



Blue
Cross of Idaho

One Mission: You

SHORTTERM PPOSM

**Effective August 1, 2017
through October 31, 2017**

Monthly rates when you choose 1-4 months of coverage

Deductible of \$500

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 30.....	\$ 115.16	137.81	159.06	190.18
30-39	153.72	184.08	220.60	265.14
40-49	228.01	272.49	285.85	342.41
50-59	410.19	491.03	380.91	455.88
60-64	594.39	711.21	539.39	645.42
One child (non-smoker/smoker)			\$89.94 / \$107.90	
Two or more children (non-smoker/smoker)			\$179.86 / \$215.88	

Deductible of \$1,000

Under 30.....	\$ 79.01	94.53	109.12	130.51
30-39	105.49	126.29	151.34	181.90
40-49	156.47	186.97	196.12	234.94
50-59	281.43	336.91	261.34	312.79
60-64	407.83	487.95	370.03	442.81
One child (non-smoker/smoker)			\$61.70 / \$74.03	
Two or more children (non-smoker/smoker)			\$123.41 / \$148.10	

Deductible of \$2,000

Under 30.....	\$ 62.71	75.01	86.55	103.54
30-39	83.65	100.21	120.07	144.31
40-49	124.14	148.33	155.59	186.40
50-59	223.26	267.30	207.32	248.15
60-64	323.55	387.13	293.56	351.34
One child (non-smoker/smoker)			\$48.97 / \$58.73	
Two or more children (non-smoker/smoker)			\$97.91 / \$117.54	

Monthly rates when you choose 5–6 months of coverage

Deductible of \$500

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 30.....	\$ 120.91	144.69	166.98	199.71
30-39	161.41	193.29	231.64	278.39
40-49	239.44	286.13	300.15	359.53
50-59	430.68	515.61	399.94	478.67
60-64	624.11	746.79	566.35	677.69

One child (non-smoker/smoker) \$94.44 / \$113.30

Two or more children (non-smoker/smoker) \$188.85 / \$226.67

Deductible of \$1,000

Under 30.....	\$ 87.39	104.59	120.68	144.37
30-39	116.69	139.68	167.41	201.20
40-49	173.02	206.80	216.96	259.90
50-59	311.25	372.64	289.06	345.95
60-64	451.09	539.71	409.31	489.80

One child (non – smoker/smoker) \$68.25 / \$81.85

Two or more children (non – smoker/smoker) \$136.48 / \$163.80

Deductible of \$2,000

Under 30.....	\$ 64.45	77.10	88.99	106.48
30-39	86.03	103.03	123.47	148.41
40-49	127.64	152.54	160.00	191.65
50-59	229.57	274.84	213.17	255.14
60-64	332.66	398.05	301.85	361.23

One child (non-smoker/smoker) \$50.35 / \$60.40

Two or more children (non-smoker/smoker) \$100.66 / \$120.83

Nonsmoker rates apply when no one on this coverage has used tobacco for the past 12 months. List all eligible dependents you wish to enroll, including any child who is younger than 26; or who is medically certified as disabled and dependent on parent for support (copy of certification required).

Rate is based on age on the effective date of coverage.

Monthly rates when you choose 7–8 months of coverage

Deductible of \$500

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 30.....	\$ 124.39	148.82	171.76	205.39
30-39	166.02	198.83	238.26	286.33
40-49	246.28	294.31	308.72	369.83
50-59	443.00	530.30	411.39	492.36
60-64	641.96	768.11	582.50	697.06

One child (non-smoker/smoker)	\$97.16 / \$116.52
Two or more children (non-smoker/smoker)	\$194.22 / \$233.16

Deductible of \$1,000

Under 30.....	\$ 99.30	118.83	137.16	164.02
30-39	132.53	158.74	190.22	228.60
40-49	196.62	234.97	246.47	295.26
50-59	353.68	423.43	328.46	393.12
60-64	512.54	613.26	465.06	556.52

One child (non-smoker/smoker)	\$77.55 / \$93.01
Two or more children (non-smoker/smoker)	\$155.08 / \$186.14

Deductible of \$2,000

Under 30.....	\$ 67.57	80.84	93.29	111.56
30-39	90.17	107.99	129.41	155.53
40-49	133.78	159.86	167.68	200.87
50-59	240.60	288.07	223.44	267.42
60-64	348.67	417.23	316.41	378.61

One child (non-smoker/smoker)	\$52.76 / \$63.31
Two or more children (non-smoker/smoker)	\$105.52 / \$126.64

Nonsmoker rates apply when no one on this coverage has used tobacco for the past 12 months. List all eligible dependents you wish to enroll, including any child who is younger than 26; or who is medically certified as disabled and dependent on parent for support (copy of certification required).

Rate is based on age on the effective date of coverage.

SHORT TERM PPOSM

Effective August 1, 2017
through October 31, 2017

Monthly rates when you choose 9–10 months of coverage

Deductible of \$500

Age of Applicant or Spouse	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 30.....	\$ 131.97	157.91	182.26	217.96
30-39	176.14	210.95	252.84	303.82
40-49	261.33	312.29	327.59	392.42
50-59	470.06	562.72	436.52	522.43
60-64	681.18	815.05	618.11	739.66

One child (non-smoker/smoker) \$103.10 / \$123.63

Two or more children (non-smoker/smoker) \$206.10 / \$247.39

Deductible of \$1,000

Under 30.....	\$ 111.39	133.28	153.82	183.99
30-39	148.68	178.03	213.35	256.39
40-49	220.54	263.56	276.47	331.20
50-59	396.70	474.92	368.40	440.93
60-64	574.92	687.88	521.66	624.25

One child (non-smoker/smoker) \$86.97 / \$104.36

Two or more children (non-smoker/smoker) \$173.98 / \$208.76

Deductible of \$2,000

Under 30.....	\$ 74.70	89.38	103.15	123.39
30-39	99.70	119.42	143.12	171.99
40-49	147.92	176.76	185.45	222.10
50-59	266.08	318.54	247.05	295.73
60-64	385.58	461.35	349.85	418.69

One child (non-smoker/smoker) \$58.35 / \$ 70.00

Two or more children (non-smoker/smoker) \$116.70 / \$140.06

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Short-Term PPO plans do not meet the definition of minimum essential coverage (MEC) as defined by the Affordable Care Act.

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