

Personal Blue



2009 – 2010 Guide to monthly rates

Personal Blue is for individuals and families who want affordable, comprehensive coverage

Rates effective April 1, 2009 to March 31, 2010

2009 Monthly rates

Determine your monthly rate (premium)

Your rate is based on your age, number of covered dependents, deductible amount, coinsurance level (80 or 100 percent), whether you are tobacco free, and if you choose optional substance abuse coverage or an expanded network.

Follow these simple steps to determine your rate

- 1** Choose the rate chart that applies to your needs using the rate chart index on the next page. Your rate will be lower if you choose the standard provider network, have been tobacco free for at least 24 months, and exclude substance abuse coverage.
- 2** Choose the level of coinsurance you want – 80 percent (you pay 20 percent) or 100 percent (you pay 0 percent).
- 3** Select your preferred deductible (the amount you pay before your plan pays). The higher your deductible, the lower your premium.
- 4** Find your age group on the left side of the table.
- 5** Locate the box where your age group (row) and deductible (column) intersect. This is your monthly rate.
- 6** Use the worksheet on the next page to calculate family rates.

Note: Your rate will change when you age into a new category — for example, from age 39 to 40.

Make sure your doctors are in the network

Use Blue Cross and Blue Shield of Minnesota's online provider search tool at bluecrossmn.com to make sure that your providers are in the standard network (*Accord*). You can also call customer service at **(651) 662-5030** or toll free at **1-800-531-6685**. More than 97 percent of Minnesota doctors and hospitals are in our standard network. If they're not, you'll likely find them in our expanded network (*Aware*®), available for a higher premium.

You get the best benefit for your dollar when you use network providers. And you have "in-network" options virtually anywhere you travel in the United States, thanks to the BlueCard® program and internationally through BlueCard Worldwide®. Plus, you never need a referral.

How can you lower your monthly rate?

- If you are tobacco free, you will save about 30 percent.
- By selecting the standard provider network (*Accord*), you will save about 7 percent.
- By choosing not to have substance abuse coverage, you will save about 3 percent.

These amounts will be reflected in the rates you select.

Automatic payment saves time, postage and checks

You have a convenient, worry-free, automatic way to pay your Personal Blue monthly rate. With automatic withdrawal, Blue Cross and Blue Shield of Minnesota will deduct the payment from your bank account. So there are no checks to write or bills to mail. Look for information about automatic withdrawal in the Personal Blue packet.

A note about checks

When you pay by check, you allow Blue Cross to use information from your check to make a one-time electronic funds transfer (EFT) from your account or to process a check transaction. When we make an EFT, funds may be withdrawn from your account as soon as the same day we receive your check, and your check will not be returned to you by your financial institution.

Personal Blue monthly rate worksheet

Example:

James and Emma Smith are a nonsmoking couple with one child. James is age 36 and Emma is 34. They have selected 80 percent coverage with a \$4,500 family deductible. The Smiths have chosen not to add substance abuse coverage or the expanded provider network.

Using the rate chart on page 4 (tobacco-free without substance abuse coverage), the Smiths arrive at their total family monthly rate by adding up the monthly rates for their family members.

James' monthly rate	\$ 117.50
Emma's monthly rate	\$ 113.50
Child's monthly rate	\$ 91.50
Family's total monthly rate	\$ 322.50

Determine your monthly rate

Enter your monthly rate	+ \$
Enter your spouse's monthly rate	+ \$
Enter your childrens' monthly rate <i>Note: choose the rate in the box that corresponds to the number of children you will cover</i>	+ \$
Family's total monthly rate <i>Add the rates for you, your spouse and your dependents</i>	= \$

Rate chart index

Here is where to quickly find the right rate chart for you:

Standard network (Accord)

tobacco free

with or without substance abuse coverage [page 4](#)

Standard network (Accord)

tobacco user

with or without substance abuse coverage [page 5](#)

Expanded network (Aware)

tobacco free

with or without substance abuse coverage [page 6](#)

Expanded network (Aware)

tobacco user

with or without substance abuse coverage [page 7](#)

Personal Blue monthly rates with the standard network (Accord)

Tobacco free — *without substance abuse coverage*

Coinsurance	80/20% with copay		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
Subscriber/spouse age										
90 days – 18 years	\$163.00	\$108.50	\$139.00	\$112.00	\$102.50	\$91.50	\$95.50	\$76.50	\$64.00	\$53.50
19 – 29	\$183.50	\$122.50	\$156.50	\$126.50	\$115.50	\$103.00	\$108.00	\$86.00	\$72.50	\$60.00
30 – 34	\$202.00	\$134.50	\$172.00	\$139.00	\$126.50	\$113.50	\$118.50	\$94.50	\$79.50	\$66.00
35 – 39	\$209.50	\$139.50	\$178.50	\$144.00	\$131.50	\$117.50	\$123.00	\$98.00	\$82.50	\$68.50
40 – 44	\$233.50	\$155.50	\$199.00	\$160.50	\$146.50	\$131.00	\$137.00	\$109.50	\$92.00	\$76.50
45 – 49	\$288.00	\$192.00	\$245.50	\$198.00	\$180.50	\$161.50	\$169.00	\$135.00	\$113.50	\$94.50
50 – 54	\$377.00	\$251.50	\$321.50	\$259.50	\$236.50	\$212.00	\$221.50	\$177.00	\$148.50	\$123.50
55 – 59	\$474.00	\$316.00	\$404.00	\$326.00	\$297.50	\$266.50	\$278.00	\$222.50	\$186.50	\$155.50
60 – 64	\$522.00	\$348.00	\$445.00	\$359.00	\$327.50	\$293.50	\$306.50	\$245.00	\$205.50	\$171.00
65+	\$522.00	\$348.00	\$445.00	\$359.00	\$327.50	\$293.50	\$306.50	\$245.00	\$205.50	\$171.00
Children 90 days – 18 years (or up to age 25 if covered as a dependent under a family contract)										
1 child	\$163.00	\$108.50	\$139.00	\$112.00	\$102.50	\$91.50	\$95.50	\$76.50	\$64.00	\$53.50
2 children	\$326.00	\$217.00	\$278.00	\$224.00	\$205.00	\$183.00	\$191.00	\$153.00	\$128.00	\$107.00
3 or more children	\$489.00	\$325.50	\$417.00	\$336.00	\$307.50	\$274.50	\$286.50	\$229.50	\$192.00	\$160.50

Tobacco free — *including substance abuse coverage*

Coinsurance	80/20% with copay		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
Subscriber/spouse age										
90 days – 18 years	\$168.00	\$112.00	\$143.00	\$115.50	\$105.50	\$94.50	\$98.50	\$78.50	\$66.00	\$55.00
19 – 29	\$189.50	\$126.00	\$161.50	\$130.00	\$118.50	\$106.50	\$111.00	\$88.50	\$74.50	\$62.00
30 – 34	\$208.00	\$138.50	\$177.50	\$143.00	\$130.50	\$117.00	\$122.00	\$97.50	\$82.00	\$68.00
35 – 39	\$216.00	\$144.00	\$184.00	\$148.50	\$135.50	\$121.00	\$126.50	\$101.00	\$85.00	\$71.00
40 – 44	\$240.50	\$160.00	\$205.00	\$165.00	\$151.00	\$135.00	\$141.00	\$112.50	\$94.50	\$79.00
45 – 49	\$296.50	\$197.50	\$253.00	\$204.00	\$186.00	\$166.50	\$174.00	\$139.00	\$116.50	\$97.00
50 – 54	\$388.50	\$259.00	\$331.00	\$267.00	\$243.50	\$218.00	\$228.00	\$182.00	\$153.00	\$127.50
55 – 59	\$488.50	\$325.50	\$416.00	\$335.50	\$306.50	\$274.50	\$286.50	\$229.00	\$192.00	\$160.00
60 – 64	\$538.00	\$358.50	\$458.50	\$369.50	\$337.50	\$302.00	\$315.50	\$252.00	\$211.50	\$176.50
65+	\$538.00	\$358.50	\$458.50	\$369.50	\$337.50	\$302.00	\$315.50	\$252.00	\$211.50	\$176.50
Children 90 days – 18 years (or up to age 25 if covered as a dependent under a family contract)										
1 child	\$168.00	\$112.00	\$143.00	\$115.50	\$105.50	\$94.50	\$98.50	\$78.50	\$66.00	\$55.00
2 children	\$336.00	\$224.00	\$286.00	\$231.00	\$211.00	\$189.00	\$197.00	\$157.00	\$132.00	\$110.00
3 or more children	\$504.00	\$336.00	\$429.00	\$346.50	\$316.50	\$283.50	\$295.50	\$235.50	\$198.00	\$165.00

These rates are effective April 1, 2009 through March 31, 2010. Each adult subscriber must select a rate based on his or her age.

Tobacco user — without substance abuse coverage

Coinsurance	80/20% with copay		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
Subscriber/spouse age										
90 days – 18 years	\$163.00	\$108.50	\$139.00	\$112.00	\$102.50	\$91.50	\$95.50	\$76.50	\$64.00	\$53.50
19 – 29	\$239.00	\$159.00	\$203.50	\$164.00	\$150.00	\$134.00	\$140.00	\$112.00	\$94.00	\$78.50
30 – 34	\$262.50	\$175.00	\$224.00	\$180.50	\$164.50	\$147.50	\$154.00	\$123.00	\$103.50	\$86.00
35 – 39	\$272.50	\$181.50	\$232.00	\$187.50	\$171.00	\$153.00	\$160.00	\$127.50	\$107.00	\$89.50
40 – 44	\$303.50	\$202.00	\$258.50	\$208.50	\$190.50	\$170.50	\$178.00	\$142.00	\$119.50	\$99.50
45 – 49	\$374.50	\$249.50	\$319.00	\$257.50	\$235.00	\$210.50	\$219.50	\$175.50	\$147.50	\$122.50
50 – 54	\$490.50	\$327.00	\$418.00	\$337.00	\$307.50	\$275.50	\$288.00	\$230.00	\$193.00	\$161.00
55 – 59	\$616.50	\$411.00	\$525.50	\$423.50	\$386.50	\$346.00	\$361.50	\$289.00	\$242.50	\$202.00
60 – 64	\$678.50	\$452.50	\$578.50	\$466.50	\$426.00	\$381.50	\$398.50	\$318.00	\$267.00	\$222.50
65+	\$678.50	\$452.50	\$578.50	\$466.50	\$426.00	\$381.50	\$398.50	\$318.00	\$267.00	\$222.50
Children 90 days – 18 years (or up to age 25 if covered as a dependent under a family contract)										
1 child	\$163.00	\$108.50	\$139.00	\$112.00	\$102.50	\$91.50	\$95.50	\$76.50	\$64.00	\$53.50
2 children	\$326.00	\$217.00	\$278.00	\$224.00	\$205.00	\$183.00	\$191.00	\$153.00	\$128.00	\$107.00
3 or more children	\$489.00	\$325.50	\$417.00	\$336.00	\$307.50	\$274.50	\$286.50	\$229.50	\$192.00	\$160.50

Tobacco user — including substance abuse coverage

Coinsurance	80/20% with copay		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
Subscriber/spouse age										
90 days – 18 years	\$168.00	\$112.00	\$143.00	\$115.50	\$105.50	\$94.50	\$98.50	\$78.50	\$66.00	\$55.00
19 – 29	\$246.00	\$164.00	\$209.50	\$169.00	\$154.50	\$138.00	\$144.50	\$115.50	\$97.00	\$80.50
30 – 34	\$270.50	\$180.50	\$230.50	\$186.00	\$169.50	\$152.00	\$158.50	\$127.00	\$106.50	\$88.50
35 – 39	\$280.50	\$187.00	\$239.00	\$193.00	\$176.00	\$157.50	\$164.50	\$131.50	\$110.50	\$92.00
40 – 44	\$312.50	\$208.50	\$266.50	\$215.00	\$196.00	\$175.50	\$183.50	\$146.50	\$123.00	\$102.50
45 – 49	\$385.50	\$257.00	\$328.50	\$265.00	\$242.00	\$216.50	\$226.50	\$181.00	\$151.50	\$126.50
50 – 54	\$505.00	\$336.50	\$430.50	\$347.00	\$317.00	\$283.50	\$296.50	\$237.00	\$198.50	\$165.50
55 – 59	\$634.50	\$423.00	\$541.00	\$436.50	\$398.00	\$356.50	\$372.50	\$297.50	\$249.50	\$208.00
60 – 64	\$699.00	\$466.00	\$596.00	\$480.50	\$438.50	\$392.50	\$410.50	\$328.00	\$275.00	\$229.00
65+	\$699.00	\$466.00	\$596.00	\$480.50	\$438.50	\$392.50	\$410.50	\$328.00	\$275.00	\$229.00
Children 90 days – 18 years (or up to age 25 if covered as a dependent under a family contract)										
1 child	\$168.00	\$112.00	\$143.00	\$115.50	\$105.50	\$94.50	\$98.50	\$78.50	\$66.00	\$55.00
2 children	\$336.00	\$224.00	\$286.00	\$231.00	\$211.00	\$189.00	\$197.00	\$157.00	\$132.00	\$110.00
3 or more children	\$504.00	\$336.00	\$429.00	\$346.50	\$316.50	\$283.50	\$295.50	\$235.50	\$198.00	\$165.00

These rates are effective April 1, 2009 through March 31, 2010. Each adult subscriber must select a rate based on his or her age.

Personal Blue monthly rates with the expanded network (Aware)

Tobacco free — without substance abuse coverage

Coinsurance	80/20% with copay		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
Subscriber/spouse age										
90 days – 18 years	\$174.50	\$116.50	\$148.50	\$120.00	\$109.50	\$98.00	\$102.50	\$82.00	\$68.50	\$57.00
19 – 29	\$196.50	\$131.00	\$167.50	\$135.00	\$123.50	\$110.50	\$115.50	\$92.00	\$77.50	\$64.50
30 – 34	\$216.00	\$144.00	\$184.00	\$148.50	\$135.50	\$121.50	\$127.00	\$101.50	\$85.00	\$71.00
35 – 39	\$224.00	\$149.50	\$191.00	\$154.00	\$140.50	\$126.00	\$131.50	\$105.00	\$88.00	\$73.50
40 – 44	\$249.50	\$166.50	\$213.00	\$171.50	\$156.50	\$140.00	\$146.50	\$117.00	\$98.00	\$82.00
45 – 49	\$308.00	\$205.50	\$262.50	\$212.00	\$193.50	\$173.00	\$181.00	\$144.50	\$121.00	\$101.00
50 – 54	\$403.50	\$269.00	\$344.00	\$277.50	\$253.00	\$226.50	\$237.00	\$189.00	\$159.00	\$132.50
55 – 59	\$507.00	\$338.00	\$432.50	\$348.50	\$318.00	\$285.00	\$297.50	\$238.00	\$199.50	\$166.50
60 – 64	\$558.50	\$372.50	\$476.00	\$384.00	\$350.50	\$314.00	\$328.00	\$262.00	\$220.00	\$183.00
65+	\$558.50	\$372.50	\$476.00	\$384.00	\$350.50	\$314.00	\$328.00	\$262.00	\$220.00	\$183.00
Children 90 days – 18 years (or up to age 25 if covered as a dependent under a family contract)										
1 child	\$174.50	\$116.50	\$148.50	\$120.00	\$109.50	\$98.00	\$102.50	\$82.00	\$68.50	\$57.00
2 children	\$349.00	\$233.00	\$297.00	\$240.00	\$219.00	\$196.00	\$205.00	\$164.00	\$137.00	\$114.00
3 or more children	\$523.50	\$349.50	\$445.50	\$360.00	\$328.50	\$294.00	\$307.50	\$246.00	\$205.50	\$171.00

Tobacco free — including substance abuse coverage

Coinsurance	80/20% with copay		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
Subscriber/spouse age										
90 days – 18 years	\$179.50	\$120.00	\$153.00	\$123.50	\$112.50	\$101.00	\$105.50	\$84.00	\$70.50	\$59.00
19 – 29	\$202.50	\$135.00	\$172.50	\$139.00	\$127.00	\$114.00	\$119.00	\$95.00	\$79.50	\$66.50
30 – 34	\$222.50	\$148.50	\$189.50	\$153.00	\$139.50	\$125.00	\$130.50	\$104.50	\$87.50	\$73.00
35 – 39	\$231.00	\$154.00	\$197.00	\$159.00	\$145.00	\$129.50	\$135.50	\$108.50	\$91.00	\$75.50
40 – 44	\$257.00	\$171.50	\$219.00	\$177.00	\$161.50	\$144.50	\$151.00	\$120.50	\$101.00	\$84.50
45 – 49	\$317.50	\$211.50	\$270.50	\$218.00	\$199.00	\$178.50	\$186.00	\$149.00	\$125.00	\$104.00
50 – 54	\$415.50	\$277.00	\$354.50	\$286.00	\$261.00	\$233.50	\$244.00	\$195.00	\$163.50	\$136.50
55 – 59	\$522.50	\$348.50	\$445.50	\$359.00	\$327.50	\$293.50	\$306.50	\$245.00	\$205.50	\$171.50
60 – 64	\$575.50	\$383.50	\$490.50	\$395.50	\$361.00	\$323.00	\$337.50	\$270.00	\$226.50	\$188.50
65+	\$575.50	\$383.50	\$490.50	\$395.50	\$361.00	\$323.00	\$337.50	\$270.00	\$226.50	\$188.50
Children 90 days – 18 years (or up to age 25 if covered as a dependent under a family contract)										
1 child	\$179.50	\$120.00	\$153.00	\$123.50	\$112.50	\$101.00	\$105.50	\$84.00	\$70.50	\$59.00
2 children	\$359.00	\$240.00	\$306.00	\$247.00	\$225.00	\$202.00	\$211.00	\$168.00	\$141.00	\$118.00
3 or more children	\$538.50	\$360.00	\$459.00	\$370.50	\$337.50	\$303.00	\$316.50	\$252.00	\$211.50	\$177.00

These rates are effective April 1, 2009 through March 31, 2010. Each adult subscriber must select a rate based on his or her age.

Tobacco user — without substance abuse coverage

Coinsurance	80/20% with copay		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
Subscriber/spouse age										
90 days – 18 years	\$174.50	\$116.50	\$148.50	\$120.00	\$109.50	\$98.00	\$102.50	\$82.00	\$68.50	\$57.00
19 – 29	\$255.50	\$170.50	\$218.00	\$175.50	\$160.50	\$143.50	\$150.00	\$120.00	\$100.50	\$84.00
30 – 34	\$281.00	\$187.50	\$239.50	\$193.00	\$176.00	\$158.00	\$165.00	\$131.50	\$110.50	\$92.00
35 – 39	\$291.50	\$194.50	\$248.50	\$200.50	\$183.00	\$163.50	\$171.00	\$136.50	\$114.50	\$95.50
40 – 44	\$324.50	\$216.50	\$276.50	\$223.00	\$203.50	\$182.50	\$190.50	\$152.00	\$127.50	\$106.50
45 – 49	\$400.50	\$267.00	\$341.50	\$275.50	\$251.50	\$225.00	\$235.00	\$188.00	\$157.50	\$131.50
50 – 54	\$524.50	\$350.00	\$447.50	\$360.50	\$329.00	\$294.50	\$308.00	\$246.00	\$206.50	\$172.00
55 – 59	\$659.50	\$439.50	\$562.00	\$453.50	\$413.50	\$370.50	\$387.00	\$309.00	\$259.50	\$216.00
60 – 64	\$726.00	\$484.00	\$619.00	\$499.00	\$455.50	\$408.00	\$426.00	\$340.50	\$285.50	\$238.00
65+	\$726.00	\$484.00	\$619.00	\$499.00	\$455.50	\$408.00	\$426.00	\$340.50	\$285.50	\$238.00
Children 90 days – 18 years (or up to age 25 if covered as a dependent under a family contract)										
1 child	\$174.50	\$116.50	\$148.50	\$120.00	\$109.50	\$98.00	\$102.50	\$82.00	\$68.50	\$57.00
2 children	\$349.00	\$233.00	\$297.00	\$240.00	\$219.00	\$196.00	\$205.00	\$164.00	\$137.00	\$114.00
3 or more children	\$523.50	\$349.50	\$445.50	\$360.00	\$328.50	\$294.00	\$307.50	\$246.00	\$205.50	\$171.00

Tobacco user — including substance abuse coverage

Coinsurance	80/20% with copay		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
Subscriber/spouse age										
90 days – 18 years	\$179.50	\$120.00	\$153.00	\$123.50	\$112.50	\$101.00	\$105.50	\$84.00	\$70.50	\$59.00
19 – 29	\$263.50	\$175.50	\$224.50	\$181.00	\$165.00	\$148.00	\$154.50	\$123.50	\$103.50	\$86.50
30 – 34	\$289.50	\$193.00	\$246.50	\$199.00	\$181.50	\$162.50	\$170.00	\$135.50	\$114.00	\$95.00
35 – 39	\$300.00	\$200.00	\$256.00	\$206.50	\$188.50	\$168.50	\$176.00	\$141.00	\$118.00	\$98.50
40 – 44	\$334.50	\$223.00	\$285.00	\$230.00	\$209.50	\$188.00	\$196.00	\$156.50	\$131.50	\$109.50
45 – 49	\$412.50	\$275.00	\$351.50	\$283.50	\$259.00	\$231.50	\$242.00	\$193.50	\$162.50	\$135.50
50 – 54	\$540.50	\$360.50	\$460.50	\$371.50	\$339.00	\$303.50	\$317.00	\$253.50	\$212.50	\$177.00
55 – 59	\$679.00	\$453.00	\$579.00	\$467.00	\$426.00	\$381.50	\$398.50	\$318.50	\$267.00	\$222.50
60 – 64	\$748.00	\$498.50	\$637.50	\$514.00	\$469.00	\$420.00	\$439.00	\$350.50	\$294.50	\$245.50
65+	\$748.00	\$498.50	\$637.50	\$514.00	\$469.00	\$420.00	\$439.00	\$350.50	\$294.50	\$245.50
Children 90 days – 18 years (or up to age 25 if covered as a dependent under a family contract)										
1 child	\$179.50	\$120.00	\$153.00	\$123.50	\$112.50	\$101.00	\$105.50	\$84.00	\$70.50	\$59.00
2 children	\$359.00	\$240.00	\$306.00	\$247.00	\$225.00	\$202.00	\$211.00	\$168.00	\$141.00	\$118.00
3 or more children	\$538.50	\$360.00	\$459.00	\$370.50	\$337.50	\$303.00	\$316.50	\$252.00	\$211.50	\$177.00

These rates are effective April 1, 2009 through March 31, 2010. Each adult subscriber must select a rate based on his or her age.



**BlueCross BlueShield
of Minnesota**

An independent licensee of the Blue Cross and Blue Shield Association