

BLUE CROSS/BLUE SHIELD
 RETIRED/DISABLED DIRECT PAY GROUP

EFFECTIVE JANUARY 1, 2009

	PROGRAM 3 PLUS <u>PREMIUM</u>	DEDUCTIBLE 3 PLUS <u>PREMIUM</u>	IOWA SELECT <u>PREMIUM</u>	BLUE ACCESS <u>PREMIUM</u>	BLUE ADVANTAGE <u>PREMIUM</u>	DELTA DENTAL <u>PREMIUM</u>
<u>ALL PREMIUM AMOUNTS ARE MONTHLY</u>						
SINGLE (Without Medicare)	643.23	646.46	640.92	398.49	383.30	26.14
FAMILY (Without Medicare)	1505.17	1512.76	1499.75	932.47	896.94	70.06

MEDICARE ELIGIBLE WITH PART D

PART D PREMIUM FOR IOWA IS AN ADDITIONAL \$31.80 ** PER MEDICARE ELIGIBLE PERSON

SINGLE (With Medicare)	253.97	NA*	253.09	157.59	151.66	
FAMILY (BOTH With Medicare)	507.94	NA*	506.18	315.18	303.32	
FAMILY (1 With and 1 Without Medicare)	897.20	NA*	894.01	556.07	534.96	
FAMILY (1 With-1 Without Medicare & -MINOR DEPD.)	1009.66	NA*	1006.07	625.98	602.28	
FAMILY (BOTH With Medicare -MINOR DEPD.)	620.40	NA*	618.24	385.09	370.64	
FAMILY (1 With Medicare -MINOR DEPD.)	366.43	NA*	365.15	227.50	218.98	

MEDICARE ELIGIBLE WITHOUT PART D

SINGLE (With Medicare)	347.42	349.12	346.10	215.19	206.99	
FAMILY (BOTH With Medicare)	694.84	698.24	692.20	430.38	413.98	
FAMILY (1 With and 1 Without Medicare)	990.65	995.58	987.02	613.68	590.29	
FAMILY (1 With-1 Without Medicare & -MINOR DEPD.)	1196.48	1202.45	1192.10	741.19	712.94	
FAMILY (BOTH With Medicare -MINOR DEPD.)	900.67	905.11	897.28	557.89	536.63	
FAMILY (1 With Medicare -MINOR DEPD.)	553.25	555.99	551.18	342.70	329.64	

**NOTE: * Coordination of pharmacy benefits between this plan and Medicare Part D is not available at this time.
** The Part D premium for states other than Iowa may be different.**