



# Monthly Rates for HIPAA-Eligible Program of Health Care Coverage

Effective January 1, 2010

## PreferredBlue® Individual Preferred-Provider Program

### Option 1: \$500 individual – \$1,500 family\* deductible

Individual	One Parent & Child	One Parent & Children	Husband & Wife	Two Parents & Child	Two Parents & Children
\$816.35	\$1,216.35	\$1,616.35	\$1,632.75	\$2,032.70	\$2,432.75

### Option 2: \$1,000 individual – \$3,000 family\* deductible

Individual	One Parent & Child	One Parent & Children	Husband & Wife	Two Parents & Child	Two Parents & Children
\$730.00	\$1,087.75	\$1,445.40	\$1,460.00	\$1,817.70	\$2,175.40

\*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.

Note: If a child only is applying for coverage without a parent, the "Individual" rate applies. If children only are applying for coverage without a parent, the "One Parent and Children" rate applies.