

**PPO Select Saver**  
**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
	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible
Under 1	346	227	191	144	105
1-4	129	85	72	54	39
5-12	112	74	62	47	34
13-19	119	78	66	49	36
20-24	151	99	84	63	46
25-29	157	103	87	65	48
30-34	173	114	96	72	53
35-39	198	130	110	82	60
40-44	236	155	131	98	72
45-49	284	187	158	118	87
50-54	344	226	191	143	105
55-59	453	297	251	189	138
60-64	574	377	318	239	174
65-69	641	421	355	267	195

**Female**

	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible
Under 1	375	246	208	156	114
1-4	102	67	56	42	31
5-12	83	54	46	34	25
13-19	136	89	75	56	41
20-24	195	128	108	81	59
25-29	207	136	115	86	63
30-34	234	154	130	97	71
35-39	267	175	148	111	81
40-44	303	199	168	126	92
45-49	344	226	191	143	105
50-54	388	255	215	161	118
55-59	431	283	239	180	131
60-64	490	322	272	204	149
65-69	603	396	334	251	183

**Child Add-on**

	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible
1 Child	120	79	67	50	37
2 Children	216	142	121	90	67
3 or more	264	174	147	110	81



**BlueCross BlueShield  
of Texas**

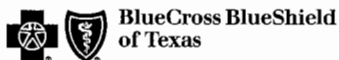
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

**PPO Select Saver**  
**Standard Health Rates**  
**Monthly Premium Rates for Zip Codes**  
**751, 755-756, 773, 776, 777, 793-794**

	<b>Plan I</b>	<b>Plan II</b>	<b>Plan III</b>	<b>Plan IV</b>	<b>Plan V</b>
	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,500</b>	<b>\$5,000</b>
	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
<b>Male</b>					
Under 1	415	273	230	173	126
1-4	155	102	86	65	47
5-12	135	89	75	56	41
13-19	143	94	79	59	43
20-24	181	119	100	75	55
25-29	188	124	104	78	57
30-34	208	136	115	87	63
35-39	238	156	132	99	72
40-44	284	186	157	118	86
45-49	342	224	189	142	104
50-54	414	272	229	172	126
55-59	544	357	301	227	165
60-64	689	453	382	287	210
65-69	770	506	427	321	234

	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,500</b>	<b>\$5,000</b>
	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
<b>Female</b>					
Under 1	451	296	250	188	137
1-4	122	80	68	51	37
5-12	99	65	55	41	30
13-19	163	107	90	68	50
20-24	234	154	130	98	71
25-29	249	164	138	104	76
30-34	281	185	156	117	85
35-39	321	211	178	134	98
40-44	364	239	202	152	111
45-49	413	271	229	172	126
50-54	466	306	258	194	142
55-59	518	340	287	216	158
60-64	589	387	327	245	179
65-69	724	475	401	302	220

	<b>\$500</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,500</b>	<b>\$5,000</b>
	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
<b>Child Add-on</b>					
1 Child	144	95	80	60	44
2 Children	259	171	144	108	79
3 or more	317	209	176	132	97



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association