

# Monthly Premium Rate and Product(s) Selected-Schedule B



Effective date of this Addendum is 12:01 a.m. on XX/XX/XXXX.

This Addendum applies to the Employer and its affiliated companies as agreed to in writing by Anthem Blue Cross.

The Employer will pay a per Subscriber per month fee calculated by adding the sum of the rates for each of the Member categories (Subscriber, Spouse, up to 3 Dependents 20 years and younger, and/or Dependents 21 years and over) set forth in the tables below:

Proposed Plan					
Age	Rate	Age	Rate	Age	Rate
0-14		31		48	
15		32		49	
16		33		50	
17		34		51	
18		35		52	
19		36		53	
20		37		54	
21		38		55	
22		39		56	
23		40		57	
24		41		58	
25		42		59	
26		43		60	
27		44		61	
28		45		62	
29		46		63	
30		47		64 +	

Alternate Option 1					
Age	Rate	Age	Rate	Age	Rate
0-14		31		48	
15		32		49	
16		33		50	
17		34		51	
18		35		52	
19		36		53	
20		37		54	
21		38		55	
22		39		56	
23		40		57	
24		41		58	
25		42		59	
26		43		60	
27		44		61	
28		45		62	
29		46		63	
30		47		64 +	

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Age	Rate	Age	Rate	Age	Rate
0-14		31		48	
15		32		49	
16		33		50	
17		34		51	
18		35		52	
19		36		53	
20		37		54	
21		38		55	
22		39		56	
23		40		57	
24		41		58	
25		42		59	
26		43		60	
27		44		61	
28		45		62	
29		46		63	
30		47		64 +	

### Additional Fees or Charges:

Payment by Phone: \$10 NSF Charge: \$25 Late Payment Fee: \$25 Reinstatement Fee: \$50

The rates listed above may include charges for riders that have been purchased by the group. These additional charges are not applicable to the dependent rates. Please refer to your Monthly Premium Comparison page for dependent rates.

Anthem Blue Cross

J. Brian Ternan, President