
54	342.39
55	425.36
56	425.36
57	425.36
58	425.36
59	425.36
60	502.38
61	502.38
62	502.38
63	502.38
64+	525.14

AREA 7

BLUEPRINT WITH THE ALLINA HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	152.43	168.74	191.46
21	176.58	195.48	221.80
22	176.58	195.48	221.80
23	176.58	195.48	221.80
24	176.58	195.48	221.80
25	176.58	195.48	221.80
26	176.58	195.48	221.80
27	176.58	195.48	221.80
28	176.58	195.48	221.80
29	176.58	195.48	221.80
30	201.76	223.35	253.42
31	201.76	223.35	253.42
32	201.76	223.35	253.42
33	201.76	223.35	253.42
34	201.76	223.35	253.42
35	212.38	235.10	266.76
36	212.38	235.10	266.76
37	212.38	235.10	266.76
38	212.38	235.10	266.76
39	212.38	235.10	266.76
40	228.14	252.54	286.55
41	228.14	252.54	286.55
42	228.14	252.54	286.55
43	228.14	252.54	286.55
44	228.14	252.54	286.55
45	268.90	297.67	337.75
46	268.90	297.67	337.75
47	268.90	297.67	337.75
48	268.90	297.67	337.75
49	268.90	297.67	337.75
50	335.01	370.85	420.79
51	335.01	370.85	420.79
52	335.01	370.85	420.79
53	335.01	370.85	420.79
54	335.01	370.85	420.79
55	416.20	460.72	522.76
56	416.20	460.72	522.76
57	416.20	460.72	522.76
58	416.20	460.72	522.76
59	416.20	460.72	522.76
60	491.56	544.15	617.41
61	491.56	544.15	617.41
62	491.56	544.15	617.41
63	491.56	544.15	617.41
64+	513.83	568.79	645.38

AREA 7

BLUECONNECT WITH THE SANFORD HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	149.31	168.74	192.55
21	172.97	195.48	223.06
22	172.97	195.48	223.06
23	172.97	195.48	223.06
24	172.97	195.48	223.06
25	172.97	195.48	223.06
26	172.97	195.48	223.06
27	172.97	195.48	223.06
28	172.97	195.48	223.06
29	172.97	195.48	223.06
30	197.63	223.35	254.86
31	197.63	223.35	254.86
32	197.63	223.35	254.86
33	197.63	223.35	254.86
34	197.63	223.35	254.86
35	208.03	235.10	268.28
36	208.03	235.10	268.28
37	208.03	235.10	268.28
38	208.03	235.10	268.28
39	208.03	235.10	268.28
40	223.46	252.54	288.18
41	223.46	252.54	288.18
42	223.46	252.54	288.18
43	223.46	252.54	288.18
44	223.46	252.54	288.18
45	263.39	297.67	339.67
46	263.39	297.67	339.67
47	263.39	297.67	339.67
48	263.39	297.67	339.67
49	263.39	297.67	339.67
50	328.15	370.85	423.18
51	328.15	370.85	423.18
52	328.15	370.85	423.18
53	328.15	370.85	423.18
54	328.15	370.85	423.18
55	407.67	460.72	525.73
56	407.67	460.72	525.73
57	407.67	460.72	525.73
58	407.67	460.72	525.73
59	407.67	460.72	525.73
60	481.49	544.15	620.93
61	481.49	544.15	620.93
62	481.49	544.15	620.93
63	481.49	544.15	620.93
64+	503.30	568.79	649.05

AREA 7

BLUEACCESS WITH THE AWARE NETWORK					
Deductible (single/family)	$5,200/$10,400	$3,150/$6,300	$1,800/$3,600	$0	$0
Coinsurance	0%	0%	0%	20%	10%
Subscriber, spouse and/or dependent(s) age					
0 to 20	131.00	159.60	183.29	196.02	220.35
21	151.76	184.88	212.33	227.07	255.26
22	151.76	184.88	212.33	227.07	255.26
23	151.76	184.88	212.33	227.07	255.26
24	151.76	184.88	212.33	227.07	255.26
25	151.76	184.88	212.33	227.07	255.26
26	151.76	184.88	212.33	227.07	255.26
27	151.76	184.88	212.33	227.07	255.26
28	151.76	184.88	212.33	227.07	255.26
29	151.76	184.88	212.33	227.07	255.26
30	173.39	211.25	242.61	259.45	291.66
31	173.39	211.25	242.61	259.45	291.66
32	173.39	211.25	242.61	259.45	291.66
33	173.39	211.25	242.61	259.45	291.66
34	173.39	211.25	242.61	259.45	291.66
35	182.52	222.36	255.37	273.10	307.01
36	182.52	222.36	255.37	273.10	307.01
37	182.52	222.36	255.37	273.10	307.01
38	182.52	222.36	255.37	273.10	307.01
39	182.52	222.36	255.37	273.10	307.01
40	196.06	238.86	274.32	293.37	329.79
41	196.06	238.86	274.32	293.37	329.79
42	196.06	238.86	274.32	293.37	329.79
43	196.06	238.86	274.32	293.37	329.79
44	196.06	238.86	274.32	293.37	329.79
45	231.09	281.54	323.34	345.78	388.71
46	231.09	281.54	323.34	345.78	388.71
47	231.09	281.54	323.34	345.78	388.71
48	231.09	281.54	323.34	345.78	388.71
49	231.09	281.54	323.34	345.78	388.71
50	287.91	350.76	402.83	430.80	484.28
51	287.91	350.76	402.83	430.80	484.28
52	287.91	350.76	402.83	430.80	484.28
53	287.91	350.76	402.83	430.80	484.28
54	287.91	350.76	402.83	430.80	484.28
55	357.68	435.76	500.45	535.19	601.64
56	357.68	435.76	500.45	535.19	601.64
57	357.68	435.76	500.45	535.19	601.64
58	357.68	435.76	500.45	535.19	601.64
59	357.68	435.76	500.45	535.19	601.64
60	422.44	514.66	591.07	632.10	710.58
61	422.44	514.66	591.07	632.10	710.58
62	422.44	514.66	591.07	632.10	710.58
63	422.44	514.66	591.07	632.10	710.58
64+	441.58	537.98	617.84	660.73	742.76

AREA 8

BLUESAVE WITH THE CONSUMER VALUE NETWORK	
Deductible	$5,650/$11,300
Coinsurance	0%
Subscriber, spouse and/or dependent(s) age	
0 to 20	77.97
21	90.32
22	90.32
23	90.32
24	90.32
25	90.32
26	90.32
27	90.32
28	90.32
29	90.32
30	103.20
31	103.20
32	103.20
33	103.20
34	103.20
35	108.63
36	108.63
37	108.63
38	108.63
39	108.63
40	116.69
41	116.69
42	116.69
43	116.69
44	116.69
45	137.54
46	137.54
47	137.54
48	137.54
49	137.54
50	171.36
51	171.36
52	171.36
53	171.36
54	171.36
55	212.88
56	212.88
57	212.88
58	212.88
59	212.88
60	251.43
61	251.43
62	251.43
63	251.43
64+	262.82

Subject to meeting eligibility criteria of catastrophic plans.

AREA 8

BLUEBASIC WITH THE CONSUMER VALUE NETWORK				
Deductible (single/family)	$5,650/$11,300	$4,350/$8,700	$3,300/$6,600	$2,200/$4,400
Coinsurance	0%	0%	50%	20%
Subscriber, spouse and/or dependent(s) age				
0 to 20	104.90	120.66	103.53	125.71
21	121.52	139.77	119.93	145.63
22	121.52	139.77	119.93	145.63
23	121.52	139.77	119.93	145.63
24	121.52	139.77	119.93	145.63
25	121.52	139.77	119.93	145.63
26	121.52	139.77	119.93	145.63
27	121.52	139.77	119.93	145.63
28	121.52	139.77	119.93	145.63
29	121.52	139.77	119.93	145.63
30	138.85	159.70	137.03	166.39
31	138.85	159.70	137.03	166.39
32	138.85	159.70	137.03	166.39
33	138.85	159.70	137.03	166.39
34	138.85	159.70	137.03	166.39
35	146.16	168.11	144.24	175.15
36	146.16	168.11	144.24	175.15
37	146.16	168.11	144.24	175.15
38	146.16	168.11	144.24	175.15
39	146.16	168.11	144.24	175.15
40	157.00	180.58	154.94	188.15
41	157.00	180.58	154.94	188.15
42	157.00	180.58	154.94	188.15
43	157.00	180.58	154.94	188.15
44	157.00	180.58	154.94	188.15
45	185.05	212.84	182.63	221.76
46	185.05	212.84	182.63	221.76
47	185.05	212.84	182.63	221.76
48	185.05	212.84	182.63	221.76
49	185.05	212.84	182.63	221.76
50	230.55	265.17	227.53	276.29
51	230.55	265.17	227.53	276.29
52	230.55	265.17	227.53	276.29
53	230.55	265.17	227.53	276.29
54	230.55	265.17	227.53	276.29
55	286.42	329.43	282.66	343.24
56	286.42	329.43	282.66	343.24
57	286.42	329.43	282.66	343.24
58	286.42	329.43	282.66	343.24
59	286.42	329.43	282.66	343.24
60	338.28	389.08	333.85	405.39
61	338.28	389.08	333.85	405.39
62	338.28	389.08	333.85	405.39
63	338.28	389.08	333.85	405.39
64+	353.60	406.71	348.97	423.75

AREA 8

BLUEVALUE WITH THE BLUE PERFORMANCE REGIONAL NETWORK	
Deductible (single/family)	$2,400/$4,800 in Tiers 1 and 2
Coinsurance	20% in Tier 1 and 40% in Tier 2
Subscriber, spouse and/or dependent(s) age	
0 to 20	132.97
21	154.04
22	154.04
23	154.04
24	154.04
25	154.04
26	154.04
27	154.04
28	154.04
29	154.04
30	176.00
31	176.00
32	176.00
33	176.00
34	176.00
35	185.27
36	185.27
37	185.27
38	185.27
39	185.27
40	199.01
41	199.01
42	199.01
43	199.01
44	199.01
45	234.57
46	234.57
47	234.57
48	234.57
49	234.57
50	292.24
51	292.24
52	292.24
53	292.24
54	292.24
55	363.06
56	363.06
57	363.06
58	363.06
59	363.06
60	428.80
61	428.80
62	428.80
63	428.80
64+	448.23

AREA 8

BLUEPRINT WITH THE ALLINA HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	130.11	144.03	163.42
21	150.72	166.85	189.31
22	150.72	166.85	189.31
23	150.72	166.85	189.31
24	150.72	166.85	189.31
25	150.72	166.85	189.31
26	150.72	166.85	189.31
27	150.72	166.85	189.31
28	150.72	166.85	189.31
29	150.72	166.85	189.31
30	172.21	190.64	216.30
31	172.21	190.64	216.30
32	172.21	190.64	216.30
33	172.21	190.64	216.30
34	172.21	190.64	216.30
35	181.28	200.67	227.69
36	181.28	200.67	227.69
37	181.28	200.67	227.69
38	181.28	200.67	227.69
39	181.28	200.67	227.69
40	194.73	215.56	244.58
41	194.73	215.56	244.58
42	194.73	215.56	244.58
43	194.73	215.56	244.58
44	194.73	215.56	244.58
45	229.52	254.07	288.28
46	229.52	254.07	288.28
47	229.52	254.07	288.28
48	229.52	254.07	288.28
49	229.52	254.07	288.28
50	285.95	316.54	359.16
51	285.95	316.54	359.16
52	285.95	316.54	359.16
53	285.95	316.54	359.16
54	285.95	316.54	359.16
55	355.24	393.25	446.20
56	355.24	393.25	446.20
57	355.24	393.25	446.20
58	355.24	393.25	446.20
59	355.24	393.25	446.20
60	419.57	464.45	526.99
61	419.57	464.45	526.99
62	419.57	464.45	526.99
63	419.57	464.45	526.99
64+	438.57	485.49	550.86

AREA 8

BLUECONNECT WITH THE SANFORD HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	127.44	144.03	164.35
21	147.63	166.85	190.39
22	147.63	166.85	190.39
23	147.63	166.85	190.39
24	147.63	166.85	190.39
25	147.63	166.85	190.39
26	147.63	166.85	190.39
27	147.63	166.85	190.39
28	147.63	166.85	190.39
29	147.63	166.85	190.39
30	168.68	190.64	217.54
31	168.68	190.64	217.54
32	168.68	190.64	217.54
33	168.68	190.64	217.54
34	168.68	190.64	217.54
35	177.56	200.67	228.98
36	177.56	200.67	228.98
37	177.56	200.67	228.98
38	177.56	200.67	228.98
39	177.56	200.67	228.98
40	190.74	215.56	245.97
41	190.74	215.56	245.97
42	190.74	215.56	245.97
43	190.74	215.56	245.97
44	190.74	215.56	245.97
45	224.82	254.07	289.92
46	224.82	254.07	289.92
47	224.82	254.07	289.92
48	224.82	254.07	289.92
49	224.82	254.07	289.92
50	280.09	316.54	361.20
51	280.09	316.54	361.20
52	280.09	316.54	361.20
53	280.09	316.54	361.20
54	280.09	316.54	361.20
55	347.96	393.25	448.74
56	347.96	393.25	448.74
57	347.96	393.25	448.74
58	347.96	393.25	448.74
59	347.96	393.25	448.74
60	410.97	464.45	529.99
61	410.97	464.45	529.99
62	410.97	464.45	529.99
63	410.97	464.45	529.99
64+	429.58	485.49	553.99

AREA 8

BLUEACCESS WITH THE AWARE NETWORK					
Deductible (single/family)	$5,200/$10,400	$3,150/$6,300	$1,800/$3,600	$0	$0
Coinsurance	0%	0%	0%	20%	10%
Subscriber, spouse and/or dependent(s) age					
0 to 20	111.81	136.22	156.45	167.31	188.08
21	129.53	157.81	181.23	193.82	217.88
22	129.53	157.81	181.23	193.82	217.88
23	129.53	157.81	181.23	193.82	217.88
24	129.53	157.81	181.23	193.82	217.88
25	129.53	157.81	181.23	193.82	217.88
26	129.53	157.81	181.23	193.82	217.88
27	129.53	157.81	181.23	193.82	217.88
28	129.53	157.81	181.23	193.82	217.88
29	129.53	157.81	181.23	193.82	217.88
30	148.00	180.31	207.07	221.45	248.94
31	148.00	180.31	207.07	221.45	248.94
32	148.00	180.31	207.07	221.45	248.94
33	148.00	180.31	207.07	221.45	248.94
34	148.00	180.31	207.07	221.45	248.94
35	155.79	189.80	217.97	233.10	262.04
36	155.79	189.80	217.97	233.10	262.04
37	155.79	189.80	217.97	233.10	262.04
38	155.79	189.80	217.97	233.10	262.04
39	155.79	189.80	217.97	233.10	262.04
40	167.35	203.88	234.14	250.40	281.49
41	167.35	203.88	234.14	250.40	281.49
42	167.35	203.88	234.14	250.40	281.49
43	167.35	203.88	234.14	250.40	281.49
44	167.35	203.88	234.14	250.40	281.49
45	197.25	240.31	275.98	295.14	331.78
46	197.25	240.31	275.98	295.14	331.78
47	197.25	240.31	275.98	295.14	331.78
48	197.25	240.31	275.98	295.14	331.78
49	197.25	240.31	275.98	295.14	331.78
50	245.74	299.39	343.83	367.70	413.35
51	245.74	299.39	343.83	367.70	413.35
52	245.74	299.39	343.83	367.70	413.35
53	245.74	299.39	343.83	367.70	413.35
54	245.74	299.39	343.83	367.70	413.35
55	305.29	371.94	427.16	456.81	513.52
56	305.29	371.94	427.16	456.81	513.52
57	305.29	371.94	427.16	456.81	513.52
58	305.29	371.94	427.16	456.81	513.52
59	305.29	371.94	427.16	456.81	513.52
60	360.57	439.29	504.50	539.52	606.51
61	360.57	439.29	504.50	539.52	606.51
62	360.57	439.29	504.50	539.52	606.51
63	360.57	439.29	504.50	539.52	606.51
64+	376.90	459.18	527.35	563.96	633.98

AREA 9

BLUESAVE WITH THE CONSUMER VALUE NETWORK	
Deductible	$5,650/$11,300
Coinsurance	0%
Subscriber, spouse and/or dependent(s) age	
0 to 20	77.97
21	90.32
22	90.32
23	90.32
24	90.32
25	90.32
26	90.32
27	90.32
28	90.32
29	90.32
30	103.20
31	103.20
32	103.20
33	103.20
34	103.20
35	108.63
36	108.63
37	108.63
38	108.63
39	108.63
40	116.69
41	116.69
42	116.69
43	116.69
44	116.69
45	137.54
46	137.54
47	137.54
48	137.54
49	137.54
50	171.36
51	171.36
52	171.36
53	171.36
54	171.36
55	212.88
56	212.88
57	212.88
58	212.88
59	212.88
60	251.43
61	251.43
62	251.43
63	251.43
64+	262.82

Subject to meeting eligibility criteria of catastrophic plans.

AREA 9

BLUEBASIC WITH THE CONSUMER VALUE NETWORK				
Deductible (single/family)	$5,650/$11,300	$4,350/$8,700	$3,300/$6,600	$2,200/$4,400
Coinsurance	0%	0%	50%	20%
Subscriber, spouse and/or dependent(s) age				
0 to 20	104.90	120.66	103.53	125.71
21	121.52	139.77	119.93	145.63
22	121.52	139.77	119.93	145.63
23	121.52	139.77	119.93	145.63
24	121.52	139.77	119.93	145.63
25	121.52	139.77	119.93	145.63
26	121.52	139.77	119.93	145.63
27	121.52	139.77	119.93	145.63
28	121.52	139.77	119.93	145.63
29	121.52	139.77	119.93	145.63
30	138.85	159.70	137.03	166.39
31	138.85	159.70	137.03	166.39
32	138.85	159.70	137.03	166.39
33	138.85	159.70	137.03	166.39
34	138.85	159.70	137.03	166.39
35	146.16	168.11	144.24	175.15
36	146.16	168.11	144.24	175.15
37	146.16	168.11	144.24	175.15
38	146.16	168.11	144.24	175.15
39	146.16	168.11	144.24	175.15
40	157.00	180.58	154.94	188.15
41	157.00	180.58	154.94	188.15
42	157.00	180.58	154.94	188.15
43	157.00	180.58	154.94	188.15
44	157.00	180.58	154.94	188.15
45	185.05	212.84	182.63	221.76
46	185.05	212.84	182.63	221.76
47	185.05	212.84	182.63	221.76
48	185.05	212.84	182.63	221.76
49	185.05	212.84	182.63	221.76
50	230.55	265.17	227.53	276.29
51	230.55	265.17	227.53	276.29
52	230.55	265.17	227.53	276.29
53	230.55	265.17	227.53	276.29
54	230.55	265.17	227.53	276.29
55	286.42	329.43	282.66	343.24
56	286.42	329.43	282.66	343.24
57	286.42	329.43	282.66	343.24
58	286.42	329.43	282.66	343.24
59	286.42	329.43	282.66	343.24
60	338.28	389.08	333.85	405.39
61	338.28	389.08	333.85	405.39
62	338.28	389.08	333.85	405.39
63	338.28	389.08	333.85	405.39
64+	353.60	406.71	348.97	423.75

AREA 9

BLUEVALUE WITH THE BLUE PERFORMANCE REGIONAL NETWORK	
Deductible (single/family)	$2,400/$4,800 in Tiers 1 and 2
Coinsurance	20% in Tier 1 and 40% in Tier 2
Subscriber, spouse and/or dependent(s) age	
0 to 20	132.97
21	154.04
22	154.04
23	154.04
24	154.04
25	154.04
26	154.04
27	154.04
28	154.04
29	154.04
30	176.00
31	176.00
32	176.00
33	176.00
34	176.00
35	185.27
36	185.27
37	185.27
38	185.27
39	185.27
40	199.01
41	199.01
42	199.01
43	199.01
44	199.01
45	234.57
46	234.57
47	234.57
48	234.57
49	234.57
50	292.24
51	292.24
52	292.24
53	292.24
54	292.24
55	363.06
56	363.06
57	363.06
58	363.06
59	363.06
60	428.80
61	428.80
62	428.80
63	428.80
64+	448.23

AREA 9

BLUEPRINT WITH THE ALLINA HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	130.11	144.03	163.42
21	150.72	166.85	189.31
22	150.72	166.85	189.31
23	150.72	166.85	189.31
24	150.72	166.85	189.31
25	150.72	166.85	189.31
26	150.72	166.85	189.31
27	150.72	166.85	189.31
28	150.72	166.85	189.31
29	150.72	166.85	189.31
30	172.21	190.64	216.30
31	172.21	190.64	216.30
32	172.21	190.64	216.30
33	172.21	190.64	216.30
34	172.21	190.64	216.30
35	181.28	200.67	227.69
36	181.28	200.67	227.69
37	181.28	200.67	227.69
38	181.28	200.67	227.69
39	181.28	200.67	227.69
40	194.73	215.56	244.58
41	194.73	215.56	244.58
42	194.73	215.56	244.58
43	194.73	215.56	244.58
44	194.73	215.56	244.58
45	229.52	254.07	288.28
46	229.52	254.07	288.28
47	229.52	254.07	288.28
48	229.52	254.07	288.28
49	229.52	254.07	288.28
50	285.95	316.54	359.16
51	285.95	316.54	359.16
52	285.95	316.54	359.16
53	285.95	316.54	359.16
54	285.95	316.54	359.16
55	355.24	393.25	446.20
56	355.24	393.25	446.20
57	355.24	393.25	446.20
58	355.24	393.25	446.20
59	355.24	393.25	446.20
60	419.57	464.45	526.99
61	419.57	464.45	526.99
62	419.57	464.45	526.99
63	419.57	464.45	526.99
64+	438.57	485.49	550.86

AREA 9

BLUECONNECT WITH THE SANFORD HEALTH NETWORK			
Deductible (single/family)	$1,900/$5,700	$1,500/$4,500	$1,000/$3,000
Coinsurance	20%	20%	0%
Subscriber, spouse and/or dependent(s) age			
0 to 20	127.44	144.03	164.35
21	147.63	166.85	190.39
22	147.63	166.85	190.39
23	147.63	166.85	190.39
24	147.63	166.85	190.39
25	147.63	166.85	190.39
26	147.63	166.85	190.39
27	147.63	166.85	190.39
28	147.63	166.85	190.39
29	147.63	166.85	190.39
30	168.68	190.64	217.54
31	168.68	190.64	217.54
32	168.68	190.64	217.54
33	168.68	190.64	217.54
34	168.68	190.64	217.54
35	177.56	200.67	228.98
36	177.56	200.67	228.98
37	177.56	200.67	228.98
38	177.56	200.67	228.98
39	177.56	200.67	228.98
40	190.74	215.56	245.97
41	190.74	215.56	245.97
42	190.74	215.56	245.97
43	190.74	215.56	245.97
44	190.74	215.56	245.97
45	224.82	254.07	289.92
46	224.82	254.07	289.92
47	224.82	254.07	289.92
48	224.82	254.07	289.92
49	224.82	254.07	289.92
50	280.09	316.54	361.20
51	280.09	316.54	361.20
52	280.09	316.54	361.20
53	280.09	316.54	361.20
54	280.09	316.54	361.20
55	347.96	393.25	448.74
56	347.96	393.25	448.74
57	347.96	393.25	448.74
58	347.96	393.25	448.74
59	347.96	393.25	448.74
60	410.97	464.45	529.99
61	410.97	464.45	529.99
62	410.97	464.45	529.99
63	410.97	464.45	529.99
64+	429.58	485.49	553.99

AREA 9

BLUEACCESS WITH THE AWARE NETWORK					
Deductible (single/family)	$5,200/$10,400	$3,150/$6,300	$1,800/$3,600	$0	$0
Coinsurance	0%	0%	0%	20%	10%
Subscriber, spouse and/or dependent(s) age					
0 to 20	111.81	136.22	156.45	167.31	188.08
21	129.53	157.81	181.23	193.82	217.88
22	129.53	157.81	181.23	193.82	217.88
23	129.53	157.81	181.23	193.82	217.88
24	129.53	157.81	181.23	193.82	217.88
25	129.53	157.81	181.23	193.82	217.88
26	129.53	157.81	181.23	193.82	217.88
27	129.53	157.81	181.23	193.82	217.88
28	129.53	157.81	181.23	193.82	217.88
29	129.53	157.81	181.23	193.82	217.88
30	148.00	180.31	207.07	221.45	248.94
31	148.00	180.31	207.07	221.45	248.94
32	148.00	180.31	207.07	221.45	248.94
33	148.00	180.31	207.07	221.45	248.94
34	148.00	180.31	207.07	221.45	248.94
35	155.79	189.80	217.97	233.10	262.04
36	155.79	189.80	217.97	233.10	262.04
37	155.79	189.80	217.97	233.10	262.04
38	155.79	189.80	217.97	233.10	262.04
39	155.79	189.80	217.97	233.10	262.04
40	167.35	203.88	234.14	250.40	281.49
41	167.35	203.88	234.14	250.40	281.49
42	167.35	203.88	234.14	250.40	281.49
43	167.35	203.88	234.14	250.40	281.49
44	167.35	203.88	234.14	250.40	281.49
45	197.25	240.31	275.98	295.14	331.78
46	197.25	240.31	275.98	295.14	331.78
47	197.25	240.31	275.98	295.14	331.78
48	197.25	240.31	275.98	295.14	331.78
49	197.25	240.31	275.98	295.14	331.78
50	245.74	299.39	343.83	367.70	413.35
51	245.74	299.39	343.83	367.70	413.35
52	245.74	299.39	343.83	367.70	413.35
53	245.74	299.39	343.83	367.70	413.35
54	245.74	299.39	343.83	367.70	413.35
55	305.29	371.94	427.16	456.81	513.52
56	305.29	371.94	427.16	456.81	513.52
57	305.29	371.94	427.16	456.81	513.52
58	305.29	371.94	427.16	456.81	513.52
59	305.29	371.94	427.16	456.81	513.52
60	360.57	439.29	504.50	539.52	606.51
61	360.57	439.29	504.50	539.52	606.51
62	360.57	439.29	504.50	539.52	606.51
63	360.57	439.29	504.50	539.52	606.51
64+	376.90	459.18	527.35	563.96	633.98

Notice concerning policyholder rights in an insolvency under the Minnesota Life and Health Insurance Guaranty Association Law

If the insurer that issued your life, annuity, or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, subject to limits and exclusions, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

Minnesota Life and Health Insurance Guaranty Association
4760 White Bear Parkway
Suite 101
White Bear Lake, MN 55110
Telephone: (651) 407-3149
Fax: (651) 407-3150
Executive Director: Gerald C. Backhaus

The **maximum amount** the Guaranty Association will pay for all policies on one life by the same insurer **is limited to $500,000**. **Subject to this $500,000 limit**, the Guaranty Association will pay up to $500,000 in life insurance death benefits, $130,000 in net cash surrender and net cash withdrawal values for life insurance, $500,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, $250,000 in annuity net cash surrender and net cash withdrawal values, $410,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be $500,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to $250,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the Association shall not be responsible for more than $10,000,000 in claims from all Minnesota residents covered by the plan. If total claims exceed $10,000,000, the $10,000,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the Guaranty Association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the Guaranty Association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

The coverage provided by the Guaranty Association is not a substitute for using care in selecting insurance companies that are well managed and financially stable. In selecting an insurance company or policy you are advised not to rely on coverage by the Guaranty Association.

This notice is required by Minnesota state law to advise policyholders of life, annuity or health insurance policies of their rights in the event their insurance carrier becomes financially impaired or insolvent. This notice in no way implies that the company currently has any type of financial problems. All life, annuity and health insurance policies are required to provide this notice.

To see benefit and premium information about all Blue Cross actively marketed individual health plans available to you, please go to **healthcare.gov**.

This information is also available in other ways to people with disabilities by calling customer service at **(651) 662-5040** (voice), or **1-800-711-9875** (toll free).

For (TTY) call **(651) 662-8700**, or **1-888-878-0137** (TTY), or **711**, or through the Minnesota Relay direct access numbers at **1-800-627-3529** (TTY, Voice, ASCII, Hearing Carry Over), or **1-877-627-3848** (Speech-to-Speech)

Hours: 8 a.m. to 5 p.m., Central Time, Monday through Thursday; 9 a.m. to 5 p.m. Central Time, Friday.

Attention. If you want free help translating this information, call the above number.

Atencion. Si desea recibir asistencia gratuita para traduca esta informacion, llame al numero que aparece mas arriba.

For policy years beginning on and after January 1, 2014, monthly rates, or premiums, may vary based upon the plan you select, the ages of covered persons, geographic rating area and tobacco use.

The monthly rate charged may be changed to reflect:

1. Adding or deleting a dependent;
2. Your move to a different geographic rating area;
3. Changes in age (on a renewal date);
4. Changes in tobacco use;
5. Your request to transfer to a new health plan; or
6. Other changes required by or otherwise expressly permitted by state or federal law or regulations.

To view a listing of all individual health plans actively marketed by Blue Cross and a description of benefits and premiums, please go to **healthcare.gov**.

BlueCross BlueShield Minnesota

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.
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