

**PPO Select Choice**  
**Preferred Health Rates**  
**Monthly Premium Rates for Zip Codes**  
**750, 752-754, 762, 779**

	Plan I	Plan II	Plan III Male	Plan IV	Plan V	Plan VI
	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible
Under 1	490	399	273	239	187	148
1-4	183	149	102	90	70	55
5-12	159	129	89	78	61	48
13-19	169	137	94	82	64	51
20-24	214	174	119	104	81	65
25-29	222	181	124	109	85	67
30-34	245	200	137	120	93	74
35-39	281	228	156	137	107	85
40-44	335	273	187	164	128	101
45-49	404	328	225	197	154	122
50-54	489	397	272	238	186	148
55-59	643	522	358	314	244	194
60-64	814	662	453	397	310	246
65-69	910	739	506	444	346	275

**Female**

	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible
Under 1	532	433	296	260	202	161
1-4	144	117	80	70	55	44
5-12	118	96	65	57	45	36
13-19	192	156	107	94	73	58
20-24	277	225	154	135	105	84
25-29	294	239	164	144	112	89
30-34	332	270	185	162	126	100
35-39	379	308	211	185	144	115
40-44	430	350	240	210	164	130
45-49	488	397	272	238	186	148
50-54	550	447	306	269	209	166
55-59	612	497	341	299	233	185
60-64	696	566	387	340	265	210
65-69	855	695	476	417	325	259

**Child Add-on**

	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible
1 Child	171	139	95	83	65	52
2 Children	308	250	171	149	117	94
3 or more	376	306	209	183	143	114



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**PPO Select Choice**  
**Standard Health Rates**  
**Monthly Premium Rates for Zip Codes**  
**750, 752-754, 762, 779**

	Plan I	Plan II	Plan III Male	Plan IV	Plan V	Plan VI
	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible
Under 1	613	498	341	299	233	185
1-4	229	186	128	112	87	69
5-12	199	162	111	97	76	60
13-19	211	171	117	103	80	64
20-24	267	217	149	131	102	81
25-29	278	226	155	136	106	84
30-34	307	249	171	150	117	93
35-39	351	285	195	171	134	106
40-44	419	341	233	205	159	127
45-49	505	410	281	246	192	153
50-54	611	496	340	298	232	185
55-59	803	653	447	392	305	243
60-64	1,018	827	567	497	387	308
65-69	1,137	924	633	555	432	344

**Female**

	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible
Under 1	665	541	370	325	253	201
1-4	180	146	100	88	69	54
5-12	147	119	82	72	56	44
13-19	241	196	134	117	92	73
20-24	346	281	193	169	132	105
25-29	368	299	205	180	140	111
30-34	415	337	231	203	158	125
35-39	474	385	264	231	180	143
40-44	538	437	299	262	205	163
45-49	610	496	340	298	232	184
50-54	688	559	383	336	262	208
55-59	765	622	426	373	291	231
60-64	870	707	484	425	331	263
65-69	1,069	869	595	522	406	323

**Child Add-on**

	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible
1 Child	213	173	119	104	81	64
2 Children	383	311	214	187	146	115
3 or more	469	381	262	229	178	141



**BlueCross BlueShield  
of Texas**

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