

BluePreferred Individual and Family Monthly Rates For Colorado

Effective January 1, 2007



Anthem  

Area 1 Standard Rates

\$5000 Coinsurance Maximum

\$10,000 Coinsurance Maximum

Age	\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$3,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-24	\$170	\$198	\$144	\$169	\$110	\$131	\$161	\$188	\$135	\$160	\$106	\$125	\$75	\$92
25-29	\$183	\$217	\$156	\$186	\$120	\$145	\$173	\$205	\$146	\$176	\$115	\$140	\$85	\$105
30-34	\$196	\$228	\$168	\$197	\$131	\$156	\$186	\$218	\$159	\$188	\$126	\$150	\$93	\$114
35-39	\$230	\$269	\$199	\$234	\$159	\$187	\$219	\$256	\$189	\$223	\$153	\$182	\$118	\$142
40-44	\$263	\$306	\$229	\$268	\$184	\$217	\$250	\$293	\$218	\$256	\$178	\$212	\$141	\$170
45-49	\$319	\$345	\$282	\$305	\$231	\$250	\$305	\$331	\$270	\$293	\$225	\$245	\$183	\$199
50-54	\$361	\$370	\$322	\$328	\$267	\$272	\$347	\$355	\$309	\$316	\$261	\$266	\$215	\$218
55-59	\$440	\$431	\$396	\$386	\$332	\$323	\$424	\$416	\$381	\$372	\$326	\$318	\$274	\$265
60-64	\$495	\$451	\$448	\$406	\$380	\$342	\$478	\$435	\$433	\$392	\$375	\$336	\$317	\$282
Dep. Child	\$109	\$109	\$94	\$94	\$76	\$76	\$104	\$104	\$89	\$89	\$74	\$74	\$59	\$59

Area 1 Tobacco User Rates

\$5000 Coinsurance Maximum

\$10,000 Coinsurance Maximum

Age	\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$3,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-24	\$204	\$238	\$173	\$203	\$132	\$157	\$193	\$225	\$162	\$192	\$127	\$151	\$91	\$111
25-29	\$219	\$260	\$187	\$223	\$144	\$174	\$208	\$247	\$175	\$212	\$138	\$168	\$102	\$126
30-34	\$235	\$274	\$202	\$237	\$157	\$187	\$223	\$262	\$190	\$225	\$152	\$180	\$112	\$137
35-39	\$277	\$323	\$239	\$280	\$190	\$224	\$263	\$308	\$227	\$268	\$184	\$218	\$142	\$170
40-44	\$315	\$368	\$275	\$321	\$220	\$260	\$300	\$351	\$262	\$308	\$214	\$254	\$169	\$204
45-49	\$383	\$414	\$339	\$366	\$278	\$300	\$366	\$398	\$324	\$351	\$270	\$294	\$219	\$239
50-54	\$434	\$444	\$386	\$394	\$320	\$326	\$416	\$426	\$371	\$379	\$313	\$319	\$258	\$262
55-59	\$529	\$517	\$475	\$464	\$399	\$388	\$509	\$499	\$458	\$446	\$391	\$381	\$329	\$318
60-64	\$594	\$541	\$537	\$487	\$456	\$410	\$574	\$522	\$520	\$470	\$450	\$404	\$380	\$339
Dep. Child	\$131	\$131	\$113	\$113	\$92	\$92	\$124	\$124	\$107	\$107	\$89	\$89	\$71	\$71

Area 2 Standard Rates

\$5000 Coinsurance Maximum

\$10,000 Coinsurance Maximum

Age	\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$3,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-24	\$164	\$191	\$139	\$163	\$106	\$126	\$155	\$181	\$130	\$154	\$102	\$121	\$73	\$89
25-29	\$176	\$209	\$150	\$179	\$116	\$140	\$167	\$198	\$141	\$170	\$111	\$135	\$82	\$101
30-34	\$189	\$220	\$162	\$190	\$126	\$150	\$179	\$210	\$153	\$181	\$122	\$145	\$90	\$110
35-39	\$222	\$259	\$192	\$225	\$153	\$180	\$211	\$247	\$182	\$215	\$148	\$175	\$114	\$137
40-44	\$253	\$295	\$221	\$258	\$177	\$209	\$241	\$282	\$210	\$247	\$172	\$204	\$136	\$164
45-49	\$307	\$332	\$272	\$294	\$223	\$241	\$294	\$319	\$260	\$282	\$217	\$236	\$176	\$192
50-54	\$348	\$356	\$310	\$316	\$257	\$262	\$334	\$342	\$298	\$304	\$251	\$256	\$207	\$210
55-59	\$424	\$415	\$381	\$372	\$320	\$311	\$408	\$400	\$367	\$358	\$314	\$306	\$264	\$255
60-64	\$476	\$434	\$431	\$391	\$366	\$329	\$460	\$419	\$417	\$377	\$361	\$324	\$305	\$272
Dep. Child	\$105	\$105	\$91	\$91	\$74	\$74	\$100	\$100	\$86	\$86	\$72	\$72	\$57	\$57

Area 2 Tobacco User Rates

\$5000 Coinsurance Maximum

\$10,000 Coinsurance Maximum

Age	\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$3,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-24	\$196	\$229	\$166	\$195	\$127	\$151	\$186	\$217	\$156	\$184	\$122	\$145	\$87	\$106
25-29	\$211	\$250	\$180	\$214	\$139	\$168	\$200	\$237	\$169	\$204	\$133	\$162	\$98	\$121
30-34	\$226	\$264	\$194	\$228	\$151	\$180	\$214	\$252	\$183	\$217	\$146	\$174	\$108	\$132
35-39	\$266	\$310	\$230	\$270	\$183	\$216	\$253	\$296	\$218	\$258	\$177	\$210	\$136	\$164
40-44	\$303	\$354	\$265	\$309	\$212	\$250	\$289	\$338	\$252	\$296	\$206	\$244	\$163	\$196
45-49	\$368	\$398	\$326	\$352	\$267	\$289	\$352	\$382	\$312	\$338	\$260	\$283	\$211	\$230
50-54	\$417	\$427	\$372	\$379	\$308	\$314	\$400	\$410	\$357	\$364	\$301	\$307	\$248	\$252
55-59	\$508	\$498	\$457	\$446	\$384	\$373	\$489	\$480	\$440	\$429	\$376	\$367	\$316	\$306
60-64	\$571	\$520	\$517	\$469	\$439	\$394	\$552	\$502	\$500	\$452	\$433	\$388	\$366	\$326
Dep. Child	\$126	\$126	\$109	\$109	\$88	\$88	\$120	\$120	\$103	\$103	\$86	\$86	\$68	\$68

Area 3 Standard Rates

\$5000 Coinsurance Maximum

\$10,000 Coinsurance Maximum

Age	\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$3,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-24	\$161	\$187	\$136	\$160	\$104	\$123	\$152	\$177	\$127	\$151	\$100	\$118	\$71	\$87
25-29	\$173	\$205	\$147	\$176	\$114	\$137	\$164	\$194	\$138	\$167	\$109	\$132	\$80	\$99
30-34	\$185	\$216	\$159	\$186	\$123	\$147	\$176	\$206	\$150	\$177	\$119	\$142	\$88	108
35-39	\$218	\$254	\$188	\$221	\$150	\$176	\$207	\$242	\$178	\$211	\$145	\$172	\$112	134
40-44	\$248	\$290	\$217	\$253	\$174	\$205	\$236	\$277	\$206	\$242	\$169	\$200	\$133	161
45-49	\$301	\$326	\$267	\$289	\$219	\$236	\$289	\$313	\$255	\$277	\$213	\$232	\$173	188
50-54	\$342	\$350	304	\$310	\$252	\$257	\$328	\$336	\$293	\$298	\$246	\$251	\$203	206
55-59	\$416	\$408	\$374	\$365	\$314	\$305	\$401	\$393	\$360	\$352	\$308	\$300	\$259	250
60-64	\$468	\$426	\$423	\$384	\$359	\$323	\$452	\$412	\$410	\$370	\$354	\$318	\$299	267
Dep. Child	\$103	\$103	\$89	\$89	\$72	\$72	\$98	\$98	\$84	\$84	\$70	\$70	\$56	\$56

Area 3 Tobacco User Rates

\$5000 Coinsurance Maximum

\$10,000 Coinsurance Maximum

Age	\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$3,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-24	\$193	\$225	\$164	\$192	\$125	\$148	\$182	\$213	\$153	\$181	\$120	\$142	\$86	\$105
25-29	\$207	\$246	\$176	\$211	\$136	\$165	\$197	\$233	\$166	\$200	\$130	\$159	\$96	\$119
30-34	\$223	\$259	\$191	\$224	\$148	\$176	\$211	\$247	\$180	\$213	\$143	\$171	\$106	\$129
35-39	\$261	\$305	\$226	\$265	\$180	\$212	\$248	\$291	\$214	\$253	\$174	\$206	\$134	\$161
40-44	\$298	\$348	\$260	\$304	\$208	\$246	\$284	\$332	\$247	\$291	\$202	\$240	\$160	\$193
45-49	\$362	\$391	\$320	\$346	\$263	\$284	\$346	\$376	\$306	\$332	\$256	\$278	\$207	\$226
50-54	\$410	\$420	\$365	\$372	\$303	\$309	\$394	\$403	\$351	\$358	\$296	\$302	\$244	\$247
55-59	\$500	\$489	\$449	\$438	\$377	\$366	\$481	\$471	\$433	\$422	\$370	\$361	\$311	\$300
60-64	\$561	\$512	\$508	\$461	\$431	\$388	\$542	\$494	\$492	\$444	\$425	\$382	\$359	\$320
Dep. Child	\$123	\$123	\$107	\$107	\$87	\$87	\$117	\$117	\$101	\$101	\$84	\$84	\$67	\$67

Area 4 Standard Rates

\$5000 Coinsurance Maximum

\$10,000 Coinsurance Maximum

Age	\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$3,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-24	\$158	\$184	\$134	\$157	\$102	\$121	\$149	\$174	\$125	\$148	\$98	\$116	\$70	\$86
25-29	\$170	\$202	\$145	\$173	\$112	\$135	\$161	\$191	\$136	\$164	\$107	\$130	\$79	\$97
30-34	\$182	\$212	\$156	\$183	\$121	\$145	\$173	\$203	\$147	\$174	\$117	\$140	\$87	\$106
35-39	\$214	\$250	\$185	\$217	\$147	\$174	\$203	\$238	\$175	\$207	\$143	\$169	\$110	\$132
40-44	\$244	\$285	\$213	\$249	\$171	\$202	\$232	\$272	\$203	\$238	\$166	\$197	\$131	\$158
45-49	\$296	\$320	\$262	\$284	\$215	\$232	\$284	\$308	\$251	\$272	\$209	\$228	\$170	\$185
50-54	\$336	\$344	\$299	\$305	\$248	\$253	\$322	\$330	\$288	\$293	\$242	\$247	\$200	\$203
55-59	\$409	\$401	\$368	\$359	\$309	\$300	\$394	\$386	\$354	\$346	\$303	\$295	\$255	\$246
60-64	\$460	\$419	\$416	\$377	\$353	\$318	\$444	\$405	\$403	\$364	\$348	\$313	\$294	\$262
Dep. Child	\$101	\$101	\$87	\$87	\$71	\$71	\$96	\$96	\$83	\$83	\$69	\$69	\$55	\$55

Area 4 Tobacco User Rates

\$5000 Coinsurance Maximum

\$10,000 Coinsurance Maximum

Age	\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,000 Deductible		\$3,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-24	\$190	\$221	\$161	\$189	\$122	\$146	\$179	\$209	\$150	\$178	\$118	\$140	\$84	\$103
25-29	\$204	\$242	\$174	\$207	\$134	\$162	\$193	\$229	\$163	\$197	\$128	\$156	\$95	\$117
30-34	\$219	\$255	\$187	\$220	\$146	\$174	\$207	\$243	\$177	\$209	\$141	\$168	\$104	\$127
35-39	\$257	\$300	\$222	\$261	\$177	\$208	\$244	\$286	\$211	\$249	\$171	\$203	\$132	\$158
40-44	\$293	\$342	\$256	\$299	\$205	\$242	\$279	\$327	\$243	\$286	\$199	\$236	\$157	\$190
45-49	\$356	\$385	\$315	\$341	\$258	\$279	\$341	\$370	\$301	\$327	\$251	\$273	\$204	\$222
50-54	\$403	\$412	\$359	\$366	\$298	\$303	\$387	\$396	\$345	\$352	\$291	\$296	\$240	\$243
55-59	\$491	\$481	\$441	\$431	\$371	\$360	\$473	\$464	\$425	\$415	\$364	\$354	\$306	\$295
60-64	\$552	\$503	\$499	\$453	\$424	\$381	\$533	\$486	\$483	\$437	\$418	\$375	\$353	\$315
Dep. Child	\$121	\$121	\$105	\$105	\$85	\$85	\$116	\$116	\$99	\$99	\$83	\$83	\$66	\$66

Anthem Blue Cross and Blue Shield Colorado Health Rating Area Definitions

The following indicates the ZIP codes for each rating area.
The subscriber's home address determines the rating area.

ZIP FROM	ZIP TO	AREA	ZIP FROM	ZIP TO	AREA	ZIP FROM	ZIP TO	AREA	ZIP FROM	ZIP TO	AREA
00000	80000	2	80165	80213	2	80478	80478	3	81210	81210	1
80001	80007	3	80214	80215	3	80479	80480	1	81211	81211	4
80008	80010	2	80216	80220	2	80481	80482	3	81212	81219	3
80011	80011	3	80221	80221	3	80483	80500	1	81220	81220	4
80012	80018	2	80222	80224	2	80501	80503	3	81221	81223	3
80019	80040	3	80225	80226	3	80504	80509	1	81224	81225	1
80041	80041	2	80227	80227	2	80510	80510	3	81226	81226	3
80042	80043	3	80228	80229	3	80511	80532	1	81227	81229	4
80044	80044	2	80230	80231	2	80533	80533	3	81230	81231	1
80045	80045	3	80232	80234	3	80534	80539	1	81232	81234	3
80046	80046	2	80235	80240	2	80540	80540	3	81235	81236	4
80047	80101	2	80241	80242	3	80541	80543	1	81237	81239	1
80102	80102	3	80243	80259	2	80544	80544	3	81240	81240	3
80103	80103	2	80260	80260	3	80545	80600	1	81241	81241	1
80104	80104	1	80261	80300	2	80601	80602	3	81242	81242	4
80105	80105	2	80301	80422	3	80603	80613	1	81243	81243	1
80106	80106	4	80423	80424	1	80614	80614	3	81244	81246	3
80107	80107	2	80425	80425	3	80615	80639	1	81247	81247	1
80108	80109	1	80426	80426	1	80640	80641	3	81248	81250	4
80110	80115	2	80427	80427	3	80642	80801	1	81251	81251	1
80116	80116	1	80428	80431	1	80802	80811	4	81252	81289	4
80117	80117	2	80432	80433	3	80812	80812	1	81290	81300	3
80118	80119	1	80434	80435	1	80813	80819	4	81301	81433	4
80120	80122	2	80436	80442	3	80820	80820	3	81434	81434	4
80123	80123	3	80443	80443	1	80821	80821	4	81435	81600	4
80124	80126	1	80444	80460	3	80822	80822	1	81601	81623	1
80127	80128	3	80461	80464	1	80823	80823	4	81624	81624	4
80129	80131	1	80465	80466	3	80824	80824	1	81625	81629	1
80132	80133	4	80467	80467	1	80825	80826	4	81630	81630	4
80134	80135	1	80468	80468	3	80827	80827	3	81631	81642	1
80136	80137	3	80469	80469	1	80828	80829	4	81643	81644	4
80138	80149	1	80470	80472	3	80830	80830	2	81645	81645	1
80150	80161	2	80473	80473	1	80831	80834	4	81646	81646	4
80162	80162	3	80474	80476	3	80835	80835	2	81647	81658	1
80163	80164	1	80477	80477	1	80836	81209	4	81659	99999	2

Important Information about your Plan

Our BluePreferred PPO for Individuals health care plans have standard rates and rates for tobacco users. You may be eligible for a standard rate if you haven't used any tobacco products (cigarettes, cigars, chewing tobacco or pipe) during the 12 consecutive months before your application date. If you're applying for family coverage, we'll individually rate each person listed on your application based on the person's tobacco use.

Your monthly rate is also partially determined by the ZIP code for your home address. We have four ZIP code rating areas in Colorado.

Rate Calculation

You can determine the total monthly premium rate for an Individual or Family plan by adding the rates for each person listed on the application who will be covered by the policy:

- Find your home ZIP code on the rating area chart. Your area (1, 2, 3 or 4) is listed to the right of the ZIP code.
- Review the rate sheet for your rating area, and choose the deductible amount you want for your plan. The rate sheet for each area includes two charts – one with the standard rates and one with rates for tobacco users. The monthly rates in each rating area are based on age, gender, tobacco use and the plan deductible.
- Look under the deductible you've chosen, and add the applicable standard and tobacco-user rates for everyone in your family who's applying for coverage. The total amount is what the monthly premium will be.

The dependent child rates in the bottom row of the rate sheet charts are for unmarried dependent children on family coverage. If a child is applying for a child-only policy with no adults on the policy, we'll calculate the rate from the 0-24 age category. If two or more children are applying for a child-only policy, we'll calculate the rate for the youngest child from the 0-24 age category. We'll then use the dependent child category to determine the rates for all other children who are applying for coverage.

Family coverage can include an unmarried child who's under age 25 and either financially dependent on the parent or who has the same legal residence as the parent. At the end of the month when the child turns 25, we'll automatically terminate the child's dependent coverage on the policy. However, the child will then have the option to continue the same coverage on his or her own policy. If an unmarried child age 19 or older has a medically certified disability and is dependent on the parent, we must be notified in writing about the child's condition for the child to qualify for the dependent rate.

We'll make final coverage and rate determinations after we receive, review and accept your signed application.

The monthly premium rates for our BluePreferred PPO for Individuals plans can change periodically. If they do, we'll notify you in writing at least 30 days before your new rate becomes effective. However, if you or a covered dependent moves into a new age bracket that results in a higher rate category, we aren't required to notify you that your premium is increasing. Instead, we'll adjust the rate beginning with the premium for the month of January following the person's birthday.

Sales Information

For more information or to get a rate quote, please contact your Anthem Blue Cross and Blue Shield authorized agent, or call our Individual sales department at **303-831-2290** or toll free at **800-873-2261**.



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