

Ages 25-29							
Type of coverage	Gender	HMO \$10 Copay	HMO \$15 Copay	HMO \$20 Copay	HMO \$1500 Deductible	HMO \$2500 Deductible	HMO \$5000 Deductible
Individual	M	\$145	\$131	\$120	\$98	\$88	\$81
Individual	F	\$268	\$240	\$216	\$168	\$147	\$133
Individual & Child(ren)	M	\$413	\$375	\$342	\$280	\$253	\$233
Individual & Child(ren)	F	\$536	\$484	\$438	\$351	\$312	\$285
Individual & Spouse	M/F	\$414	\$372	\$335	\$266	\$235	\$214
Family	M/F	\$681	\$615	\$557	\$448	\$400	\$366

Ages 40-44							
Type of coverage	Gender	HMO \$10 Copay	HMO \$15 Copay	HMO \$20 Copay	HMO \$1500 Deductible	HMO \$2500 Deductible	HMO \$5000 Deductible
Individual	M	\$233	\$209	\$189	\$148	\$130	\$119
Individual	F	\$294	\$262	\$235	\$184	\$159	\$144
Individual & Child(ren)	M	\$500	\$453	\$411	\$331	\$295	\$270
Individual & Child(ren)	F	\$561	\$505	\$457	\$366	\$324	\$296
Individual & Spouse	M/F	\$527	\$471	\$423	\$332	\$289	\$263
Family	M/F	\$794	\$714	\$645	\$514	\$454	\$414

Ages 30-34							
Type of coverage	Gender	HMO \$10 Copay	HMO \$15 Copay	HMO \$20 Copay	HMO \$1500 Deductible	HMO \$2500 Deductible	HMO \$5000 Deductible
Individual	M	\$168	\$152	\$138	\$111	\$99	\$91
Individual	F	\$287	\$256	\$230	\$179	\$156	\$141
Individual & Child(ren)	M	\$435	\$395	\$360	\$293	\$264	\$243
Individual & Child(ren)	F	\$554	\$500	\$452	\$362	\$321	\$292
Individual & Spouse	M/F	\$455	\$408	\$367	\$290	\$255	\$232
Family	M/F	\$722	\$652	\$589	\$473	\$420	\$384

Ages 45-49							
Type of coverage	Gender	HMO \$10 Copay	HMO \$15 Copay	HMO \$20 Copay	HMO \$1500 Deductible	HMO \$2500 Deductible	HMO \$5000 Deductible
Individual	M	\$292	\$261	\$234	\$182	\$158	\$143
Individual	F	\$329	\$293	\$262	\$203	\$176	\$159
Individual & Child(ren)	M	\$559	\$504	\$456	\$365	\$323	\$295
Individual & Child(ren)	F	\$596	\$537	\$484	\$386	\$341	\$311
Individual & Spouse	M/F	\$621	\$554	\$496	\$386	\$334	\$302
Family	M/F	\$898	\$797	\$718	\$568	\$499	\$454

Ages 35-39							
Type of coverage	Gender	HMO \$10 Copay	HMO \$15 Copay	HMO \$20 Copay	HMO \$1500 Deductible	HMO \$2500 Deductible	HMO \$5000 Deductible
Individual	M	\$196	\$177	\$159	\$127	\$112	\$103
Individual	F	\$287	\$256	\$230	\$179	\$156	\$141
Individual & Child(ren)	M	\$463	\$420	\$381	\$310	\$277	\$255
Individual & Child(ren)	F	\$554	\$500	\$452	\$362	\$321	\$292
Individual & Spouse	M/F	\$483	\$433	\$389	\$307	\$268	\$244
Family	M/F	\$750	\$677	\$611	\$489	\$433	\$396

Ages 50-54							
Type of coverage	Gender	HMO \$10 Copay	HMO \$15 Copay	HMO \$20 Copay	HMO \$1500 Deductible	HMO \$2500 Deductible	HMO \$5000 Deductible
Individual	M	\$403	\$358	\$319	\$245	\$212	\$190
Individual	F	\$375	\$333	\$287	\$230	\$199	\$178
Individual & Child(ren)	M	\$670	\$601	\$541	\$427	\$377	\$342
Individual & Child(ren)	F	\$642	\$577	\$519	\$412	\$364	\$330
Individual & Spouse	M/F	\$778	\$691	\$616	\$475	\$411	\$368
Family	M/F	\$1,045	\$934	\$838	\$657	\$576	\$520

(continued)

Individual HMO Rate Summary



Individual HMO Rate Summary



If you're looking for extensive health care coverage for you or your family at a price you can afford, look to Independence Blue Cross for an Individual HMO plan. With more than 70 years of experience, Independence Blue Cross is a name you can trust.

To determine your Individual HMO rate:

1. Find the table that includes the age of the oldest adult to be covered.
2. Use the first two columns to locate the type of coverage you need (Individual, Individual & Child(ren), Individual & Spouse, Family) and the gender of the oldest adult to be covered.
3. Scan the row from left to right to see the various preliminary rates* available to you for each of the copay and deductible options.

Rates effective as of July 1, 2008.

Ages 55-59									
Type of coverage	Gender	HMO \$10 Copay	HMO \$15 Copay	HMO \$20 Copay	HMO \$1500 Deductible	HMO \$2500 Deductible	HMO \$5000 Deductible		
Individual	M	\$532	\$472	\$419	\$320	\$275	\$245		
Individual	F	\$461	\$409	\$365	\$279	\$241	\$215		
Individual & Child(ren)	M	\$900	\$716	\$641	\$502	\$440	\$397		
Individual & Child(ren)	F	\$728	\$653	\$587	\$462	\$405	\$367		
Individual & Spouse	M/F	\$994	\$881	\$784	\$599	\$515	\$460		
Family	M/F	\$1,261	\$1,125	\$1,006	\$781	\$680	\$612		

Ages 60-64									
Type of coverage	Gender	HMO \$10 Copay	HMO \$15 Copay	HMO \$20 Copay	HMO \$1500 Deductible	HMO \$2500 Deductible	HMO \$5000 Deductible		
Individual	M	\$723	\$639	\$568	\$429	\$366	\$325		
Individual	F	\$552	\$489	\$435	\$331	\$284	\$253		
Individual & Child(ren)	M	\$990	\$883	\$790	\$611	\$531	\$477		
Individual & Child(ren)	F	\$819	\$733	\$667	\$513	\$448	\$404		
Individual & Spouse	M/F	\$1,275	\$1,128	\$1,003	\$759	\$649	\$578		
Family	M/F	\$1,542	\$1,372	\$1,225	\$942	\$814	\$730		

Questions?
Log on to www.flexiben.com
or
Call 610-482-1800

Age 18

Type of coverage	Gender	HMO \$10 Copay	HMO \$15 Copay	HMO \$20 Copay	HMO \$1500 Deductible	HMO \$2500 Deductible	HMO \$5000 Deductible
Individual	M	\$134	\$122	\$111	\$91	\$82	\$76
Individual	F	\$134	\$122	\$111	\$91	\$82	\$76
Individual & Child(ren)	M	\$401	\$365	\$333	\$274	\$247	\$227
Individual & Child(ren)	F	\$401	\$365	\$333	\$274	\$247	\$227
Individual & Spouse	M/F	\$267	\$244	\$222	\$182	\$165	\$152
Family	M/F	\$534	\$487	\$444	\$365	\$330	\$303

Ages 19-24

Type of coverage	Gender	HMO \$10 Copay	HMO \$15 Copay	HMO \$20 Copay	HMO \$1500 Deductible	HMO \$2500 Deductible	HMO \$5000 Deductible
Individual	M	\$139	\$126	\$115	\$95	\$85	\$78
Individual	F	\$205	\$183	\$166	\$132	\$116	\$107
Individual & Child(ren)	M	\$406	\$370	\$337	\$277	\$249	\$230
Individual & Child(ren)	F	\$472	\$427	\$388	\$314	\$281	\$258
Individual & Spouse	M/F	\$344	\$309	\$281	\$226	\$201	\$185
Family	M/F	\$611	\$553	\$503	\$409	\$366	\$336

*Preliminary rate quote. Final rate quote and approval of coverage is dependent on medical underwriting. Approval is not guaranteed and some applications may not be approved based on medical conditions.



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