

# Individual Health Plan Rate Book

Products sold ON and OFF the Health Insurance Marketplace  
Effective Jan 1, 2014





Blue Cross Blue Shield  
of Tennessee

CHRIS B  
HALL

Subscriber ID

ABC123456789

Group No. 123456

Copayments:

V 100% Pediatric

D 100% Pediatric

RXBIN 610014

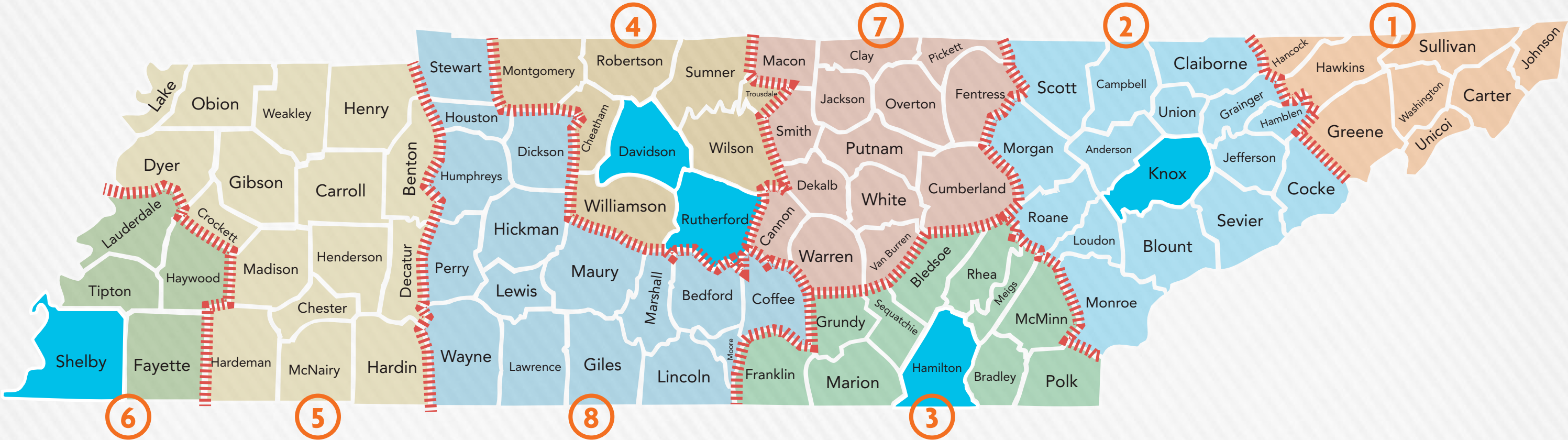
RXGRP BCTCOMM

BLUE NETWORK: S RX04

## WE'RE HERE TO HELP

FOR SUPPORT AND QUESTIONS,  
CALL 1-800-351-9325,  
MONDAY - FRIDAY,  
8 A.M.- 5:15 P.M. ET

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# TOOLS TO BUILD YOUR BUSINESS

Use the tools and resources on BlueAccess<sup>SM</sup> to build your business:

- + Use BlueConnections<sup>SM</sup> to help your client shop for and apply for coverage sold ON and OFF the Federal Health Insurance Marketplace
- + Check the status of individual applications
- + See the commission schedule
- + Access marketing materials and information

## QUICK REFERENCE TO PLAN FEATURES

All BlueCross plans provide benefits for essential care and services:

- + Preventive care and screenings covered at 100% when received from a network provider
- + Doctor and Specialist office visits – with no referral needed
- + Care received as an outpatient (ambulatory patient services)
- + Prescription medicines
- + Emergency services
- + Hospitalizations
- + Maternity and newborn care
- + Dental and vision for members under age 19
- + Treatment for mental health and substance use disorder services, including behavioral health treatment (includes counseling and psychotherapy)

All BlueCross plans also include:

- + 24/7 Nurseline
- + Choice of provider networks
- + Copays that count toward the out-of-pocket maximum
- + No annual or lifetime dollar limits
- + Coverage in Tennessee – and across the world

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REGION

3

## GREATER CHATTANOOGA

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### COUNTIES IN THIS REGION:

Bledsoe

Hamilton

Polk

Bradley

Marion

Rhea

Franklin

McMinn

Sequatchie

Grundy

Meigs

BlueCross Bronze B01 Region 3						
\$2,500 Deductible, 50% Coinsurance, \$6,350 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	79.26	79.26	88.06	88.06	102.73	102.73
21	124.81	143.53	138.68	159.48	161.77	186.04
22	124.81	143.53	138.68	159.48	161.77	186.04
23	124.81	143.53	138.68	159.48	161.77	186.04
24	124.81	143.53	138.68	159.48	161.77	186.04
25	125.31	144.11	139.23	160.11	162.42	186.78
26	127.81	146.98	142.01	163.31	165.66	190.51
27	130.80	150.42	145.34	167.14	169.54	194.97
28	135.66	156.01	150.74	173.35	175.84	202.22
29	139.66	160.61	155.18	178.46	181.03	208.18
30	141.66	162.91	157.40	181.01	183.61	211.15
31	144.65	166.35	160.73	184.84	187.50	215.63
32	147.65	169.80	164.06	188.67	191.38	220.09
33	149.52	171.95	166.14	191.06	193.81	222.88
34	151.52	174.25	168.35	193.60	196.39	225.85
35	152.52	175.40	169.47	194.89	197.69	227.34
36	153.51	176.54	170.57	196.16	198.98	228.83
37	154.51	177.69	171.68	197.43	200.28	230.32
38	155.51	178.84	172.79	198.71	201.56	231.79
39	157.51	181.14	175.01	201.26	204.16	234.78
40	159.51	183.44	177.23	203.81	206.75	237.76
41	162.50	186.88	180.56	207.64	210.63	242.22
42	165.37	190.18	183.74	211.30	214.35	246.50
43	169.37	194.78	188.19	216.42	219.53	252.46
44	174.36	200.51	193.73	222.79	226.00	259.90
45	180.22	207.25	200.25	230.29	233.60	268.64
46	187.22	215.30	208.02	239.22	242.67	279.07
47	195.08	224.34	216.75	249.26	252.85	290.78
48	204.07	234.68	226.74	260.75	264.50	304.18
49	212.93	244.87	236.58	272.07	275.99	317.39
50	222.91	256.35	247.68	284.83	288.93	332.27
51	232.77	267.69	258.63	297.42	301.71	346.97
52	243.62	280.16	270.69	311.29	315.78	363.15
53	254.61	292.80	282.90	325.34	330.02	379.52
54	266.47	306.44	296.07	340.48	345.38	397.19
55	278.32	320.07	309.25	355.64	360.75	414.86
56	291.18	334.86	323.53	372.06	377.42	434.03
57	304.16	349.78	337.96	388.65	394.24	453.38
58	318.01	365.71	353.35	406.35	412.20	474.03
59	324.88	373.61	360.97	415.12	421.09	484.25
60	338.73	389.54	376.36	432.81	439.05	504.91
61	350.71	403.32	389.68	448.13	454.58	522.77
62	358.57	412.36	398.41	458.17	464.77	534.49
63	368.43	423.69	409.37	470.78	477.55	549.18
64	374.30	430.45	415.89	478.27	485.16	557.93
65+	374.30	430.45	415.89	478.27	485.16	557.93

REGION 3 | GREATER CHATTANOOGA

BlueCross Bronze B02 Region 3						
\$4,000 Deductible, 50% Coinsurance, \$6,350 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	68.69	68.69	76.32	76.32	89.03	89.03
21	108.18	124.41	120.20	138.23	140.22	161.25
22	108.18	124.41	120.20	138.23	140.22	161.25
23	108.18	124.41	120.20	138.23	140.22	161.25
24	108.18	124.41	120.20	138.23	140.22	161.25
25	108.61	124.90	120.68	138.78	140.78	161.90
26	110.77	127.39	123.08	141.54	143.58	165.12
27	113.37	130.38	125.97	144.87	146.95	168.99
28	117.59	135.23	130.65	150.25	152.41	175.27
29	121.05	139.21	134.50	154.68	156.91	180.45
30	122.78	141.20	136.42	156.88	159.14	183.01
31	125.38	144.19	139.31	160.21	162.51	186.89
32	127.97	147.17	142.19	163.52	165.87	190.75
33	129.60	149.04	144.00	165.60	167.98	193.18
34	131.32	151.02	145.92	167.81	170.22	195.75
35	132.20	152.03	146.88	168.91	171.35	197.05
36	133.06	153.02	147.84	170.02	172.47	198.34
37	133.92	154.01	148.80	171.12	173.58	199.62
38	134.79	155.01	149.77	172.24	174.71	200.92
39	136.53	157.01	151.70	174.46	176.96	203.50
40	138.25	158.99	153.61	176.65	179.20	206.08
41	140.85	161.98	156.50	179.98	182.56	209.94
42	143.34	164.84	159.26	183.15	185.79	213.66
43	146.80	168.82	163.11	187.58	190.27	218.81
44	151.13	173.80	167.92	193.11	195.88	225.26
45	156.21	179.64	173.57	199.61	202.48	232.85
46	162.27	186.61	180.30	207.35	210.33	241.88
47	169.08	194.44	187.87	216.05	219.16	252.03
48	176.87	203.40	196.52	226.00	229.25	263.64
49	184.55	212.23	205.06	235.82	239.21	275.09
50	193.21	222.19	214.68	246.88	250.43	287.99
51	201.76	232.02	224.17	257.80	261.51	300.74
52	211.17	242.85	234.63	269.82	273.71	314.77
53	220.69	253.79	245.21	281.99	286.05	328.96
54	230.96	265.60	256.62	295.11	299.36	344.26
55	241.24	277.43	268.04	308.25	312.68	359.58
56	252.38	290.24	280.42	322.48	327.13	376.20
57	263.63	303.17	292.93	336.87	341.71	392.97
58	275.64	316.99	306.26	352.20	357.27	410.86
59	281.59	323.83	312.88	359.81	364.99	419.74
60	293.59	337.63	326.21	375.14	380.55	437.63
61	303.99	349.59	337.76	388.42	394.02	453.12
62	310.80	357.42	345.33	397.13	402.85	463.28
63	319.34	367.24	354.83	408.05	413.92	476.01
64	324.43	373.09	360.48	414.55	420.52	483.60
65+	324.43	373.09	360.48	414.55	420.52	483.60

BlueCross Bronze B03 Region 3						
\$4,000 Deductible, 80% Coinsurance, \$6,350 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	76.08	76.08	84.53	84.53	98.61	98.61
21	119.81	137.78	133.12	153.09	155.29	178.58
22	119.81	137.78	133.12	153.09	155.29	178.58
23	119.81	137.78	133.12	153.09	155.29	178.58
24	119.81	137.78	133.12	153.09	155.29	178.58
25	120.29	138.33	133.65	153.70	155.91	179.30
26	122.68	141.08	136.31	156.76	159.02	182.87
27	125.56	144.39	139.51	160.44	162.74	187.15
28	130.24	149.78	144.71	166.42	168.81	194.13
29	134.07	154.18	148.97	171.32	173.78	199.85
30	135.99	156.39	151.09	173.75	176.26	202.70
31	138.86	159.69	154.29	177.43	179.99	206.99
32	141.74	163.00	157.48	181.10	183.71	211.27
33	143.53	165.06	159.48	183.40	186.04	213.95
34	145.45	167.27	161.61	185.85	188.52	216.80
35	146.40	168.36	162.67	187.07	189.76	218.22
36	147.36	169.46	163.74	188.30	191.01	219.66
37	148.32	170.57	164.80	189.52	192.25	221.09
38	149.28	171.67	165.87	190.75	193.49	222.51
39	151.20	173.88	168.00	193.20	195.98	225.38
40	153.11	176.08	170.12	195.64	198.46	228.23
41	155.99	179.39	173.32	199.32	202.19	232.52
42	158.75	182.56	176.39	202.85	205.76	236.62
43	162.58	186.97	180.65	207.75	210.73	242.34
44	167.37	192.48	185.97	213.87	216.94	249.48
45	173.00	198.95	192.22	221.05	224.24	257.88
46	179.72	206.68	199.69	229.64	232.94	267.88
47	187.26	215.35	208.07	239.28	242.72	279.13
48	195.89	225.27	217.65	250.30	253.90	291.99
49	204.40	235.06	227.11	261.18	264.93	304.67
50	213.98	246.08	237.75	273.41	277.35	318.95
51	223.44	256.96	248.27	285.51	289.62	333.06
52	233.87	268.95	259.85	298.83	303.13	348.60
53	244.41	281.07	271.56	312.29	316.79	364.31
54	255.79	294.16	284.22	326.85	331.55	381.28
55	267.17	307.25	296.86	341.39	346.30	398.25
56	279.52	321.45	310.57	357.16	362.30	416.65
57	291.97	335.77	324.41	373.07	378.45	435.22
58	305.27	351.06	339.19	390.07	395.69	455.04
59	311.86	358.64	346.51	398.49	404.22	464.85
60	325.16	373.93	361.29	415.48	421.47	484.69
61	336.66	387.16	374.07	430.18	436.37	501.83
62	344.21	395.84	382.45	439.82	446.15	513.07
63	353.68	406.73	392.97	451.92	458.42	527.18
64	359.30	413.20	399.23	459.11	465.72	535.58
65+	359.30	413.20	399.23	459.11	465.72	535.58



BlueCross Bronze B04 Region 3						
\$5,300 Deductible, 100% Coinsurance, \$5,300 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P MSP & OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	73.57	73.57	81.74	81.74	95.36	95.36
21	115.85	133.23	128.73	148.04	150.17	172.70
22	115.85	133.23	128.73	148.04	150.17	172.70
23	115.85	133.23	128.73	148.04	150.17	172.70
24	115.85	133.23	128.73	148.04	150.17	172.70
25	116.32	133.77	129.24	148.63	150.76	173.37
26	118.63	136.42	131.81	151.58	153.77	176.84
27	121.41	139.62	134.90	155.14	157.37	180.98
28	125.93	144.82	139.92	160.91	163.23	187.71
29	129.64	149.09	144.05	165.66	168.04	193.25
30	131.49	151.21	146.10	168.02	170.43	195.99
31	134.28	154.42	149.20	171.58	174.05	200.16
32	137.06	157.62	152.29	175.13	177.65	204.30
33	138.79	159.61	154.21	177.34	179.90	206.89
34	140.65	161.75	156.27	179.71	182.30	209.65
35	141.57	162.81	157.30	180.90	183.50	211.03
36	142.50	163.88	158.34	182.09	184.71	212.42
37	143.43	164.94	159.36	183.26	185.90	213.79
38	144.36	166.01	160.40	184.46	187.11	215.18
39	146.20	168.13	162.45	186.82	189.51	217.94
40	148.06	170.27	164.51	189.19	191.91	220.70
41	150.84	173.47	167.60	192.74	195.51	224.84
42	153.50	176.53	170.56	196.14	198.97	228.82
43	157.22	180.80	174.68	200.88	203.78	234.35
44	161.85	186.13	179.83	206.80	209.78	241.25
45	167.29	192.38	185.88	213.76	216.84	249.37
46	173.78	199.85	193.09	222.05	225.25	259.04
47	181.08	208.24	201.20	231.38	234.70	269.91
48	189.42	217.83	210.47	242.04	245.52	282.35
49	197.65	227.30	219.61	252.55	256.18	294.61
50	206.91	237.95	229.90	264.39	268.20	308.43
51	216.07	248.48	240.08	276.09	280.06	322.07
52	226.15	260.07	251.28	288.97	293.13	337.10
53	236.34	271.79	262.60	301.99	306.34	352.29
54	247.34	284.44	274.83	316.05	320.60	368.69
55	258.36	297.11	287.06	330.12	334.87	385.10
56	270.29	310.83	300.32	345.37	350.34	402.89
57	282.34	324.69	313.71	360.77	365.96	420.85
58	295.20	339.48	328.00	377.20	382.62	440.01
59	301.56	346.79	335.07	385.33	390.88	449.51
60	314.42	361.58	349.36	401.76	407.54	468.67
61	325.55	374.38	361.72	415.98	421.96	485.25
62	332.85	382.78	369.83	425.30	431.43	496.14
63	342.00	393.30	380.00	437.00	443.29	509.78
64	347.45	399.57	386.05	443.96	450.35	517.90
65+	347.45	399.57	386.05	443.96	450.35	517.90

BlueCross Bronze B05 Region 3				
\$6,250 Deductible, 100% Coinsurance, \$6,250 OOP Max				
Deductible/Coinsurance Office Visit				
Deductible/Coinsurance Prescription Benefit				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	75.24	75.24	87.77	87.77
21	118.49	136.26	138.22	158.95
22	118.49	136.26	138.22	158.95
23	118.49	136.26	138.22	158.95
24	118.49	136.26	138.22	158.95
25	118.96	136.80	138.77	159.59
26	121.33	139.53	141.54	162.77
27	124.18	142.81	144.86	166.59
28	128.79	148.11	150.24	172.78
29	132.59	152.48	154.67	177.87
30	134.49	154.66	156.88	180.41
31	137.32	157.92	160.19	184.22
32	140.17	161.20	163.51	188.04
33	141.95	163.24	165.59	190.43
34	143.85	165.43	167.80	192.97
35	144.79	166.51	168.91	194.25
36	145.73	167.59	170.00	195.50
37	146.68	168.68	171.11	196.78
38	147.63	169.77	172.22	198.05
39	149.53	171.96	174.43	200.59
40	151.42	174.13	176.64	203.14
41	154.27	177.41	179.96	206.95
42	156.99	180.54	183.14	210.61
43	160.78	184.90	187.56	215.69
44	165.53	190.36	193.10	222.07
45	171.09	196.75	199.59	229.53
46	177.73	204.39	207.33	238.43
47	185.20	212.98	216.04	248.45
48	193.72	222.78	225.99	259.89
49	202.13	232.45	235.80	271.17
50	211.61	243.35	246.85	283.88
51	220.97	254.12	257.77	296.44
52	231.28	265.97	269.80	310.27
53	241.71	277.97	281.97	324.27
54	252.97	290.92	295.10	339.37
55	264.22	303.85	308.22	354.45
56	276.42	317.88	322.46	370.83
57	288.75	332.06	336.84	387.37
58	301.90	347.19	352.18	405.01
59	308.41	354.67	359.78	413.75
60	321.57	369.81	375.13	431.40
61	332.94	382.88	388.39	446.65
62	340.40	391.46	397.10	456.67
63	349.76	402.22	408.02	469.22
64	355.34	408.64	414.52	476.70
65+	355.34	408.64	414.52	476.70

BlueCross Bronze B06 Region 3				
\$6,350 Deductible, 100% Coinsurance, \$6,350 OOP Max				
Deductible/Coinsurance Office Visit				
3/75/250 RX Copay with \$500 Specialty RX Copay				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	84.72	84.72	98.83	98.83
21	133.43	153.44	155.65	179.00
22	133.43	153.44	155.65	179.00
23	133.43	153.44	155.65	179.00
24	133.43	153.44	155.65	179.00
25	133.96	154.05	156.27	179.71
26	136.63	157.12	159.39	183.30
27	139.84	160.82	163.13	187.60
28	145.04	166.80	169.19	194.57
29	149.30	171.70	174.17	200.30
30	151.44	174.16	176.67	203.17
31	154.65	177.85	180.40	207.46
32	157.85	181.53	184.14	211.76
33	159.85	183.83	186.47	214.44
34	161.98	186.28	188.96	217.30
35	163.05	187.51	190.21	218.74
36	164.12	188.74	191.46	220.18
37	165.19	189.97	192.70	221.61
38	166.25	191.19	193.94	223.03
39	168.39	193.65	196.44	225.91
40	170.52	196.10	198.92	228.76
41	173.73	199.79	202.66	233.06
42	176.79	203.31	206.24	237.18
43	181.06	208.22	211.22	242.90
44	186.41	214.37	217.45	250.07
45	192.68	221.58	224.77	258.49
46	200.15	230.17	233.49	268.51
47	208.55	239.83	243.29	279.78
48	218.15	250.87	254.49	292.66
49	227.63	261.77	265.54	305.37
50	238.31	274.06	278.00	319.70
51	248.85	286.18	290.29	333.83
52	260.45	299.52	303.83	349.40
53	272.19	313.02	317.53	365.16
54	284.87	327.60	332.32	382.17
55	297.55	342.18	347.11	399.18
56	311.29	357.98	363.13	417.60
57	325.17	373.95	379.33	436.23
58	339.98	390.98	396.60	456.09
59	347.32	399.42	405.16	465.93
60	362.12	416.44	422.44	485.81
61	374.94	431.18	437.39	503.00
62	383.34	440.84	447.19	514.27
63	393.88	452.96	459.48	528.40
64	400.15	460.17	466.80	536.82
65+	400.15	460.17	466.80	536.82

BlueCross Silver S01 Region 3						
\$0 Deductible, 50% Coinsurance, \$6,350 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	105.07	105.07	116.74	116.74	136.19	136.19
21	165.47	190.29	183.85	211.43	214.47	246.64
22	165.47	190.29	183.85	211.43	214.47	246.64
23	165.47	190.29	183.85	211.43	214.47	246.64
24	165.47	190.29	183.85	211.43	214.47	246.64
25	166.13	191.05	184.59	212.28	215.33	247.63
26	169.44	194.86	188.26	216.50	219.62	252.56
27	173.41	199.42	192.68	221.58	224.77	258.49
28	179.86	206.84	199.84	229.82	233.12	268.09
29	185.15	212.92	205.73	236.59	239.99	275.99
30	187.80	215.97	208.67	239.97	243.42	279.93
31	191.77	220.54	213.08	245.04	248.57	285.86
32	195.75	225.11	217.50	250.13	253.72	291.78
33	198.23	227.96	220.25	253.29	256.94	295.48
34	200.88	231.01	223.20	256.68	260.37	299.43
35	202.20	232.53	224.67	258.37	262.09	301.40
36	203.53	234.06	226.14	260.06	263.80	303.37
37	204.85	235.58	227.61	261.75	265.52	305.35
38	206.17	237.10	229.08	263.44	267.24	307.33
39	208.81	240.13	232.01	266.81	270.66	311.26
40	211.46	243.18	234.96	270.20	274.09	315.20
41	215.43	247.74	239.37	275.28	279.24	321.13
42	219.24	252.13	243.60	280.14	284.17	326.80
43	224.54	258.22	249.49	286.91	291.04	334.70
44	231.16	265.83	256.84	295.37	299.62	344.56
45	238.93	274.77	265.48	305.30	309.69	356.14
46	248.20	285.43	275.77	317.14	321.71	369.97
47	258.63	297.42	287.36	330.46	335.22	385.50
48	270.53	311.11	300.59	345.68	350.66	403.26
49	282.29	324.63	313.65	360.70	365.89	420.77
50	295.52	339.85	328.35	377.60	383.04	440.50
51	308.59	354.88	342.88	394.31	399.99	459.99
52	322.99	371.44	358.87	412.70	418.64	481.44
53	337.55	388.18	375.06	431.32	437.52	503.15
54	353.27	406.26	392.52	451.40	457.89	526.57
55	368.99	424.34	409.99	471.49	478.27	550.01
56	386.03	443.93	428.92	493.26	500.36	575.41
57	403.24	463.73	448.04	515.25	522.66	601.06
58	421.61	484.85	468.45	538.72	546.47	628.44
59	430.70	495.31	478.56	550.34	558.26	642.00
60	449.07	516.43	498.97	573.82	582.08	669.39
61	464.96	534.70	516.62	594.11	602.66	693.06
62	475.38	546.69	528.20	607.43	616.18	708.61
63	488.45	561.72	542.72	624.13	633.11	728.08
64	496.23	570.66	551.37	634.08	643.20	739.68
65+	496.23	570.66	551.37	634.08	643.20	739.68

BlueCross Silver S02 Region 3						
\$1,000 Deductible, 50% Coinsurance, \$6,250 OOP Max						
Deductible/Coinsurance Office Visit						
\$3 Generics, 50% Coinsurance on Brands and Specialty RX						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	96.75	96.75	107.50	107.50	125.40	125.40
21	152.35	175.20	169.28	194.67	197.48	227.10
22	152.35	175.20	169.28	194.67	197.48	227.10
23	152.35	175.20	169.28	194.67	197.48	227.10
24	152.35	175.20	169.28	194.67	197.48	227.10
25	152.96	175.90	169.96	195.45	198.27	228.01
26	156.01	179.41	173.35	199.35	202.22	232.55
27	159.66	183.61	177.40	204.01	206.95	237.99
28	165.61	190.45	184.01	211.61	214.66	246.86
29	170.48	196.05	189.43	217.84	220.97	254.12
30	172.92	198.86	192.14	220.96	224.14	257.76
31	176.58	203.07	196.20	225.63	228.88	263.21
32	180.23	207.26	200.26	230.30	233.61	268.65
33	182.52	209.90	202.80	233.22	236.58	272.07
34	184.96	212.70	205.51	236.34	239.74	275.70
35	186.18	214.11	206.87	237.90	241.32	277.52
36	187.39	215.50	208.21	239.44	242.89	279.32
37	188.61	216.90	209.57	241.01	244.47	281.14
38	189.83	218.30	210.92	242.56	246.05	282.96
39	192.27	221.11	213.63	245.67	249.21	286.59
40	194.71	223.92	216.34	248.79	252.38	290.24
41	198.37	228.13	220.41	253.47	257.12	295.69
42	201.87	232.15	224.30	257.95	261.66	300.91
43	206.75	237.76	229.72	264.18	267.98	308.18
44	212.84	244.77	236.49	271.96	275.87	317.25
45	220.00	253.00	244.44	281.11	285.16	327.93
46	228.54	262.82	253.93	292.02	296.22	340.65
47	238.13	273.85	264.59	304.28	308.65	354.95
48	249.10	286.47	276.78	318.30	322.88	371.31
49	259.91	298.90	288.79	332.11	336.89	387.42
50	272.10	312.92	302.34	347.69	352.69	405.59
51	284.14	326.76	315.71	363.07	368.29	423.53
52	297.40	342.01	330.44	380.01	385.48	443.30
53	310.81	357.43	345.34	397.14	402.86	463.29
54	325.28	374.07	361.42	415.63	421.61	484.85
55	339.75	390.71	377.50	434.13	440.37	506.43
56	355.44	408.76	394.94	454.18	460.72	529.83
57	371.29	426.98	412.54	474.42	481.25	553.44
58	388.20	446.43	431.33	496.03	503.17	578.65
59	396.58	456.07	440.64	506.74	514.03	591.13
60	413.49	475.51	459.43	528.34	535.95	616.34
61	428.12	492.34	475.68	547.03	554.91	638.15
62	437.72	503.38	486.35	559.30	567.35	652.45
63	449.75	517.21	499.73	574.69	582.96	670.40
64	456.92	525.46	507.68	583.83	592.24	681.08
65+	456.92	525.46	507.68	583.83	592.24	681.08

BlueCross Silver S03 Region 3				
\$1,000 Deductible, 50% Coinsurance, \$6,350 OOP Max				
\$60/\$100 Office Visit Copay				
\$3 Generics, 50% Coinsurance on Brands and Specialty RX				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	128.02	128.02	149.34	149.34
21	201.60	231.84	235.18	270.46
22	201.60	231.84	235.18	270.46
23	201.60	231.84	235.18	270.46
24	201.60	231.84	235.18	270.46
25	202.41	232.77	236.12	271.54
26	206.44	237.41	240.82	276.94
27	211.28	242.97	246.47	283.44
28	219.14	252.01	255.64	293.99
29	225.60	259.44	263.17	302.65
30	228.82	263.14	266.93	306.97
31	233.66	268.71	272.58	313.47
32	238.50	274.28	278.22	319.95
33	241.52	277.75	281.75	324.01
34	244.74	281.45	285.51	328.34
35	246.36	283.31	287.39	330.50
36	247.97	285.17	289.27	332.66
37	249.58	287.02	291.15	334.82
38	251.20	288.88	293.04	337.00
39	254.42	292.58	296.80	341.32
40	257.65	296.30	300.56	345.64
41	262.49	301.86	306.20	352.13
42	267.12	307.19	311.61	358.35
43	273.58	314.62	319.14	367.01
44	281.64	323.89	328.55	377.83
45	291.12	334.79	339.60	390.54
46	302.40	347.76	352.77	405.69
47	315.10	362.37	367.58	422.72
48	329.62	379.06	384.52	442.20
49	343.94	395.53	401.22	461.40
50	360.06	414.07	420.03	483.03
51	375.99	432.39	438.61	504.40
52	393.52	452.55	459.07	527.93
53	411.27	472.96	479.76	551.72
54	430.42	494.98	502.11	577.43
55	449.57	517.01	524.44	603.11
56	470.34	540.89	548.68	630.98
57	491.31	565.01	573.13	659.10
58	513.68	590.73	599.24	689.13
59	524.77	603.49	612.17	704.00
60	547.15	629.22	638.27	734.01
61	566.50	651.48	660.86	759.99
62	579.20	666.08	675.67	777.02
63	595.13	684.40	694.25	798.39
64	604.60	695.29	705.30	811.10
65+	604.60	695.29	705.30	811.10

BlueCross Silver S04 Region 3						
\$2,000 Deductible, 50% Coinsurance, \$4,000 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	89.53	89.53	99.47	99.47	116.04	116.04
21	140.99	162.14	156.65	180.15	182.74	210.15
22	140.99	162.14	156.65	180.15	182.74	210.15
23	140.99	162.14	156.65	180.15	182.74	210.15
24	140.99	162.14	156.65	180.15	182.74	210.15
25	141.55	162.78	157.28	180.87	183.48	211.00
26	144.37	166.03	160.41	184.47	187.12	215.19
27	147.75	169.91	164.17	188.80	191.51	220.24
28	153.25	176.24	170.28	195.82	198.64	228.44
29	157.76	181.42	175.29	201.58	204.49	235.16
30	160.02	184.02	177.80	204.47	207.41	238.52
31	163.40	187.91	181.56	208.79	211.79	243.56
32	166.79	191.81	185.32	213.12	216.19	248.62
33	168.90	194.24	187.66	215.81	218.92	251.76
34	171.15	196.82	190.17	218.70	221.84	255.12
35	172.29	198.13	191.43	220.14	223.31	256.81
36	173.41	199.42	192.68	221.58	224.77	258.49
37	174.54	200.72	193.94	223.03	226.24	260.18
38	175.67	202.02	195.18	224.46	227.69	261.84
39	177.92	204.61	197.69	227.34	230.62	265.21
40	180.18	207.21	200.20	230.23	233.54	268.57
41	183.57	211.11	203.96	234.55	237.93	273.62
42	186.81	214.83	207.56	238.69	242.13	278.45
43	191.32	220.02	212.58	244.47	247.98	285.18
44	196.96	226.50	218.84	251.67	255.29	293.58
45	203.59	234.13	226.21	260.14	263.88	303.46
46	211.48	243.20	234.98	270.23	274.11	315.23
47	220.36	253.41	244.85	281.58	285.63	328.47
48	230.51	265.09	256.13	294.55	298.78	343.60
49	240.52	276.60	267.25	307.34	311.76	358.52
50	251.80	289.57	279.78	321.75	326.38	375.34
51	262.94	302.38	292.15	335.97	340.81	391.93
52	275.20	316.48	305.78	351.65	356.71	410.22
53	287.61	330.75	319.56	367.49	372.79	428.71
54	301.01	346.16	334.45	384.62	390.15	448.67
55	314.40	361.56	349.33	401.73	407.51	468.64
56	328.92	378.26	365.46	420.28	426.33	490.28
57	343.58	395.12	381.75	439.01	445.34	512.14
58	359.23	413.11	399.15	459.02	465.63	535.47
59	366.99	422.04	407.76	468.92	475.68	547.03
60	382.63	440.02	425.15	488.92	495.96	570.35
61	396.17	455.60	440.19	506.22	513.50	590.53
62	405.06	465.82	450.06	517.57	525.02	603.77
63	416.19	478.62	462.43	531.79	539.45	620.37
64	422.82	486.24	469.80	540.27	548.04	630.25
65+	422.82	486.24	469.80	540.27	548.04	630.25

BlueCross Silver S05 Region 3				
\$2,000 Deductible, 50% Coinsurance, \$6,350 OOP Max				
\$40/\$70 Office Visit Copay				
\$3 Generics, 50% Coinsurance on Brands and Specialty RX				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	125.31	125.31	146.18	146.18
21	197.34	226.94	230.21	264.74
22	197.34	226.94	230.21	264.74
23	197.34	226.94	230.21	264.74
24	197.34	226.94	230.21	264.74
25	198.14	227.86	231.14	265.81
26	202.08	232.39	235.73	271.09
27	206.82	237.84	241.27	277.46
28	214.51	246.69	250.24	287.78
29	220.83	253.95	257.60	296.24
30	223.98	257.58	261.29	300.48
31	228.72	263.03	266.82	306.84
32	233.46	268.48	272.34	313.19
33	236.42	271.88	275.79	317.16
34	239.57	275.51	279.48	321.40
35	241.15	277.32	281.32	323.52
36	242.73	279.14	283.16	325.63
37	244.31	280.96	285.00	327.75
38	245.89	282.77	286.84	329.87
39	249.05	286.41	290.53	334.11
40	252.21	290.04	294.21	338.34
41	256.94	295.48	299.73	344.69
42	261.48	300.70	305.03	350.78
43	267.80	307.97	312.40	359.26
44	275.69	317.04	321.60	369.84
45	284.96	327.70	332.42	382.28
46	296.01	340.41	345.32	397.12
47	308.44	354.71	359.81	413.78
48	322.65	371.05	376.39	432.85
49	336.67	387.17	392.74	451.65
50	352.45	405.32	411.16	472.83
51	368.05	423.26	429.35	493.75
52	385.21	442.99	449.37	516.78
53	402.58	462.97	469.64	540.09
54	421.32	484.52	491.50	565.23
55	440.07	506.08	513.37	590.38
56	460.40	529.46	537.08	617.64
57	480.93	553.07	561.03	645.18
58	502.83	578.25	586.58	674.57
59	513.68	590.73	599.24	689.13
60	535.59	615.93	624.79	718.51
61	554.53	637.71	646.89	743.92
62	566.97	652.02	661.40	760.61
63	582.55	669.93	679.58	781.52
64	591.84	680.62	690.41	793.97
65+	591.84	680.62	690.41	793.97



BlueCross Silver S06 Region 3				
\$2,000 Deductible, 50% Coinsurance, \$6,350 OOP Max				
\$55/\$95 Office Visit Copay				
3/50/100 RX Copay with \$200 Specialty RX Copay				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	133.10	133.10	155.27	155.27
21	209.61	241.05	244.52	281.20
22	209.61	241.05	244.52	281.20
23	209.61	241.05	244.52	281.20
24	209.61	241.05	244.52	281.20
25	210.45	242.02	245.50	282.33
26	214.64	246.84	250.39	287.95
27	219.66	252.61	256.25	294.69
28	227.84	262.02	265.79	305.66
29	234.55	269.73	273.62	314.66
30	237.90	273.59	277.52	319.15
31	242.93	279.37	283.39	325.90
32	247.97	285.17	289.27	332.66
33	251.11	288.78	292.94	336.88
34	254.46	292.63	296.84	341.37
35	256.14	294.56	298.80	343.62
36	257.82	296.49	300.76	345.87
37	259.49	298.41	302.71	348.12
38	261.17	300.35	304.67	350.37
39	264.53	304.21	308.59	354.88
40	267.88	308.06	312.49	359.36
41	272.91	313.85	318.36	366.11
42	277.73	319.39	323.99	372.59
43	284.44	327.11	331.81	381.58
44	292.82	336.74	341.59	392.83
45	302.67	348.07	353.08	406.04
46	314.41	361.57	366.78	421.80
47	327.62	376.76	382.18	439.51
48	342.71	394.12	399.79	459.76
49	357.58	411.22	417.14	479.71
50	374.36	430.51	436.71	502.22
51	390.92	449.56	456.03	524.43
52	409.16	470.53	477.30	548.90
53	427.60	491.74	498.81	573.63
54	447.51	514.64	522.04	600.35
55	467.43	537.54	545.28	627.07
56	489.01	562.36	570.46	656.03
57	510.81	587.43	595.89	685.27
58	534.08	614.19	623.03	716.48
59	545.61	627.45	636.48	731.95
60	568.88	654.21	663.62	763.16
61	589.00	677.35	687.10	790.17
62	602.20	692.53	702.50	807.88
63	618.76	711.57	721.82	830.09
64	628.61	722.90	733.30	843.30
65+	628.61	722.90	733.30	843.30

BlueCross Silver S07 Region 3						
\$1,500 Deductible, 70% Coinsurance, \$6,350 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
Age	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	101.34	101.34	112.60	112.60	131.35	131.35
21	159.58	183.52	177.32	203.92	206.85	237.88
22	159.58	183.52	177.32	203.92	206.85	237.88
23	159.58	183.52	177.32	203.92	206.85	237.88
24	159.58	183.52	177.32	203.92	206.85	237.88
25	160.22	184.25	178.02	204.72	207.67	238.82
26	163.42	187.93	181.58	208.82	211.82	243.59
27	167.24	192.33	185.82	213.69	216.77	249.29
28	173.47	199.49	192.75	221.66	224.85	258.58
29	178.58	205.37	198.42	228.18	231.46	266.18
30	181.13	208.30	201.25	231.44	234.77	269.99
31	184.96	212.70	205.51	236.34	239.74	275.70
32	188.79	217.11	209.76	241.22	244.70	281.41
33	191.18	219.86	212.42	244.28	247.80	284.97
34	193.73	222.79	215.26	247.55	251.11	288.78
35	195.01	224.26	216.68	249.18	252.77	290.69
36	196.29	225.73	218.10	250.82	254.42	292.58
37	197.57	227.21	219.52	252.45	256.08	294.49
38	198.84	228.67	220.93	254.07	257.73	296.39
39	201.40	231.61	223.78	257.35	261.05	300.21
40	203.95	234.54	226.61	260.60	264.36	304.01
41	207.78	238.95	230.86	265.49	269.31	309.71
42	211.45	243.17	234.95	270.19	274.08	315.19
43	216.56	249.04	240.62	276.71	280.70	322.81
44	222.94	256.38	247.71	284.87	288.97	332.32
45	230.44	265.01	256.05	294.46	298.69	343.49
46	239.38	275.29	265.98	305.88	310.28	356.82
47	249.43	286.84	277.15	318.72	323.31	371.81
48	260.93	300.07	289.92	333.41	338.20	388.93
49	272.25	313.09	302.50	347.88	352.88	405.81
50	285.02	327.77	316.69	364.19	369.43	424.84
51	297.63	342.27	330.70	380.31	385.77	443.64
52	311.51	358.24	346.12	398.04	403.77	464.34
53	325.56	374.39	361.73	415.99	421.97	485.27
54	340.71	391.82	378.57	435.36	441.62	507.86
55	355.87	409.25	395.41	454.72	461.27	530.46
56	372.31	428.16	413.68	475.73	482.58	554.97
57	388.90	447.24	432.12	496.94	504.09	579.70
58	406.62	467.61	451.80	519.57	527.05	606.11
59	415.40	477.71	461.55	530.78	538.42	619.18
60	433.12	498.09	481.24	553.43	561.39	645.60
61	448.43	515.69	498.26	573.00	581.24	668.43
62	458.48	527.25	509.43	585.84	594.27	683.41
63	471.10	541.77	523.44	601.96	610.62	702.21
64	478.60	550.39	531.77	611.54	620.34	713.39
65+	478.60	550.39	531.77	611.54	620.34	713.39

REGION 3 | GREATER CHATTANOOGA

BlueCross Silver S08 Region 3						
\$2,000 Deductible, 80% Coinsurance, \$5,000 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	101.16	101.16	112.40	112.40	131.12	131.12
21	159.30	183.20	177.00	203.55	206.48	237.45
22	159.30	183.20	177.00	203.55	206.48	237.45
23	159.30	183.20	177.00	203.55	206.48	237.45
24	159.30	183.20	177.00	203.55	206.48	237.45
25	159.93	183.92	177.70	204.36	207.30	238.40
26	163.12	187.59	181.25	208.44	211.43	243.14
27	166.95	191.99	185.50	213.33	216.39	248.85
28	173.16	199.13	192.40	221.26	224.44	258.11
29	178.25	204.99	198.06	227.77	231.05	265.71
30	180.81	207.93	200.90	231.04	234.35	269.50
31	184.62	212.31	205.13	235.90	239.30	275.20
32	188.45	216.72	209.38	240.79	244.26	280.90
33	190.84	219.47	212.05	243.86	247.36	284.46
34	193.39	222.40	214.87	247.10	250.66	288.26
35	194.66	223.86	216.29	248.73	252.31	290.16
36	195.94	225.33	217.71	250.37	253.97	292.07
37	197.21	226.79	219.12	251.99	255.62	293.96
38	198.48	228.25	220.53	253.61	257.27	295.86
39	201.03	231.18	223.37	256.88	260.57	299.66
40	203.59	234.13	226.21	260.14	263.88	303.46
41	207.40	238.51	230.45	265.02	268.83	309.15
42	211.07	242.73	234.52	269.70	273.58	314.62
43	216.17	248.60	240.18	276.21	280.19	322.22
44	222.54	255.92	247.27	284.36	288.45	331.72
45	230.03	264.53	255.58	293.92	298.15	342.87
46	238.95	274.79	265.50	305.33	309.71	356.17
47	248.98	286.33	276.65	318.15	322.72	371.13
48	260.45	299.52	289.39	332.80	337.59	388.23
49	271.76	312.52	301.96	347.25	352.25	405.09
50	284.51	327.19	316.12	363.54	368.77	424.09
51	297.09	341.65	330.10	379.62	385.07	442.83
52	310.95	357.59	345.50	397.33	403.04	463.50
53	324.96	373.70	361.07	415.23	421.21	484.39
54	340.10	391.12	377.89	434.57	440.83	506.95
55	355.24	408.53	394.71	453.92	460.44	529.51
56	371.64	427.39	412.93	474.87	481.71	553.97
57	388.21	446.44	431.34	496.04	503.18	578.66
58	405.89	466.77	450.99	518.64	526.10	605.02
59	414.65	476.85	460.72	529.83	537.45	618.07
60	432.33	497.18	480.37	552.43	560.37	644.43
61	447.63	514.77	497.36	571.96	580.20	667.23
62	457.66	526.31	508.52	584.80	593.21	682.19
63	470.24	540.78	522.49	600.86	609.51	700.94
64	477.74	549.40	530.82	610.44	619.23	712.11
65+	477.74	549.40	530.82	610.44	619.23	712.11

BlueCross Silver S09 Region 3						
\$2,500 Deductible, 80% Coinsurance, \$4,500 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P MSP & OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	93.19	93.19	103.55	103.55	120.80	120.80
21	146.76	168.77	163.07	187.53	190.23	218.76
22	146.76	168.77	163.07	187.53	190.23	218.76
23	146.76	168.77	163.07	187.53	190.23	218.76
24	146.76	168.77	163.07	187.53	190.23	218.76
25	147.35	169.45	163.72	188.28	190.98	219.63
26	150.28	172.82	166.98	192.03	194.79	224.01
27	153.81	176.88	170.90	196.54	199.36	229.26
28	159.53	183.46	177.26	203.85	206.78	237.80
29	164.23	188.86	182.48	209.85	212.87	244.80
30	166.57	191.56	185.08	212.84	215.90	248.29
31	170.10	195.62	189.00	217.35	220.48	253.55
32	173.62	199.66	192.91	221.85	225.04	258.80
33	175.82	202.19	195.36	224.66	227.90	262.09
34	178.17	204.90	197.96	227.65	230.93	265.57
35	179.34	206.24	199.27	229.16	232.46	267.33
36	180.52	207.60	200.58	230.67	233.98	269.08
37	181.69	208.94	201.88	232.16	235.51	270.84
38	182.86	210.29	203.18	233.66	237.02	272.57
39	185.21	212.99	205.79	236.66	240.07	276.08
40	187.56	215.69	208.40	239.66	243.11	279.58
41	191.09	219.75	212.32	244.17	247.68	284.83
42	194.46	223.63	216.06	248.47	252.05	289.86
43	199.15	229.02	221.28	254.47	258.13	296.85
44	205.02	235.77	227.80	261.97	265.75	305.61
45	211.92	243.71	235.47	270.79	274.69	315.89
46	220.15	253.17	244.61	281.30	285.35	328.15
47	229.39	263.80	254.88	293.11	297.33	341.93
48	239.96	275.95	266.62	306.61	311.02	357.67
49	250.38	287.94	278.19	319.92	324.53	373.21
50	262.12	301.44	291.24	334.93	339.75	390.71
51	273.71	314.77	304.13	349.75	354.78	408.00
52	286.48	329.45	318.31	366.06	371.32	427.02
53	299.39	344.30	332.66	382.56	388.07	446.28
54	313.33	360.33	348.15	400.37	406.13	467.05
55	327.28	376.37	363.64	418.19	424.21	487.84
56	342.39	393.75	380.44	437.51	443.80	510.37
57	357.66	411.31	397.40	457.01	463.58	533.12
58	373.95	430.04	415.50	477.83	484.70	557.41
59	382.02	439.32	424.47	488.14	495.17	569.45
60	398.31	458.06	442.57	508.96	516.28	593.72
61	412.40	474.26	458.22	526.95	534.54	614.72
62	421.64	484.89	468.49	538.76	546.52	628.50
63	433.24	498.23	481.37	553.58	561.55	645.78
64	440.14	506.16	489.04	562.40	570.49	656.06
65+	440.14	506.16	489.04	562.40	570.49	656.06

REGION 3 | GREATER CHATTANOOGA

BlueCross Silver S10 Region 3				
\$2,500 Deductible, 80% Coinsurance, \$5,500 OOP Max				
Deductible/Coinsurance Office Visit				
8/35/60 RX Copay with \$500 Brand Ded and \$120 Spec RX Copay				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	113.23	113.23	132.09	132.09
21	178.31	205.06	208.01	239.21
22	178.31	205.06	208.01	239.21
23	178.31	205.06	208.01	239.21
24	178.31	205.06	208.01	239.21
25	179.03	205.88	208.85	240.18
26	182.59	209.98	213.00	244.95
27	186.87	214.90	217.99	250.69
28	193.83	222.90	226.11	260.03
29	199.53	229.46	232.76	267.67
30	202.39	232.75	236.09	271.50
31	206.66	237.66	241.08	277.24
32	210.94	242.58	246.08	282.99
33	213.62	245.66	249.20	286.58
34	216.47	248.94	252.52	290.40
35	217.90	250.59	254.19	292.32
36	219.32	252.22	255.85	294.23
37	220.75	253.86	257.51	296.14
38	222.18	255.51	259.18	298.06
39	225.04	258.80	262.52	301.90
40	227.88	262.06	265.84	305.72
41	232.16	266.98	270.83	311.45
42	236.26	271.70	275.61	316.95
43	241.97	278.27	282.28	324.62
44	249.11	286.48	290.60	334.19
45	257.48	296.10	300.36	345.41
46	267.47	307.59	312.02	358.82
47	278.71	320.52	325.13	373.90
48	291.54	335.27	340.10	391.12
49	304.20	349.83	354.87	408.10
50	318.47	366.24	371.51	427.24
51	332.55	382.43	387.94	446.13
52	348.07	400.28	406.04	466.95
53	363.76	418.32	424.35	488.00
54	380.70	437.81	444.11	510.73
55	397.64	457.29	463.87	533.45
56	416.01	478.41	485.30	558.10
57	434.55	499.73	506.92	582.96
58	454.34	522.49	530.01	609.51
59	464.15	533.77	541.45	622.67
60	483.94	556.53	564.54	649.22
61	501.06	576.22	584.52	672.20
62	512.29	589.13	597.61	687.25
63	526.38	605.34	614.05	706.16
64	534.77	614.99	623.83	717.40
65+	534.77	614.99	623.83	717.40

BlueCross Silver S11 Region 3						
\$2,500 Deductible, 80% Coinsurance, \$5,500 OOP Max						
Deductible/Coinsurance Office Visit						
8/35/60 RX Copay with \$120 Specialty RX Copay						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P MSP & OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	108.82	108.82	120.91	120.91	141.05	141.05
21	171.38	197.09	190.42	218.98	222.14	255.46
22	171.38	197.09	190.42	218.98	222.14	255.46
23	171.38	197.09	190.42	218.98	222.14	255.46
24	171.38	197.09	190.42	218.98	222.14	255.46
25	172.07	197.88	191.19	219.87	223.03	256.48
26	175.49	201.81	194.99	224.24	227.47	261.59
27	179.60	206.54	199.56	229.49	232.80	267.72
28	186.29	214.23	206.99	238.04	241.47	277.69
29	191.77	220.54	213.08	245.04	248.57	285.86
30	194.52	223.70	216.13	248.55	252.13	289.95
31	198.63	228.42	220.70	253.81	257.46	296.08
32	202.74	233.15	225.27	259.06	262.79	302.21
33	205.31	236.11	228.12	262.34	266.12	306.04
34	208.06	239.27	231.17	265.85	269.67	310.12
35	209.42	240.83	232.69	267.59	271.45	312.17
36	210.80	242.42	234.22	269.35	273.23	314.21
37	212.17	244.00	235.74	271.10	275.00	316.25
38	213.54	245.57	237.27	272.86	276.79	318.31
39	216.28	248.72	240.31	276.36	280.33	322.38
40	219.02	251.87	243.36	279.86	283.89	326.47
41	223.13	256.60	247.93	285.12	289.22	332.60
42	227.08	261.14	252.31	290.16	294.34	338.49
43	232.56	267.44	258.40	297.16	301.44	346.66
44	239.42	275.33	266.02	305.92	310.32	356.87
45	247.47	284.59	274.97	316.22	320.77	368.89
46	257.07	295.63	285.64	328.49	333.21	383.19
47	267.87	308.05	297.63	342.27	347.20	399.28
48	280.20	322.23	311.34	358.04	363.19	417.67
49	292.37	336.23	324.86	373.59	378.96	435.80
50	306.09	352.00	340.09	391.10	396.74	456.25
51	319.62	367.56	355.14	408.41	414.28	476.42
52	334.54	384.72	371.71	427.47	433.62	498.66
53	349.62	402.06	388.46	446.73	453.16	521.13
54	365.90	420.79	406.55	467.53	474.27	545.41
55	382.18	439.51	424.64	488.34	495.37	569.68
56	399.83	459.80	444.25	510.89	518.25	595.99
57	417.65	480.30	464.06	533.67	541.35	622.55
58	436.68	502.18	485.20	557.98	566.01	650.91
59	446.10	513.02	495.67	570.02	578.23	664.96
60	465.13	534.90	516.81	594.33	602.89	693.32
61	481.58	553.82	535.09	615.35	624.20	717.83
62	492.38	566.24	547.09	629.15	638.21	733.94
63	505.92	581.81	562.13	646.45	655.75	754.11
64	513.97	591.07	571.07	656.73	666.19	766.12
65+	513.97	591.07	571.07	656.73	666.19	766.12

BlueCross Silver S12 Region 3						
\$4,000 Deductible, 80% Coinsurance, \$5,500 OOP Max						
\$10 Office Visit Copay						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P MSP & OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	107.02	107.02	118.91	118.91	138.72	138.72
21	168.53	193.81	187.26	215.35	218.45	251.22
22	168.53	193.81	187.26	215.35	218.45	251.22
23	168.53	193.81	187.26	215.35	218.45	251.22
24	168.53	193.81	187.26	215.35	218.45	251.22
25	169.20	194.58	188.00	216.20	219.31	252.21
26	172.57	198.46	191.75	220.51	223.68	257.23
27	176.62	203.11	196.25	225.69	228.93	263.27
28	183.19	210.67	203.55	234.08	237.45	273.07
29	188.59	216.88	209.54	240.97	244.44	281.11
30	191.29	219.98	212.54	244.42	247.94	285.13
31	195.33	224.63	217.03	249.58	253.18	291.16
32	199.37	229.28	221.52	254.75	258.42	297.18
33	201.91	232.20	224.34	257.99	261.70	300.96
34	204.60	235.29	227.33	261.43	265.19	304.97
35	205.95	236.84	228.83	263.15	266.94	306.98
36	207.30	238.40	230.33	264.88	268.69	308.99
37	208.64	239.94	231.82	266.59	270.43	310.99
38	209.99	241.49	233.32	268.32	272.18	313.01
39	212.69	244.59	236.32	271.77	275.68	317.03
40	215.38	247.69	239.31	275.21	279.17	321.05
41	219.42	252.33	243.80	280.37	284.41	327.07
42	223.30	256.80	248.11	285.33	289.43	332.84
43	228.70	263.01	254.11	292.23	296.44	340.91
44	235.44	270.76	261.59	300.83	305.16	350.93
45	243.36	279.86	270.40	310.96	315.44	362.76
46	252.80	290.72	280.89	323.02	327.67	376.82
47	263.42	302.93	292.68	336.58	341.43	392.64
48	275.55	316.88	306.17	352.10	357.16	410.73
49	287.51	330.64	319.46	367.38	372.66	428.56
50	301.00	346.15	334.44	384.61	390.14	448.66
51	314.31	361.46	349.23	401.61	407.40	468.51
52	328.97	378.32	365.52	420.35	426.40	490.36
53	343.81	395.38	382.01	439.31	445.63	512.47
54	359.82	413.79	399.80	459.77	466.38	536.34
55	375.83	432.20	417.59	480.23	487.14	560.21
56	393.18	452.16	436.87	502.40	509.63	586.07
57	410.71	472.32	456.34	524.79	532.35	612.20
58	429.42	493.83	477.13	548.70	556.60	640.09
59	438.69	504.49	487.43	560.54	568.62	653.91
60	457.39	526.00	508.22	584.45	592.86	681.79
61	473.57	544.61	526.19	605.12	613.83	705.90
62	484.19	556.82	537.99	618.69	627.59	721.73
63	497.50	572.13	552.78	635.70	644.85	741.58
64	505.43	581.24	561.59	645.83	655.12	753.39
65+	505.43	581.24	561.59	645.83	655.12	753.39

BlueCross Silver S13 Region 3				
\$4,000 Deductible, 80% Coinsurance, \$5,500 OOP Max				
\$10 Office Visit Copay				
3/100/250 RX Copay with \$500 Specialty RX Copay				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	126.04	126.04	147.03	147.03
21	198.48	228.25	231.53	266.26
22	198.48	228.25	231.53	266.26
23	198.48	228.25	231.53	266.26
24	198.48	228.25	231.53	266.26
25	199.27	229.16	232.46	267.33
26	203.24	233.73	237.09	272.65
27	208.00	239.20	242.64	279.04
28	215.74	248.10	251.68	289.43
29	222.09	255.40	259.08	297.94
30	225.27	259.06	262.79	302.21
31	230.03	264.53	268.34	308.59
32	234.79	270.01	273.90	314.99
33	237.77	273.44	277.38	318.99
34	240.95	277.09	281.08	323.24
35	242.54	278.92	282.93	325.37
36	244.12	280.74	284.78	327.50
37	245.71	282.57	286.63	329.62
38	247.30	284.40	288.49	331.76
39	250.47	288.04	292.19	336.02
40	253.65	291.70	295.89	340.27
41	258.42	297.18	301.46	346.68
42	262.98	302.43	306.78	352.80
43	269.33	309.73	314.19	361.32
44	277.27	318.86	323.44	371.96
45	286.60	329.59	334.33	384.48
46	297.72	342.38	347.30	399.40
47	310.21	356.74	361.88	416.16
48	324.51	373.19	378.56	435.34
49	338.60	389.39	395.00	454.25
50	354.48	407.65	413.52	475.55
51	370.16	425.68	431.81	496.58
52	387.43	445.54	451.95	519.74
53	404.89	465.62	472.32	543.17
54	423.74	487.30	494.32	568.47
55	442.60	508.99	516.31	593.76
56	463.04	532.50	540.16	621.18
57	483.69	556.24	564.25	648.89
58	505.72	581.58	589.95	678.44
59	516.64	594.14	602.68	693.08
60	538.67	619.47	628.38	722.64
61	557.72	641.38	650.60	748.19
62	570.22	655.75	665.19	764.97
63	585.90	673.79	683.49	786.01
64	595.22	684.50	694.36	798.51
65+	595.22	684.50	694.36	798.51



BlueCross Silver S14 Region 3						
\$5,500 Deductible, 80% Coinsurance, \$6,350 OOP Max						
\$10/\$40 Office Visit Copay						
3/50/100 RX Copay with \$200 Specialty RX Copay						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	114.57	114.57	127.30	127.30	148.51	148.51
21	180.43	207.49	200.48	230.55	233.87	268.95
22	180.43	207.49	200.48	230.55	233.87	268.95
23	180.43	207.49	200.48	230.55	233.87	268.95
24	180.43	207.49	200.48	230.55	233.87	268.95
25	181.15	208.32	201.28	231.47	234.81	270.03
26	184.76	212.47	205.29	236.08	239.48	275.40
27	189.09	217.45	210.10	241.62	245.09	281.85
28	196.13	225.55	217.92	250.61	254.22	292.35
29	201.91	232.20	224.34	257.99	261.70	300.96
30	204.79	235.51	227.54	261.67	265.44	305.26
31	209.12	240.49	232.35	267.20	271.05	311.71
32	213.45	245.47	237.16	272.73	276.66	318.16
33	216.16	248.58	240.17	276.20	280.18	322.21
34	219.04	251.90	243.38	279.89	283.91	326.50
35	220.49	253.56	244.98	281.73	285.79	328.66
36	221.93	255.22	246.59	283.58	287.66	330.81
37	223.37	256.88	248.19	285.42	289.53	332.96
38	224.82	258.54	249.80	287.27	291.40	335.11
39	227.71	261.87	253.01	290.96	295.15	339.42
40	230.59	265.18	256.21	294.64	298.89	343.72
41	234.92	270.16	261.02	300.17	304.50	350.18
42	239.07	274.93	265.63	305.47	309.87	356.35
43	244.84	281.57	272.05	312.86	317.36	364.96
44	252.07	289.88	280.07	322.08	326.72	375.73
45	260.54	299.62	289.49	332.91	337.71	388.37
46	270.65	311.25	300.72	345.83	350.80	403.42
47	282.02	324.32	313.35	360.35	365.54	420.37
48	295.00	339.25	327.78	376.95	382.38	439.74
49	307.82	353.99	342.02	393.32	398.98	458.83
50	322.25	370.59	358.06	411.77	417.69	480.34
51	336.51	386.99	373.89	429.97	436.17	501.60
52	352.20	405.03	391.34	450.04	456.51	524.99
53	368.08	423.29	408.97	470.32	477.09	548.65
54	385.22	443.00	428.02	492.22	499.31	574.21
55	402.36	462.71	447.07	514.13	521.53	599.76
56	420.95	484.09	467.72	537.88	545.62	627.46
57	439.71	505.67	488.57	561.86	569.94	655.43
58	459.74	528.70	510.82	587.44	595.90	685.29
59	469.66	540.11	521.84	600.12	608.76	700.07
60	489.69	563.14	544.10	625.72	634.72	729.93
61	507.01	583.06	563.35	647.85	657.18	755.76
62	518.38	596.14	575.98	662.38	671.91	772.70
63	532.63	612.52	591.82	680.59	690.38	793.94
64	541.11	622.28	601.23	691.41	701.37	806.58
65+	541.11	622.28	601.23	691.41	701.37	806.58

<b>BlueCross Silver S15 Region 3</b>				
<b>\$5,500 Deductible, 80% Coinsurance, \$6,350 OOP Max</b>				
<b>\$35/\$50 Office Visit Copay</b>				
<b>3/35/75 RX Copay with \$200 Specialty RX Copay</b>				
	<b>Network S</b>		<b>Network P</b>	
	OFF Marketplace		OFF Marketplace	
<b>Age</b>	<b>Non-Tobacco</b>	<b>Tobacco</b>	<b>Non-Tobacco</b>	<b>Tobacco</b>
0-20	129.67	129.67	151.27	151.27
21	204.21	234.84	238.22	273.95
22	204.21	234.84	238.22	273.95
23	204.21	234.84	238.22	273.95
24	204.21	234.84	238.22	273.95
25	205.02	235.77	239.17	275.05
26	209.10	240.47	243.93	280.52
27	214.01	246.11	249.65	287.10
28	221.97	255.27	258.94	297.78
29	228.51	262.79	266.57	306.56
30	231.77	266.54	270.37	310.93
31	236.67	272.17	276.09	317.50
32	241.58	277.82	281.81	324.08
33	244.64	281.34	285.38	328.19
34	247.91	285.10	289.20	332.58
35	249.54	286.97	291.11	334.78
36	251.17	288.85	293.00	336.95
37	252.81	290.73	294.91	339.15
38	254.44	292.61	296.82	341.34
39	257.70	296.36	300.62	345.71
40	260.98	300.13	304.44	350.11
41	265.87	305.75	310.15	356.67
42	270.58	311.17	315.64	362.99
43	277.11	318.68	323.26	371.75
44	285.28	328.07	332.79	382.71
45	294.87	339.10	343.98	395.58
46	306.31	352.26	357.33	410.93
47	319.18	367.06	372.34	428.19
48	333.88	383.96	389.49	447.91
49	348.37	400.63	406.39	467.35
50	364.71	419.42	425.45	489.27
51	380.84	437.97	444.27	510.91
52	398.61	458.40	464.99	534.74
53	416.58	479.07	485.96	558.85
54	435.98	501.38	508.59	584.88
55	455.38	523.69	531.22	610.90
56	476.41	547.87	555.76	639.12
57	497.65	572.30	580.53	667.61
58	520.31	598.36	606.97	698.02
59	531.54	611.27	620.07	713.08
60	554.21	637.34	646.52	743.50
61	573.82	659.89	669.39	769.80
62	586.69	674.69	684.40	787.06
63	602.81	693.23	703.21	808.69
64	612.41	704.27	714.41	821.57
65+	612.41	704.27	714.41	821.57

BlueCross Silver S16 Region 3						
\$3,500 Deductible, 100% Coinsurance, \$3,500 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	93.72	93.72	104.13	104.13	121.47	121.47
21	147.58	169.72	163.98	188.58	191.29	219.98
22	147.58	169.72	163.98	188.58	191.29	219.98
23	147.58	169.72	163.98	188.58	191.29	219.98
24	147.58	169.72	163.98	188.58	191.29	219.98
25	148.17	170.40	164.64	189.34	192.06	220.87
26	151.13	173.80	167.92	193.11	195.88	225.26
27	154.66	177.86	171.85	197.63	200.47	230.54
28	160.42	184.48	178.25	204.99	207.93	239.12
29	165.14	189.91	183.49	211.01	214.05	246.16
30	167.50	192.63	186.11	214.03	217.11	249.68
31	171.05	196.71	190.05	218.56	221.71	254.97
32	174.59	200.78	193.98	223.08	226.29	260.23
33	176.80	203.32	196.44	225.91	229.16	263.53
34	179.16	206.03	199.07	228.93	232.22	267.05
35	180.34	207.39	200.38	230.44	233.76	268.82
36	181.52	208.75	201.69	231.94	235.28	270.57
37	182.71	210.12	203.01	233.46	236.82	272.34
38	183.88	211.46	204.31	234.96	238.34	274.09
39	186.25	214.19	206.94	237.98	241.41	277.62
40	188.61	216.90	209.57	241.01	244.47	281.14
41	192.15	220.97	213.50	245.53	249.06	286.42
42	195.55	224.88	217.27	249.86	253.46	291.48
43	200.27	230.31	222.52	255.90	259.58	298.52
44	206.17	237.10	229.08	263.44	267.24	307.33
45	213.11	245.08	236.79	272.31	276.22	317.65
46	221.38	254.59	245.97	282.87	286.94	329.98
47	230.67	265.27	256.30	294.75	298.99	343.84
48	241.30	277.50	268.11	308.33	312.76	359.67
49	251.77	289.54	279.74	321.70	326.34	375.29
50	263.58	303.12	292.87	336.80	341.65	392.90
51	275.24	316.53	305.82	351.69	356.75	410.26
52	288.08	331.29	320.09	368.10	373.40	429.41
53	301.07	346.23	334.52	384.70	390.23	448.76
54	315.08	362.34	350.09	402.60	408.40	469.66
55	329.10	378.47	365.67	420.52	426.57	490.56
56	344.30	395.95	382.56	439.94	446.27	513.21
57	359.65	413.60	399.61	459.55	466.17	536.10
58	376.04	432.45	417.82	480.49	487.41	560.52
59	384.15	441.77	426.83	490.85	497.92	572.61
60	400.53	460.61	445.04	511.80	519.16	597.03
61	414.70	476.91	460.78	529.90	537.52	618.15
62	423.99	487.59	471.10	541.77	549.57	632.01
63	435.66	501.01	484.07	556.68	564.69	649.39
64	442.59	508.98	491.77	565.54	573.68	659.73
65+	442.59	508.98	491.77	565.54	573.68	659.73

BlueCross Silver S18 Region 3				
\$6,350 Deductible, 100% Coinsurance, \$6,350 OOP Max				
\$35/\$50 Office Visit Copay				
3/50/100 RX Copay with \$200 Specialty RX Copay				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	125.81	125.81	146.77	146.77
21	198.13	227.85	231.13	265.80
22	198.13	227.85	231.13	265.80
23	198.13	227.85	231.13	265.80
24	198.13	227.85	231.13	265.80
25	198.92	228.76	232.05	266.86
26	202.88	233.31	236.67	272.17
27	207.64	238.79	242.23	278.56
28	215.37	247.68	251.24	288.93
29	221.71	254.97	258.63	297.42
30	224.87	258.60	262.32	301.67
31	229.63	264.07	267.88	308.06
32	234.39	269.55	273.42	314.43
33	237.36	272.96	276.89	318.42
34	240.52	276.60	280.58	322.67
35	242.11	278.43	282.43	324.79
36	243.70	280.26	284.29	326.93
37	245.28	282.07	286.14	329.06
38	246.86	283.89	287.98	331.18
39	250.04	287.55	291.68	335.43
40	253.20	291.18	295.37	339.68
41	257.96	296.65	300.93	346.07
42	262.51	301.89	306.24	352.18
43	268.85	309.18	313.63	360.67
44	276.78	318.30	322.88	371.31
45	286.09	329.00	333.74	383.80
46	297.20	341.78	346.69	398.69
47	309.67	356.12	361.25	415.44
48	323.94	372.53	377.89	434.57
49	338.00	388.70	394.30	453.45
50	353.86	406.94	412.79	474.71
51	369.51	424.94	431.05	495.71
52	386.74	444.75	451.15	518.82
53	404.18	464.81	471.50	542.23
54	423.00	486.45	493.45	567.47
55	441.82	508.09	515.41	592.72
56	462.23	531.56	539.21	620.09
57	482.84	555.27	563.25	647.74
58	504.83	580.55	588.91	677.25
59	515.73	593.09	601.62	691.86
60	537.72	618.38	627.28	721.37
61	556.74	640.25	649.46	746.88
62	569.21	654.59	664.02	763.62
63	584.87	672.60	682.28	784.62
64	594.19	683.32	693.15	797.12
65+	594.19	683.32	693.15	797.12

BlueCross Gold G01 Region 3						
\$0 Deductible, 65% Coinsurance, \$5,250 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	126.40	126.40	140.45	140.45	163.84	163.84
21	199.06	228.92	221.17	254.35	258.01	296.71
22	199.06	228.92	221.17	254.35	258.01	296.71
23	199.06	228.92	221.17	254.35	258.01	296.71
24	199.06	228.92	221.17	254.35	258.01	296.71
25	199.85	229.83	222.05	255.36	259.04	297.90
26	203.83	234.40	226.48	260.45	264.20	303.83
27	208.61	239.90	231.79	266.56	270.40	310.96
28	216.37	248.83	240.42	276.48	280.46	322.53
29	222.74	256.15	247.49	284.61	288.71	332.02
30	225.93	259.82	251.03	288.68	292.84	336.77
31	230.71	265.32	256.34	294.79	299.03	343.88
32	235.49	270.81	261.65	300.90	305.23	351.01
33	238.47	274.24	264.96	304.70	309.09	355.45
34	241.66	277.91	268.51	308.79	313.23	360.21
35	243.25	279.74	270.28	310.82	315.29	362.58
36	244.84	281.57	272.05	312.86	317.36	364.96
37	246.43	283.39	273.81	314.88	319.41	367.32
38	248.02	285.22	275.58	316.92	321.48	369.70
39	251.21	288.89	279.12	320.99	325.61	374.45
40	254.39	292.55	282.66	325.06	329.73	379.19
41	259.17	298.05	287.97	331.17	335.93	386.32
42	263.75	303.31	293.05	337.01	341.86	393.14
43	270.12	310.64	300.13	345.15	350.12	402.64
44	278.08	319.79	308.98	355.33	360.44	414.51
45	287.43	330.54	319.37	367.28	372.56	428.44
46	298.58	343.37	331.76	381.52	387.02	445.07
47	311.13	357.80	345.70	397.56	403.28	463.77
48	325.46	374.28	361.62	415.86	421.85	485.13
49	339.59	390.53	377.32	433.92	440.16	506.18
50	355.51	408.84	395.02	454.27	460.81	529.93
51	371.24	426.93	412.49	474.36	481.19	553.37
52	388.56	446.84	431.73	496.49	503.63	579.17
53	406.08	466.99	451.19	518.87	526.34	605.29
54	424.99	488.74	472.21	543.04	550.86	633.49
55	443.90	510.49	493.22	567.20	575.37	661.68
56	464.40	534.06	516.00	593.40	601.94	692.23
57	485.10	557.87	539.00	619.85	628.77	723.09
58	507.20	583.28	563.55	648.08	657.41	756.02
59	518.15	595.87	575.72	662.08	671.61	772.35
60	540.24	621.28	600.27	690.31	700.24	805.28
61	559.35	643.25	621.50	714.73	725.02	833.77
62	571.89	657.67	635.43	730.74	741.26	852.45
63	587.61	675.75	652.90	750.84	761.64	875.89
64	596.97	686.52	663.30	762.80	773.77	889.84
65+	596.97	686.52	663.30	762.80	773.77	889.84

BlueCross Gold G02 Region 3						
\$0 Deductible, 75% Coinsurance, \$6,350 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	142.05	142.05	157.83	157.83	184.12	184.12
21	223.69	257.24	248.55	285.83	289.94	333.43
22	223.69	257.24	248.55	285.83	289.94	333.43
23	223.69	257.24	248.55	285.83	289.94	333.43
24	223.69	257.24	248.55	285.83	289.94	333.43
25	224.59	258.28	249.54	286.97	291.11	334.78
26	229.06	263.42	254.51	292.69	296.90	341.44
27	234.43	269.59	260.48	299.55	303.87	349.45
28	243.15	279.62	270.17	310.70	315.17	362.45
29	250.31	287.86	278.13	319.85	324.45	373.12
30	253.89	291.97	282.11	324.43	329.09	378.45
31	259.26	298.15	288.07	331.28	336.05	386.46
32	264.63	304.32	294.03	338.13	343.00	394.45
33	267.98	308.18	297.76	342.42	347.35	399.45
34	271.56	312.29	301.74	347.00	351.99	404.79
35	273.36	314.36	303.73	349.29	354.32	407.47
36	275.14	316.41	305.71	351.57	356.63	410.12
37	276.93	318.47	307.70	353.86	358.95	412.79
38	278.72	320.53	309.69	356.14	361.27	415.46
39	282.30	324.65	313.67	360.72	365.91	420.80
40	285.87	328.75	317.64	365.29	370.54	426.12
41	291.25	334.94	323.61	372.15	377.51	434.14
42	296.39	340.85	329.32	378.72	384.17	441.80
43	303.55	349.08	337.28	387.87	393.45	452.47
44	312.50	359.38	347.22	399.30	405.05	465.81
45	323.01	371.46	358.90	412.74	418.68	481.48
46	335.54	385.87	372.82	428.74	434.91	500.15
47	349.63	402.07	388.48	446.75	453.18	521.16
48	365.74	420.60	406.38	467.34	474.06	545.17
49	381.62	438.86	424.02	487.62	494.65	568.85
50	399.52	459.45	443.91	510.50	517.84	595.52
51	417.18	479.76	463.54	533.07	540.74	621.85
52	436.64	502.14	485.16	557.93	565.96	650.85
53	456.33	524.78	507.03	583.08	591.48	680.20
54	477.59	549.23	530.65	610.25	619.03	711.88
55	498.83	573.65	554.26	637.40	646.57	743.56
56	521.88	600.16	579.86	666.84	676.44	777.91
57	545.14	626.91	605.71	696.57	706.59	812.58
58	569.97	655.47	633.30	728.30	738.78	849.60
59	582.27	669.61	646.97	744.02	754.72	867.93
60	607.10	698.17	674.56	775.74	786.90	904.94
61	628.57	722.86	698.41	803.17	814.74	936.95
62	642.67	739.07	714.08	821.19	833.01	957.96
63	660.34	759.39	733.71	843.77	855.91	984.30
64	670.85	771.48	745.39	857.20	869.54	999.97
65+	670.85	771.48	745.39	857.20	869.54	999.97

BlueCross Gold G03 Region 3				
\$1,000 Deductible, 80% Coinsurance, \$4,000 OOP Max				
\$35/\$50 Office Visit Copay				
8/35/60 RX Copay with \$500 Brand Ded and \$120 Spec RX Copay				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	163.72	163.72	190.98	190.98
21	257.83	296.50	300.77	345.89
22	257.83	296.50	300.77	345.89
23	257.83	296.50	300.77	345.89
24	257.83	296.50	300.77	345.89
25	258.87	297.70	301.98	347.28
26	264.01	303.61	307.99	354.19
27	270.21	310.74	315.21	362.49
28	280.26	322.30	326.93	375.97
29	288.51	331.79	336.57	387.06
30	292.64	336.54	341.38	392.59
31	298.82	343.64	348.59	400.88
32	305.02	350.77	355.82	409.19
33	308.88	355.21	360.32	414.37
34	313.00	359.95	365.13	419.90
35	315.06	362.32	367.54	422.67
36	317.13	364.70	369.95	425.44
37	319.20	367.08	372.36	428.21
38	321.26	369.45	374.76	430.97
39	325.38	374.19	379.57	436.51
40	329.51	378.94	384.38	442.04
41	335.69	386.04	391.60	450.34
42	341.62	392.86	398.52	458.30
43	349.87	402.35	408.14	469.36
44	360.19	414.22	420.18	483.21
45	372.31	428.16	434.32	499.47
46	386.75	444.76	451.16	518.83
47	402.99	463.44	470.11	540.63
48	421.55	484.78	491.76	565.52
49	439.86	505.84	513.12	590.09
50	460.49	529.56	537.18	617.76
51	480.85	552.98	560.94	645.08
52	503.28	578.77	587.10	675.17
53	525.97	604.87	613.57	705.61
54	550.47	633.04	642.15	738.47
55	574.96	661.20	670.73	771.34
56	601.51	691.74	701.70	806.96
57	628.33	722.58	732.98	842.93
58	656.95	755.49	766.36	881.31
59	671.13	771.80	782.91	900.35
60	699.75	804.71	816.30	938.75
61	724.50	833.18	845.17	971.95
62	740.74	851.85	864.12	993.74
63	761.11	875.28	887.87	1021.05
64	773.23	889.21	902.01	1037.31
65+	773.23	889.21	902.01	1037.31

BlueCross Gold G04 Region 3						
\$1,000 Deductible, 80% Coinsurance, \$4,000 OOP Max						
\$35/\$50 Office Visit Copay						
8/35/60 RX Copay with \$120 Specialty RX Copay						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	154.20	154.20	171.33	171.33	199.87	199.87
21	242.84	279.27	269.82	310.29	314.76	361.97
22	242.84	279.27	269.82	310.29	314.76	361.97
23	242.84	279.27	269.82	310.29	314.76	361.97
24	242.84	279.27	269.82	310.29	314.76	361.97
25	243.82	280.39	270.91	311.55	316.03	363.43
26	248.67	285.97	276.30	317.75	322.32	370.67
27	254.50	292.68	282.77	325.19	329.87	379.35
28	263.97	303.57	293.29	337.28	342.14	393.46
29	271.74	312.50	301.93	347.22	352.22	405.05
30	275.62	316.96	306.25	352.19	357.25	410.84
31	281.45	323.67	312.72	359.63	364.81	419.53
32	287.28	330.37	319.20	367.08	372.36	428.21
33	290.92	334.56	323.24	371.73	377.08	433.64
34	294.80	339.02	327.56	376.69	382.12	439.44
35	296.75	341.26	329.72	379.18	384.63	442.32
36	298.69	343.49	331.88	381.66	387.15	445.22
37	300.63	345.72	334.04	384.15	389.67	448.12
38	302.57	347.96	336.19	386.62	392.19	451.02
39	306.47	352.44	340.52	391.60	397.23	456.81
40	310.35	356.90	344.84	396.57	402.27	462.61
41	316.18	363.61	351.31	404.01	409.82	471.29
42	321.77	370.04	357.52	411.15	417.06	479.62
43	329.54	378.97	366.15	421.07	427.13	491.20
44	339.25	390.14	376.94	433.48	439.72	505.68
45	350.66	403.26	389.62	448.06	454.52	522.70
46	364.26	418.90	404.73	465.44	472.14	542.96
47	379.56	436.49	421.73	484.99	491.97	565.77
48	397.04	456.60	441.16	507.33	514.63	591.82
49	414.28	476.42	460.31	529.36	536.98	617.53
50	433.72	498.78	481.91	554.20	562.17	646.50
51	452.90	520.84	503.22	578.70	587.03	675.08
52	474.02	545.12	526.69	605.69	614.42	706.58
53	495.39	569.70	550.44	633.01	642.11	738.43
54	518.46	596.23	576.07	662.48	672.01	772.81
55	541.53	622.76	601.70	691.96	701.91	807.20
56	566.55	651.53	629.50	723.93	734.34	844.49
57	591.80	680.57	657.56	756.19	767.08	882.14
58	618.76	711.57	687.51	790.64	802.01	922.31
59	632.11	726.93	702.34	807.69	819.32	942.22
60	659.06	757.92	732.29	842.13	854.26	982.40
61	682.38	784.74	758.20	871.93	884.48	1017.15
62	697.68	802.33	775.20	891.48	904.31	1039.96
63	716.86	824.39	796.52	916.00	929.18	1068.56
64	728.28	837.52	809.20	930.58	943.97	1085.57
65+	728.28	837.52	809.20	930.58	943.97	1085.57



BlueCross Gold G05 Region 3				
\$1,500 Deductible, 80% Coinsurance, \$4,500 OOP Max				
\$35/\$50 Office Visit Copay				
8/35/60 RX Copay with \$500 Brand Ded and \$120 Spec RX Copay				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	155.00	155.00	180.81	180.81
21	244.08	280.69	284.74	327.45
22	244.08	280.69	284.74	327.45
23	244.08	280.69	284.74	327.45
24	244.08	280.69	284.74	327.45
25	245.06	281.82	285.88	328.76
26	249.94	287.43	291.57	335.31
27	255.80	294.17	298.40	343.16
28	265.32	305.12	309.51	355.94
29	273.13	314.10	318.62	366.41
30	277.03	318.58	323.17	371.65
31	282.90	325.34	330.02	379.52
32	288.75	332.06	336.85	387.38
33	292.41	336.27	341.12	392.29
34	296.31	340.76	345.67	397.52
35	298.27	343.01	347.95	400.14
36	300.23	345.26	350.23	402.76
37	302.18	347.51	352.51	405.39
38	304.13	349.75	354.78	408.00
39	308.04	354.25	359.34	413.24
40	311.94	358.73	363.89	418.47
41	317.80	365.47	370.73	426.34
42	323.42	371.93	377.28	433.87
43	331.22	380.90	386.38	444.34
44	340.98	392.13	397.78	457.45
45	352.45	405.32	411.16	472.83
46	366.13	421.05	427.11	491.18
47	381.50	438.73	445.04	511.80
48	399.08	458.94	465.55	535.38
49	416.41	478.87	485.76	558.62
50	435.94	501.33	508.55	584.83
51	455.22	523.50	531.04	610.70
52	476.46	547.93	555.81	639.18
53	497.94	572.63	580.87	668.00
54	521.12	599.29	607.91	699.10
55	544.31	625.96	634.97	730.22
56	569.45	654.87	664.29	763.93
57	594.84	684.07	693.91	798.00
58	621.93	715.22	725.51	834.34
59	635.35	730.65	741.17	852.35
60	662.45	761.82	772.78	888.70
61	685.88	788.76	800.11	920.13
62	701.25	806.44	818.05	940.76
63	720.54	828.62	840.55	966.63
64	732.01	841.81	853.93	982.02
65+	732.01	841.81	853.93	982.02

BlueCross Gold G06 Region 3						
\$1,500 Deductible, 80% Coinsurance, \$4,500 OOP Max						
\$35/\$50 Office Visit Copay						
8/35/60 RX Copay with \$120 Specialty RX Copay						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	146.35	146.35	162.61	162.61	189.70	189.70
21	230.48	265.05	256.09	294.50	298.74	343.55
22	230.48	265.05	256.09	294.50	298.74	343.55
23	230.48	265.05	256.09	294.50	298.74	343.55
24	230.48	265.05	256.09	294.50	298.74	343.55
25	231.40	266.11	257.11	295.68	299.94	344.93
26	236.01	271.41	262.23	301.56	305.91	351.80
27	241.54	277.77	268.38	308.64	313.08	360.04
28	250.53	288.11	278.37	320.13	324.73	373.44
29	257.90	296.59	286.56	329.54	334.28	384.42
30	261.60	300.84	290.66	334.26	339.07	389.93
31	267.13	307.20	296.81	341.33	346.24	398.18
32	272.66	313.56	302.95	348.39	353.41	406.42
33	276.11	317.53	306.79	352.81	357.88	411.56
34	279.80	321.77	310.89	357.52	362.67	417.07
35	281.64	323.89	312.93	359.87	365.05	419.81
36	283.49	326.01	314.99	362.24	367.45	422.57
37	285.33	328.13	317.04	364.60	369.84	425.32
38	287.17	330.25	319.08	366.94	372.22	428.05
39	290.87	334.50	323.18	371.66	377.01	433.56
40	294.55	338.73	327.28	376.37	381.79	439.06
41	300.08	345.09	333.43	383.44	388.96	447.30
42	305.39	351.20	339.32	390.22	395.83	455.20
43	312.76	359.67	347.51	399.64	405.39	466.20
44	321.97	370.27	357.75	411.41	417.33	479.93
45	332.81	382.73	369.79	425.26	431.38	496.09
46	345.72	397.58	384.14	441.76	448.11	515.33
47	360.24	414.28	400.26	460.30	466.93	536.97
48	376.83	433.35	418.70	481.51	488.44	561.71
49	393.20	452.18	436.89	502.42	509.65	586.10
50	411.63	473.37	457.37	525.98	533.55	613.58
51	429.84	494.32	477.60	549.24	557.14	640.71
52	449.89	517.37	499.88	574.86	583.14	670.61
53	470.17	540.70	522.41	600.77	609.42	700.83
54	492.07	565.88	546.75	628.76	637.81	733.48
55	513.97	591.07	571.07	656.73	666.19	766.12
56	537.70	618.36	597.45	687.07	696.96	801.50
57	561.68	645.93	624.09	717.70	728.03	837.23
58	587.26	675.35	652.51	750.39	761.18	875.36
59	599.94	689.93	666.60	766.59	777.62	894.26
60	625.52	719.35	695.02	799.27	810.77	932.39
61	647.64	744.79	719.60	827.54	839.45	965.37
62	662.17	761.50	735.74	846.10	858.28	987.02
63	680.37	782.43	755.97	869.37	881.88	1014.16
64	691.21	794.89	768.01	883.21	895.92	1030.31
65+	691.21	794.89	768.01	883.21	895.92	1030.31

BlueCross Gold G07 Region 3				
\$2,000 Deductible, 80% Coinsurance, \$6,350 OOP Max				
\$10 Office Visit Copay				
3/25/50 RX Copay with \$100 Specialty RX Copay				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	164.71	164.71	192.15	192.15
21	259.40	298.31	302.60	347.99
22	259.40	298.31	302.60	347.99
23	259.40	298.31	302.60	347.99
24	259.40	298.31	302.60	347.99
25	260.43	299.49	303.81	349.38
26	265.62	305.46	309.86	356.34
27	271.85	312.63	317.12	364.69
28	281.97	324.27	328.93	378.27
29	290.26	333.80	338.61	389.40
30	294.42	338.58	343.45	394.97
31	300.64	345.74	350.71	403.32
32	306.87	352.90	357.97	411.67
33	310.76	357.37	362.51	416.89
34	314.91	362.15	367.36	422.46
35	316.98	364.53	369.77	425.24
36	319.06	366.92	372.20	428.03
37	321.13	369.30	374.62	430.81
38	323.21	371.69	377.05	433.61
39	327.36	376.46	381.88	439.16
40	331.51	381.24	386.72	444.73
41	337.73	388.39	393.98	453.08
42	343.70	395.26	400.95	461.09
43	352.00	404.80	410.63	472.22
44	362.38	416.74	422.73	486.14
45	374.57	430.76	436.96	502.50
46	389.10	447.47	453.91	522.00
47	405.44	466.26	472.97	543.92
48	424.11	487.73	494.75	568.96
49	442.53	508.91	516.24	593.68
50	463.28	532.77	540.44	621.51
51	483.77	556.34	564.35	649.00
52	506.35	582.30	590.68	679.28
53	529.17	608.55	617.31	709.91
54	553.81	636.88	646.05	742.96
55	578.46	665.23	674.80	776.02
56	605.17	695.95	705.97	811.87
57	632.15	726.97	737.44	848.06
58	660.95	760.09	771.03	886.68
59	675.21	776.49	787.67	905.82
60	704.00	809.60	821.25	944.44
61	728.90	838.24	850.31	977.86
62	745.25	857.04	869.38	999.79
63	765.74	880.60	893.28	1027.27
64	777.93	894.62	907.50	1043.63
65+	777.93	894.62	907.50	1043.63

BlueCross Gold G08 Region 3						
\$2,100 Deductible, 100% Coinsurance, \$2,100 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
Age	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P MSP & OFF Marketplace	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	118.82	118.82	132.03	132.03	154.02	154.02
21	187.13	215.20	207.92	239.11	242.55	278.93
22	187.13	215.20	207.92	239.11	242.55	278.93
23	187.13	215.20	207.92	239.11	242.55	278.93
24	187.13	215.20	207.92	239.11	242.55	278.93
25	187.88	216.06	208.75	240.06	243.52	280.05
26	191.63	220.37	212.92	244.86	248.38	285.64
27	196.11	225.53	217.90	250.59	254.19	292.32
28	203.41	233.92	226.01	259.91	263.66	303.21
29	209.40	240.81	232.66	267.56	271.41	312.12
30	212.39	244.25	235.99	271.39	275.30	316.60
31	216.88	249.41	240.98	277.13	281.11	323.28
32	221.38	254.59	245.97	282.87	286.94	329.98
33	224.18	257.81	249.09	286.45	290.58	334.17
34	227.18	261.26	252.42	290.28	294.46	338.63
35	228.68	262.98	254.08	292.19	296.40	340.86
36	230.17	264.70	255.75	294.11	298.34	343.09
37	231.66	266.41	257.40	296.01	300.27	345.31
38	233.16	268.13	259.07	297.93	302.22	347.55
39	236.16	271.58	262.40	301.76	306.10	352.02
40	239.16	275.03	265.73	305.59	309.99	356.49
41	243.64	280.19	270.71	311.32	315.80	363.17
42	247.95	285.14	275.49	316.81	321.38	369.59
43	253.94	292.03	282.15	324.47	329.15	378.52
44	261.42	300.63	290.47	334.04	338.85	389.68
45	270.22	310.75	300.24	345.28	350.25	402.79
46	280.70	322.81	311.89	358.67	363.83	418.40
47	292.49	336.36	324.98	373.73	379.11	435.98
48	305.95	351.84	339.95	390.94	396.57	456.06
49	319.25	367.14	354.72	407.93	413.80	475.87
50	334.21	384.34	371.35	427.05	433.20	498.18
51	349.00	401.35	387.77	445.94	452.36	520.21
52	365.28	420.07	405.87	466.75	473.46	544.48
53	381.74	439.00	424.16	487.78	494.80	569.02
54	399.52	459.45	443.92	510.51	517.85	595.53
55	417.30	479.90	463.67	533.22	540.90	622.04
56	436.57	502.06	485.08	557.84	565.87	650.75
57	456.04	524.45	506.71	582.72	591.10	679.77
58	476.81	548.33	529.79	609.26	618.03	710.73
59	487.10	560.17	541.22	622.40	631.36	726.06
60	507.87	584.05	564.30	648.95	658.28	757.02
61	525.84	604.72	584.27	671.91	681.58	783.82
62	537.63	618.27	597.36	686.96	696.85	801.38
63	552.41	635.27	613.79	705.86	716.02	823.42
64	561.21	645.39	623.56	717.09	727.42	836.53
65+	561.21	645.39	623.56	717.09	727.42	836.53

BlueCross Gold G10 Region 3						
\$3,500 Deductible, 100% Coinsurance, \$3,500 OOP Max						
\$35/\$50 Office Visit Copay						
50% RX Coinsurance with \$100 Specialty RX Copay						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	119.45	119.45	132.72	132.72	154.83	154.83
21	188.11	216.33	209.02	240.37	243.83	280.40
22	188.11	216.33	209.02	240.37	243.83	280.40
23	188.11	216.33	209.02	240.37	243.83	280.40
24	188.11	216.33	209.02	240.37	243.83	280.40
25	188.86	217.19	209.85	241.33	244.80	281.52
26	192.63	221.52	214.03	246.13	249.68	287.13
27	197.15	226.72	219.05	251.91	255.54	293.87
28	204.48	235.15	227.20	261.28	265.05	304.81
29	210.50	242.08	233.89	268.97	272.85	313.78
30	213.51	245.54	237.23	272.81	276.74	318.25
31	218.02	250.72	242.25	278.59	282.59	324.98
32	222.54	255.92	247.27	284.36	288.45	331.72
33	225.36	259.16	250.41	287.97	292.11	335.93
34	228.37	262.63	253.74	291.80	296.01	340.41
35	229.88	264.36	255.42	293.73	297.96	342.65
36	231.38	266.09	257.09	295.65	299.91	344.90
37	232.88	267.81	258.76	297.57	301.86	347.14
38	234.39	269.55	260.43	299.49	303.81	349.38
39	237.40	273.01	263.78	303.35	307.72	353.88
40	240.41	276.47	267.12	307.19	311.61	358.35
41	244.92	281.66	272.14	312.96	317.46	365.08
42	249.25	286.64	276.95	318.49	323.07	371.53
43	255.27	293.56	283.63	326.17	330.87	380.50
44	262.80	302.22	292.00	335.80	340.63	391.72
45	271.64	312.39	301.82	347.09	352.09	404.90
46	282.17	324.50	313.52	360.55	365.74	420.60
47	294.02	338.12	326.69	375.69	381.10	438.27
48	307.57	353.71	341.74	393.00	398.66	458.46
49	320.92	369.06	356.58	410.07	415.97	478.37
50	335.97	386.37	373.30	429.30	435.48	500.80
51	350.84	403.47	389.82	448.29	454.74	522.95
52	367.20	422.28	408.00	469.20	475.95	547.34
53	383.76	441.32	426.40	490.36	497.41	572.02
54	401.62	461.86	446.25	513.19	520.57	598.66
55	419.50	482.43	466.11	536.03	543.74	625.30
56	438.87	504.70	487.64	560.79	568.85	654.18
57	458.44	527.21	509.38	585.79	594.21	683.34
58	479.32	551.22	532.58	612.47	621.28	714.47
59	489.66	563.11	544.07	625.68	634.68	729.88
60	510.54	587.12	567.27	652.36	661.75	761.01
61	528.60	607.89	587.33	675.43	685.16	787.93
62	540.46	621.53	600.51	690.59	700.52	805.60
63	555.31	638.61	617.01	709.56	719.78	827.75
64	564.15	648.77	626.84	720.87	731.24	840.93
65+	564.15	648.77	626.84	720.87	731.24	840.93

BlueCross Gold G11 Region 3						
\$3,500 Deductible, 100% Coinsurance, \$3,500 OOP Max						
\$35/\$50 Office Visit Copay						
8/35/60 RX Copay with \$120 Specialty RX Copay						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P MSP & OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	135.89	135.89	150.99	150.99	176.14	176.14
21	214.00	246.10	237.77	273.44	277.38	318.99
22	214.00	246.10	237.77	273.44	277.38	318.99
23	214.00	246.10	237.77	273.44	277.38	318.99
24	214.00	246.10	237.77	273.44	277.38	318.99
25	214.85	247.08	238.72	274.53	278.48	320.25
26	219.14	252.01	243.48	280.00	284.04	326.65
27	224.27	257.91	249.19	286.57	290.69	334.29
28	232.61	267.50	258.46	297.23	301.51	346.74
29	239.46	275.38	266.07	305.98	310.38	356.94
30	242.88	279.31	269.87	310.35	314.82	362.04
31	248.02	285.22	275.58	316.92	321.48	369.70
32	253.15	291.12	281.28	323.47	328.13	377.35
33	256.37	294.83	284.85	327.58	332.30	382.15
34	259.79	298.76	288.66	331.96	336.73	387.24
35	261.50	300.73	290.56	334.14	338.95	389.79
36	263.22	302.70	292.46	336.33	341.17	392.35
37	264.92	304.66	294.36	338.51	343.39	394.90
38	266.64	306.64	296.27	340.71	345.61	397.45
39	270.06	310.57	300.07	345.08	350.05	402.56
40	273.49	314.51	303.87	349.45	354.49	407.66
41	278.63	320.42	309.58	356.02	361.15	415.32
42	283.55	326.08	315.05	362.31	367.53	422.66
43	290.40	333.96	322.66	371.06	376.40	432.86
44	298.95	343.79	332.17	382.00	387.49	445.61
45	309.01	355.36	343.35	394.85	400.53	460.61
46	321.00	369.15	356.67	410.17	416.07	478.48
47	334.48	384.65	371.64	427.39	433.54	498.57
48	349.89	402.37	388.76	447.07	453.51	521.54
49	365.08	419.84	405.64	466.49	473.20	544.18
50	382.20	439.53	424.66	488.36	495.39	569.70
51	399.11	458.98	443.45	509.97	517.31	594.91
52	417.72	480.38	464.14	533.76	541.44	622.66
53	436.56	502.04	485.06	557.82	565.85	650.73
54	456.88	525.41	507.64	583.79	592.19	681.02
55	477.21	548.79	530.24	609.78	618.55	711.33
56	499.25	574.14	554.72	637.93	647.12	744.19
57	521.51	599.74	579.46	666.38	675.97	777.37
58	545.27	627.06	605.85	696.73	706.76	812.77
59	557.04	640.60	618.93	711.77	722.01	830.31
60	580.78	667.90	645.31	742.11	752.79	865.71
61	601.33	691.53	668.15	768.37	779.43	896.34
62	614.81	707.03	683.12	785.59	796.90	916.44
63	631.72	726.48	701.91	807.20	818.81	941.63
64	641.77	738.04	713.08	820.04	831.84	956.62
65+	641.77	738.04	713.08	820.04	831.84	956.62

BlueCross Platinum P01 Region 3						
\$0 Deductible, 50% Coinsurance, \$1,800 OOP Max						
\$20/\$40 Office Visit Copay						
3/25/50 RX Copay with \$100 Specialty RX Copay						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	160.46	160.46	178.29	178.29	207.99	207.99
21	252.70	290.61	280.78	322.90	327.54	376.67
22	252.70	290.61	280.78	322.90	327.54	376.67
23	252.70	290.61	280.78	322.90	327.54	376.67
24	252.70	290.61	280.78	322.90	327.54	376.67
25	253.71	291.77	281.90	324.19	328.85	378.18
26	258.76	297.57	287.52	330.65	335.40	385.71
27	264.83	304.55	294.25	338.39	343.26	394.75
28	274.69	315.89	305.21	350.99	356.04	409.45
29	282.77	325.19	314.19	361.32	366.52	421.50
30	286.82	329.84	318.68	366.48	371.76	427.52
31	292.88	336.81	325.42	374.23	379.62	436.56
32	298.94	343.78	332.16	381.98	387.48	445.60
33	302.74	348.15	336.38	386.84	392.40	451.26
34	306.78	352.80	340.87	392.00	397.64	457.29
35	308.80	355.12	343.11	394.58	400.26	460.30
36	310.82	357.44	345.36	397.16	402.88	463.31
37	312.85	359.78	347.61	399.75	405.50	466.33
38	314.87	362.10	349.85	402.33	408.12	469.34
39	318.91	366.75	354.34	407.49	413.36	475.36
40	322.95	371.39	358.83	412.65	418.60	481.39
41	329.01	378.36	365.57	420.41	426.46	490.43
42	334.83	385.05	372.04	427.85	434.00	499.10
43	342.92	394.36	381.02	438.17	444.48	511.15
44	353.02	405.97	392.25	451.09	457.58	526.22
45	364.90	419.64	405.45	466.27	472.98	543.93
46	379.05	435.91	421.17	484.35	491.32	565.02
47	394.98	454.23	438.86	504.69	511.96	588.75
48	413.17	475.15	459.07	527.93	535.53	615.86
49	431.11	495.78	479.01	550.86	558.79	642.61
50	451.32	519.02	501.47	576.69	584.99	672.74
51	471.29	541.98	523.65	602.20	610.87	702.50
52	493.28	567.27	548.08	630.29	639.37	735.28
53	515.51	592.84	572.79	658.71	668.19	768.42
54	539.52	620.45	599.46	689.38	699.30	804.20
55	563.53	648.06	626.14	720.06	730.42	839.98
56	589.56	677.99	655.06	753.32	764.16	878.78
57	615.83	708.20	684.25	786.89	798.22	917.95
58	643.88	740.46	715.42	822.73	834.58	959.77
59	657.78	756.45	730.87	840.50	852.60	980.49
60	685.83	788.70	762.04	876.35	888.96	1022.30
61	710.09	816.60	788.98	907.33	920.39	1058.45
62	726.01	834.91	806.68	927.68	941.03	1082.18
63	745.98	857.88	828.86	953.19	966.91	1111.95
64	757.85	871.53	842.06	968.37	982.30	1129.65
65+	757.85	871.53	842.06	968.37	982.30	1129.65

BlueCross Platinum P02 Region 3						
\$0 Deductible, 75% Coinsurance, \$1,500 OOP Max						
Deductible/Coinsurance Office Visit						
Deductible/Coinsurance Prescription Benefit						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	163.11	163.11	181.24	181.24	211.42	211.42
21	256.87	295.40	285.42	328.23	332.95	382.89
22	256.87	295.40	285.42	328.23	332.95	382.89
23	256.87	295.40	285.42	328.23	332.95	382.89
24	256.87	295.40	285.42	328.23	332.95	382.89
25	257.90	296.59	286.56	329.54	334.28	384.42
26	263.04	302.50	292.27	336.11	340.95	392.09
27	269.20	309.58	299.11	343.98	348.93	401.27
28	279.22	321.10	310.24	356.78	361.91	416.20
29	287.44	330.56	319.38	367.29	372.57	428.46
30	291.55	335.28	323.95	372.54	377.90	434.59
31	297.71	342.37	330.79	380.41	385.89	443.77
32	303.88	349.46	337.65	388.30	393.88	452.96
33	307.73	353.89	341.92	393.21	398.87	458.70
34	311.84	358.62	346.49	398.46	404.20	464.83
35	313.90	360.99	348.78	401.10	406.87	467.90
36	315.96	363.35	351.06	403.72	409.53	470.96
37	318.01	365.71	353.35	406.35	412.20	474.03
38	320.07	368.08	355.63	408.97	414.86	477.09
39	324.18	372.81	360.20	414.23	420.19	483.22
40	328.28	377.52	364.76	419.47	425.51	489.34
41	334.45	384.62	371.61	427.35	433.50	498.53
42	340.36	391.41	378.17	434.90	441.16	507.33
43	348.58	400.87	387.31	445.41	451.82	519.59
44	358.85	412.68	398.72	458.53	465.13	534.90
45	370.92	426.56	412.14	473.96	480.78	552.90
46	385.32	443.12	428.13	492.35	499.43	574.34
47	401.49	461.71	446.10	513.02	520.40	598.46
48	419.99	482.99	466.65	536.65	544.37	626.03
49	438.23	503.96	486.92	559.96	568.02	653.22
50	458.78	527.60	509.75	586.21	594.66	683.86
51	479.07	550.93	532.30	612.15	620.95	714.09
52	501.42	576.63	557.13	640.70	649.93	747.42
53	524.02	602.62	582.24	669.58	679.22	781.10
54	548.43	630.69	609.36	700.76	710.86	817.49
55	572.83	658.75	636.48	731.95	742.48	853.85
56	599.29	689.18	665.87	765.75	776.78	893.30
57	626.00	719.90	695.56	799.89	811.41	933.12
58	654.52	752.70	727.24	836.33	848.36	975.61
59	668.65	768.95	742.94	854.38	866.68	996.68
60	697.16	801.73	774.62	890.81	903.64	1039.19
61	721.81	830.08	802.01	922.31	935.59	1075.93
62	738.00	848.70	820.00	943.00	956.57	1100.06
63	758.30	872.05	842.55	968.93	982.88	1130.31
64	770.37	885.93	855.97	984.37	998.53	1148.31
65+	770.37	885.93	855.97	984.37	998.53	1148.31



BlueCross Platinum P03 Region 3						
\$0 Deductible, 75% Coinsurance, \$3,000 OOP Max						
\$10/\$40 Office Visit Copay						
3/25/50 RX Copay with \$100 Specialty RX Copay						
	Network E ON Marketplace		Network S ON & OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	176.32	176.32	195.91	195.91	228.54	228.54
21	277.67	319.32	308.52	354.80	359.90	413.89
22	277.67	319.32	308.52	354.80	359.90	413.89
23	277.67	319.32	308.52	354.80	359.90	413.89
24	277.67	319.32	308.52	354.80	359.90	413.89
25	278.77	320.59	309.75	356.21	361.34	415.54
26	284.33	326.98	315.92	363.31	368.54	423.82
27	291.00	334.65	323.33	371.83	377.18	433.76
28	301.83	347.10	335.36	385.66	391.22	449.90
29	310.71	357.32	345.23	397.01	402.73	463.14
30	315.15	362.42	350.17	402.70	408.49	469.76
31	321.82	370.09	357.58	411.22	417.13	479.70
32	328.48	377.75	364.98	419.73	425.77	489.64
33	332.65	382.55	369.61	425.05	431.17	495.85
34	337.09	387.65	374.54	430.72	436.92	502.46
35	339.31	390.21	377.01	433.56	439.80	505.77
36	341.53	392.76	379.48	436.40	442.68	509.08
37	343.75	395.31	381.95	439.24	445.56	512.39
38	345.97	397.87	384.42	442.08	448.44	515.71
39	350.42	402.98	389.35	447.75	454.20	522.33
40	354.86	408.09	394.29	453.43	459.96	528.95
41	361.52	415.75	401.69	461.94	468.60	538.89
42	367.91	423.10	408.79	470.11	476.87	548.40
43	376.80	433.32	418.66	481.46	488.39	561.65
44	387.90	446.09	431.00	495.65	502.79	578.21
45	400.95	461.09	445.50	512.33	519.70	597.66
46	416.50	478.98	462.78	532.20	539.86	620.84
47	434.00	499.10	482.22	554.55	562.53	646.91
48	453.99	522.09	504.43	580.09	588.44	676.71
49	473.70	544.76	526.34	605.29	614.00	706.10
50	495.92	570.31	551.02	633.67	642.79	739.21
51	517.85	595.53	575.39	661.70	671.22	771.90
52	542.01	623.31	602.23	692.56	702.53	807.91
53	566.44	651.41	629.38	723.79	734.21	844.34
54	592.82	681.74	658.69	757.49	768.40	883.66
55	619.20	712.08	688.00	791.20	802.59	922.98
56	647.80	744.97	719.78	827.75	839.66	965.61
57	676.68	778.18	751.86	864.64	877.09	1008.65
58	707.50	813.63	786.11	904.03	917.04	1054.60
59	722.77	831.19	803.08	923.54	936.83	1077.35
60	753.59	866.63	837.32	962.92	976.78	1123.30
61	780.25	897.29	866.94	996.98	1011.33	1163.03
62	797.74	917.40	886.38	1019.34	1034.01	1189.11
63	819.68	942.63	910.75	1047.36	1062.44	1221.81
64	832.73	957.64	925.25	1064.04	1079.35	1241.25
65+	832.73	957.64	925.25	1064.04	1079.35	1241.25

BlueCross Platinum P04 Region 3				
\$1,500 Deductible, 100% Coinsurance, \$1,500 OOP Max				
\$10 Office Visit Copay				
3/25/50 RX Copay with \$100 Specialty RX Copay				
	Network S OFF Marketplace		Network P OFF Marketplace	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	197.97	197.97	230.94	230.94
21	311.77	358.54	363.70	418.26
22	311.77	358.54	363.70	418.26
23	311.77	358.54	363.70	418.26
24	311.77	358.54	363.70	418.26
25	313.02	359.97	365.16	419.93
26	319.25	367.14	372.43	428.29
27	326.74	375.75	381.16	438.33
28	338.89	389.72	395.34	454.64
29	348.87	401.20	406.98	468.03
30	353.86	406.94	412.79	474.71
31	361.34	415.54	421.52	484.75
32	368.82	424.14	430.25	494.79
33	373.51	429.54	435.72	501.08
34	378.49	435.26	441.53	507.76
35	380.99	438.14	444.44	511.11
36	383.48	441.00	447.35	514.45
37	385.97	443.87	450.26	517.80
38	388.47	446.74	453.17	521.15
39	393.46	452.48	458.99	527.84
40	398.44	458.21	464.80	534.52
41	405.92	466.81	473.53	544.56
42	413.10	475.07	481.90	554.19
43	423.08	486.54	493.54	567.57
44	435.54	500.87	508.08	584.29
45	450.20	517.73	525.18	603.96
46	467.66	537.81	545.55	627.38
47	487.30	560.40	568.46	653.73
48	509.74	586.20	594.64	683.84
49	531.88	611.66	620.47	713.54
50	556.83	640.35	649.57	747.01
51	581.46	668.68	678.30	780.05
52	608.58	699.87	709.94	816.43
53	636.01	731.41	741.94	853.23
54	665.63	765.47	776.49	892.96
55	695.25	799.54	811.05	932.71
56	727.37	836.48	848.51	975.79
57	759.79	873.76	886.34	1019.29
58	794.40	913.56	926.70	1065.71
59	811.55	933.28	946.71	1088.72
60	846.15	973.07	987.08	1135.14
61	876.08	1007.49	1021.99	1175.29
62	895.72	1030.08	1044.90	1201.64
63	920.35	1058.40	1073.64	1234.69
64	935.01	1075.26	1090.74	1254.35
65+	935.01	1075.26	1090.74	1254.35



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