



EFFECTIVE  
THROUGH APRIL 30, 2015

*Individual Monthly Rates*

Age of Applicant or Dependent	Healthy Smiles Preventive	Healthy Smiles Plus	Healthy Smiles Preferred
	No Benefit Period* Coverage Limit	\$1,000 Benefit Period* Coverage Limit	\$1,000 Benefit Period* Coverage Limit
0 - 17	\$18.51	\$27.55	\$33.90
18 - 24	\$14.52	\$26.13	\$34.13
25 - 29	\$15.20	\$26.31	\$35.50
30 - 34	\$16.01	\$26.31	\$35.53
35 - 39	\$16.55	\$26.40	\$36.39
40 - 44	\$17.04	\$26.71	\$38.26
45 - 49	\$17.65	\$27.80	\$40.68
50 - 54	\$18.40	\$28.87	\$42.98
55 - 59	\$18.49	\$29.03	\$43.92
60 - 64	\$18.84	\$29.35	\$44.98
Over 64	\$19.19	\$29.66	\$46.07

Premiums are calculated on a per person basis.

\*A benefit period is the twelve months following your coverage effective date.



An Independent Licensee of the Blue Cross and Blue Shield Association