



Capital Health
P L A N



An Indemnity Plan of the
Blue Cross and Blue Shield Association

NON-MEDICARE PLAN

TYPE OF COVERAGE	PREMIUM
Single	609.55
Two Person	1249.67
Family	1767.86
Overage Dependent	670.51

MEDICARE PLANS

TYPE OF COVERAGE	PREMIUM
Single—Medicare	268.07
Two Person—One Medicare	877.62
Two Person—Two Medicare	536.14
Family—One Medicare	1426.38
Family—Two Medicare	1426.38