



Anthem Blue Cross and Blue Shield Individual Rates

January 1, 2007 through December 31, 2007

BlueCare Direct 2007 Rates

January - December 2007 Effective Dates*

\$1,500/\$3000 Deductible

	\$500 Annual Prescription Drug Benefit				\$2,000 Annual Prescription Drug Benefit			
	Individual		Two	Family	Individual		Two	Family
	Male	Female	Person		Male	Female	Person	
Under 30	\$169.43	\$305.48	\$503.70	\$812.01	\$178.18	\$321.26	\$529.72	\$853.96
30-34	\$225.56	\$341.71	\$511.15	\$910.76	\$237.22	\$359.36	\$537.55	\$957.81
35-39	\$225.56	\$341.71	\$511.15	\$910.76	\$237.22	\$359.36	\$537.55	\$957.81
40-44	\$291.62	\$369.79	\$560.52	\$970.79	\$306.69	\$388.89	\$589.48	\$1,020.94
45-49	\$337.45	\$407.06	\$622.33	\$1,012.35	\$354.88	\$428.09	\$654.48	\$1,064.65
50-54	\$459.28	\$472.43	\$805.97	\$1,120.68	\$483.00	\$496.84	\$847.61	\$1,178.57
55-59	\$600.66	\$596.75	\$1,052.48	\$1,356.90	\$631.69	\$627.58	\$1,106.86	\$1,427.00
60-64	\$801.68	\$712.20	\$1,335.58	\$1,599.87	\$848.73	\$748.99	\$1,404.58	\$1,682.52

* Rates are effective through December 2007. All policyholders are subject to increase/renewal in January 2008.

Note: Two-Person and Family deductibles are two times the single deductible. For example: With the \$1,500/\$3,000 deductible plan, the \$1,500 equals the individual deductible; the \$3,000 equals the two person or family deductible.

Century Preferred Direct 2007 Rates

January - December 2007 Effective Dates*

NO PRESCRIPTION DRUG BENEFIT

	\$250/\$500 Deductible				\$1,500/\$3,000 Deductible			
	Individual		Two		Individual		Two	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$132.29	\$187.57	\$342.39	\$583.12	\$108.14	\$153.33	\$279.90	\$476.70
30-34	\$176.30	\$215.85	\$348.14	\$660.14	\$144.12	\$176.46	\$284.60	\$539.66
35-39	\$176.30	\$215.85	\$348.14	\$660.14	\$144.12	\$176.46	\$284.60	\$539.66
40-44	\$227.64	\$237.86	\$386.65	\$707.03	\$186.09	\$194.45	\$316.08	\$577.99
45-49	\$263.53	\$266.94	\$434.86	\$739.51	\$215.44	\$218.21	\$355.50	\$604.54
50-54	\$358.62	\$368.84	\$629.23	\$874.94	\$293.16	\$301.53	\$514.39	\$715.25
55-59	\$468.92	\$465.76	\$821.77	\$1,059.37	\$383.34	\$380.76	\$671.80	\$866.03
60-64	\$630.01	\$556.14	\$1,042.60	\$1,249.03	\$515.03	\$454.63	\$852.32	\$1,021.06

	\$5,000/\$10,000 Deductible				\$10,000/\$20,000 Deductible			
	Individual		Two		Individual		Two	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$73.47	\$104.17	\$190.15	\$323.84	\$57.62	\$81.69	\$149.12	\$253.96
30-34	\$97.91	\$119.87	\$193.34	\$366.61	\$76.78	\$94.00	\$151.62	\$287.52
35-39	\$97.91	\$119.87	\$193.34	\$366.61	\$76.78	\$94.00	\$151.62	\$287.52
40-44	\$126.42	\$132.10	\$214.73	\$392.65	\$99.15	\$103.59	\$168.40	\$307.93
45-49	\$146.35	\$148.24	\$241.50	\$410.69	\$114.78	\$116.25	\$189.40	\$322.08
50-54	\$199.16	\$204.84	\$349.44	\$485.90	\$156.18	\$160.65	\$274.05	\$381.05
55-59	\$260.42	\$258.66	\$456.37	\$588.33	\$204.22	\$202.84	\$357.90	\$461.39
60-64	\$349.88	\$308.85	\$579.02	\$693.65	\$274.39	\$242.21	\$454.08	\$543.98

INCLUDING \$2,000 ANNUAL PRESCRIPTION DRUG BENEFIT

	\$250/\$500 Deductible				\$1,500/\$3,000 Deductible			
	Individual		Two		Individual		Two	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$154.32	\$218.81	\$399.41	\$680.24	\$130.17	\$184.57	\$336.92	\$573.82
30-34	\$205.66	\$251.80	\$406.12	\$770.09	\$173.48	\$212.41	\$342.58	\$649.61
35-39	\$205.66	\$251.80	\$406.12	\$770.09	\$173.48	\$212.41	\$342.58	\$649.61
40-44	\$265.55	\$277.48	\$451.05	\$824.79	\$224.00	\$234.07	\$380.48	\$695.75
45-49	\$307.42	\$311.40	\$507.29	\$862.68	\$259.33	\$262.67	\$427.93	\$727.71
50-54	\$418.35	\$430.27	\$734.03	\$1,020.66	\$352.89	\$362.96	\$619.19	\$860.97
55-59	\$547.02	\$543.33	\$958.64	\$1,235.81	\$461.44	\$458.33	\$808.67	\$1,042.47
60-64	\$734.94	\$648.77	\$1,216.25	\$1,457.06	\$619.96	\$547.26	\$1,025.97	\$1,229.09

	\$5,000/\$10,000 Deductible				\$10,000/\$20,000 Deductible			
	Individual		Two		Individual		Two	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$95.50	\$135.41	\$247.17	\$420.96	\$79.65	\$112.93	\$206.14	\$351.08
30-34	\$127.27	\$155.82	\$251.32	\$476.56	\$106.14	\$129.95	\$209.60	\$397.47
35-39	\$127.27	\$155.82	\$251.32	\$476.56	\$106.14	\$129.95	\$209.60	\$397.47
40-44	\$164.33	\$171.72	\$279.13	\$510.41	\$137.06	\$143.21	\$232.80	\$425.69
45-49	\$190.24	\$192.70	\$313.93	\$533.86	\$158.67	\$160.71	\$261.83	\$445.25
50-54	\$258.89	\$266.27	\$454.24	\$631.62	\$215.91	\$222.08	\$378.85	\$526.77
55-59	\$338.52	\$336.23	\$593.24	\$764.77	\$282.32	\$280.41	\$494.77	\$637.83
60-64	\$454.81	\$401.48	\$752.67	\$901.68	\$379.32	\$334.84	\$627.73	\$752.01

* Rates are effective through December 2007. All policyholders are subject to increase/renewal in January 2008.

Note: Two-Person and Family deductibles are two times the single deductible. For example: With the \$1,500/\$3,000 deductible plan, the \$1,500 equals the individual deductible; the \$3,000 equals the two person or family deductible.

Lumenos® 2007 Rates

January - December 2007 Effective Dates*

LUMENOS HEALTH SAVINGS ACCOUNTS (HSA)

	\$1,250/\$2,500 Deductible				\$2,500/\$5,000 Deductible (80% In-Network)			
	Individual		Two		Individual		Two	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$130.74	\$185.38	\$304.54	\$576.32	\$102.82	\$145.78	\$239.50	\$453.22
30-34	\$174.24	\$213.34	\$309.68	\$652.42	\$137.02	\$167.76	\$243.52	\$513.08
35-39	\$174.24	\$213.34	\$309.68	\$652.42	\$137.02	\$167.76	\$243.52	\$513.08
40-44	\$224.98	\$235.08	\$343.92	\$698.78	\$176.92	\$184.86	\$270.46	\$549.52
45-49	\$260.46	\$263.82	\$386.80	\$730.88	\$204.82	\$207.46	\$304.18	\$574.76
50-54	\$354.44	\$364.54	\$559.70	\$864.72	\$278.72	\$286.66	\$440.14	\$680.02
55-59	\$463.44	\$460.32	\$730.96	\$1,047.00	\$364.44	\$362.00	\$574.82	\$823.36
60-64	\$622.66	\$549.64	\$927.38	\$1,234.44	\$489.66	\$432.24	\$729.30	\$970.76

	\$2,500/\$5,000 Deductible (100% In-Network)				\$5,000/\$10,000 Deductible			
	Individual		Two		Individual		Two	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$110.51	\$156.68	\$257.41	\$487.12	\$89.42	\$126.78	\$208.28	\$394.14
30-34	\$147.27	\$180.31	\$261.75	\$551.45	\$119.16	\$145.90	\$211.78	\$446.20
35-39	\$147.27	\$180.31	\$261.75	\$551.45	\$119.16	\$145.90	\$211.78	\$446.20
40-44	\$190.17	\$198.69	\$290.69	\$590.62	\$153.86	\$160.78	\$235.20	\$477.88
45-49	\$220.15	\$222.99	\$326.93	\$617.75	\$178.12	\$180.42	\$264.52	\$499.84
50-54	\$299.58	\$308.11	\$473.06	\$730.89	\$242.40	\$249.30	\$382.76	\$591.38
55-59	\$391.70	\$389.08	\$617.83	\$884.94	\$316.94	\$314.82	\$499.90	\$716.04
60-64	\$526.29	\$464.58	\$783.85	\$1,043.38	\$425.82	\$375.90	\$634.22	\$844.22

LUMENOS HEALTH INCENTIVE ACCOUNTS (HIA)

	\$1,500/\$3,000 Deductible				\$2,500/\$5,000 Deductible			
	Individual		Two		Individual		Two	
	Male	Female	Person	Family	Male	Female	Person	Family
Under 30	\$119.28	\$168.44	\$277.30	\$521.80	\$106.66	\$150.54	\$247.91	\$466.17
30-34	\$158.42	\$193.58	\$281.92	\$590.28	\$141.60	\$172.99	\$252.03	\$527.30
35-39	\$158.42	\$193.58	\$281.92	\$590.28	\$141.60	\$172.99	\$252.03	\$527.30
40-44	\$204.06	\$213.16	\$312.74	\$631.98	\$182.35	\$190.46	\$279.53	\$564.53
45-49	\$235.98	\$239.00	\$351.30	\$660.86	\$210.83	\$213.55	\$313.97	\$590.31
50-54	\$320.52	\$329.62	\$506.84	\$781.28	\$286.31	\$294.43	\$452.82	\$697.81
55-59	\$418.58	\$415.80	\$660.92	\$945.24	\$373.86	\$371.36	\$590.37	\$844.18
60-64	\$561.84	\$496.14	\$837.64	\$1,113.88	\$501.73	\$443.10	\$748.12	\$994.73

LUMENOS HEALTH INCENTIVE ACCOUNTS (HIA) PLUS

	\$2,500/\$5,000 Deductible			
	Individual		Two	
	Male	Female	Person	Family
Under 30	\$118.64	\$162.52	\$271.86	\$490.10
30-34	\$153.58	\$184.96	\$275.98	\$551.24
35-39	\$153.58	\$184.96	\$275.98	\$551.24
40-44	\$194.32	\$202.44	\$303.48	\$588.46
45-49	\$222.80	\$225.52	\$337.92	\$614.24
50-54	\$298.28	\$306.40	\$476.76	\$721.74
55-59	\$385.82	\$383.32	\$614.30	\$868.10
60-64	\$513.68	\$455.06	\$772.04	\$1,018.64

* Rates are effective through December 2007. All policyholders are subject to increase/renewal in January 2008.

Note: Two-Person and Family deductibles are two times the single deductible. For example: With the \$1,500/\$3,000 deductible plan, the \$1,500 equals the individual deductible; the \$3,000 equals the two person or family deductible.