

E F F E C T I V E
 NOVEMBER 1, 2009

MONTHLY RATES WHEN YOU CHOOSE 1-4 MONTHS OF COVERAGE

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 30	\$ 61.33	\$ 73.39	\$ 84.70	\$101.29
30 - 39	81.86	98.04	117.49	141.20
40 - 49	121.45	145.14	152.24	182.37
50 - 59	218.45	261.31	202.86	242.80
60 - 64	316.57	378.78	287.26	343.74

One child (<i>non-smoker/smoker</i>)	\$47.90 / \$57.46
Two or more children (<i>non-smoker/smoker</i>)	\$95.78 / \$114.97

MONTHLY RATES WHEN YOU CHOOSE 5 OR 6 MONTHS OF COVERAGE

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 30	\$ 64.40	\$ 77.06	\$ 88.94	\$ 106.35
30 - 39	85.95	102.94	123.36	148.26
40 - 49	127.52	152.40	159.85	191.49
50 - 59	229.37	274.38	213.00	254.94
60 - 64	332.40	397.72	301.62	360.93

One child (<i>non-smoker/smoker</i>)	\$50.30 / \$60.33
Two or more children (<i>non-smoker/smoker</i>)	\$100.57 / \$120.72

Nonsmoker rates apply when **no one** on this coverage has used tobacco for the past 12 months. Children must be under age 25 and 50% financially dependent on the parent.

Rate is based on age on the effective date of coverage.



www.bcidaho.com

An Independent Licensee of the Blue Cross and Blue Shield Association

E F F E C T I V E
NOVEMBER 1, 2009

MONTHLY RATES WHEN YOU CHOOSE 7 OR 8 MONTHS OF COVERAGE

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
	Under 30	\$ 66.24	\$ 79.26	\$ 91.48
30 - 39	88.41	105.88	126.89	152.50
40 - 49	131.17	156.75	164.42	196.96
50 - 59	235.93	282.21	219.09	262.22
60 - 64	341.90	409.08	310.24	371.24

One child (<i>non-smoker/smoker</i>)	\$51.73 / \$62.06
Two or more children (<i>non-smoker/smoker</i>)	\$103.44 / \$124.17

MONTHLY RATES WHEN YOU CHOOSE 9 OR 10 MONTHS OF COVERAGE

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
	Under 30	\$ 70.28	\$ 84.10	\$ 97.07
30 - 39	93.81	112.35	134.64	161.82
40 - 49	139.18	166.33	174.47	209.00
50 - 59	250.34	299.46	232.48	278.25
60 - 64	362.79	434.08	329.20	393.93

One child (<i>non-smoker/smoker</i>)	\$54.89 / \$65.85
Two or more children (<i>non-smoker/smoker</i>)	\$109.76 / \$131.76

Nonsmoker rates apply when **no one** on this coverage has used tobacco for the past 12 months. Children must be under age 25 and 50% financially dependent on the parent.

Rate is based on age on the effective date of coverage.



Blue 
Cross of Idaho

www.bcidaho.com

An Independent Licensee of the Blue Cross and Blue Shield Association