

SHORT TERM HEALTH CARE

Policy rates From 1/1/2007 - 12/31/2007

Please note: While rates are subject to change without notice, your premium amount will not change while your policy is active.

\$500 Deductible					\$1,000 Deductible				
Age	30-Day	45-Day	60-Day	90-Day	Age	30-Day	45-Day	60-Day	90-Day
0-29	\$115.70	\$166.45	\$199.82	\$286.41	0-29	\$68.40	\$97.68	\$114.94	\$160.06
30-39	\$144.01	\$209.18	\$257.66	\$368.10	30-39	\$84.72	\$121.68	\$145.39	\$211.23
40-49	\$195.24	\$287.68	\$367.46	\$537.38	40-49	\$113.24	\$165.06	\$205.16	\$295.35
50-59	\$279.98	\$411.21	\$521.04	\$782.25	50-59	\$158.79	\$233.76	\$297.99	\$439.35
60-64	\$367.68	\$546.73	\$714.10	\$1,066.13	60-64	\$214.66	\$316.43	\$404.59	\$601.63
Child	\$75.18	\$113.01	\$151.38	\$227.79	Child	\$40.44	\$60.79	\$81.44	\$122.56
2 or more children	\$150.36	\$226.02	\$302.76	\$455.58	2 or more children	\$80.88	\$121.58	\$162.88	\$245.12

Calculate your Short Term Health Care rate:

Choose a deductible: _____ Applicant rate \$ _____

Age (applicant): _____ Spouse rate \$ _____

Age (spouse): _____ Child/Children rate \$ _____

Days of coverage: _____ Total rate \$ _____

Use appropriate rate for one child or two or more children. If children under age 26 are full-time students, they are eligible for coverage with a parent. For a child-only policy, please use the 0-29 age bracket.

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