



Rate Appendix A - BLUECARE DIRECT

Effective September 18, 2010

PPACA-Compliant: Non-Grandfathered Option

\$1500 Deductible (Non-Gatekeeper HMO)

	Single		Two - Person	Family
	Male	Female		
19-24	\$340.63	\$614.15	\$1,012.63	\$1,632.48
25-29	\$340.63	\$614.15	\$1,012.63	\$1,632.48
30-34	\$453.47	\$686.97	\$1,027.62	\$1,831.00
35-39	\$453.47	\$686.97	\$1,027.62	\$1,831.00
40-44	\$586.29	\$743.39	\$1,126.87	\$1,951.70
45-49	\$678.42	\$818.37	\$1,251.13	\$2,035.26
50-54	\$923.37	\$949.80	\$1,620.34	\$2,253.05
55-59	\$1,207.58	\$1,199.73	\$2,115.94	\$2,727.95
60-64	\$1,544.62	\$1,387.59	\$2,685.08	\$3,216.40
65+	\$1,501.71	\$1,354.07	\$2,658.68	\$3,053.56

Unlimited Prescription Coverage - copays are 10/25/40

For more information or assistance call 1-866-508-0618

Creative Health Insurance
230 Hartford Turnpike
Vernon, CT 06066
(860) 647-7353