

# SHORT TERM PPO<sup>SM</sup>

Effective November 1, 2014  
through January 31, 2015

## Monthly Rates when you choose 1-4 Months of Coverage

### Deductible of \$500

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 30.....	\$67.67	\$80.97	\$93.45	\$111.75
30-39 .....	90.32	108.17	129.63	155.78
40-49 .....	133.99	160.12	167.96	201.20
50-59 .....	241.02	288.53	223.82	267.88
60-64 .....	349.27	417.91	316.93	379.25

One child (non-smoker/smoker) \$52.85 / \$63.40  
Two or more children (non-smoker/smoker) \$105.68 / \$126.85

### Deductible of \$1,000

Under 30.....	\$46.42	\$55.55	\$64.12	\$76.68
30-39 .....	61.97	74.21	88.93	106.88
40-49 .....	91.93	109.86	115.24	138.05
50-59 .....	165.36	197.96	153.56	183.79
60-64 .....	239.63	286.72	217.44	260.19

One child (non-smoker/smoker) \$36.25 / \$43.49  
Two or more children (non-smoker/smoker) \$72.51 / \$87.02

### Deductible of \$2,000

Under 30.....	\$36.84	\$44.07	\$50.86	\$60.84
30-39 .....	49.16	58.88	70.56	84.80
40-49 .....	72.94	87.16	91.43	109.52
50-59 .....	131.19	157.06	121.82	145.81
60-64 .....	190.11	227.48	172.51	206.44

One child (non-smoker/smoker) \$28.77 / \$34.51  
Two or more children (non-smoker/smoker) \$57.53 / \$69.05



**Blue**  
**Cross of Idaho**

## Monthly Rates when you choose 5-6 Months of Coverage

### Deductible of \$500

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 30.....	\$71.05	\$85.02	\$98.12	\$117.34
30-39 .....	94.84	113.58	136.11	163.57
40-49 .....	140.69	168.13	176.36	211.26
50-59 .....	253.07	302.96	235.01	281.27
60-64 .....	366.73	438.81	332.78	398.21

One child (non-smoker/smoker) \$55.49 / \$66.57

Two or more children (non-smoker/smoker) \$110.96 / \$133.19

### Deductible of \$1,000

Under 30.....	\$51.35	\$ 61.44	\$70.92	\$ 84.82
30-39 .....	68.55	82.08	98.37	118.22
40-49 .....	101.68	121.52	127.47	152.70
50-59 .....	182.90	218.96	169.85	203.29
60-64 .....	265.05	317.14	240.51	287.80

One child (non-smoker/smoker) \$40.10 / \$48.10

Two or more children (non-smoker/smoker) \$80.20 / \$96.25

### Deductible of \$2,000

Under 30.....	\$37.88	\$45.31	\$52.29	\$62.56
30-39 .....	50.55	60.54	72.55	87.19
40-49 .....	75.00	89.62	94.01	112.61
50-59 .....	134.89	161.49	125.26	149.92
60-64 .....	195.47	233.89	177.37	212.26

One child (non-smoker/smoker) \$29.58 / \$35.48

Two or more children (non-smoker/smoker) \$59.15 / \$71.00

Nonsmoker rates apply when no one on this coverage has used tobacco for the past 12 months.

List all eligible dependents you wish to enroll, including any child who is under the age of 26; or who is medically certified as disabled and dependent on parent for support (copy of certification required).

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

## Monthly Rates when you choose 7-8 Months of Coverage

### Deductible of \$500

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 30.....	\$73.08	\$87.45	\$100.93	\$120.69
30-39 .....	97.55	116.82	140.00	168.24
40-49 .....	144.71	172.93	181.40	217.30
50-59 .....	260.30	311.61	241.73	289.31
60-64 .....	377.21	451.34	342.28	409.59

One child (non-smoker/smoker) \$57.08 / \$68.47

Two or more children (non-smoker/smoker) \$114.13 / \$137.00

### Deductible of \$1,000

Under 30.....	\$58.34	\$69.82	\$80.59	\$96.37
30-39 .....	77.88	93.27	111.77	134.33
40-49 .....	115.54	138.07	144.83	173.50
50-59 .....	207.82	248.80	192.99	230.99
60-64 .....	301.17	360.35	273.28	327.01

One child (non-smoker/smoker) \$45.56 / \$54.66

Two or more children (non-smoker/smoker) \$91.13 / \$109.37

### Deductible of \$2,000

Under 30.....	\$39.70	\$47.49	\$54.81	\$65.57
30-39 .....	52.98	63.45	76.04	91.39
40-49 .....	78.61	93.93	98.53	118.03
50-59 .....	141.38	169.26	131.29	157.14
60-64 .....	204.88	245.16	185.91	222.48

One child (non-smoker/smoker) \$31.01 / \$37.19

Two or more children (non-smoker/smoker) \$62.00 / \$74.42

Nonsmoker rates apply when no one on this coverage has used tobacco for the past 12 months.

List all eligible dependents you wish to enroll, including any child who is under the age of 26; or who is medically certified as disabled and dependent on parent for support (copy of certification required).

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

## Monthly Rates when you choose 9-10 Months of Coverage

### Deductible of \$500

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 30.....	\$77.55	\$92.79	\$107.09	\$128.07
30-39 .....	103.51	123.96	148.56	178.52
40-49 .....	153.55	183.50	192.48	230.58
50-59 .....	276.21	330.66	256.50	306.99
60-64 .....	400.26	478.92	363.20	434.62

One child (non-smoker/smoker)	\$60.57 / \$72.66
Two or more children (non-smoker/smoker)	\$121.11 / \$145.37

### Deductible of \$1,000

Under 30.....	\$65.44	\$78.31	\$90.39	\$108.10
30-39 .....	87.36	104.61	125.36	150.67
40-49 .....	129.59	154.87	162.45	194.61
50-59 .....	233.11	279.06	216.47	259.09
60-64 .....	337.81	404.19	306.53	366.79

One child (non-smoker/smoker)	\$51.10 / \$61.31
Two or more children (non-smoker/smoker)	\$102.22 / \$122.67

### Deductible of \$2,000

Under 30.....	\$43.90	\$52.52	\$60.61	\$72.50
30-39 .....	58.58	70.17	84.09	101.06
40-49 .....	86.92	103.87	108.96	130.51
50-59 .....	156.34	187.17	145.17	173.76
60-64 .....	226.55	271.09	205.58	246.01

One child (non-smoker/smoker)	\$34.29 / \$41.13
Two or more children (non-smoker/smoker)	\$68.56 / \$82.29

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