



Blue Traditional® Options A and C Rates

	<p>Individuals and families that don't currently have BCBSM coverage</p>	<p>Individuals and families transferring or converting from a BCBSM employer-sponsored group health plan. (NOTE: your group health plan must meet qualifying criteria.)</p>
OPTION A		
1 Person	\$1,016.13	\$574.31
2 people	\$2,032.23	\$1,148.63
Family	\$2,402.01	\$1,354.03
OPTION C		
1 Person	\$455.15	N/A
2 people	\$910.30	N/A
Family	\$1,075.68	N/A

*Rates for members who are transferring or who have already transferred from a qualifying BCBSM employer-sponsored health plan will apply for one year and will change in the second year.



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