



**EFFECTIVE
AUGUST 1 – OCTOBER 31, 2017**

Individual Monthly Rates

Age of Applicant or Dependent	Healthy Smiles Preventive	Healthy Smiles Plus	Healthy Smiles Preferred
	No Benefit Period* Coverage Limit	\$1,000 Benefit Period* Coverage Limit	\$1,000 Benefit Period* Coverage Limit
0 – 17	\$21.60	\$29.22	\$32.88
18 – 24	\$16.94	\$27.71	\$33.11
25 – 29	\$17.73	\$27.91	\$34.44
30 – 34	\$18.68	\$27.91	\$34.46
35 – 39	\$19.31	\$28.00	\$35.30
40 – 44	\$19.89	\$28.33	\$37.11
45 – 49	\$20.60	\$29.49	\$39.46
50 – 54	\$21.46	\$30.62	\$41.69
55 – 59	\$21.58	\$30.79	\$42.60
60 – 64	\$21.98	\$31.12	\$43.63
Over 64	\$22.39	\$31.45	\$44.69

Premiums are calculated on a per person basis.

**A benefit period is the twelve months following your coverage effective date.*



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