

Highmark Individual and Family Plan PPO Rates

Take the next step.

Pick your plan.

You've looked through the benefits Highmark offers in a PPO plan. Now the next thing to consider is your preferred deductible and the monthly rate you'll pay for PPOBlueSM or DirectBlue[®]. These charts show our current rates at each deductible level. Select the plan that works best for your family's needs and budget.

A few details.

Rates are based on your gender, age and number of family members applying for coverage plus the deductible you choose. If you are applying for coverage for you and your spouse or for family coverage, **the oldest person is the applicant.**

If only children are applying, the youngest child must be the applicant. If two children are applying, the Parent/Child rate applies. If more than two children are applying, the Parent/Children rate applies.

It's possible that, because of your medical history, you may not qualify for coverage at the rate indicated on this chart. **You still may be eligible for coverage** at a higher rate according to our medical criteria ("underwriting guidelines"). Each applicant is reviewed individually, and you will be notified if you are eligible for coverage and at which rate. You will also be notified if your application is denied.

PPOBlue Preferred-Provider High-Deductible Program

Individual Annual Deductibles

Here's an example of how to use these charts:

- For an individual: single male, age 25; no spouse or children; \$3,500 deductible. Based on the individual's gender, the rate is taken from the Male rate chart, \$3,500 Individual Deductible, for age 25. This individual's monthly rate is **\$67.90**.

Monthly Rates **Female**

Age	\$1,200 Deductible	\$2,600 Deductible	\$3,500 Deductible
<19	\$128.55	\$110.90	\$103.40
19-24	\$128.55	\$110.90	\$103.40
25-29	\$162.40	\$139.65	\$130.00
30-34	\$198.95	\$170.70	\$158.75
35-39	\$199.00	\$170.75	\$158.75
40-44	\$202.45	\$173.65	\$161.45
45-49	\$226.50	\$194.10	\$180.35
50-54	\$268.10	\$229.40	\$213.05
55-59	\$307.95	\$263.30	\$244.40
60-64	\$363.45	\$310.45	\$288.00

Monthly Rates **Male**

Age	\$1,200 Deductible	\$2,600 Deductible	\$3,500 Deductible
<19	\$79.45	\$69.15	\$64.80
19-24	\$79.45	\$69.15	\$64.80
25-29	\$83.35	\$72.50	\$67.90
30-34	\$96.75	\$83.85	\$78.40
35-39	\$116.60	\$100.70	\$94.00
40-44	\$141.45	\$121.85	\$113.55
45-49	\$179.40	\$154.05	\$143.35
50-54	\$232.95	\$199.60	\$185.45
55-59	\$309.55	\$264.65	\$245.60
60-64	\$421.05	\$359.35	\$333.25

Effective October 1, 2008

PPOBlue Preferred-Provider High-Deductible Program

\$2,400 Family Annual Deductible

How to Apply the PPOBlue Family Deductible

For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

Here's an example of how to use these charts:

- For a family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender and as the older spouse, the rate is taken from the Male rate chart for age 51. Under the Husband/Wife/Children category, this family's monthly rate is \$660.70.

Monthly Rates **Female**

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$196.65	\$289.05	\$208.00	\$275.45	\$367.65
19-24	\$196.65	\$289.05	\$208.00	\$275.45	\$367.65
25-29	\$230.50	\$322.90	\$245.75	\$313.20	\$405.40
30-34	\$267.05	\$359.45	\$295.70	\$363.15	\$455.35
35-39	\$267.10	\$359.50	\$315.60	\$383.05	\$475.25
40-44	\$270.55	\$362.95	\$343.90	\$411.35	\$503.55
45-49	\$294.60	\$387.00	\$405.90	\$473.35	\$565.55
50-54	\$336.20	\$428.60	\$501.05	\$568.50	\$660.70
55-59	\$376.05	\$468.45	\$617.50	\$684.95	\$777.15
60-64	\$431.55	\$523.95	\$784.50	\$851.95	\$944.15

Monthly Rates **Male**

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$147.55	\$239.95	\$208.00	\$275.45	\$367.65
19-24	\$147.55	\$239.95	\$208.00	\$275.45	\$367.65
25-29	\$151.45	\$243.85	\$245.75	\$313.20	\$405.40
30-34	\$164.85	\$257.25	\$295.70	\$363.15	\$455.35
35-39	\$184.70	\$277.10	\$315.60	\$383.05	\$475.25
40-44	\$209.55	\$301.95	\$343.90	\$411.35	\$503.55
45-49	\$247.50	\$339.90	\$405.90	\$473.35	\$565.55
50-54	\$301.05	\$393.45	\$501.05	\$568.50	\$660.70
55-59	\$377.65	\$470.05	\$617.50	\$684.95	\$777.15
60-64	\$489.15	\$581.55	\$784.50	\$851.95	\$944.15

PPOBlue Preferred-Provider High-Deductible Program \$5,200 Family Annual Deductible

How to Apply the PPOBlue Family Deductible

For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

Here's an example of how to use these charts:

- For a family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender and as the older spouse, the rate is taken from the Male rate chart for age 51. Under the Husband/Wife/Children category, this family's monthly rate is **\$566.80**.

Monthly Rates **Female**

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$169.90	\$249.55	\$180.05	\$238.40	\$317.85
19-24	\$169.90	\$249.55	\$180.05	\$238.40	\$317.85
25-29	\$198.60	\$278.30	\$212.15	\$270.45	\$349.90
30-34	\$229.70	\$309.35	\$254.55	\$312.90	\$392.35
35-39	\$229.75	\$309.40	\$271.45	\$329.80	\$409.25
40-44	\$232.65	\$312.30	\$295.50	\$353.85	\$433.30
45-49	\$253.10	\$332.75	\$348.15	\$406.55	\$485.95
50-54	\$288.40	\$368.05	\$429.00	\$487.35	\$566.80
55-59	\$322.30	\$401.95	\$527.95	\$586.30	\$665.75
60-64	\$369.45	\$449.10	\$669.80	\$728.15	\$807.60

Monthly Rates **Male**

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$128.15	\$207.80	\$180.05	\$238.40	\$317.85
19-24	\$128.15	\$207.80	\$180.05	\$238.40	\$317.85
25-29	\$131.50	\$211.15	\$212.15	\$270.45	\$349.90
30-34	\$142.85	\$222.50	\$254.55	\$312.90	\$392.35
35-39	\$159.70	\$239.35	\$271.45	\$329.80	\$409.25
40-44	\$180.85	\$260.50	\$295.50	\$353.85	\$433.30
45-49	\$213.05	\$292.70	\$348.15	\$406.55	\$485.95
50-54	\$258.55	\$338.25	\$429.00	\$487.35	\$566.80
55-59	\$323.60	\$403.30	\$527.95	\$586.30	\$665.75
60-64	\$418.35	\$498.00	\$669.80	\$728.15	\$807.60

Effective October 1, 2008

PPOBlue Preferred-Provider High-Deductible Program \$7,000 Family Annual Deductible

How to Apply the PPOBlue Family Deductible

For an Agreement covering more than one (1) family member, the ENTIRE family deductible must be met (within a benefit period) before Highmark will pay for covered services for ANY family member. The family deductible can be satisfied by an individual family member or a combination of one or more family members.

Here's an example of how to use these charts:

- For a family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender and as the older spouse, the rate is taken from the Male rate chart for age 51. Under the Husband/Wife/Children category, this family's monthly rate is **\$527.05**.

Monthly Rates **Female**

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$158.55	\$232.80	\$168.20	\$222.70	\$296.75
19-24	\$158.55	\$232.80	\$168.20	\$222.70	\$296.75
25-29	\$185.15	\$259.40	\$197.90	\$252.35	\$326.40
30-34	\$213.85	\$288.10	\$237.15	\$291.65	\$365.65
35-39	\$213.90	\$288.15	\$252.75	\$307.25	\$381.30
40-44	\$216.60	\$290.85	\$275.00	\$329.50	\$403.55
45-49	\$235.50	\$309.75	\$323.70	\$378.20	\$452.25
50-54	\$268.20	\$342.45	\$398.50	\$453.00	\$527.05
55-59	\$299.50	\$373.80	\$490.00	\$544.50	\$618.55
60-64	\$343.15	\$417.40	\$621.25	\$675.75	\$749.80

Monthly Rates **Male**

Age	Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$119.95	\$194.20	\$168.20	\$222.70	\$296.75
19-24	\$119.95	\$194.20	\$168.20	\$222.70	\$296.75
25-29	\$123.05	\$197.30	\$197.90	\$252.35	\$326.40
30-34	\$133.55	\$207.80	\$237.15	\$291.65	\$365.65
35-39	\$149.15	\$223.40	\$252.75	\$307.25	\$381.30
40-44	\$168.70	\$242.95	\$275.00	\$329.50	\$403.55
45-49	\$198.50	\$272.75	\$323.70	\$378.20	\$452.25
50-54	\$240.60	\$314.85	\$398.50	\$453.00	\$527.05
55-59	\$300.75	\$375.00	\$490.00	\$544.50	\$618.55
60-64	\$388.40	\$462.65	\$621.25	\$675.75	\$749.80

DirectBlue Preferred-Provider Program \$250 Individual/\$750 Family Annual Deductibles

How to Apply the DirectBlue Family Deductible

For an Agreement covering more than one (1) family member, each covered individual must meet his/her individual deductible (within a benefit period) before Highmark will pay for covered services for that individual. No individual member may satisfy the entire family deductible. Only after three (3) individual family members have satisfied their deductibles will the deductibles for all remaining family members also be considered to have been satisfied.

Here are two examples of how to use these charts:

- For a family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender and as the older spouse, the rate is taken from the Male rate chart for age 51. Under the Husband/Wife/Children category, this family's monthly rate is **\$1,052.85**.
- For an individual: single male, age 25; no spouse or children. Based on the individual's gender, the rate is taken from the Male rate chart for age 25. This individual's monthly rate is **\$130.80**.

Monthly Rates **Female**

Age	Individual	Family				
		Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$124.50	\$231.95	\$378.75	\$328.05	\$434.70	\$581.20
19-24	\$203.55	\$311.00	\$457.80	\$328.05	\$434.70	\$581.20
25-29	\$258.00	\$365.45	\$512.25	\$388.80	\$495.45	\$642.00
30-34	\$316.85	\$424.30	\$571.10	\$469.20	\$575.85	\$722.40
35-39	\$316.95	\$424.40	\$571.20	\$501.20	\$607.85	\$754.35
40-44	\$322.45	\$429.90	\$576.70	\$546.75	\$653.40	\$799.90
45-49	\$361.20	\$468.65	\$615.45	\$646.55	\$753.20	\$899.75
50-54	\$428.10	\$535.55	\$682.35	\$799.65	\$906.35	\$1,052.85
55-59	\$492.30	\$599.75	\$746.55	\$987.10	\$1,093.80	\$1,240.30
60-64	\$581.60	\$689.10	\$835.85	\$1,255.90	\$1,362.60	\$1,509.10

Monthly Rates **Male**

Age	Individual	Family				
		Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$124.50	\$231.95	\$378.75	\$328.05	\$434.70	\$581.20
19-24	\$124.50	\$231.95	\$378.75	\$328.05	\$434.70	\$581.20
25-29	\$130.80	\$238.25	\$385.05	\$388.80	\$495.45	\$642.00
30-34	\$152.35	\$259.80	\$406.60	\$469.20	\$575.85	\$722.40
35-39	\$184.25	\$291.70	\$438.50	\$501.20	\$607.85	\$754.35
40-44	\$224.30	\$331.75	\$478.55	\$546.75	\$653.40	\$799.90
45-49	\$285.35	\$392.85	\$539.60	\$646.55	\$753.20	\$899.75
50-54	\$371.55	\$479.05	\$625.80	\$799.65	\$906.35	\$1,052.85
55-59	\$494.80	\$602.30	\$749.05	\$987.10	\$1,093.80	\$1,240.30
60-64	\$674.30	\$781.80	\$928.55	\$1,255.90	\$1,362.60	\$1,509.10

DirectBlue Preferred-Provider Program

\$500 Individual/\$1,500 Family Annual Deductibles

How to Apply the DirectBlue Family Deductible

For an Agreement covering more than one (1) family member, each covered individual must meet his/her individual deductible (within a benefit period) before Highmark will pay for covered services for that individual. No individual member may satisfy the entire family deductible. Only after three (3) individual family members have satisfied their deductibles will the deductibles for all remaining family members also be considered to have been satisfied.

Here are two examples of how to use these charts:

- For a family of four: father, age 51; mother, age 48; son, age 18; daughter, age 15. Based on the father's gender and as the older spouse, the rate is taken from the Male rate chart for age 51. Under the Husband/Wife/Children category, this family's monthly rate is **\$1,014.75**.
- For an individual: single male, age 25; no spouse or children. Based on the individual's gender, the rate is taken from the Male rate chart for age 25. This individual's monthly rate is **\$126.40**.

Monthly Rates Female

Age	Individual	Family				
		Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$120.30	\$224.10	\$365.70	\$316.65	\$419.65	\$561.00
19-24	\$196.35	\$300.15	\$441.75	\$316.65	\$419.65	\$561.00
25-29	\$248.75	\$352.55	\$494.15	\$375.15	\$478.10	\$619.45
30-34	\$305.40	\$409.15	\$550.75	\$452.50	\$555.45	\$696.80
35-39	\$305.45	\$409.25	\$550.85	\$483.25	\$586.25	\$727.60
40-44	\$310.75	\$414.50	\$556.15	\$527.10	\$630.05	\$771.40
45-49	\$348.05	\$451.80	\$593.40	\$623.15	\$726.10	\$867.45
50-54	\$412.40	\$516.20	\$657.80	\$770.45	\$873.40	\$1,014.75
55-59	\$474.20	\$577.95	\$719.55	\$950.80	\$1,053.75	\$1,195.10
60-64	\$560.10	\$663.85	\$805.50	\$1,209.40	\$1,312.35	\$1,453.70

Monthly Rates Male

Age	Individual	Family				
		Parent/Child	Parent/Children	Husband/Wife	Husband/Wife/Child	Husband/Wife/Children
<19	\$120.30	\$224.10	\$365.70	\$316.65	\$419.65	\$561.00
19-24	\$120.30	\$224.10	\$365.70	\$316.65	\$419.65	\$561.00
25-29	\$126.40	\$230.15	\$371.75	\$375.15	\$478.10	\$619.45
30-34	\$147.10	\$250.90	\$392.50	\$452.50	\$555.45	\$696.80
35-39	\$177.80	\$281.60	\$423.20	\$483.25	\$586.25	\$727.60
40-44	\$216.35	\$320.10	\$461.70	\$527.10	\$630.05	\$771.40
45-49	\$275.10	\$378.85	\$520.45	\$623.15	\$726.10	\$867.45
50-54	\$358.05	\$461.80	\$603.40	\$770.45	\$873.40	\$1,014.75
55-59	\$476.60	\$580.35	\$722.00	\$950.80	\$1,053.75	\$1,195.10
60-64	\$649.30	\$753.05	\$894.65	\$1,209.40	\$1,312.35	\$1,453.70

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