

## Individual Care Blue<sup>SM</sup> Monthly Rates

### Individuals and families without health coverage

	AGE							
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55+
One Person	\$141.15	\$176.46	\$190.73	\$210.84	\$239.66	\$282.71	\$345.93	\$504.20
Two Person	\$282.30	\$352.92	\$381.45	\$421.68	\$479.31	\$565.41	\$691.89	\$1,008.42
Family	\$296.44	\$370.58	\$400.55	\$442.76	\$503.28	\$593.67	\$726.48	\$1,058.85
Dependent Continuation	\$108.61	\$108.61	\$108.61	\$108.61	\$108.61	\$108.61	\$108.61	\$108.61

(Rates subject to change with 30-day notice)

### Individuals and Families transferring or converting from a Blue Cross Blue Shield of Michigan Employer-Sponsored Health Plan\*

(Note: Your group health plan must meet qualifying criteria.)

	AGE							
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55+
One Person	\$138.54	\$173.82	\$188.61	\$209.44	\$238.72	\$282.33	\$345.91	\$503.81
Two Person	\$277.08	\$347.64	\$377.22	\$418.88	\$477.44	\$564.66	\$691.82	\$1,007.62
Family	\$290.95	\$365.03	\$396.10	\$439.83	\$501.32	\$592.90	\$726.42	\$1,058.02
Dependent Continuation	\$107.74	\$107.74	\$107.74	\$107.74	\$107.74	\$107.74	\$107.74	\$107.74

(Rates subject to change with 30-day notice)

\*Rates for members who are transferring or who have already transferred from a qualifying BCBSM employer-sponsored health plan will apply for one year and will change in the second year.

### Flexible Blue Individual Dental — an optional rider that can be purchased with Individual Care Blue

	AGE							
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55+
One Person	\$15.10	\$19.01	\$20.40	\$23.82	\$26.85	\$31.43	\$39.85	\$39.85
Two Person	\$30.20	\$38.02	\$40.80	\$47.64	\$53.70	\$62.86	\$79.70	\$79.70
Family	\$31.71	\$39.92	\$42.84	\$50.02	\$56.39	\$66.00	\$83.69	\$83.69
Dependent Continuation	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00

(Rates subject to change with 30-day notice)