

BLUE CROSS/BLUE SHIELD  
RETIRED/DISABLED DIRECT PAY GROUP

EFFECTIVE JANUARY 1, 2007  
ALL PREMIUM AMOUNTS ARE MONTHLY

	PROGRAM 3 PLUS	DEDUCTIBLE 3 PLUS	IOWA SELECT	IUP SELECT
	<u>PREMIUM</u>	<u>PREMIUM</u>	<u>PREMIUM</u>	<u>PREMIUM</u>

SINGLE (Without Medicare)	580.71	579.94	548.72	578.88
FAMILY (Without Medicare)	1358.85	1357.06	1284.02	1354.54

MEDICARE ELIGIBLE WITH PART D (SilverScript SOI group plan only) Silver Script bills \$22.60 per person

SINGLE (With Medicare)	223.56	NA*	206.23	222.54
FAMILY (BOTH With Medicare)	447.12	NA*	412.46	445.08
FAMILY (1 With and 1 Without Medicare)	804.27	NA*	754.95	801.42
FAMILY (1 With-1 Without Medicare & -MINOR DEPD.)	900.04	NA*	840.47	896.60
FAMILY (BOTH With Medicare -MINOR DEPD.)	542.89	NA*	497.98	540.26
FAMILY (1 With Medicare -MINOR DEPD.)	319.33	NA*	291.75	317.72

MEDICARE ELIGIBLE WITHOUT PART D

SINGLE (With Medicare)	313.60	313.18	296.28	312.58
FAMILY (BOTH With Medicare)	627.20	626.36	592.56	625.16
FAMILY (1 With and 1 Without Medicare)	894.31	893.12	845.00	891.46
FAMILY (1 With-1 Without Medicare & -MINOR DEPD.)	1080.12	1078.70	1020.55	1076.67
FAMILY (BOTH With Medicare -MINOR DEPD.)	813.01	811.94	768.11	810.37
FAMILY (1 With Medicare -MINOR DEPD.)	499.41	498.76	471.83	497.79

\* NOTE: Coordination of pharmacy benefits between this plan and Medicare Part D is not available at this time.

MANAGED CARE RATES FOR RETIREES

ALL PREMIUM AMOUNTS ARE MONTHLY

EFFECTIVE JANUARY 1, 2007	BLUE ACCESS <u>PREMIUM</u>	BLUE ADVANTAGE <u>PREMIUM</u>	UHC CHOICE <u>PREMIUM</u>	UHC HERITAGE SELECT <u>PREMIUM</u>
---------------------------	----------------------------------	-------------------------------------	---------------------------------	---------------------------------------------

SINGLE (Without Medicare)	377.32	368.14	477.70	437.80
FAMILY (Without Medicare)	905.46	883.46	1146.45	1050.71

MEDICARE ELIGIBLE WITH PART D (SilverScript SOI group plan only) Silver Script bills \$22.60 per person

SINGLE (1 With Medicare)	133.37	128.37	NA*	NA*
FAMILY (BOTH With Medicare)	266.74	256.74	NA*	NA*
FAMILY (1W/MED.-1W/O MED.)	510.69	496.51	NA*	NA*
FAMILY(1W/MED.-1W/O MED. -MINOR DEPD.)	560.18	543.04	NA*	NA*
FAMILY(BOTH W/MED. -MINOR DEPD.)	316.23	303.27	NA*	NA*
FAMILY(1W/MED. -MINOR DEPD.)	182.86	174.90	NA*	NA*

MEDICARE ELIGIBLE WITHOUT PART D

SINGLE (1 With Medicare)	205.48	200.48	406.02	289.26
FAMILY (BOTH With Medicare)	410.96	400.96	812.04	578.52
FAMILY (1W/MED.-1W/O MED.)	582.80	568.62	883.72	727.06
FAMILY(1W/MED.-1W/O MED. -MINOR DEPD.)	704.40	687.26	1074.77	894.40
FAMILY(BOTH W/MED. -MINOR DEPD.)	532.56	519.60	1003.09	745.86

FAMILY(1W/MED. -MINOR DEPD.)	327.08	319.12	597.07	456.60
---------------------------------	--------	--------	--------	--------

\* NOTE: Coordination of pharmacy benefits between this plan and Medicare Part D is not available at this time.