

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.

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.

(continued)

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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 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 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



**Independence
Blue Cross**

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 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	\$888	\$797	\$718	\$568	\$499	\$454

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	\$297	\$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

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Blue Cross**

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	\$800	\$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	\$657	\$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?

call 1-866-680-0951.



Keystone
HEALTH PLAN EAST

Benefits underwritten or administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.