

BlueChoice PPO High Deductible Health Plan Rates (HSA Qualified)



**BlueCross
BlueShield**
of Georgia

- ***New Business Rates***
- ***Medical Waiver or Tobacco User Rates***
- ***Medical Waiver and Tobacco User Rates***

***Effective October 1, 2006 through
December 31, 2006***

These rates are available for applicants enrolling October 1, 2006 through December 31, 2006.

New Business Rates

BlueChoice PPO High Deductible HSA Qualified 80% Coinsurance Plans

Area 1 Age	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
0 - 19	\$ 75.65	\$ 78.31	\$ 420.46	\$ 63.69	\$ 65.93	\$ 353.98	\$ 51.28	\$ 53.08	\$ 285.01
20 - 24	84.43	120.97	483.87	71.08	101.84	407.36	57.23	82.00	327.99
25 - 29	103.85	153.81	520.85	87.43	129.49	438.49	70.39	104.26	353.05
30 - 34	112.80	193.37	571.93	94.96	162.79	481.50	76.46	131.07	387.68
35 - 39	130.53	216.84	505.57	109.89	182.55	425.63	88.48	146.98	342.69
40 - 44	152.48	236.45	477.79	128.37	199.06	402.24	103.36	160.27	323.86
45 - 49	206.52	266.21	537.06	173.86	224.12	452.14	139.98	180.45	364.04
50 - 54	246.79	308.68	605.36	207.77	259.87	509.64	167.28	209.23	410.34
55 - 59	322.86	325.39	677.72	271.81	273.94	570.56	218.85	220.56	459.39
60 - 64	439.71	396.32	816.69	370.18	333.66	687.56	298.05	268.64	553.59
65+*	534.61	482.94	939.20	450.08	406.58	790.69	362.38	327.36	636.63

Area 2 Age	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
0 - 19	\$ 75.64	\$ 78.30	\$ 420.42	\$ 63.68	\$ 65.92	\$ 353.94	\$ 51.27	\$ 53.08	\$ 284.98
20 - 24	84.42	120.96	483.82	71.07	101.83	407.32	57.22	81.99	327.95
25 - 29	103.84	153.79	520.80	87.42	129.47	438.45	70.39	104.25	353.02
30 - 34	112.79	193.35	571.87	94.95	162.78	481.45	76.45	131.06	387.64
35 - 39	130.52	216.82	505.52	109.88	182.54	425.58	88.47	146.97	342.66
40 - 44	152.47	236.42	477.74	128.36	199.04	402.20	103.35	160.26	323.83
45 - 49	206.50	266.18	537.01	173.84	224.09	452.09	139.97	180.43	364.00
50 - 54	246.76	308.65	605.30	207.75	259.84	509.59	167.27	209.21	410.30
55 - 59	322.83	325.36	677.65	271.78	273.91	570.50	218.83	220.54	459.34
60 - 64	439.67	396.28	816.61	370.15	333.62	687.49	298.02	268.62	553.53
65+*	534.56	482.89	939.11	450.03	406.54	790.61	362.34	327.32	636.56

Area 3 Age	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
0 - 19	\$ 67.78	\$ 70.16	\$ 376.73	\$ 57.06	\$ 59.07	\$ 317.16	\$ 45.95	\$ 47.56	\$ 255.36
20 - 24	75.65	108.39	433.55	63.69	91.25	364.99	51.28	73.47	293.87
25 - 29	93.05	137.81	466.68	78.34	116.02	392.89	63.07	93.41	316.33
30 - 34	101.07	173.26	512.45	85.09	145.86	431.42	68.51	117.44	347.36
35 - 39	116.95	194.29	452.99	98.46	163.57	381.36	79.28	131.70	307.05
40 - 44	136.62	211.86	428.10	115.02	178.36	360.41	92.61	143.60	290.18
45 - 49	185.04	238.52	481.21	155.78	200.81	405.12	125.43	161.68	326.18
50 - 54	221.12	276.57	542.41	186.16	232.84	456.64	149.89	187.47	367.66
55 - 59	289.28	291.55	607.24	243.54	245.45	511.22	196.09	197.63	411.61
60 - 64	393.98	355.11	731.76	331.69	298.96	616.05	267.06	240.70	496.01
65+*	479.01	432.71	841.52	403.27	364.29	708.46	324.69	293.31	570.42

*For those not eligible for Medicare.

Initial rates are based on the oldest adult as of October 1 in the year in which your contract is made effective.

These rates are available for applicants enrolling October 1, 2006 through December 31, 2006.

New Business Rates

BlueChoice PPO High Deductible HSA Qualified 100% Coinsurance Plans

Area 1	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
Age									
0 - 19	\$ 96.03	\$ 99.41	\$ 533.76	\$ 80.48	\$ 83.31	\$ 447.30	\$ 63.93	\$ 66.18	\$ 355.32
20 - 24	107.18	153.57	614.25	89.82	128.69	514.76	71.35	102.23	408.91
25 - 29	131.83	195.25	661.19	110.48	163.63	554.10	87.76	129.98	440.16
30 - 34	143.19	245.47	726.04	120.00	205.71	608.44	95.32	163.41	483.32
35 - 39	165.70	275.27	641.79	138.86	230.68	537.84	110.31	183.25	427.24
40 - 44	193.57	300.16	606.53	162.21	251.54	508.29	128.86	199.82	403.77
45 - 49	262.16	337.94	681.77	219.70	283.20	571.35	174.52	224.97	453.86
50 - 54	313.29	391.85	768.48	262.54	328.38	644.01	208.56	260.86	511.58
55 - 59	409.86	413.07	860.33	343.47	346.17	720.99	272.84	274.98	572.73
60 - 64	558.19	503.11	1,036.75	467.78	421.62	868.83	371.59	334.92	690.17
65+*	678.66	613.07	1,192.27	568.74	513.77	999.16	451.79	408.12	793.70

Area 2	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
Age									
0 - 19	\$ 96.02	\$ 99.40	\$ 533.70	\$ 80.47	\$ 83.30	\$ 447.26	\$ 63.92	\$ 66.17	\$ 355.29
20 - 24	107.17	153.55	614.19	89.81	128.68	514.71	71.34	102.22	408.87
25 - 29	131.82	195.23	661.13	110.47	163.61	554.04	87.75	129.97	440.11
30 - 34	143.18	245.45	725.96	119.99	205.69	608.38	95.31	163.40	483.28
35 - 39	165.68	275.24	641.73	138.85	230.66	537.79	110.30	183.23	427.20
40 - 44	193.55	300.13	606.47	162.20	251.52	508.24	128.85	199.80	403.73
45 - 49	262.14	337.90	681.70	219.68	283.17	571.29	174.50	224.94	453.81
50 - 54	313.26	391.81	768.40	262.52	328.35	643.94	208.54	260.83	511.53
55 - 59	409.82	413.03	860.25	343.44	346.13	720.91	272.82	274.96	572.67
60 - 64	558.14	503.06	1,036.65	467.74	421.58	868.74	371.55	334.89	690.10
65+*	678.60	613.01	1,192.15	568.68	513.72	999.06	451.74	408.08	793.62

Area 3	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
Age									
0 - 19	\$ 86.05	\$ 89.07	\$ 478.25	\$ 72.11	\$ 74.64	\$ 400.78	\$ 57.28	\$ 59.29	\$ 318.37
20 - 24	96.03	137.60	550.37	80.48	115.31	461.22	63.93	91.60	366.38
25 - 29	118.12	174.94	592.43	98.99	146.61	496.47	78.63	116.46	394.38
30 - 34	128.30	219.95	650.53	107.52	184.32	545.16	85.41	146.42	433.06
35 - 39	148.47	246.64	575.05	124.42	206.69	481.91	98.84	164.19	382.81
40 - 44	173.44	268.94	543.45	145.34	225.38	455.43	115.46	179.03	361.78
45 - 49	234.90	302.79	610.87	196.85	253.75	511.93	156.37	201.57	406.66
50 - 54	280.71	351.10	688.56	235.24	294.23	577.03	186.87	233.73	458.38
55 - 59	367.23	370.11	770.86	307.75	310.16	646.00	244.47	246.38	513.16
60 - 64	500.14	450.79	928.93	419.13	377.78	778.47	332.95	300.09	618.39
65+*	608.08	549.31	1,068.27	509.59	460.34	895.25	404.80	365.68	711.15

*For those not eligible for Medicare.

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Medical Waiver or Tobacco User Rates

BlueChoice PPO High Deductible HSA Qualified 80% Coinsurance Plans

Area 1 Age	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
0 - 19	\$ 91.76	\$ 94.99	\$ 510.02	\$ 77.25	\$ 79.97	\$ 429.38	\$ 62.20	\$ 64.39	\$ 345.71
20 - 24	102.41	146.74	586.93	86.22	123.54	494.13	69.42	99.46	397.85
25 - 29	125.97	186.57	631.79	106.05	157.07	531.89	85.39	126.46	428.25
30 - 34	136.82	234.56	693.75	115.19	197.47	584.05	92.75	158.99	470.25
35 - 39	158.33	263.03	613.25	133.30	221.44	516.29	107.32	178.29	415.69
40 - 44	184.96	286.81	579.56	155.71	241.46	487.92	125.37	194.41	392.85
45 - 49	250.50	322.91	651.45	210.89	271.85	548.45	169.80	218.88	441.58
50 - 54	299.35	374.42	734.31	252.02	315.22	618.20	202.91	253.80	497.74
55 - 59	391.63	394.70	822.07	329.71	332.29	692.09	265.46	267.54	557.23
60 - 64	533.37	480.74	990.65	449.03	404.73	834.01	361.54	325.86	671.50
65+*	648.48	585.81	1,139.25	545.95	493.18	959.11	439.57	397.08	772.23

Area 2 Age	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
0 - 19	\$ 91.75	\$ 94.98	\$ 509.97	\$ 77.25	\$ 79.96	\$ 429.33	\$ 62.19	\$ 64.38	\$ 345.68
20 - 24	102.40	146.72	586.87	86.21	123.52	494.08	69.41	99.46	397.81
25 - 29	125.96	186.55	631.73	106.04	157.05	531.84	85.38	126.45	428.21
30 - 34	136.81	234.53	693.68	115.18	197.45	584.00	92.74	158.98	470.20
35 - 39	158.32	263.00	613.19	133.28	221.42	516.23	107.31	178.27	415.65
40 - 44	184.94	286.78	579.50	155.70	241.44	487.87	125.36	194.39	392.81
45 - 49	250.48	322.88	651.39	210.87	271.82	548.39	169.78	218.86	441.54
50 - 54	299.32	374.39	734.23	252.00	315.19	618.14	202.89	253.77	497.69
55 - 59	391.59	394.66	821.99	329.67	332.26	692.02	265.44	267.52	557.18
60 - 64	533.32	480.69	990.55	448.99	404.69	833.92	361.50	325.83	671.43
65+*	648.42	585.75	1,139.13	545.89	493.13	959.02	439.52	397.04	772.15

Area 3 Age	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
0 - 19	\$ 82.22	\$ 85.11	\$ 456.98	\$ 69.22	\$ 71.65	\$ 384.72	\$ 55.73	\$ 57.69	\$ 309.76
20 - 24	91.76	131.48	525.89	77.25	110.69	442.74	62.20	89.12	356.47
25 - 29	112.87	167.16	566.08	95.02	140.73	476.57	76.51	113.31	383.71
30 - 34	122.59	210.16	621.60	103.21	176.93	523.31	83.10	142.46	421.34
35 - 39	141.86	235.67	549.47	119.43	198.41	462.59	96.16	159.75	372.46
40 - 44	165.72	256.98	519.28	139.52	216.35	437.18	112.33	174.19	351.99
45 - 49	224.45	289.33	583.70	188.96	243.58	491.41	152.14	196.12	395.66
50 - 54	268.22	335.48	657.94	225.81	282.44	553.91	181.81	227.40	445.98
55 - 59	350.90	353.65	736.58	295.42	297.73	620.11	237.85	239.72	499.28
60 - 64	477.90	430.74	887.62	402.33	362.63	747.27	323.94	291.97	601.66
65+*	581.04	524.88	1,020.77	489.17	441.89	859.36	393.85	355.79	691.92

*For those not eligible for Medicare.

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Medical Waiver or Tobacco User Rates

BlueChoice PPO High Deductible HSA Qualified 100% Coinsurance Plans

Area 1	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
Age									
0 - 19	\$ 116.49	\$ 120.58	\$ 647.45	\$ 97.62	\$ 101.05	\$ 542.58	\$ 77.55	\$ 80.27	\$ 431.01
20 - 24	130.01	186.28	745.08	108.95	156.11	624.40	86.55	124.01	496.00
25 - 29	159.91	236.84	802.03	134.01	198.48	672.12	106.45	157.66	533.91
30 - 34	173.69	297.76	880.68	145.56	249.53	738.04	115.63	198.22	586.27
35 - 39	200.99	333.90	778.50	168.44	279.82	652.40	133.80	222.28	518.25
40 - 44	234.80	364.09	735.72	196.77	305.12	616.56	156.30	242.38	489.77
45 - 49	318.00	409.92	826.99	266.50	343.52	693.04	211.70	272.88	550.53
50 - 54	380.02	475.31	932.17	318.47	398.33	781.18	252.98	316.42	620.55
55 - 59	497.16	501.06	1,043.58	416.63	419.90	874.55	330.96	333.55	694.72
60 - 64	677.09	610.28	1,257.58	567.42	511.43	1,053.89	450.74	406.26	837.17
65+*	823.22	743.65	1,446.22	689.88	623.20	1,211.98	548.02	495.05	962.75

Area 2	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
Age									
0 - 19	\$ 116.48	\$ 120.57	\$ 647.38	\$ 97.61	\$ 101.04	\$ 542.53	\$ 77.54	\$ 80.26	\$ 430.96
20 - 24	130.00	186.26	745.01	108.94	156.09	624.34	86.54	123.99	495.95
25 - 29	159.90	236.81	801.95	134.00	198.46	672.06	106.44	157.65	533.86
30 - 34	173.68	297.73	880.60	145.54	249.51	737.96	115.62	198.20	586.21
35 - 39	200.97	333.87	778.42	168.42	279.79	652.34	133.79	222.26	518.19
40 - 44	234.77	364.05	735.65	196.75	305.09	616.50	156.29	242.35	489.72
45 - 49	317.97	409.88	826.91	266.47	343.49	692.97	211.67	272.86	550.47
50 - 54	379.98	475.27	932.07	318.43	398.29	781.11	252.95	316.39	620.48
55 - 59	497.11	501.01	1,043.48	416.59	419.86	874.47	330.92	333.52	694.65
60 - 64	677.02	610.22	1,257.45	567.36	511.38	1,053.78	450.69	406.22	837.09
65+*	823.14	743.58	1,446.08	689.81	623.14	1,211.86	547.96	495.00	962.66

Area 3	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
Age									
0 - 19	\$ 104.37	\$ 108.04	\$ 580.11	\$ 87.47	\$ 90.54	\$ 486.15	\$ 69.48	\$ 71.92	\$ 386.18
20 - 24	116.49	166.90	667.59	97.62	139.87	559.46	77.55	111.11	444.42
25 - 29	143.28	212.21	718.62	120.07	177.84	602.22	95.38	141.27	478.39
30 - 34	155.63	266.79	789.09	130.42	223.58	661.28	103.60	177.60	525.30
35 - 39	180.09	299.18	697.53	150.92	250.72	584.55	119.89	199.16	464.35
40 - 44	210.38	326.23	659.21	176.30	273.39	552.44	140.05	217.17	438.84
45 - 49	284.93	367.29	740.98	238.78	307.80	620.97	189.68	244.50	493.27
50 - 54	340.50	425.88	835.22	285.35	356.90	699.94	226.67	283.51	556.01
55 - 59	445.45	448.95	935.05	373.30	376.23	783.60	296.54	298.86	622.47
60 - 64	606.67	546.81	1,126.79	508.41	458.24	944.28	403.86	364.01	750.11
65+*	737.60	666.31	1,295.82	618.13	558.39	1,085.93	491.03	443.57	862.63

*For those not eligible for Medicare.

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Medical Waiver and Tobacco User Rates

BlueChoice PPO High Deductible HSA Qualified 80% Coinsurance Plans

Area 1 Age	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
0 - 19	\$ 106.06	\$ 109.79	\$ 589.49	\$ 89.29	\$ 92.43	\$ 496.28	\$ 71.89	\$ 74.42	\$ 399.58
20 - 24	118.37	169.60	678.38	99.65	142.78	571.12	80.24	114.96	459.84
25 - 29	145.60	215.64	730.23	122.57	181.54	614.77	98.69	146.17	494.98
30 - 34	158.14	271.10	801.84	133.14	228.24	675.06	107.20	183.77	543.52
35 - 39	183.00	304.01	708.80	154.07	255.94	596.73	124.05	206.07	480.46
40 - 44	213.78	331.50	669.86	179.98	279.08	563.94	144.91	224.70	454.06
45 - 49	289.54	373.22	752.96	243.75	314.21	633.90	196.26	252.99	510.38
50 - 54	346.00	432.76	848.72	291.29	364.34	714.52	234.53	293.34	575.30
55 - 59	452.65	456.20	950.16	381.08	384.07	799.92	306.82	309.23	644.06
60 - 64	616.48	555.64	1,145.00	519.00	467.79	963.95	417.87	376.64	776.13
65+*	749.52	677.08	1,316.76	631.01	570.02	1,108.55	508.06	458.95	892.55

Area 2 Age	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
0 - 19	\$ 106.05	\$ 109.78	\$ 589.43	\$ 89.28	\$ 92.42	\$ 496.23	\$ 71.88	\$ 74.41	\$ 399.54
20 - 24	118.36	169.58	678.32	99.64	142.77	571.06	80.23	114.95	459.79
25 - 29	145.58	215.61	730.16	122.56	181.52	614.71	98.68	146.15	494.93
30 - 34	158.13	271.08	801.76	133.12	228.22	674.99	107.19	183.75	543.47
35 - 39	182.98	303.98	708.73	154.05	255.92	596.67	124.03	206.05	480.41
40 - 44	213.76	331.46	669.79	179.96	279.05	563.89	144.89	224.68	454.01
45 - 49	289.51	373.19	752.88	243.73	314.18	633.84	196.24	252.96	510.33
50 - 54	345.96	432.72	848.63	291.26	364.30	714.45	234.51	293.32	575.24
55 - 59	452.60	456.16	950.07	381.04	384.03	799.84	306.79	309.20	643.99
60 - 64	616.41	555.59	1,144.89	518.95	467.74	963.86	417.83	376.60	776.05
65+*	749.45	677.01	1,316.63	630.95	569.96	1,108.44	508.01	458.91	892.46

Area 3 Age	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
0 - 19	\$ 95.03	\$ 98.37	\$ 528.18	\$ 80.00	\$ 82.82	\$ 444.66	\$ 64.42	\$ 66.68	\$ 358.02
20 - 24	106.06	151.96	607.83	89.29	127.93	511.72	71.89	103.01	412.01
25 - 29	130.45	193.21	654.29	109.83	162.66	550.83	88.43	130.97	443.50
30 - 34	141.70	242.91	718.45	119.29	204.50	604.85	96.05	164.65	487.00
35 - 39	163.97	272.39	635.09	138.04	229.32	534.67	111.14	184.64	430.49
40 - 44	191.54	297.02	600.20	161.26	250.06	505.29	129.84	201.33	406.84
45 - 49	259.42	334.41	674.65	218.40	281.53	567.97	175.85	226.68	457.30
50 - 54	310.01	387.76	760.45	261.00	326.44	640.21	210.14	262.84	515.46
55 - 59	405.57	408.76	851.35	341.45	344.12	716.73	274.91	277.07	577.08
60 - 64	552.36	497.86	1,025.92	465.02	419.14	863.70	374.41	337.47	695.41
65+*	671.57	606.66	1,179.81	565.39	510.74	993.26	455.22	411.22	799.73

*For those not eligible for Medicare.

Initial rates are based on the oldest adult as of *October 1* in the year in which your contract is made effective.

These rates are available for applicants enrolling October 1, 2006 through December 31, 2006.

Medical Waiver and Tobacco User Rates

BlueChoice PPO High Deductible HSA Qualified 100% Coinsurance Plans

Area 1	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
Age									
0 - 19	\$ 134.64	\$ 139.37	\$ 748.33	\$ 112.83	\$ 116.80	\$ 627.12	\$ 89.63	\$ 92.78	\$ 498.16
20 - 24	150.27	215.30	861.18	125.93	180.43	721.69	100.03	143.33	573.29
25 - 29	184.83	273.74	926.99	154.89	229.40	776.85	123.04	182.23	617.10
30 - 34	200.76	344.16	1,017.90	168.24	288.41	853.03	133.64	229.10	677.62
35 - 39	232.31	385.93	899.79	194.68	323.42	754.05	154.65	256.91	599.00
40 - 44	271.38	420.82	850.36	227.43	352.66	712.62	180.66	280.14	566.09
45 - 49	367.55	473.79	955.84	308.02	397.05	801.03	244.68	315.40	636.31
50 - 54	439.23	549.37	1,077.41	368.09	460.39	902.90	292.40	365.72	717.23
55 - 59	574.62	579.13	1,206.19	481.55	485.33	1,010.82	382.53	385.53	802.96
60 - 64	782.59	705.37	1,453.53	655.83	591.12	1,218.10	520.97	469.56	967.62
65+*	951.49	859.52	1,671.56	797.37	720.31	1,400.82	633.41	572.19	1,112.76

Area 2	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
Age									
0 - 19	\$ 134.63	\$ 139.36	\$ 748.25	\$ 112.82	\$ 116.79	\$ 627.06	\$ 89.62	\$ 92.77	\$ 498.11
20 - 24	150.25	215.28	861.09	125.92	180.41	721.62	100.02	143.31	573.23
25 - 29	184.81	273.71	926.90	154.88	229.38	776.77	123.03	182.21	617.04
30 - 34	200.74	344.12	1,017.80	168.22	288.38	852.95	133.63	229.08	677.55
35 - 39	232.29	385.89	899.70	194.66	323.39	753.98	154.64	256.89	598.94
40 - 44	271.35	420.78	850.27	227.40	352.63	712.55	180.64	280.11	566.03
45 - 49	367.51	473.74	955.75	307.99	397.01	800.95	244.66	315.37	636.24
50 - 54	439.18	549.32	1,077.30	368.05	460.35	902.81	292.37	365.68	717.16
55 - 59	574.56	579.07	1,206.07	481.50	485.28	1,010.72	382.49	385.49	802.88
60 - 64	782.51	705.29	1,453.38	655.77	591.06	1,217.98	520.92	469.52	967.52
65+*	951.39	859.44	1,671.40	797.29	720.23	1,400.68	633.34	572.13	1,112.65

Area 3	Deductible \$1,150/2,300			Deductible \$1,800/3,500			Deductible \$2,600/5,150		
	Male	Female	Family	Male	Female	Family	Male	Female	Family
Age									
0 - 19	\$ 120.64	\$ 124.88	\$ 670.50	\$ 101.10	\$ 104.65	\$ 561.90	\$ 80.31	\$ 83.13	\$ 446.35
20 - 24	134.64	192.91	771.61	112.83	161.66	646.64	89.63	128.42	513.67
25 - 29	165.61	245.27	830.59	138.78	205.54	696.06	110.24	163.28	552.92
30 - 34	179.88	308.36	912.04	150.74	258.42	764.32	119.74	205.28	607.15
35 - 39	208.15	345.79	806.22	174.44	289.78	675.63	138.57	230.19	536.70
40 - 44	243.16	377.06	761.92	203.77	315.98	638.51	161.87	251.01	507.21
45 - 49	329.33	424.52	856.44	275.99	355.76	717.72	219.23	282.60	570.13
50 - 54	393.55	492.24	965.36	329.81	412.51	809.00	261.99	327.68	642.64
55 - 59	514.86	518.90	1,080.74	431.47	434.85	905.70	342.74	345.43	719.45
60 - 64	701.20	632.01	1,302.36	587.62	529.64	1,091.42	466.79	420.73	866.98
65+*	852.53	770.13	1,497.72	714.45	645.39	1,255.13	567.53	512.68	997.04

*For those not eligible for Medicare.

Initial rates are based on the oldest adult as of October 1 in the year in which your contract is made effective.

Rating Area 1

Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Henry and Rockdale Counties

Rating Area 2

Baldwin, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brooks, Burke, Butts, Calhoun, Cherokee, Clarke, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dodge, Dougherty, Elbert, Emanuel, Fayette, Forsyth, Glascock, Grady, Greene, Hancock, Houston, Irwin, Jackson, Jasper, Jefferson, Jenkins, Johnson, Jones, Laurens, Lanier, Lee, Lincoln, Lowndes, McDuffie, Madison, Montgomery, Monroe, Morgan, Newton, Oconee, Oglethorpe, Paulding, Peach, Pulaski, Putnam, Randolph, Richmond, Screven, Spalding, Taliaferro, Telfair, Terrell, Thomas, Tift, Treutlen, Turner, Twiggs, Walton, Warren, Washington, Wheeler, Wilcox, Wilkinson, Wilkes and Worth Counties

Rating Area 3

Appling, Atkinson, Bacon, Baker, Banks, Brantley, Bryan, Bulloch, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Clay, Clinch, Coffee, Dade, Dawson, Decatur, Dooly, Early, Echols, Effingham, Evans, Fannin, Floyd, Franklin, Gilmer, Glynn, Gordon, Habersham, Hall, Haralson, Harris, Hart, Heard, Jeff Davis, Lamar, Liberty, Long, Lumpkin, McIntosh, Macon, Marion, Meriwether, Miller, Mitchell, Murray, Muscogee, Pickens, Pierce, Pike, Polk, Quitman, Rabun, Schley, Seminole, Stephens, Stewart, Sumter, Talbot, Tattnall, Taylor, Toombs, Towns, Troup, Union, Upson, Walker, Ware, Wayne, Webster, Whitfield and White Counties



Blue Cross Blue Shield of Georgia

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Atlanta, GA 30326

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