

**Keystone Northeast Business Association**  
 Plans and Rates Effective May 1, 2008 Through April 30, 2009  
 All Plans Include Optichoice Vision



<u>Health Plan Options</u>		<u>Single</u>	<u>EE+Child</u>	<u>EE+Children</u>	<u>EE+Spouse</u>	<u>Family</u>
<b>BlueCare PPO</b>						
\$15/\$30 Copay \$20/\$40/\$60 Rx						
<b>Male Rates</b>	To 25	\$125.67	\$270.49	\$409.06	\$532.00	\$809.15
	25-29	\$150.13	\$294.96	\$433.53	\$573.28	\$850.43
	30-34	\$169.30	\$314.12	\$452.69	\$583.01	\$860.15
	35-39	\$204.39	\$349.21	\$487.78	\$627.24	\$904.38
	40-44	\$248.91	\$393.72	\$532.30	\$689.15	\$966.30
	45-49	\$318.49	\$463.31	\$601.88	\$788.81	\$1,065.95
	50-54	\$420.79	\$565.62	\$704.19	\$944.77	\$1,221.92
	55-59	\$600.94	\$745.76	\$884.33	\$1,241.97	\$1,519.11
	60-64	\$831.79	\$976.62	\$1,115.18	\$1,610.51	\$1,887.65
	65-69	\$852.13	\$996.96	\$1,135.53	\$1,649.72	\$1,926.86
<b>Female Rates</b>	To 25	\$277.51	\$422.33	\$560.89	\$405.52	\$682.66
	25-29	\$369.20	\$514.02	\$652.60	\$521.68	\$798.83
	30-34	\$374.21	\$519.03	\$657.61	\$545.86	\$823.00
	35-39	\$388.66	\$533.48	\$672.05	\$595.39	\$872.53
	40-44	\$418.14	\$562.96	\$701.53	\$669.39	\$946.54
	45-49	\$458.54	\$603.35	\$741.93	\$779.37	\$1,056.51
	50-54	\$517.50	\$662.32	\$800.89	\$940.64	\$1,217.79
	55-59	\$636.03	\$780.84	\$919.42	\$1,239.31	\$1,516.46
	60-64	\$775.47	\$920.30	\$1,058.87	\$1,609.62	\$1,886.77
	65-69	\$794.35	\$939.17	\$1,077.75	\$1,648.83	\$1,925.98
<b>BlueCare Senior Coverage</b>		\$393.42				
<b><u>Dental Plan Option</u></b>						
<b>United Concordia</b>		\$26.88	\$71.25	\$71.25	\$71.25	\$71.25

*These charges include administrative fees and marketing allowances. Add \$10.00 per employee monthly billing fee (maximum \$20.00 per group).*

*Dues are \$7.50 per month.*

*These fees assume that one-life groups will be on our check-o-matic plan. The monthly billing fee will be \$15.00 for any one-life not desiring to go onto our check-o-matic plan.*