



IDAHO MANDATED* PRODUCTS

Effective January 1, 2009 through December 31, 2009



INDIVIDUAL HEALTH CARE COVERAGE & PREMIUMS

Form No. 3-313 (12-08)

*Idaho Code, Title 41 and Chapter 55

one TO one

It's a ratio that most accurately
represents our dedication
to unparalleled customer service
and to you, our number-one priority.

*This brochure is a brief overview
describing general features of
Blue Cross of Idaho's individual
health care coverage policies; it is
not a contract. All provisions of
each policy as set out in the policy
apply. To see a copy of any of
these policies, visit your nearest
Blue Cross of Idaho district office.*

BLUE CROSS OF IDAHO DISTRICT OFFICES

BOISE

Street Address
3000 East Pine Avenue
Meridian, ID 83642-5995

Mailing Address
P.O. Box 7408
Boise, ID 83707
(208) 387-6683 ■ (800) 365-2345
Claims Inquiries
(208) 331-7347 ■ (800) 627-1188

COEUR D'ALENE

2100 Northwest Boulevard, Suite 120
Coeur d'Alene, ID 83814
(208) 666-1495

IDAHO FALLS

2116 East 25th Street
Idaho Falls, ID 83404
Mailing Address
P.O. Box 2287
Idaho Falls, ID 83403
(208) 522-8813

LEWISTON

1010 17th Street
Mailing Address
P.O. Box 1468
Lewiston, ID 83501
(208) 746-0531

POCATELLO

275 South 5th Avenue, Suite 150
Pocatello, ID 83201
Mailing Address
P.O. Box 2578
Pocatello, ID 83206
(208) 232-6206

TWIN FALLS

1431 North Fillmore Street, Suite 200
Twin Falls, ID 83301
Mailing Address
P.O. Box 5025
Twin Falls, ID 83303-5025
(208) 733-7258

www.bcidaho.com



An Independent Licensee of the Blue Cross and Blue Shield Association

DISCLOSURES

PREVIEW

All of our policies include Preview, which is designed to reduce the high cost of health care without sacrificing quality of treatment. Two main features of Preview are preadmission review and emergency admission review.

Preadmission Review

Prior to any planned hospital admission, you or your physician must notify Blue Cross of Idaho of your anticipated admission and treatment. Our preadmission review staff may confer with your physician about treatments alternative to hospitalization. If there are alternatives, you and your physician will discuss them and determine if inpatient treatment is still appropriate.

Emergency Admission Review

When an unplanned inpatient admission occurs for an emergency medical condition, and preadmission review cannot be completed, BCI shall not require prior authorization for emergency services.

RENEWABLE COVERAGE GUARANTEED WITH EXCEPTIONS

No individual's coverage will be terminated because of claims utilization or any particular medical condition. Coverage may be terminated if any of the following circumstances exist:

- Nonpayment of required premiums.
- Fraud or intentional misrepresentation of material fact by the individual insured or their representatives.
- Individual no longer resides in the state of Idaho.
- Blue Cross of Idaho chooses to not renew all of its health benefit plans delivered or issued for delivery to individuals in Idaho.

The director finds that continuation of coverage would:

- Not be in the best interests of the policyholders or certificate holders; or
- Impair the carrier's ability to meet its contractual obligations.

PREEXISTING CONDITION PROVISIONS*

A preexisting condition is:

- A condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment during the six months immediately preceding the effective date of coverage; or
- A condition for which medical advice, diagnosis, care, or treatment was recommended or received during the six months immediately preceding the effective date of coverage; or
- A pregnancy existing on the effective date of coverage under the policy.

Credit for qualifying previous coverage, as defined by the Individual Health Insurance Availability Act, will be applied to your preexisting condition waiting period. This only applies if there was not more than a 63 day lapse in health coverage prior to the effective date of your new coverage.*

Your coverage will not be modified or restricted to exclude certain diseases or medical conditions otherwise covered under the plan.

DETERMINATION OF ELIGIBILITY

Applicants to Blue Cross of Idaho for individual coverage must reside in Idaho and must meet the requirements of "eligible individual" as defined by state law.*

**For information regarding "eligible individual" or "preexisting condition" provisions, you may wish to contact your insurance agent or local Blue Cross of Idaho district office.*

BENEFIT	IDAHO BASIC Form No. 3-629 (01-01)	IDAHO STANDARD Form No. 3-630 (01-01)	IDAHO CATASTROPHIC A Form No. 3-631 (01-01)	IDAHO CATASTROPHIC B Form No. 3-632 (01-01)	IDAHO HSA-COMPATIBLE Form No. 3-640 (01-06)
Deductible	\$500 per person, per calendar year	\$1,000 per person, per calendar year	\$2,000 per person, per calendar year	\$5,000 per person, per calendar year	\$3,000 per person, per calendar year
Coinsurance	You pay 50% after meeting your deductible	You pay 30% after meeting your deductible	You pay 30% after meeting your deductible	You pay 20% after meeting your deductible	You pay 40% after meeting your deductible
Out-of-Pocket Maximum <i>(for most covered services)</i>	\$20,000 per person, per calendar year <i>(not including deductible, copayments, pharmacy expenses, non-covered services and supplies, and charges in excess of allowable expense)</i>	\$10,000 per person, per calendar year <i>(not including deductible, copayments, pharmacy expenses, non-covered services and supplies, and charges in excess of allowable expense)</i>	\$10,000 per person, per calendar year <i>(not including deductible, copayments, pharmacy expenses, non-covered services and supplies, and charges in excess of allowable expense)</i>		\$5,000 per person per calendar year <i>(Including deductible, coinsurance and pharmacy expenses. After the out-of-pocket has amount been met, covered services will be provided at 100% except for charges in excess of allowable expense)</i>
Prescription Drugs <i>(limited to a 30-day supply)</i>	You pay 50% after meeting a separate \$250 pharmacy deductible <i>(After deductible is met, you pay 50% coinsurance for covered prescriptions at time of purchase.)</i>		You pay 50% after meeting a separate \$500 pharmacy deductible <i>(After deductible is met, you pay 50% coinsurance for covered prescriptions at time of purchase.)</i>		You pay 40% after meeting your deductible up to a maximum of \$6,000 per person, per calendar year <i>(After deductible is met, you pay for covered prescriptions, reimbursement under your coverage is made after purchase. Before and after deductible is met, present member ID card at time of purchase to receive discounts included with coverage.)</i>
Surgically Implantable and Injectable Contraceptive Drugs and Devices	You pay 50% after meeting your deductible	You pay 30% after meeting your deductible	You pay 30% after meeting your deductible	You pay 20% after meeting your deductible	You pay 40% after meeting your deductible
Preventive Care Services¹	You pay 50% after meeting your deductible, limited to \$200 per person, per calendar year	You pay 30% after meeting your deductible, limited to \$200 per person, per calendar year	You pay 30% after meeting your deductible, limited to \$200 per person, per calendar year	You pay 20% after meeting your deductible, limited to \$200 per person, per calendar year	You pay 40% after meeting your deductible, limited to \$200 per person, per calendar year
Inpatient Services²	You pay 50% after meeting your deductible	You pay 30% after meeting your deductible	You pay 30% after meeting your deductible	You pay 20% after meeting your deductible	You pay 40% after meeting your deductible
Outpatient Services³	You pay 50% after meeting your deductible	You pay 30% after meeting your deductible	You pay 30% after meeting your deductible	You pay 20% after meeting your deductible	You pay 40% after meeting your deductible
Maternity Services⁴	You pay 50% after meeting a separate \$5,000 maternity deductible	You pay 30% after meeting a separate \$5,000 maternity deductible	You pay 30% after meeting a separate \$5,000 maternity deductible	You pay 20% after meeting a separate \$5,000 maternity deductible	Not covered, you pay 100% of the billed charges
Transportation and Medical Equipment	You pay 50% after meeting your deductible \$2,000 annual maximum for ambulance, \$10,000 annual maximum for durable medical equipment	You pay 30% after meeting your deductible \$2,000 annual maximum for ambulance, \$10,000 annual maximum for durable medical equipment	You pay 30% after meeting your deductible \$2,000 annual maximum for ambulance, \$10,000 annual maximum for durable medical equipment	You pay 20% after meeting your deductible \$2,000 annual maximum for ambulance, \$10,000 annual maximum for durable medical equipment	You pay 40% after meeting your deductible \$2,000 annual maximum for ambulance, \$10,000 annual maximum for durable medical equipment
Psychiatric and Substance Abuse	You pay 50% after meeting your deductible \$5,000 annual maximum for inpatient and outpatient services	You pay 30% after meeting your deductible \$5,000 annual maximum for inpatient and outpatient services	You pay 30% after meeting your deductible \$5,000 annual maximum for inpatient and outpatient services	You pay 20% after meeting your deductible \$5,000 annual maximum for inpatient and outpatient services	You pay 40% after meeting your deductible \$5,000 annual maximum for inpatient and outpatient services
Lifetime Benefit Maximum	\$500,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000

Eligibility for coverage:

- 1) Individuals who have been declined coverage by Blue Cross of Idaho on the basis of health status or claims experience, or
- 2) Individuals who are offered a health benefit plan by Blue Cross of Idaho that provides coverage substantially similar to coverage under one of these five plans except at a higher premium.
- 3) Eligible dependent children are covered through the last day of the month of their 21st birthday, unless they are a full-time student and financially dependent on their parents, in which case coverage will be extended through the end of the month of their 25th birthday.
- 4) Premiums will be adjusted after the applicant or spouse moves into a new age category at the time the policy renews.

¹ Immunizations for children will be updated annually in accordance with the American Academy of Pediatrics' recommendation.

² Maximum benefits on Inpatient Services include: 1) \$250,000 lifetime benefit maximum for organ transplants, 2) 45 day annual benefit maximum on skilled nursing facility, and, 3) \$25,000 annual benefit maximum on rehabilitation therapy.

³ Maximum benefits on Outpatient Services include: 1) \$2,000 combined annual benefit maximum on rehabilitation therapy, 2) \$5,000 annual benefit maximum on home health care benefits, and, 3) \$5,000 annual benefit maximum on hospice care.

⁴ Separate maternity deductible does not apply to involuntary complications of pregnancy.

IDAHO BASIC, STANDARD, CATASTROPHIC A & B AND HSA-COMPATIBLE

LIMITATIONS & EXCLUSIONS

- Acupuncture except when used as pain management by a licensed provider.
- Artificial insemination and infertility treatment. Treatment of sexual dysfunction not related to organic disease.
- Cosmetic surgery and services, except for treatment or surgery for congenital anomalies. Mastectomy reconstruction is covered as described in the Women's Health Act.
- Custodial, convalescent or intermediate level care or rest cures.
- Dental and orthodontic services except those needed for treatment of an accidental injury to sound natural teeth, incurred while covered by the plan and limited to six (6) months from the date of injury.
- Expenses and/or charges which exceed the carrier's allowable charge for a service or supply.
- Services which are experimental or investigational.
- Charges for failure to keep a scheduled visit, charges for completion of any form, and charges for medical information.
- Hearing tests without illness being indicated. Hearing aids and supplies, tinnitus maskers, cochlear implants and exams for the prescription or fitting of hearing aids.
- Immunizations, medical exams and tests of any kind not related to treatment of covered injury or disease, except as specifically stated in the policy.
- Injury or illness caused by war or armed international conflict or incurred as a result of voluntary participation in an assault, felony, insurrection or riot.
- Manipulative therapy, including heat treatments and ultrasound of the musculoskeletal structure and other fractures and dislocations of the extremities, will be subject to the Rehabilitation therapy benefit Area "D" limit described in the Schedule of Benefits.
- Marriage and family counseling except as specifically allowed in the policy.
- Services received from a medical or dental department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group.
- Services for which no charges are made or for which no charges would be made in the absence of insurance or for which the insured has no legal obligation to pay.
- Services for weight control, nutrition, and smoking cessation, including self-help and training programs, as well as prescription drugs used in conjunction with such programs and services.
- Any service not medically necessary or appropriate unless specifically included within the coverage provisions.
- Medical or surgical procedures primarily for treatment of obesity or for reversal, revision, or complications thereof.
- Expenses for personal hygiene and convenience items such as air conditioners, humidifiers, and physical fitness equipment.
- Preexisting conditions except as provided specifically in the policy.
- Care incurred before the effective date of the person's coverage.
- Private duty nursing except as specifically allowed in the policy.
- Private room accommodation charges in excess of the institution's most common semiprivate room charge except when prescribed as medically necessary.
- Services for reversal of elective, surgically or pharmaceutically induced infertility.
- Charges for screening examinations except as otherwise provided in the policy.
- Sex change operations and treatment in connection with transsexualism.
- Services incurred after the date of termination of a covered person's coverage.

- Vision therapy, tests, glasses, contact lenses and other vision aids. Radial keratotomy, myopic keratomileusis and any surgery involving corneal tissue to alter or correct myopia, hyperopia or stigmatic error.
- For treatment of weak, strained, or flat feet, including orthopedic shoes, orthotic devices or other supportive devices, or for cutting, removal, or treatment of corns, calluses, or nails other than corrective surgery, or for metabolic or peripheral vascular disease.
- Charges for wigs or cranial prostheses, hair analysis, hair loss, and baldness.
- Services covered by Workers' Compensation, Medicare or CHAMPUS.

WAITING PERIODS

Basic, Standard, Catastrophic and HSA Compatible policies have the following waiting periods:

- Twelve (12) months of continuous coverage is required before benefits will be paid for treatment of any conditions that existed before the effective date of coverage (preexisting condition), unless the insured was enrolled at birth.
- Blue Cross of Idaho shall credit any qualifying previous coverage to the preexisting condition waiting period for new enrollees and dependents. This only applies if there was not more than a 63-day lapse in health coverage prior to the effective date of the new coverage.
- When adding dependent children, if an enrollment application is filed with BCI within 60 days of the birth of a natural or adopted child, the effective date of coverage will be the child's date of birth.

The effective date of coverage will be the date of adoption or the date of placement for adoption for such a child adopted or placed for adoption more than 60 days after the child's date of birth.

EFFECTIVE JANUARY 1, 2009 THROUGH MARCH 31, 2009

Age**	Non-Smoker Rates						Smoker Rates						Age**	Non-Smoker Rates						Smoker Rates											
	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family		Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family						
Male													Female																		
0-19	\$ 192	\$ 221	\$ 147	\$ 109	\$ 111	\$ 101	\$ 230	\$ 265	\$ 177	\$ 131	\$ 133	\$ 121	0-19	\$ 217	\$ 250	\$ 165	\$ 124	\$ 116	\$ 106	\$ 260	\$ 300	\$ 198	\$ 148	139	128						
20	192	221	148	109	108	98	230	265	177	131	130	118	20	247	285	189	141	124	112	297	342	227	169	149	135						
21	194	224	150	110	109	99	233	269	180	132	131	119	21	254	293	195	145	134	120	305	352	234	174	161	144						
22	201	232	155	114	112	102	241	278	186	137	135	123	22	262	303	201	149	144	129	314	363	241	179	173	154						
23	207	238	159	117	116	106	248	286	191	141	139	127	23	271	313	208	154	147	131	325	375	249	185	177	157						
24	212	244	163	120	119	109	254	293	195	144	142	130	24	280	324	215	160	150	134	336	388	258	192	180	161						
25	216	249	166	123	121	111	259	299	199	147	146	133	25	292	337	224	166	154	137	351	405	269	199	185	165						
26	220	254	169	125	124	113	264	305	202	150	148	136	26	304	352	234	173	158	141	365	422	280	208	189	169						
27	224	258	172	127	126	115	268	310	206	152	151	138	27	317	367	243	180	162	145	381	440	292	216	194	174						
28	228	263	175	129	128	117	274	316	210	155	154	141	28	331	382	254	188	168	151	397	458	304	226	202	181						
29	232	269	178	132	131	120	279	323	214	159	158	144	29	344	398	264	196	175	157	413	478	317	235	210	188						
30	238	276	183	136	134	123	286	331	219	163	161	147	30	356	412	273	203	182	163	428	494	328	243	218	196						
31	245	283	188	139	138	126	294	340	225	167	166	152	31	368	426	283	210	189	171	442	512	339	252	227	205						
32	252	291	193	143	142	130	302	350	232	172	171	156	32	380	441	292	217	197	178	457	529	351	261	236	213						
33	261	303	201	149	148	135	313	363	241	179	177	162	33	393	455	302	224	205	185	471	546	362	269	246	222						
34	271	315	209	155	154	141	325	378	251	186	184	169	34	402	466	310	230	213	193	482	559	371	276	255	231						
35	282	327	217	161	160	146	338	392	260	193	192	176	35	412	477	318	236	221	200	494	573	381	284	265	240						
36	292	339	225	167	166	152	350	407	270	201	199	182	36	421	489	325	242	229	208	505	586	390	291	274	250						
37	302	351	233	173	171	157	362	421	280	207	206	188	37	431	501	333	248	237	216	517	601	400	298	284	259						
38	310	362	240	179	177	162	373	434	289	214	212	194	38	442	514	342	256	245	224	531	617	410	307	294	269						
39	319	372	248	184	182	167	383	446	297	221	219	200	39	453	528	351	263	253	231	544	633	421	315	304	278						
40	328	382	255	190	187	171	394	458	306	227	225	206	40	464	541	360	269	261	239	557	649	432	323	314	287						
41	338	393	263	196	193	177	405	472	316	235	232	212	41	475	554	369	276	269	246	570	664	442	331	323	296						
42	349	406	272	203	200	182	419	488	326	243	239	219	42	486	567	377	283	277	253	583	680	453	340	332	304						
43	362	421	282	211	207	189	434	506	339	253	248	227	43	497	579	386	290	284	260	596	695	464	348	341	312						
44	374	437	292	218	215	197	449	524	351	262	258	236	44	507	592	395	297	290	266	609	711	474	356	349	319						
45	391	456	305	228	224	205	469	547	366	273	268	246	45	518	605	404	303	297	272	621	726	485	363	356	326						
46	407	475	317	239	233	214	488	570	381	287	279	256	46	528	617	412	308	303	277	633	740	495	370	364	333						
47	423	494	330	248	242	222	507	593	396	298	291	267	47	538	630	421	315	309	283	646	756	505	378	371	340						
48	444	518	347	261	254	233	532	622	416	313	305	280	48	550	644	431	322	316	289	660	773	517	387	380	347						
49	465	543	363	273	266	244	557	652	436	328	320	293	49	562	659	441	330	324	296	675	791	529	396	389	355						
50	486	569	380	286	279	256	583	683	456	344	335	307	50	575	675	451	338	332	303	689	810	542	406	398	364						
51	508	595	398	299	292	267	610	714	477	359	350	321	51	588	690	462	347	339	310	706	829	555	416	407	372						
52	536	627	419	315	304	279	643	752	503	378	365	335	52	605	711	477	357	348	318	726	853	572	428	417	382						
53	564	660	442	331	324	296	676	792	530	398	388	356	53	623	732	491	368	361	329	747	878	589	442	433	395						
54	598	700	468	351	343	314	717	840	562	421	412	377	54	645	758	509	381	374	341	774	910	611	457	448	409						
55	651	762	509	381	374	342	781	915	611	458	448	410	55	683	803	538	404	396	362	820	964	646	485	475	434						
56	689	806	538	403	395	361	826	967	645	483	474	433	56	706	830	557	417	410	374	847	996	668	501	491	449						
57	727	851	568	425	417	381	873	1,021	681	510	500	457	57	731	859	577	433	424	387	877	1,031	692	519	509	465						
58	765	895	597	446	439	401	918	1,074	717	536	527	481	58	754	886	595	446	438	400	905	1,064	714	535	525	480						
59	805	941	628	469	462	421	966	1,130	754	563	554	506	59	779	916	615	461	452	413	935	1,099	737	553	543	495						
60	881	1,031	684	513	505	462	1,058	1,237	821	615	605	555	60	814	957	641	481	472	432	977	1,149	769	577	567	518						
61	902	1,054	701	524	516	472	1,082	1,265	842	629	620	567	61	828	973	653	489	480	438	993	1,168	784	587	577	526						
62	921	1,076	717	535	528	482	1,105	1,291	860	643	633	578	62	840	988	663	497	488	445	1,008	1,186	796	597	586	534						
63	944	1,103	736	549	542	493	1,133	1,323	883	658	650	592	63	855	1,005	676	506	497	452	1,026	1,206	811	607	596	543						
64	965	1,127	753	560	555	504	1,158	1,352	904	672	667	605	64	868	1,021	687	513	505	459	1,042	1,225	825	616	606	550						
65+	1,042	1,217	811	606	597	545	1,250	1,460	973	727	716	654																			

EFFECTIVE APRIL 1, 2009 THROUGH JUNE 30, 2009

Age**	Non-Smoker Rates						Smoker Rates						Age**	Non-Smoker Rates						Smoker Rates					
	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family		Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family
Male													Female												
0-19	197	227	151	112	\$ 113	\$ 103	\$ 236	\$ 272	\$ 182	\$ 134	\$ 136	\$ 124	0-19	\$ 223	\$ 257	\$ 169	\$ 127	\$ 119	\$ 109	\$ 267	\$ 308	\$ 203	\$ 152	\$ 143	\$ 131
20	197	227	152	112	111	101	236	272	182	134	133	121	20	254	293	194	145	127	115	305	352	233	173	153	138
21	199	230	154	113	112	102	239	276	185	136	134	122	21	261	301	200	148	138	123	313	361	240	178	165	148
22	206	238	159	117	115	105	247	285	190	141	138	126	22	269	311	206	153	148	132	322	373	247	184	178	158
23	212	245	163	121	119	108	255	294	196	145	142	130	23	278	321	213	158	151	135	333	385	256	190	181	162
24	217	251	167	123	122	111	261	301	200	148	146	134	24	288	332	220	164	154	138	345	399	264	197	185	165
25	222	256	170	126	125	114	266	307	204	151	150	137	25	300	346	230	171	158	141	360	415	276	205	190	169
26	226	261	173	128	127	116	271	313	208	154	152	139	26	312	361	240	178	162	145	375	433	288	213	194	173
27	229	265	176	130	129	118	275	318	211	156	155	142	27	326	376	249	185	166	148	391	452	299	222	199	178
28	234	270	180	133	132	121	281	325	216	160	158	145	28	339	392	260	193	173	155	407	471	312	232	207	185
29	239	276	183	136	135	123	286	331	220	163	162	148	29	353	408	271	201	180	161	424	490	325	241	215	193
30	245	283	188	139	138	126	294	339	225	167	165	151	30	366	423	280	208	187	168	439	508	336	250	224	201
31	251	291	193	143	142	130	301	349	231	171	170	156	31	378	438	290	216	194	175	454	525	348	259	233	210
32	258	299	198	147	146	134	310	359	238	176	175	160	32	391	452	300	223	202	182	469	543	360	268	243	219
33	268	311	206	153	152	139	322	373	248	183	182	167	33	403	467	310	230	210	190	484	560	372	276	252	228
34	278	323	215	159	158	144	334	388	257	190	189	173	34	413	478	318	236	218	198	495	574	381	284	262	237
35	289	336	223	165	164	150	347	403	267	199	197	180	35	422	490	326	243	226	206	507	588	391	291	272	247
36	300	348	231	172	170	156	360	418	277	206	204	187	36	432	502	334	249	235	214	519	602	400	299	282	256
37	310	360	239	177	176	161	371	432	287	213	211	193	37	442	514	342	255	243	222	531	617	410	306	292	266
38	319	371	247	183	182	166	382	445	296	220	218	200	38	454	528	351	262	252	230	545	633	421	315	302	276
39	328	381	254	189	187	171	393	458	305	227	224	205	39	465	542	360	270	260	237	558	650	432	323	312	285
40	337	392	261	195	192	176	404	470	314	233	231	211	40	477	555	369	276	268	245	572	666	443	332	322	294
41	347	404	270	201	198	181	416	484	324	241	238	217	41	488	568	378	283	276	253	585	682	454	340	332	303
42	358	417	279	208	205	187	430	500	335	249	246	225	42	499	582	387	291	284	260	598	698	465	349	341	312
43	371	433	290	216	212	194	446	519	348	260	255	233	43	510	595	397	297	291	267	612	714	476	357	350	320
44	384	448	300	224	221	202	461	538	360	269	265	243	44	521	608	406	304	298	273	625	729	487	365	358	327
45	401	468	313	234	230	210	481	561	376	281	276	253	45	531	621	415	311	305	279	638	745	498	373	366	335
46	417	487	326	245	239	219	501	585	391	294	287	263	46	542	633	423	316	311	284	650	760	508	380	373	341
47	434	507	338	255	249	228	521	608	406	306	298	274	47	553	647	432	323	318	290	663	776	519	388	381	349
48	455	532	356	268	261	239	546	639	427	321	313	287	48	564	661	442	331	325	297	677	793	530	397	390	356
49	477	558	373	280	273	251	572	669	448	337	328	301	49	577	676	453	339	332	304	692	811	543	406	399	365
50	499	584	390	294	286	263	599	701	468	353	344	315	50	590	692	463	347	340	311	708	831	556	416	408	373
51	522	610	408	307	299	275	626	732	490	369	359	329	51	604	709	475	356	348	319	724	850	570	427	418	382
52	550	644	430	323	313	287	660	772	516	388	375	344	52	621	730	490	366	357	326	746	876	587	440	428	392
53	579	677	453	340	332	304	694	813	544	408	399	365	53	639	751	504	378	370	338	767	901	605	453	444	406
54	613	718	481	360	352	322	736	862	577	432	423	387	54	662	778	522	391	383	350	794	934	627	469	460	420
55	668	782	522	391	384	351	802	939	627	470	460	421	55	701	824	553	415	406	372	841	989	663	497	488	446
56	707	827	552	414	405	371	848	993	662	496	487	445	56	725	852	572	428	420	384	869	1,022	686	514	504	461
57	746	873	583	436	428	391	896	1,048	699	523	514	469	57	750	882	592	444	435	398	900	1,058	710	533	523	477
58	786	919	613	458	450	411	943	1,102	736	550	540	494	58	774	910	611	458	449	410	929	1,092	733	549	539	492
59	826	966	645	482	474	433	992	1,159	774	578	568	519	59	800	940	631	473	464	424	959	1,128	757	567	557	509
60	905	1,058	703	531	526	475	1,086	1,269	843	631	621	570	60	836	982	658	494	485	443	1,003	1,179	790	592	582	532
61	926	1,082	720	538	530	485	1,111	1,298	864	646	636	582	61	849	999	670	502	493	450	1,019	1,199	804	603	592	540
62	946	1,105	736	550	542	494	1,135	1,325	883	660	650	593	62	862	1,014	681	510	501	457	1,035	1,217	817	612	601	548
63	969	1,132	756	563	556	506	1,163	1,358	907	676	667	607	63	877	1,032	694	519	510	464	1,053	1,238	833	623	612	557
64	990	1,157	773	575	570	518	1,188	1,388	928	690	684	621	64	891	1,048	706	527	518	471	1,069	1,258	847	632	622	565
65+	1,069	1,249	832	622	613	559	1,283	1,499	999	746	735	671	65+	956	1,124	755	566	555	506	1,148	1,349	906	679	667	607
Children													Children												
One Child	191	219	143	107	\$ NA	\$ 99	\$ 229	\$ 263	\$ 172	\$ 128	\$ NA	\$ 118	One Child	\$ 191	\$ 219	\$ 143	\$ 107	\$ NA	\$ 99	\$ 229	\$ 263	\$ 172	\$ 128	\$ NA	\$ 118
2+ Children	485	557	365	271	NA	251	582	669	438	326	NA	301	2+ Children	485	557	365	271	NA	251	582	669	438	326	NA	301

Eligibility for coverage:

- 1) Individuals who have been declined coverage by Blue Cross of Idaho on the basis of health status or claims experience, or
- 2) Individuals who are offered a health benefit plan by Blue Cross of Idaho that provides coverage substantially similar to coverage under one of these five plans except at a higher premium.
- 3) Eligible dependent children are covered through the last day of the month of their 21st birthday, unless they are a full-time student and financially dependent on their parents, in which case coverage will be extended through the end of the month of their 25th birthday.
- 4) Premiums will be adjusted after the applicant or spouse moves into a new age category at the time the policy renews.

*Idaho Code, Title 41 and Chapter 55

**Age of Applicant or Spouse. Premiums shown are per month.

EFFECTIVE JULY 1, 2009 THROUGH SEPTEMBER 30, 2009

Age**	Non-Smoker Rates						Smoker Rates						Age**	Non-Smoker Rates						Smoker Rates					
	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family		Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family
Male	Female																								
0-19	\$ 202	\$ 233	\$ 155	\$ 115	\$ 116	\$ 106	\$ 243	\$ 280	\$ 186	\$ 138	\$ 140	\$ 127	0-19	\$ 229	\$ 263	\$ 173	\$ 130	\$ 122	\$ 112	\$ 274	\$ 316	\$ 208	\$ 156	147	134
20	202	233	156	115	114	103	242	279	187	138	136	124	20	261	301	199	148	131	118	313	361	239	178	157	142
21	205	236	158	116	115	104	245	283	189	140	138	125	21	268	309	205	152	141	127	321	371	246	183	169	152
22	212	244	163	120	118	108	254	293	195	144	142	129	22	276	319	212	157	152	136	331	383	254	189	182	163
23	218	251	167	124	122	111	261	301	201	148	146	133	23	285	329	219	163	155	138	342	395	262	195	186	166
24	223	257	171	127	125	114	268	309	206	152	150	137	24	295	341	226	168	158	141	354	409	271	202	190	169
25	227	263	175	129	128	117	273	315	210	155	153	140	25	308	355	236	175	162	145	369	426	283	210	195	174
26	232	267	178	132	130	119	278	321	213	158	156	143	26	321	370	246	182	166	148	385	444	295	219	199	178
27	235	272	181	134	133	121	283	326	217	160	159	145	27	334	386	256	190	170	152	401	464	307	228	204	183
28	240	278	184	136	135	124	288	333	221	164	162	149	28	348	403	267	198	177	159	418	483	321	238	213	190
29	245	283	188	139	138	126	294	340	225	167	166	152	29	363	419	278	206	184	165	435	503	334	248	221	198
30	251	290	193	143	142	129	301	348	231	171	170	155	30	375	434	288	214	192	172	450	521	345	256	230	207
31	258	298	198	147	145	133	309	358	237	176	175	160	31	388	449	298	221	199	180	466	539	357	266	239	216
32	265	307	204	151	150	137	318	368	244	181	180	164	32	401	464	308	229	207	187	481	557	369	275	249	225
33	275	319	212	157	156	142	330	383	254	188	187	171	33	414	479	318	236	216	195	496	575	382	284	259	234
34	286	332	220	163	162	148	343	398	264	196	194	178	34	424	491	326	243	224	203	508	589	391	291	269	244
35	297	345	229	170	168	154	356	413	274	204	202	185	35	434	503	335	249	232	211	520	603	401	299	279	253
36	308	358	237	176	175	160	369	429	285	211	210	192	36	444	515	342	255	241	219	532	618	411	307	289	263
37	318	369	245	182	181	165	381	443	295	218	217	199	37	454	528	351	262	250	227	545	633	421	314	300	273
38	327	381	253	188	186	171	392	457	304	226	224	205	38	466	542	360	269	259	236	559	650	432	323	310	283
39	336	391	261	194	192	176	404	470	313	233	230	211	39	478	556	370	277	267	244	573	667	444	332	320	293
40	346	402	268	200	197	181	415	483	322	240	237	217	40	489	570	379	284	275	252	587	684	455	340	331	302
41	356	414	277	206	203	186	427	497	332	248	244	223	41	501	583	388	291	284	259	601	700	466	349	340	311
42	368	428	286	213	210	192	441	514	344	256	252	231	42	512	597	398	298	291	267	614	716	477	358	350	320
43	381	444	297	222	218	199	457	533	357	266	262	239	43	523	611	407	305	299	274	628	733	488	366	359	328
44	395	460	308	230	227	207	473	552	369	276	272	249	44	534	624	416	312	306	280	641	749	500	375	367	336
45	411	480	321	240	236	216	494	576	386	288	283	259	45	545	637	426	319	313	286	654	765	511	383	375	343
46	428	500	334	252	245	225	514	600	401	302	294	270	46	556	650	434	325	319	292	667	780	521	390	383	350
47	445	520	347	262	255	234	534	624	417	314	306	281	47	567	664	444	332	326	298	681	796	533	398	391	358
48	467	546	365	275	268	246	561	656	438	330	321	295	48	579	679	454	340	333	305	695	814	544	407	400	366
49	489	572	383	288	281	258	587	687	459	345	337	309	49	592	694	465	348	341	312	711	833	557	417	409	374
50	512	599	401	302	294	270	614	719	481	362	353	324	50	605	711	475	356	349	319	726	853	571	427	419	383
51	535	626	419	315	307	282	642	752	503	378	369	338	51	619	727	487	365	358	327	743	873	585	438	429	392
52	564	661	442	332	321	294	677	793	530	398	385	353	52	638	749	502	376	366	335	765	899	603	451	440	402
53	594	695	465	349	341	312	713	834	558	419	409	375	53	656	771	517	388	380	347	787	925	621	465	456	416
54	630	737	494	370	362	331	756	885	592	444	434	397	54	679	799	536	401	394	359	815	959	643	482	472	431
55	686	803	536	402	394	360	823	964	643	482	472	432	55	720	846	567	426	417	381	864	1,015	681	511	501	458
56	726	849	567	424	416	380	871	1,019	680	509	499	457	56	744	874	587	440	432	394	892	1,049	704	528	518	473
57	766	896	598	448	439	401	919	1,076	718	537	527	482	57	770	905	608	456	447	408	924	1,086	729	547	536	490
58	806	943	629	470	462	422	968	1,131	755	564	555	507	58	795	934	627	470	461	421	953	1,121	752	564	553	505
59	848	992	662	494	486	444	1,018	1,190	794	593	584	533	59	821	965	647	485	476	435	985	1,158	777	582	572	522
60	929	1,086	721	540	532	487	1,114	1,303	865	648	638	585	60	858	1,008	675	507	498	455	1,029	1,210	810	608	597	546
61	950	1,110	739	552	544	498	1,140	1,332	887	663	653	597	61	872	1,025	688	516	506	462	1,046	1,230	826	619	607	554
62	971	1,134	755	564	556	507	1,165	1,361	907	677	667	609	62	885	1,041	699	524	514	469	1,062	1,249	838	629	617	562
63	995	1,162	776	578	571	519	1,194	1,394	931	694	685	623	63	901	1,059	712	533	523	476	1,081	1,271	855	640	628	572
64	1,017	1,187	794	590	585	531	1,220	1,424	952	708	702	638	64	915	1,076	724	541	532	483	1,097	1,291	869	649	638	580
65+	1,098	1,282	854	638	629	574	1,317	1,539	1,025	766	755	689	65+	982	1,154	775	581	570	520	1,178	1,385	930	697	684	624
Children	Children																								
One Child	\$ 196	\$ 225	\$ 147	\$ 109	\$ NA	\$ 101	\$ 235	\$ 270	\$ 177	\$ 131	\$ NA	\$ 122	One Child	\$ 196	\$ 225	\$ 147	\$ 109	\$ NA	\$ 101	\$ 235	\$ 270	\$ 177	\$ 131	NA	122
2+ Children	498	572	375	278	NA	258	598	686	450	334	NA	309	2+ Children	498	572	375	278	NA	258	598	686	450	334	NA	309

*Idaho Code, Title 41 and Chapter 55

**Age of Applicant or Spouse. Premiums shown are per month.

Eligibility for coverage:

- 1) Individuals who have been declined coverage by Blue Cross of Idaho on the basis of health status or claims experience, or
- 2) Individuals who are offered a health benefit plan by Blue Cross of Idaho that provides coverage substantially similar to coverage under one of these five plans except at a higher premium.
- 3) Eligible dependent children are covered through the last day of the month of their 21st birthday, unless they are a full-time student and financially dependent on their parents, in which case coverage will be extended through the end of the month of their 25th birthday.
- 4) Premiums will be adjusted after the applicant or spouse moves into a new age category at the time the policy renews.

EFFECTIVE OCTOBER 1, 2009 THROUGH DECEMBER 31, 2009

Age**	Non-Smoker Rates						Smoker Rates						Age**	Non-Smoker Rates						Smoker Rates					
	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family		Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family	Idaho Basic	Idaho Standard	Idaho Cat A	Idaho Cat B	Idaho HSA Individual	Idaho HSA Family
Male	Female																								
0-19	207	239	159	118	\$ 120	\$ 109	\$ 249	\$ 287	\$ 191	\$ 142	\$ 143	\$ 131	0-19	\$ 235	\$ 270	\$ 178	\$ 134	\$ 126	\$ 115	\$ 282	\$ 324	\$ 214	\$ 160	\$ 151	\$ 138
20	207	239	160	118	117	106	249	287	192	141	140	127	20	268	309	204	152	134	121	321	370	245	183	161	146
21	210	242	162	119	118	107	252	291	194	143	141	129	21	275	317	210	156	145	130	330	381	253	188	174	156
22	217	250	167	123	121	111	261	301	201	148	145	133	22	283	327	217	162	156	139	340	393	261	194	187	167
23	223	258	172	127	125	114	268	309	206	152	150	137	23	293	338	224	167	159	142	351	406	269	200	191	170
24	229	264	176	130	128	117	275	317	211	156	154	141	24	303	350	232	173	163	145	364	420	279	207	195	174
25	233	270	179	133	131	120	280	324	215	159	158	144	25	316	365	242	180	167	149	379	437	290	216	200	178
26	238	275	182	135	134	122	285	329	219	162	160	147	26	329	380	253	187	171	152	395	456	303	225	205	183
27	242	279	185	137	136	124	290	335	223	165	163	149	27	343	397	263	195	175	156	412	476	315	234	210	188
28	247	285	189	140	139	127	296	342	227	168	167	152	28	358	413	274	203	182	163	429	496	329	244	218	195
29	251	291	193	143	142	130	302	349	231	171	170	156	29	372	430	286	212	189	170	447	516	343	254	227	204
30	258	298	198	147	145	133	309	358	237	176	174	159	30	385	446	295	219	197	177	462	535	354	263	236	212
31	265	306	203	150	149	137	317	367	243	180	179	164	31	398	461	306	227	205	184	478	553	367	273	246	221
32	272	315	209	155	154	141	327	378	251	186	185	169	32	411	476	316	235	213	192	494	572	379	282	255	230
33	282	327	217	161	160	146	339	393	261	193	192	175	33	425	492	326	243	221	200	509	590	392	291	266	240
34	293	340	226	167	166	152	352	408	271	201	199	182	34	435	504	335	249	230	208	522	605	402	299	276	250
35	305	354	235	174	173	158	366	424	282	209	207	190	35	445	516	343	256	239	217	534	619	412	307	286	260
36	316	367	244	181	179	164	379	440	292	217	215	197	36	455	528	351	262	247	225	547	634	422	315	297	270
37	326	379	252	187	185	170	391	455	302	224	222	204	37	466	542	360	269	256	233	559	650	432	322	308	280
38	336	391	260	193	191	175	403	469	312	232	230	210	38	478	556	370	276	265	242	574	667	444	332	318	290
39	345	402	268	199	197	180	414	482	321	239	236	216	39	490	571	380	284	274	250	588	685	456	341	329	300
40	355	413	276	205	203	185	426	496	331	246	243	223	40	502	585	389	291	283	258	603	702	467	349	339	310
41	365	425	284	212	209	191	438	510	341	254	251	229	41	514	599	399	298	291	266	617	718	478	358	349	320
42	377	439	294	219	216	197	453	527	353	263	259	237	42	525	613	408	306	299	274	631	735	490	367	359	328
43	391	456	305	228	224	205	469	547	366	273	269	246	43	537	627	418	313	307	281	645	752	501	376	368	337
44	405	472	316	236	233	213	486	566	379	283	279	255	44	549	640	427	321	314	287	658	769	513	385	377	345
45	422	493	330	246	242	222	507	591	396	296	290	266	45	560	654	437	327	321	294	672	785	524	393	385	353
46	440	513	343	258	252	231	528	616	412	310	302	277	46	571	667	446	333	328	300	685	801	535	400	393	360
47	457	534	357	269	262	241	549	641	428	322	314	289	47	582	681	455	340	335	306	699	817	547	408	401	367
48	480	561	375	282	275	252	576	673	450	338	330	303	48	595	697	466	348	342	313	713	836	559	418	411	376
49	502	588	393	295	288	264	603	705	471	355	346	317	49	608	712	477	357	350	320	729	855	572	428	420	384
50	526	615	411	310	302	277	631	738	494	372	362	332	50	621	730	488	365	358	328	746	875	586	439	430	393
51	549	643	430	324	315	289	659	772	516	388	378	347	51	636	747	500	375	367	336	763	896	600	450	440	403
52	579	678	453	341	329	302	695	814	544	409	395	362	52	655	769	516	386	376	344	786	923	619	463	451	413
53	610	714	478	358	350	321	731	856	573	430	420	385	53	674	791	531	398	390	356	808	950	637	478	468	427
54	646	757	507	380	371	339	776	908	608	455	446	407	54	697	820	550	412	404	369	837	984	660	495	485	442
55	704	824	550	412	404	370	845	989	660	495	485	444	55	739	868	582	437	428	391	886	1,042	699	524	514	470
56	745	872	582	436	427	391	894	1,046	698	523	513	469	56	763	897	602	451	443	405	916	1,077	723	542	532	486
57	786	920	614	460	451	412	944	1,104	737	551	541	494	57	790	929	624	468	459	419	949	1,115	748	561	551	503
58	828	968	646	483	474	433	993	1,161	775	579	569	520	58	816	959	643	482	473	432	979	1,150	772	579	568	519
59	871	1,018	679	507	499	456	1,045	1,222	815	609	599	547	59	842	991	665	498	489	446	1,011	1,189	798	598	587	536
60	953	1,114	740	554	546	500	1,144	1,337	888	665	655	600	60	880	1,035	693	520	511	467	1,056	1,242	832	624	613	560
61	975	1,140	758	567	559	511	1,170	1,368	910	680	670	613	61	895	1,052	706	529	520	474	1,074	1,263	847	635	623	569
62	996	1,164	775	579	571	521	1,195	1,396	930	695	685	625	62	909	1,068	717	538	528	481	1,090	1,282	861	645	633	577
63	1,021	1,193	796	593	586	533	1,225	1,431	955	712	703	640	63	924	1,087	731	547	537	489	1,109	1,305	877	656	645	587
64	1,043	1,218	815	606	601	546	1,252	1,462	978	727	721	655	64	939	1,104	743	555	546	496	1,126	1,325	892	666	655	595
65+	1,127	1,316	877	655	645	589	1,352	1,579	1,052	786	775	707	65+	1,008	1,185	795	596	585	533	1,209	1,422	954	715	702	640
Children	Children																								
One Child	201	231	151	112	\$ NA	\$ 104	\$ 241	\$ 277	\$ 181	\$ 135	\$ NA	\$ 125	One Child	\$ 201	\$ 231	\$ 151	\$ 112	\$ NA	\$ 104	\$ 241	\$ 277	\$ 181	\$ 135	\$ NA	\$ 125
2+ Children	511	587	385	286	NA	265	613	704	461	343	NA	317	2+ Children	511	587	385	286	NA	265	613	704	461	343	NA	317

*Idaho Code, Title 41 and Chapter 55

**Age of Applicant or Spouse. Premiums shown are per month.

Eligibility for coverage:

- 1) Individuals who have been declined coverage by Blue Cross of Idaho on the basis of health status or claims experience, or
- 2) Individuals who are offered a health benefit plan by Blue Cross of Idaho that provides coverage substantially similar to coverage under one of these five plans except at a higher premium.
- 3) Eligible dependent children are covered through the last day of the month of their 21st birthday, unless they are a full-time student and financially dependent on their parents, in which case coverage will be extended through the end of the month of their 25th birthday.
- 4) Premiums will be adjusted after the applicant or spouse moves into a new age category at the time the policy renews.