

**Anthem Blue Cross and Blue Shield
Direct Pay Rate Filing - All Products
Effective January 1, 2015**

Attachment A: Rates per Contract by Benefit Option for Grandfathered Options

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$150 Individual/\$300 Family Deductible*				
< 30	\$468.74	\$937.48	\$1,184.50	\$734.98
30 - 39	\$582.33	\$1,164.66	\$1,471.55	\$913.10
40 - 44	\$684.29	\$1,368.58	\$1,729.20	\$1,072.97
45 - 49	\$790.35	\$1,580.71	\$1,997.23	\$1,239.28
50 - 54	\$949.11	\$1,898.22	\$2,398.40	\$1,488.21
55 - 59	\$1,144.13	\$2,288.27	\$2,891.22	\$1,794.01
60+	\$1,405.53	\$2,811.06	\$3,551.78	\$2,203.88

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$300 Individual/\$600 Family Deductible*				
< 30	\$460.90	\$921.80	\$1,164.70	\$722.70
30 - 39	\$572.60	\$1,145.19	\$1,446.95	\$897.83
40 - 44	\$672.85	\$1,345.70	\$1,700.29	\$1,055.03
45 - 49	\$777.14	\$1,554.28	\$1,963.83	\$1,218.56
50 - 54	\$933.24	\$1,866.49	\$2,358.30	\$1,463.33
55 - 59	\$1,125.01	\$2,250.01	\$2,842.88	\$1,764.01
60+	\$1,382.03	\$2,764.07	\$3,492.40	\$2,167.03

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$500 Individual/\$1,000 Family Deductible*				
< 30	\$451.64	\$903.28	\$1,141.30	\$708.17
30 - 39	\$561.09	\$1,122.18	\$1,417.88	\$879.79
40 - 44	\$659.33	\$1,318.66	\$1,666.13	\$1,033.83
45 - 49	\$761.53	\$1,523.05	\$1,924.38	\$1,194.07
50 - 54	\$914.49	\$1,828.98	\$2,310.92	\$1,433.92
55 - 59	\$1,102.40	\$2,204.80	\$2,785.77	\$1,728.56
60+	\$1,354.26	\$2,708.53	\$3,422.23	\$2,123.49

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$750 Individual/\$1,500 Family Deductible*				
< 30	\$440.55	\$881.10	\$1,113.27	\$690.78
30 - 39	\$547.31	\$1,094.62	\$1,383.05	\$858.18
40 - 44	\$643.14	\$1,286.28	\$1,625.21	\$1,008.44
45 - 49	\$742.83	\$1,485.65	\$1,877.12	\$1,164.75
50 - 54	\$892.04	\$1,784.07	\$2,254.17	\$1,398.71
55 - 59	\$1,075.33	\$2,150.66	\$2,717.35	\$1,686.11
60+	\$1,321.01	\$2,642.02	\$3,338.18	\$2,071.34

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$1,000 Individual/\$2,000 Family Deductible*				
< 30	\$430.23	\$860.46	\$1,087.18	\$674.59
30 - 39	\$534.49	\$1,068.98	\$1,350.65	\$838.07
40 - 44	\$628.07	\$1,256.14	\$1,587.13	\$984.81
45 - 49	\$725.42	\$1,450.84	\$1,833.14	\$1,137.46
50 - 54	\$871.13	\$1,742.27	\$2,201.35	\$1,365.93
55 - 59	\$1,050.13	\$2,100.27	\$2,653.68	\$1,646.60
60+	\$1,290.06	\$2,580.11	\$3,259.97	\$2,022.80

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$2,000 Individual/\$4,000 Family Deductible*				
< 30	\$392.03	\$784.06	\$990.67	\$614.71
30 - 39	\$487.04	\$974.07	\$1,230.74	\$763.67
40 - 44	\$572.31	\$1,144.62	\$1,446.23	\$897.38
45 - 49	\$661.02	\$1,322.04	\$1,670.40	\$1,036.47
50 - 54	\$793.79	\$1,587.59	\$2,005.92	\$1,244.67
55 - 59	\$956.90	\$1,913.80	\$2,418.10	\$1,500.42
60+	\$1,175.52	\$2,351.05	\$2,970.56	\$1,843.22

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$4,000 Individual/\$8,000 Family Deductible*				
< 30	\$346.36	\$692.73	\$875.26	\$543.10
30 - 39	\$430.30	\$860.60	\$1,087.37	\$674.71
40 - 44	\$505.64	\$1,011.28	\$1,277.75	\$792.84
45 - 49	\$584.01	\$1,168.03	\$1,475.80	\$915.73
50 - 54	\$701.32	\$1,402.65	\$1,772.24	\$1,099.67
55 - 59	\$845.43	\$1,690.86	\$2,136.40	\$1,325.63
60+	\$1,038.58	\$2,077.17	\$2,624.50	\$1,628.49

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$150 Individual/\$300 Family Deductible*/\$1,000 Coins Limit, \$20,000 Annual Benefit Maximum				
< 30	\$371.34	\$742.68	\$938.37	\$582.26
30 - 39	\$461.33	\$922.65	\$1,165.78	\$723.36
40 - 44	\$542.10	\$1,084.20	\$1,369.89	\$850.01
45 - 49	\$626.13	\$1,252.25	\$1,582.22	\$981.76
50 - 54	\$751.89	\$1,503.79	\$1,900.04	\$1,178.96
55 - 59	\$906.39	\$1,812.78	\$2,290.46	\$1,421.22
60+	\$1,113.47	\$2,226.95	\$2,813.75	\$1,745.92

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$150 Individual/\$300 Family Deductible*/\$1,000 Coins Limit, \$10,000 Annual Maximum				
< 30	\$295.79	\$591.58	\$747.46	\$463.80
30 - 39	\$367.47	\$734.94	\$928.59	\$576.20
40 - 44	\$431.81	\$863.62	\$1,091.18	\$677.08
45 - 49	\$498.74	\$997.48	\$1,260.31	\$782.03
50 - 54	\$598.92	\$1,197.84	\$1,513.47	\$939.11
55 - 59	\$721.99	\$1,443.97	\$1,824.45	\$1,132.08
60+	\$886.94	\$1,773.88	\$2,241.28	\$1,390.72

This is not a contract or certificate of coverage. This proposed premium sheet is not a contract with Anthem Blue Cross and Blue Shield. If there is any difference between this proposed premium sheet and the certificate of coverage, the provisions of the certificate of coverage will govern. The certificate of coverage sets forth in detail the rights and obligations of both you and Anthem.

** Please refer to your certificate of coverage for more information about how individual and family deductibles are applied.*

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Attachment A: Rates per Contract by Benefit Option for Grandfathered Options

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$2,250 Individual/\$4,500 Family Deductible*				
< 30	\$418.63	\$837.26	\$1,057.88	\$656.41
30 - 39	\$520.08	\$1,040.16	\$1,314.24	\$815.49
40 - 44	\$611.14	\$1,222.28	\$1,544.35	\$958.27
45 - 49	\$705.87	\$1,411.73	\$1,783.72	\$1,106.80
50 - 54	\$847.65	\$1,695.30	\$2,142.01	\$1,329.12
55 - 59	\$1,021.83	\$2,043.65	\$2,582.15	\$1,602.23
60+	\$1,255.28	\$2,510.56	\$3,172.09	\$1,968.29

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$5,000 Individual/\$10,000 Family Deductible*				
< 30	\$328.77	\$657.55	\$830.81	\$515.52
30 - 39	\$408.45	\$816.89	\$1,032.14	\$640.45
40 - 44	\$479.96	\$959.92	\$1,212.86	\$752.58
45 - 49	\$554.35	\$1,108.71	\$1,400.85	\$869.23
50 - 54	\$665.70	\$1,331.41	\$1,682.24	\$1,043.83
55 - 59	\$802.49	\$1,604.99	\$2,027.90	\$1,258.31
60+	\$985.84	\$1,971.68	\$2,491.21	\$1,545.80

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Preventive Care and Accident Rider				
< 30	\$19.44	\$38.88	\$49.13	\$30.48
30 - 39	\$24.15	\$48.30	\$61.03	\$37.87
40 - 44	\$28.38	\$56.76	\$71.72	\$44.50
45 - 49	\$32.78	\$65.56	\$82.84	\$51.40
50 - 54	\$39.36	\$78.73	\$99.48	\$61.72
55 - 59	\$47.45	\$94.90	\$119.92	\$74.40
60+	\$58.29	\$116.59	\$147.31	\$91.40

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$2,250 Individual/\$4,500 Family Deductible w PCSA*				
< 30	\$438.07	\$876.14	\$1,107.01	\$686.89
30 - 39	\$544.23	\$1,088.46	\$1,375.27	\$853.36
40 - 44	\$639.52	\$1,279.04	\$1,616.07	\$1,002.77
45 - 49	\$738.65	\$1,477.29	\$1,866.56	\$1,158.20
50 - 54	\$887.01	\$1,774.03	\$2,241.49	\$1,390.84
55 - 59	\$1,069.28	\$2,138.55	\$2,702.07	\$1,676.63
60+	\$1,313.57	\$2,627.15	\$3,319.40	\$2,059.69

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$5,000 Individual/\$10,000 Family Deductible w PCSA*				
< 30	\$348.21	\$696.43	\$879.94	\$546.00
30 - 39	\$432.60	\$865.19	\$1,093.17	\$678.32
40 - 44	\$508.34	\$1,016.68	\$1,284.58	\$797.08
45 - 49	\$587.13	\$1,174.27	\$1,483.69	\$920.63
50 - 54	\$705.06	\$1,410.14	\$1,781.72	\$1,105.55
55 - 59	\$849.94	\$1,699.89	\$2,147.82	\$1,332.71
60+	\$1,044.13	\$2,088.27	\$2,638.52	\$1,637.20

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$10,000 Individual/\$20,000 Family Deductible*				
< 30	\$239.76	\$479.53	\$605.88	\$375.95
30 - 39	\$297.87	\$595.73	\$752.71	\$467.05
40 - 44	\$350.02	\$700.04	\$884.50	\$548.83
45 - 49	\$404.27	\$808.55	\$1,021.60	\$633.90
50 - 54	\$485.48	\$970.96	\$1,226.80	\$761.23
55 - 59	\$585.23	\$1,170.47	\$1,478.88	\$917.64
60+	\$718.94	\$1,437.88	\$1,816.76	\$1,127.30

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$15,000 Individual/\$30,000 Family Deductible*				
< 30	\$147.80	\$295.59	\$373.48	\$231.74
30 - 39	\$183.61	\$367.22	\$463.99	\$287.90
40 - 44	\$215.76	\$431.52	\$545.23	\$338.31
45 - 49	\$249.20	\$498.41	\$629.74	\$390.75
50 - 54	\$299.26	\$598.52	\$756.23	\$469.24
55 - 59	\$360.75	\$721.50	\$911.62	\$565.65
60+	\$443.17	\$886.34	\$1,119.90	\$694.89

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$10,000 Individual/\$20,000 Family Deductible w PCSA*				
< 30	\$259.20	\$518.41	\$655.01	\$406.43
30 - 39	\$322.02	\$644.03	\$813.74	\$504.92
40 - 44	\$378.40	\$756.80	\$956.22	\$593.33
45 - 49	\$437.05	\$874.11	\$1,104.44	\$685.30
50 - 54	\$524.84	\$1,049.69	\$1,326.28	\$822.95
55 - 59	\$632.68	\$1,265.37	\$1,598.80	\$992.04
60+	\$777.23	\$1,554.47	\$1,964.07	\$1,218.70

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice \$15,000 Individual/\$30,000 Family Deductible w PCSA*				
< 30	\$167.24	\$334.47	\$422.61	\$262.22
30 - 39	\$207.76	\$415.52	\$525.02	\$325.77
40 - 44	\$244.14	\$488.28	\$616.95	\$382.81
45 - 49	\$281.98	\$563.97	\$712.58	\$442.15
50 - 54	\$338.62	\$677.25	\$855.71	\$530.96
55 - 59	\$408.20	\$816.40	\$1,031.54	\$640.05
60+	\$501.46	\$1,002.93	\$1,267.21	\$786.29

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Attachment A: Rates per Contract by Benefit Option for Grandfathered Options

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Basic: \$250 Deductible*/\$1,000 Coinsurance Limit				
< 30	\$413.62	\$827.23	\$1,045.21	\$648.55
30 - 39	\$513.85	\$1,027.70	\$1,298.50	\$805.72
40 - 44	\$603.82	\$1,207.64	\$1,525.85	\$946.79
45 - 49	\$697.41	\$1,394.82	\$1,762.36	\$1,093.54
50 - 54	\$837.50	\$1,675.00	\$2,116.35	\$1,313.20
55 - 59	\$1,009.59	\$2,019.17	\$2,551.22	\$1,583.03
60+	\$1,240.25	\$2,480.49	\$3,134.10	\$1,944.71

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Basic: \$500 Deductible*/\$1,000 Coinsurance Limit				
< 30	\$408.12	\$816.23	\$1,031.31	\$639.93
30 - 39	\$507.02	\$1,014.03	\$1,281.23	\$795.00
40 - 44	\$595.79	\$1,191.58	\$1,505.56	\$934.20
45 - 49	\$688.14	\$1,376.27	\$1,738.92	\$1,079.00
50 - 54	\$826.36	\$1,652.72	\$2,088.21	\$1,295.74
55 - 59	\$996.16	\$1,992.32	\$2,517.30	\$1,561.98
60+	\$1,223.75	\$2,447.51	\$3,092.42	\$1,918.85

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Standard: \$250 Deductible*				
< 30	\$479.47	\$958.95	\$1,211.63	\$751.81
30 - 39	\$595.67	\$1,191.33	\$1,505.25	\$934.01
40 - 44	\$699.96	\$1,399.92	\$1,768.80	\$1,097.54
45 - 49	\$808.45	\$1,616.91	\$2,042.96	\$1,267.66
50 - 54	\$970.84	\$1,941.69	\$2,453.33	\$1,522.29
55 - 59	\$1,170.33	\$2,340.67	\$2,957.43	\$1,835.09
60+	\$1,437.72	\$2,875.44	\$3,633.12	\$2,254.35

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Standard: \$500 Deductible*				
< 30	\$473.97	\$947.94	\$1,197.73	\$743.19
30 - 39	\$588.83	\$1,177.66	\$1,487.98	\$923.29
40 - 44	\$691.93	\$1,383.86	\$1,748.51	\$1,084.95
45 - 49	\$799.18	\$1,598.36	\$2,019.53	\$1,253.12
50 - 54	\$959.71	\$1,919.41	\$2,425.18	\$1,504.83
55 - 59	\$1,156.91	\$2,313.81	\$2,923.51	\$1,814.04
60+	\$1,421.22	\$2,842.45	\$3,591.44	\$2,228.49

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Basic: \$1,000 Deductible*/\$1,000 Coinsurance Limit				
< 30	\$397.12	\$794.24	\$1,003.53	\$622.69
30 - 39	\$493.36	\$986.72	\$1,246.72	\$773.58
40 - 44	\$579.74	\$1,159.48	\$1,465.00	\$909.03
45 - 49	\$669.60	\$1,339.20	\$1,692.08	\$1,049.93
50 - 54	\$804.10	\$1,608.20	\$2,031.96	\$1,260.82
55 - 59	\$969.33	\$1,938.65	\$2,449.48	\$1,519.90
60+	\$1,190.79	\$2,381.57	\$3,009.11	\$1,867.15

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Basic: \$1,500 Deductible*/\$1,000 Coinsurance Limit				
< 30	\$386.12	\$772.24	\$975.73	\$605.44
30 - 39	\$479.69	\$959.38	\$1,212.18	\$752.16
40 - 44	\$563.68	\$1,127.36	\$1,424.42	\$883.85
45 - 49	\$651.05	\$1,302.10	\$1,645.21	\$1,020.85
50 - 54	\$781.82	\$1,563.65	\$1,975.67	\$1,225.90
55 - 59	\$942.47	\$1,884.95	\$2,381.63	\$1,477.80
60+	\$1,157.80	\$2,315.60	\$2,925.76	\$1,815.43

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Standard: \$1,000 Deductible*				
< 30	\$462.98	\$925.96	\$1,169.95	\$725.95
30 - 39	\$575.17	\$1,150.35	\$1,453.47	\$901.87
40 - 44	\$675.88	\$1,351.76	\$1,707.95	\$1,059.78
45 - 49	\$780.64	\$1,561.28	\$1,972.68	\$1,224.05
50 - 54	\$937.45	\$1,874.89	\$2,368.93	\$1,469.91
55 - 59	\$1,130.07	\$2,260.14	\$2,855.69	\$1,771.95
60+	\$1,388.26	\$2,776.52	\$3,508.13	\$2,176.79

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Standard: \$1,500 Deductible*				
< 30	\$451.98	\$903.95	\$1,142.15	\$708.70
30 - 39	\$561.51	\$1,123.01	\$1,418.93	\$880.44
40 - 44	\$659.82	\$1,319.64	\$1,667.37	\$1,034.60
45 - 49	\$762.09	\$1,524.18	\$1,925.81	\$1,194.96
50 - 54	\$915.17	\$1,830.34	\$2,312.64	\$1,434.99
55 - 59	\$1,103.22	\$2,206.44	\$2,787.84	\$1,729.85
60+	\$1,355.27	\$2,710.54	\$3,424.78	\$2,125.07

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	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Lumenos H.S.A. \$2,500 Individual/\$5,000 Family Deductible*				
< 30	\$350.86	\$631.56	\$886.64	\$550.16
30 - 39	\$435.89	\$784.60	\$1,101.50	\$683.48
40 - 44	\$512.21	\$921.98	\$1,294.36	\$803.15
45 - 49	\$591.60	\$1,064.89	\$1,494.99	\$927.64
50 - 54	\$710.44	\$1,278.79	\$1,795.28	\$1,113.97
55 - 59	\$856.42	\$1,541.55	\$2,164.17	\$1,342.87
60+	\$1,052.08	\$1,893.75	\$2,658.62	\$1,649.67

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Lumenos H.S.A. \$5,000 Individual/\$10,000 Family Deductible*				
< 30	\$295.88	\$532.58	\$747.68	\$463.94
30 - 39	\$367.58	\$661.64	\$928.88	\$576.37
40 - 44	\$431.94	\$777.49	\$1,091.51	\$677.28
45 - 49	\$498.89	\$898.00	\$1,260.69	\$782.26
50 - 54	\$599.10	\$1,078.38	\$1,513.92	\$939.39
55 - 59	\$722.20	\$1,299.96	\$1,825.00	\$1,132.41
60+	\$887.20	\$1,596.96	\$2,241.96	\$1,391.13

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Lumenos HIA \$5,000 Individual/\$10,000 Family Deductible*				
< 30	\$297.69	\$536.20	\$751.30	\$467.56
30 - 39	\$369.39	\$665.26	\$932.50	\$579.99
40 - 44	\$433.75	\$781.11	\$1,095.13	\$680.90
45 - 49	\$500.70	\$901.62	\$1,264.31	\$785.88
50 - 54	\$600.91	\$1,082.00	\$1,517.54	\$943.01
55 - 59	\$724.01	\$1,303.58	\$1,828.62	\$1,136.03
60+	\$889.01	\$1,600.58	\$2,245.58	\$1,394.75

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Lumenos HIA Plus \$5,000 Individual/\$10,000 Family Deductible*				
< 30	\$310.73	\$562.28	\$777.38	\$493.64
30 - 39	\$382.43	\$691.34	\$958.58	\$606.07
40 - 44	\$446.79	\$807.19	\$1,121.21	\$706.98
45 - 49	\$513.74	\$927.70	\$1,290.39	\$811.96
50 - 54	\$613.95	\$1,108.08	\$1,543.62	\$969.09
55 - 59	\$737.05	\$1,329.66	\$1,854.70	\$1,162.11
60+	\$902.05	\$1,626.66	\$2,271.66	\$1,420.83

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
Lumenos HIA Plus \$10,000 Individual/\$20,000 Family Deductible*				
< 30	\$220.06	\$399.07	\$548.26	\$351.47
30 - 39	\$269.78	\$488.58	\$673.92	\$429.44
40 - 44	\$314.42	\$568.93	\$786.72	\$499.43
45 - 49	\$360.85	\$652.51	\$904.06	\$572.24
50 - 54	\$430.35	\$777.61	\$1,079.69	\$681.22
55 - 59	\$515.73	\$931.29	\$1,295.44	\$815.09
60+	\$630.17	\$1,137.28	\$1,584.62	\$994.53

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	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice HDHP \$2,600 Individual/\$5,200 Family Deductible*				
< 30	\$227.54	\$430.04	\$596.15	\$361.78
30 - 39	\$282.68	\$534.26	\$740.62	\$449.46
40 - 44	\$332.17	\$627.80	\$870.29	\$528.15
45 - 49	\$383.66	\$725.11	\$1,005.18	\$610.01
50 - 54	\$460.72	\$870.76	\$1,207.09	\$732.54
55 - 59	\$555.39	\$1,049.68	\$1,455.12	\$883.07
60+	\$682.28	\$1,289.50	\$1,787.58	\$1,084.82

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HealthChoice HDHP \$5,000 Individual/\$10,000 Family Deductible*				
< 30	\$181.47	\$333.90	\$462.75	\$281.28
30 - 39	\$225.45	\$414.82	\$574.89	\$349.45
40 - 44	\$264.92	\$487.45	\$675.55	\$410.63
45 - 49	\$305.98	\$563.00	\$780.26	\$474.28
50 - 54	\$367.44	\$676.09	\$936.99	\$569.54
55 - 59	\$442.95	\$815.02	\$1,129.52	\$686.57
60+	\$544.15	\$1,001.22	\$1,387.58	\$843.43

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HMO Standard				
< 30	\$1,235.75	\$2,471.51	\$3,274.75	\$2,038.99
30 - 39	\$1,535.22	\$3,070.44	\$4,068.33	\$2,533.11
40 - 44	\$1,804.02	\$3,608.04	\$4,780.65	\$2,976.63
45 - 49	\$2,083.64	\$4,167.29	\$5,521.65	\$3,438.01
50 - 54	\$2,502.18	\$5,004.35	\$6,630.76	\$4,128.59
55 - 59	\$3,016.32	\$6,032.64	\$7,993.25	\$4,976.93
60+	\$3,705.46	\$7,410.91	\$9,819.46	\$6,114.00

	One Adult	Two Adults	Two Adults With One or More Children	One Adult With One or More Children
HMO Basic				
< 30	\$1,003.94	\$2,007.87	\$2,660.43	\$1,656.49
30 - 39	\$1,247.23	\$2,494.45	\$3,305.15	\$2,057.92
40 - 44	\$1,465.60	\$2,931.20	\$3,883.84	\$2,418.24
45 - 49	\$1,692.77	\$3,385.54	\$4,485.84	\$2,793.07
50 - 54	\$2,032.79	\$4,065.57	\$5,386.89	\$3,354.10
55 - 59	\$2,450.48	\$4,900.97	\$6,493.78	\$4,043.30
60+	\$3,010.34	\$6,020.68	\$7,977.41	\$4,967.06

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