



Regence

An Independent Licensee of the
Blue Cross and Blue Shield Association.

Rates for Contracts Effective April 1, 2008 to June 30, 2008 for Oregon Residents

Blue Selections SM									
Age	Premier					Plus			
Individual	\$500 Deductible	\$1,000 Deductible	\$2,500 Deductible	\$5,000 Deductible	\$7,500 Deductible	\$500 Deductible	\$1,000 Deductible	\$2,500 Deductible	\$5,000 Deductible
0-17	\$102	\$93	\$74	\$62	\$48	\$89	\$80	\$62	\$45
18-20	\$132	\$122	\$98	\$81	\$63	\$118	\$102	\$80	\$61
21-24	\$158	\$146	\$118	\$95	\$74	\$140	\$123	\$96	\$71
25-29	\$172	\$156	\$126	\$102	\$80	\$150	\$133	\$101	\$79
30-34	\$196	\$178	\$145	\$118	\$91	\$171	\$152	\$117	\$90
35-39	\$208	\$189	\$154	\$125	\$97	\$182	\$162	\$125	\$96
40-44	\$267	\$245	\$196	\$160	\$124	\$234	\$208	\$159	\$122
45-49	\$316	\$290	\$233	\$189	\$146	\$277	\$247	\$189	\$145
50-54	\$366	\$336	\$270	\$220	\$170	\$321	\$285	\$218	\$166
55-59	\$441	\$403	\$324	\$266	\$205	\$387	\$344	\$265	\$203
60-64	\$507	\$463	\$372	\$302	\$234	\$444	\$394	\$303	\$233
Married Couple or Domestic Partners									
18-20	\$268	\$245	\$195	\$159	\$124	\$233	\$208	\$160	\$122
21-24	\$318	\$291	\$234	\$190	\$148	\$277	\$248	\$190	\$145
25-29	\$343	\$314	\$253	\$206	\$159	\$300	\$268	\$207	\$157
30-34	\$390	\$359	\$287	\$234	\$182	\$342	\$304	\$233	\$179
35-39	\$417	\$383	\$306	\$251	\$193	\$366	\$325	\$250	\$190
40-44	\$534	\$487	\$393	\$320	\$248	\$466	\$417	\$320	\$245
45-49	\$634	\$578	\$465	\$381	\$293	\$553	\$493	\$380	\$291
50-54	\$733	\$670	\$539	\$439	\$340	\$643	\$572	\$438	\$336
55-59	\$883	\$808	\$649	\$528	\$408	\$774	\$689	\$528	\$404
60-64	\$1,012	\$926	\$746	\$606	\$468	\$887	\$788	\$606	\$462
One Adult & Child(ren)									
18-20	\$206	\$187	\$151	\$123	\$94	\$180	\$159	\$122	\$94
21-24	\$245	\$224	\$179	\$147	\$114	\$214	\$189	\$147	\$112
25-29	\$266	\$240	\$193	\$157	\$123	\$231	\$206	\$157	\$121
30-34	\$300	\$275	\$223	\$181	\$140	\$265	\$234	\$180	\$138
35-39	\$321	\$295	\$236	\$191	\$149	\$280	\$249	\$191	\$146
40-44	\$412	\$374	\$302	\$247	\$190	\$360	\$320	\$246	\$187
45-49	\$487	\$445	\$359	\$292	\$226	\$427	\$380	\$292	\$224
50-54	\$566	\$514	\$416	\$337	\$261	\$493	\$440	\$338	\$258
55-59	\$679	\$623	\$501	\$406	\$314	\$595	\$530	\$406	\$311
60-64	\$779	\$714	\$573	\$465	\$361	\$685	\$607	\$466	\$357
Family									
18-20	\$372	\$341	\$274	\$225	\$173	\$326	\$291	\$223	\$170
21-24	\$445	\$408	\$327	\$268	\$207	\$389	\$346	\$267	\$204
25-29	\$509	\$465	\$375	\$304	\$236	\$445	\$397	\$304	\$234
30-34	\$586	\$534	\$431	\$351	\$272	\$512	\$455	\$350	\$269
35-39	\$626	\$572	\$460	\$374	\$291	\$547	\$486	\$374	\$286
40-44	\$774	\$707	\$569	\$462	\$359	\$677	\$602	\$462	\$353
45-49	\$792	\$725	\$581	\$474	\$366	\$694	\$616	\$475	\$361
50-54	\$843	\$771	\$620	\$505	\$392	\$738	\$657	\$504	\$387
55-59	\$1,014	\$927	\$747	\$607	\$469	\$888	\$791	\$608	\$464
60-64	\$1,115	\$1,017	\$820	\$667	\$515	\$977	\$868	\$667	\$510

Contracts can be purchased for children 0-17. Only one child per contract.

Age of eldest applicant determines rate.

Individual DentaCare available with any Blue Selections or HSA product (see over).

CM00461 04/08



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Rates for Contracts Effective April 1, 2008 to June 30, 2008 for Oregon Residents

	Blue Selections SM				Regence HSA			Individual
Age	Basic				Healthplan			DentaCare
Individual	\$1,000 Deductible	\$2,500 Deductible	\$5,000 Deductible	\$10,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$3,500 Deductible	No Deductible
0-17	\$70	\$55	\$41	\$25	\$79	\$66	\$59	\$29
18-20	\$91	\$71	\$54	\$33	\$103	\$86	\$78	\$29
21-24	\$110	\$85	\$64	\$40	\$122	\$102	\$92	\$29
25-29	\$118	\$91	\$69	\$41	\$133	\$112	\$100	\$29
30-34	\$134	\$104	\$80	\$47	\$150	\$126	\$114	\$29
35-39	\$144	\$112	\$86	\$51	\$161	\$136	\$121	\$29
40-44	\$184	\$144	\$109	\$64	\$205	\$174	\$154	\$29
45-49	\$216	\$170	\$130	\$77	\$242	\$206	\$185	\$29
50-54	\$252	\$197	\$150	\$89	\$282	\$239	\$213	\$29
55-59	\$303	\$235	\$181	\$108	\$338	\$287	\$258	\$29
60-64	\$349	\$272	\$207	\$123	\$388	\$330	\$294	\$29
Married Couple or Domestic Partners					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$183	\$142	\$110	\$65	\$188	\$150	\$129	\$58
21-24	\$218	\$170	\$130	\$76	\$225	\$179	\$154	\$58
25-29	\$236	\$184	\$141	\$84	\$241	\$194	\$167	\$58
30-34	\$269	\$209	\$160	\$94	\$274	\$220	\$189	\$58
35-39	\$287	\$224	\$170	\$101	\$293	\$235	\$201	\$58
40-44	\$367	\$285	\$219	\$130	\$376	\$300	\$259	\$58
45-49	\$435	\$339	\$258	\$154	\$446	\$357	\$306	\$58
50-54	\$505	\$393	\$299	\$178	\$518	\$414	\$356	\$58
55-59	\$608	\$474	\$360	\$213	\$623	\$499	\$427	\$58
60-64	\$696	\$542	\$414	\$246	\$713	\$571	\$489	\$58
One Adult & Child(ren)					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$141	\$110	\$85	\$50	\$147	\$107	\$87	\$56
21-24	\$168	\$131	\$100	\$60	\$174	\$127	\$102	\$56
25-29	\$182	\$142	\$108	\$64	\$188	\$137	\$110	\$56
30-34	\$207	\$160	\$123	\$72	\$214	\$158	\$124	\$56
35-39	\$219	\$171	\$131	\$79	\$230	\$167	\$132	\$56
40-44	\$282	\$220	\$168	\$99	\$293	\$215	\$171	\$56
45-49	\$336	\$260	\$199	\$119	\$349	\$255	\$202	\$56
50-54	\$388	\$302	\$231	\$138	\$402	\$295	\$235	\$56
55-59	\$467	\$364	\$277	\$165	\$484	\$355	\$281	\$56
60-64	\$537	\$418	\$317	\$189	\$556	\$406	\$324	\$56
Family					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$255	\$199	\$152	\$91	\$277	\$225	\$195	\$85
21-24	\$305	\$237	\$182	\$109	\$332	\$269	\$234	\$85
25-29	\$350	\$273	\$207	\$124	\$378	\$309	\$267	\$85
30-34	\$402	\$313	\$239	\$142	\$435	\$355	\$306	\$85
35-39	\$429	\$335	\$255	\$152	\$463	\$379	\$329	\$85
40-44	\$532	\$414	\$315	\$188	\$574	\$466	\$405	\$85
45-49	\$544	\$423	\$323	\$191	\$588	\$479	\$414	\$85
50-54	\$580	\$452	\$343	\$206	\$626	\$510	\$441	\$85
55-59	\$699	\$545	\$415	\$247	\$754	\$614	\$531	\$85
60-64	\$765	\$596	\$455	\$271	\$827	\$675	\$583	\$85

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