



Monthly Premiums

Individual and Family Health Plans

BlueOptimum

BlueValue

BlueEssential

BluePortfolio

BluePreferred®

BluePreferred Basic

BlueSecure

BlueSecure Plus

Effective October 1, 2009



**BlueCross
BlueShield
of Arizona**

An Independent Licensee of the Blue Cross and Blue Shield Association

azblue.com

BlueOptimum

STATEWIDE (except Pima County)

DEDUCTIBLE	\$250		\$500		\$1,000		\$2,000		\$3,000		\$5,000		\$7,500		\$10,000	
AGE RANGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<2	\$ 537	\$537	\$448	\$448	\$360	\$360	\$285	\$285	\$245	\$245	\$196	\$196	\$162	\$162	\$139	\$139
2-6	199	199	166	166	134	134	106	106	91	91	73	73	60	60	52	52
7-10	167	167	139	139	112	112	89	89	76	76	61	61	50	50	43	43
11-14	174	174	145	145	117	117	92	92	79	79	63	63	52	52	45	45
15-17	206	261	172	218	138	175	109	138	94	119	75	95	62	79	54	68
18-24	218	296	182	247	146	198	115	157	99	135	79	108	66	89	57	77
25-29	230	316	192	264	154	212	122	167	105	144	84	115	69	95	60	82
30-34	264	363	220	303	177	243	140	192	120	165	96	132	79	109	68	94
35-39	308	385	257	321	206	258	163	204	140	176	112	140	93	116	80	100
40-44	391	460	327	384	262	308	208	244	178	210	143	168	118	139	102	119
45-49	518	578	432	483	347	388	275	307	236	264	189	211	156	174	134	150
50-54	671	659	560	550	450	442	356	349	306	300	245	240	202	199	174	171
55-59	847	776	707	647	567	520	449	411	386	354	309	283	255	234	220	201
60-64	1,027	945	857	789	688	633	544	501	468	431	374	345	309	285	267	245
1 dependent child	\$222		\$185		\$149		\$118		\$101		\$ 81		\$ 67		\$ 58	
2 dependent children	439		367		295		233		200		160		132		114	
3+ dependent children	655		546		439		347		298		239		197		170	

PIMA COUNTY

DEDUCTIBLE	\$250		\$500		\$1,000		\$2,000		\$3,000		\$5,000		\$7,500		\$10,000	
AGE RANGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<2	\$483	\$483	\$403	\$403	\$324	\$324	\$256	\$256	\$220	\$220	\$176	\$176	\$146	\$146	\$125	\$125
2-6	179	179	150	150	120	120	95	95	82	82	65	65	54	54	47	47
7-10	150	150	126	126	101	101	80	80	69	69	55	55	45	45	39	39
11-14	157	157	131	131	105	105	83	83	71	71	57	57	47	47	41	41
15-17	186	235	155	196	125	157	99	124	85	107	68	86	56	71	48	61
18-24	196	266	164	222	131	178	104	141	89	121	71	97	59	80	51	69
25-29	207	284	173	237	139	191	110	151	94	130	76	104	62	86	54	74
30-34	237	326	198	272	159	219	126	173	108	149	87	119	72	98	62	85
35-39	277	347	231	289	186	232	147	184	126	158	101	126	83	104	72	90
40-44	352	414	294	345	236	277	187	219	161	189	128	151	106	125	91	107
45-49	466	520	389	434	312	349	247	276	212	237	170	190	140	157	121	135
50-54	604	593	504	495	405	397	320	314	275	270	220	216	182	179	157	154
55-59	762	698	636	583	511	468	404	370	347	318	278	255	230	210	198	181
60-64	924	851	771	710	619	570	490	451	421	388	337	310	278	256	240	221
1 dependent child	\$200		\$167		\$134		\$106		\$ 91		\$ 73		\$ 60		\$ 52	
2 dependent children	396		330		265		210		180		144		119		103	
3+ dependent children	589		492		395		312		269		215		178		153	

PPO family coverage: Unmarried dependent children enrolled with a parent can be covered at the dependent child rate up to age 30. 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.

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

BlueValue

STATEWIDE (except Pima County)

DEDUCTIBLE	\$250		\$500		\$1,000		\$2,000		\$3,000		\$5,000		\$7,500		\$10,000	
AGE RANGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<2	\$467	\$467	\$383	\$383	\$301	\$301	\$232	\$232	\$196	\$196	\$152	\$152	\$122	\$122	\$103	\$103
2-6	174	174	142	142	112	112	86	86	73	73	56	56	45	45	38	38
7-10	145	145	119	119	94	94	72	72	61	61	47	47	38	38	32	32
11-14	151	151	124	124	97	97	75	75	63	63	49	49	40	40	33	33
15-17	180	227	147	186	116	146	89	113	75	95	58	74	47	59	40	50
18-24	190	258	155	211	122	166	94	128	79	108	62	84	50	67	42	57
25-29	200	275	164	225	129	177	99	136	84	115	65	89	52	72	44	61
30-34	230	316	188	259	148	203	114	157	96	132	75	103	60	83	51	70
35-39	268	335	219	275	172	216	133	166	112	140	87	109	70	88	59	74
40-44	341	400	279	328	219	258	169	199	143	168	111	130	89	105	75	88
45-49	451	503	369	412	290	324	224	250	189	211	147	164	118	132	99	111
50-54	584	574	479	470	376	369	290	284	245	240	190	187	153	150	129	126
55-59	737	675	604	553	474	435	366	335	309	283	240	220	193	177	163	149
60-64	894	823	732	674	576	530	443	408	374	344	291	268	234	215	197	181
1 dependent child	\$193		\$158		\$124		\$ 96		\$ 81		\$ 63		\$ 51		\$ 43	
2 dependent children	383		313		246		190		160		125		100		84	
3+ dependent children	570		467		367		283		239		185		149		126	

PIMA COUNTY

DEDUCTIBLE	\$250		\$500		\$1,000		\$2,000		\$3,000		\$5,000		\$7,500		\$10,000	
AGE RANGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<2	\$421	\$421	\$345	\$345	\$271	\$271	\$209	\$209	\$176	\$176	\$137	\$137	\$110	\$110	\$ 93	\$ 93
2-6	156	156	128	128	101	101	77	77	65	65	51	51	41	41	34	34
7-10	131	131	107	107	84	84	65	65	55	55	43	43	34	34	29	29
11-14	136	136	112	112	88	88	68	68	57	57	44	44	36	36	30	30
15-17	162	204	133	167	104	132	80	101	68	86	53	67	42	54	36	45
18-24	171	232	140	190	110	149	85	115	71	97	56	75	45	61	38	51
25-29	180	247	148	203	116	159	89	123	75	104	59	81	47	65	40	55
30-34	207	284	169	233	133	183	102	141	86	119	67	92	54	74	46	63
35-39	241	302	197	247	155	194	120	150	101	126	78	98	63	79	53	67
40-44	307	360	251	295	197	232	152	179	128	151	100	117	80	94	68	79
45-49	406	453	332	371	261	292	201	225	170	190	132	147	106	119	89	100
50-54	526	516	431	423	339	332	261	256	220	216	171	168	138	135	116	114
55-59	663	608	543	498	427	391	329	301	278	254	216	198	174	159	146	134
60-64	805	740	659	607	518	477	399	367	337	310	262	241	211	194	177	163
1 dependent child	\$174		\$143		\$112		\$ 86		\$ 73		\$ 57		\$ 46		\$ 38	
2 dependent children	344		282		222		171		144		112		90		76	
3+ dependent children	513		420		330		254		215		167		134		113	

PPO family coverage: Unmarried dependent children enrolled with a parent can be covered at the dependent child rate up to age 30. 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.

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BlueEssential

STATEWIDE (except Pima County)

DEDUCTIBLE AGE RANGE	\$250		\$500		\$1,000		\$2,000		\$3,000		\$5,000		\$7,500		\$10,000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<2	\$375	\$375	\$304	\$304	\$236	\$236	\$180	\$180	\$150	\$150	\$114	\$114	\$ 90	\$ 90	\$ 74	\$ 74
2-6	139	139	113	113	88	88	67	67	56	56	42	42	33	33	28	28
7-10	117	117	95	95	74	74	56	56	47	47	36	36	28	28	23	23
11-14	121	121	98	98	77	77	58	58	49	49	37	37	29	29	24	24
15-17	144	182	117	148	91	115	69	87	58	73	44	55	35	44	29	36
18-24	152	206	123	168	96	130	73	99	61	83	46	63	36	50	30	41
25-29	161	220	130	179	101	139	77	106	64	88	49	67	39	53	32	44
30-34	184	253	149	205	116	160	88	121	74	101	56	77	44	61	36	50
35-39	215	269	174	218	136	170	103	129	86	107	65	82	51	64	43	53
40-44	273	321	222	260	172	203	131	154	109	128	83	98	66	77	54	64
45-49	361	404	293	327	228	255	173	193	144	161	110	123	87	97	72	80
50-54	468	460	380	373	296	290	225	220	187	184	143	140	112	110	93	91
55-59	591	541	479	439	373	342	283	260	236	216	180	165	142	130	117	107
60-64	717	660	582	535	452	416	344	316	287	264	218	201	172	158	142	131
1 dependent child	\$155		\$126		\$ 98		\$ 74		\$ 62		\$ 47		\$ 37		\$ 31	
2 dependent children	307		249		194		147		123		93		74		61	
3+ dependent children	457		371		288		219		183		139		110		90	

PIMA COUNTY

DEDUCTIBLE AGE RANGE	\$250		\$500		\$1,000		\$2,000		\$3,000		\$5,000		\$7,500		\$10,000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<2	\$337	\$337	\$274	\$274	\$213	\$213	\$162	\$162	\$135	\$135	\$103	\$103	\$ 81	\$ 81	\$ 67	\$ 67
2-6	125	125	102	102	79	79	60	60	50	50	38	38	30	30	25	25
7-10	105	105	85	85	66	66	50	50	42	42	32	32	25	25	21	21
11-14	109	109	89	89	69	69	52	52	44	44	33	33	26	26	22	22
15-17	130	164	105	133	82	103	62	79	52	66	39	50	31	39	26	32
18-24	137	186	111	151	86	117	66	89	55	74	42	57	33	45	27	37
25-29	145	198	117	161	91	125	69	95	58	79	44	60	35	48	29	39
30-34	166	228	134	185	105	144	79	109	66	91	50	69	40	55	33	45
35-39	193	242	157	196	122	153	93	116	77	97	59	74	46	58	38	48
40-44	246	289	199	234	155	182	118	138	98	115	75	88	59	69	49	57
45-49	325	363	264	295	205	229	156	174	130	145	99	111	78	87	64	72
50-54	422	414	342	336	266	261	202	198	169	165	128	126	101	99	84	82
55-59	532	487	431	395	336	308	255	234	213	195	162	148	128	117	105	97
60-64	645	594	523	482	407	375	309	285	258	237	196	181	155	142	128	118
1 dependent child	\$139		\$113		\$ 88		\$ 67		\$ 56		\$ 42		\$33		\$28	
2 dependent children	276		224		174		132		110		84		66		55	
3+ dependent children	411		334		260		197		164		125		99		81	

PPO family coverage: Unmarried dependent children enrolled with a parent can be covered at the dependent child rate up to age 30. 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.

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BluePortfolio

STATEWIDE (except Pima County)

DEDUCTIBLE	\$1,750		\$3,000		\$5,500	
AGE RANGE	Male	Female	Male	Female	Male	Female
<2	\$257	\$257	\$199	\$199	\$143	\$143
2-6	95	95	74	74	53	53
7-10	80	80	62	62	44	44
11-14	83	83	65	65	46	46
15-17	99	125	77	97	55	69
18-24	104	142	81	110	58	79
25-29	110	151	85	117	61	84
30-34	126	174	98	135	70	96
35-39	147	184	114	143	82	102
40-44	187	220	145	171	104	122
45-49	248	277	192	215	138	154
50-54	321	315	249	244	178	175
55-59	405	371	314	288	225	206
60-64	492	452	381	351	273	251
1 dependent child	\$106		\$ 82		\$ 59	
2 dependent children	210		163		117	
3+ dependent children	313		243		174	

BluePortfolio is a plan that meets federal requirements for use with a health savings account. You must satisfy certain criteria to be eligible to open and contribute to a health savings account. Check with your tax or legal advisor regarding whether you satisfy these criteria.

PIMA COUNTY

DEDUCTIBLE	\$1,750		\$3,000		\$5,500	
AGE RANGE	Male	Female	Male	Female	Male	Female
<2	\$231	\$231	\$179	\$179	\$128	\$128
2-6	86	86	67	67	48	48
7-10	72	72	56	56	40	40
11-14	75	75	58	58	42	42
15-17	89	112	69	87	49	62
18-24	94	128	73	99	52	71
25-29	99	136	77	105	55	75
30-34	114	156	88	121	63	87
35-39	133	166	103	129	74	92
40-44	169	198	131	154	94	110
45-49	223	249	173	193	124	138
50-54	289	284	224	220	160	157
55-59	365	334	283	259	202	185
60-64	442	407	343	316	245	226
1 dependent child	\$ 96		\$ 74		\$ 53	
2 dependent children	189		147		105	
3+ dependent children	282		219		156	

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BluePreferred

STATEWIDE (except Pima County)

DEDUCTIBLE	\$250		\$500		\$1,000		\$1,500		\$2,500		\$3,500		\$5,000		\$7,500		\$10,000	
OFFICE VISIT	\$15/30 COPAY		\$20/40 COPAY		\$25/50 COPAY		\$25/50 COPAY		\$30/55 COPAY		\$30/55 COPAY		\$35/55 COPAY		\$35/55 COPAY		\$40/55 COPAY	
AGE RANGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<2	\$ 608	\$ 608	\$491	\$491	\$394	\$394	\$332	\$332	\$306	\$306	\$270	\$270	\$233	\$233	\$191	\$191	\$163	\$163
2-6	226	226	182	182	146	146	123	123	114	114	100	100	86	86	71	71	61	61
7-10	189	189	153	153	123	123	103	103	95	95	84	84	72	72	59	59	51	51
11-14	197	197	159	159	128	128	107	107	99	99	88	88	75	75	62	62	53	53
15-17	252	296	203	239	163	192	137	161	126	149	112	131	96	113	79	93	68	79
18-24	265	376	214	303	172	243	145	205	133	189	118	167	102	144	83	118	71	101
25-29	277	394	224	318	180	255	151	215	139	198	123	175	106	151	87	124	74	106
30-34	315	427	254	344	204	277	172	233	158	215	140	190	120	163	99	134	84	115
35-39	363	459	293	371	235	298	198	251	183	231	161	204	139	176	114	144	97	123
40-44	444	525	358	424	287	340	242	286	223	264	197	233	170	201	139	165	119	141
45-49	564	636	455	513	366	412	308	347	284	320	251	283	216	243	177	200	151	171
50-54	739	722	597	583	479	468	403	394	372	363	329	321	283	276	232	227	198	194
55-59	907	834	732	673	588	541	495	455	456	419	403	371	347	319	285	262	243	224
60-64	1,100	1,017	888	820	713	659	600	554	553	511	489	452	421	389	346	319	295	273
1 dependent child	\$252		\$203		\$163		\$137		\$126		\$112		\$ 96		\$ 79		\$ 68	
2 dependent children	498		402		323		272		250		221		191		156		134	
3+ dependent children	742		599		481		405		373		330		284		233		199	

PIMA COUNTY

DEDUCTIBLE	\$250		\$500		\$1,000		\$1,500		\$2,500		\$3,500		\$5,000		\$7,500		\$10,000	
OFFICE VISIT	\$15/30 COPAY		\$20/40 COPAY		\$25/50 COPAY		\$25/50 COPAY		\$30/55 COPAY		\$30/55 COPAY		\$35/55 COPAY		\$35/55 COPAY		\$40/55 COPAY	
AGE RANGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<2	\$547	\$547	\$442	\$442	\$355	\$355	\$299	\$299	\$275	\$275	\$243	\$243	\$209	\$209	\$172	\$172	\$147	\$147
2-6	203	203	164	164	132	132	111	111	102	102	90	90	78	78	64	64	55	55
7-10	170	170	138	138	110	110	93	93	86	86	76	76	65	65	54	54	46	46
11-14	177	177	143	143	115	115	97	97	89	89	79	79	68	68	56	56	48	48
15-17	226	266	183	215	147	172	123	145	114	134	101	118	87	102	71	84	61	71
18-24	239	338	193	273	155	219	130	184	120	170	106	150	91	129	75	106	64	91
25-29	250	354	201	286	162	229	136	193	125	178	111	157	96	136	78	111	67	95
30-34	283	384	228	310	183	249	154	209	142	193	126	171	108	147	89	121	76	103
35-39	327	413	264	334	212	268	178	225	164	208	145	184	125	158	103	130	88	111
40-44	399	473	322	382	259	306	218	258	201	238	177	210	153	181	125	148	107	127
45-49	508	573	410	462	329	371	277	312	255	288	226	254	194	219	160	180	136	154
50-54	665	650	537	524	431	421	363	354	334	327	296	289	255	249	209	204	179	174
55-59	816	751	659	606	529	486	445	409	410	377	363	334	312	287	256	236	219	201
60-64	990	915	799	738	642	593	540	499	498	460	440	407	379	350	311	287	266	245
1 dependent child	\$226		\$183		\$147		\$123		\$114		\$101		\$ 87		\$ 71		\$ 61	
2 dependent children	448		362		290		244		225		199		172		141		120	
3+ dependent children	668		539		433		364		336		297		256		210		179	

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BluePreferred Basic

STATEWIDE (except Pima County)

DEDUCTIBLE	\$1,500		\$2,500		\$3,500		\$5,000		\$7,500		\$10,000	
OFFICE VISIT	\$25 COPAY		\$30 COPAY		\$30 COPAY		\$35 COPAY		\$35 COPAY		\$40 COPAY	
AGE RANGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<2	\$266	\$266	\$192	\$192	\$176	\$176	\$159	\$159	\$136	\$136	\$120	\$120
2-6	99	99	71	71	65	65	59	59	51	51	45	45
7-10	83	83	60	60	55	55	50	50	42	42	37	37
11-14	86	86	62	62	57	57	52	52	44	44	39	39
15-17	110	129	79	93	73	86	66	78	56	66	50	59
18-24	116	164	84	118	77	109	70	98	59	84	53	74
25-29	121	172	87	124	80	114	73	103	62	88	55	78
30-34	137	186	99	135	91	123	82	112	70	95	62	84
35-39	159	201	114	145	105	133	95	120	81	103	72	91
40-44	194	229	140	166	128	152	116	138	99	118	88	104
45-49	246	278	178	201	163	184	148	167	126	142	112	126
50-54	323	315	233	228	214	209	194	189	165	162	146	143
55-59	396	364	286	263	262	241	238	219	203	187	180	165
60-64	480	444	347	320	318	294	288	267	246	227	218	201
1 dependent child	\$110		\$ 79		\$ 73		\$ 66		\$ 56		\$ 50	
2 dependent children	217		157		144		131		111		99	
3+ dependent children	324		234		215		195		166		147	

PIMA COUNTY

DEDUCTIBLE	\$1,500		\$2,500		\$3,500		\$5,000		\$7,500		\$10,000	
OFFICE VISIT	\$25 COPAY		\$30 COPAY		\$30 COPAY		\$35 COPAY		\$35 COPAY		\$40 COPAY	
AGE RANGE	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<2	\$239	\$239	\$173	\$173	\$158	\$158	\$144	\$144	\$122	\$122	\$108	\$108
2-6	89	89	64	64	59	59	53	53	45	45	40	40
7-10	74	74	54	54	49	49	45	45	38	38	34	34
11-14	77	77	56	56	51	51	47	47	40	40	35	35
15-17	99	116	71	84	65	77	59	70	51	60	45	53
18-24	104	148	75	107	69	98	63	89	53	76	47	67
25-29	109	155	79	112	72	102	65	93	56	79	49	70
30-34	124	168	89	121	82	111	74	101	63	86	56	76
35-39	143	180	103	130	95	120	86	108	73	92	65	82
40-44	174	206	126	149	115	137	105	124	89	106	79	94
45-49	222	250	160	181	147	166	133	150	114	128	101	113
50-54	290	284	210	205	192	188	174	170	149	145	132	129
55-59	356	328	257	237	236	217	214	197	183	168	162	149
60-64	432	399	312	288	286	265	260	240	222	205	196	181
1 dependent child	\$ 99		\$ 71		\$ 65		\$ 59		\$ 51		\$ 45	
2 dependent children	196		141		130		118		100		89	
3+ dependent children	291		210		193		175		149		132	

PPO family coverage: Unmarried dependent children enrolled with a parent can be covered at the dependent child rate up to age 30. 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.

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

BlueSecure

STANDARD RATES

AGE RANGE	MARICOPA COUNTY		PIMA COUNTY		OTHER COUNTIES*	
	Male	Female	Male	Female	Male	Female
<2	\$ 678	\$678	\$ 623	\$623	\$ 882	\$ 882
2-6	223	223	205	205	290	290
7-10	193	193	177	177	251	251
11-14	213	213	196	196	277	277
15-17	221	237	203	218	287	308
18-24	236	472	217	434	307	614
25-29	258	591	237	543	335	769
30-34	303	668	279	614	394	868
35-39	354	609	325	559	460	792
40-44	453	636	416	585	589	827
45-49	575	646	528	593	747	839
50-54	749	740	688	680	974	962
55-59	952	763	874	701	1,238	992
60-64	1,154	841	1,060	772	1,500	1,093

*All Counties except Maricopa and Pima.

BlueSecure Plus

STANDARD RATES

AGE RANGE	MARICOPA COUNTY		PIMA COUNTY		OTHER COUNTIES*	
	Male	Female	Male	Female	Male	Female
<2	\$ 852	\$ 852	\$ 783	\$783	\$1,108	\$1,108
2-6	280	280	257	257	364	364
7-10	242	242	223	223	315	315
11-14	268	268	246	246	348	348
15-17	278	298	255	274	361	388
18-24	297	593	273	545	386	771
25-29	324	743	298	683	421	966
30-34	381	839	350	771	495	1,091
35-39	445	765	408	703	578	995
40-44	570	800	523	735	741	1,040
45-49	722	811	664	745	939	1,055
50-54	941	930	865	855	1,224	1,209
55-59	1,196	959	1,099	881	1,555	1,247
60-64	1,450	1,057	1,332	971	1,885	1,374

*All Counties except Maricopa and Pima.

HMO Family coverage: Unmarried dependent children enrolled with a parent can be covered at the dependent child rate up to age 30. 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. When children no longer qualify as a dependent, they can transition to their own contract on the same product without having to pass medical underwriting again.

Note: These are the BlueSecure standard rates. You may be assigned a non-standard rate based upon the results of the medical underwriting process. A non-standard rate is higher than the standard rate.

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

Fort Dearborn 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
18-29	\$ 8.00	\$11.60	\$12.00	\$17.40	\$ 20.00	\$ 29.00
30-34	8.40	12.20	12.60	18.30	21.00	30.50
35-39	8.60	13.20	12.90	19.80	21.50	33.00
40-44	8.80	14.60	13.20	21.90	22.00	36.50
45-49	13.00	17.60	19.50	26.40	32.50	44.00
50-54	19.60	26.00	29.40	39.00	49.00	65.00
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

*Fort Dearborn 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 14 days through 18 years	\$1.00 per child	\$2.00 per child	\$3.00 per child

Term life insurance can only be purchased during your initial medical plan enrollment.

Fort Dearborn Life Insurance Company is an independent company and is not affiliated in any way with BCBSAZ. Life and disability plans are not underwritten by BCBSAZ, and BCBSAZ is not responsible for any products or services offered by Fort Dearborn Life Insurance Company.

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