

Changes to Blue MedicareRx Premiums Effective January 1, 2007

| Plan | 2006 Member Premium | 2007 Member Premium |
|-------------------------|---------------------|---------------------|
| Blue MedicareRx Value | \$23.29 | \$34.50 |
| Blue MedicareRx Plus | \$31.28 | \$41.80 |
| Blue MedicareRx Premier | \$38.27 | \$53.00 |

Changes to Blue MedicareRx Drug Benefits and Share of Costs Effective January 1, 2007

| General Medicare Part D changes | 2006 Amount | 2007 Amount |
|--|-------------|----------------|
| ICL (Initial Coverage Limit) | \$2,250 | \$2,400 |
| Post Troop Amount | \$3,600.00 | \$3,850.00 |
| Formulary Generic & Multi-source Brand Copays (30-day retail/90-day retail/90-day mail order) the Greater Of: | \$2 (or 5%) | \$2.15 (or 5%) |
| All Others, the Greater Of: | \$5 (or 5%) | \$5.35 (or 5%) |

Other Plan Changes:

Generic Benzodiazepine and Barbiturates will be covered under the Plus and Premier plans at the same copayment as other covered generic drugs, however copayments for these drugs will not count towards the member's total drug costs, including the initial coverage limit, coverage gap or TROOP amounts.

| Type Of Drug | Pharmacy | Supply | 2006 Value Member Copayment | 2007 Value Member Copayment | 2006 Plus Member Copayment | 2007 Plus Member Copayment |
|---------------------|-------------------------------|--------|-----------------------------|-----------------------------|----------------------------|----------------------------|
| Preferred Brand | in-network or out-of-network* | 30-day | \$25 | \$27 | \$30 | \$30 (no change) |
| Non-Preferred Brand | in-network or out-of-network* | 30-day | Not covered | \$60 | Not covered | \$60 |
| Preferred Brand | in-network retail | 90-day | \$75 | \$81 | \$90 | \$90 (no change) |
| Non-Preferred Brand | in-network retail | 90 day | Not covered | \$180 | Not covered | \$180 |
| Preferred Brand | preferred mail order | 90-day | \$62.50 | \$67.50 | \$75 | \$75 (no change) |
| Non-Preferred Brand | preferred mail order | 90-day | Not covered | \$150 | Not covered | \$150 |

* Member must also pay difference between out-of-network and network pharmacy cost.