



HCTC-ELIGIBLE PROGRAM

Monthly Rates Effective January 1, 2011

Rates shown are 100% of the monthly premium

PreferredBlue® Individual Preferred-Provider Program

Individual/Family Deductibles	One Person	One Parent & Child	One Parent & Children	Husband & Wife	Two Parents & Child	Two Parents & Children
\$500/\$1,500*	\$507.05	\$755.50	\$1,003.95	\$1,014.05	\$1,262.50	\$1,511.00
\$1,000/\$3,000*	\$453.40	\$675.65	\$897.70	\$906.85	\$1,128.95	\$1,351.15

* For a PreferredBlue agreement covering more than one family member, each covered individual must meet his/her individual deductible (within a benefit period) before Highmark will pay for covered services for that individual. No individual member may satisfy the entire family deductible. Only after three individual family members have satisfied their deductibles will the deductibles for all remaining family members also be considered to have been satisfied.