

Regence Evolve Rates  
Effective February 1, 2011



Regence Evolve Core™					
Age	\$1,000 Deductible	\$2,500 Deductible	\$5,000 Deductible	\$7,500 Deductible	\$10,000 Deductible
0-24	\$117.00	\$90.00	\$69.00	\$49.00	\$37.00
25	\$167.00	\$128.00	\$98.00	\$69.00	\$52.00
26	\$172.00	\$132.00	\$101.00	\$71.00	\$54.00
27	\$177.00	\$136.00	\$104.00	\$74.00	\$56.00
28	\$180.00	\$138.00	\$106.00	\$75.00	\$56.00
29	\$185.00	\$142.00	\$109.00	\$77.00	\$58.00
30	\$191.00	\$146.00	\$112.00	\$79.00	\$60.00
31	\$193.00	\$148.00	\$113.00	\$80.00	\$61.00
32	\$196.00	\$150.00	\$115.00	\$81.00	\$61.00
33	\$198.00	\$152.00	\$116.00	\$82.00	\$62.00
34	\$201.00	\$154.00	\$118.00	\$83.00	\$63.00
35	\$204.00	\$156.00	\$119.00	\$84.00	\$64.00
36	\$214.00	\$164.00	\$125.00	\$89.00	\$67.00
37	\$227.00	\$173.00	\$133.00	\$94.00	\$71.00
38	\$238.00	\$181.00	\$139.00	\$99.00	\$74.00
39	\$251.00	\$191.00	\$147.00	\$104.00	\$79.00
40	\$261.00	\$199.00	\$153.00	\$108.00	\$82.00
41	\$271.00	\$207.00	\$159.00	\$113.00	\$85.00
42	\$279.00	\$213.00	\$164.00	\$116.00	\$88.00
43	\$290.00	\$221.00	\$170.00	\$120.00	\$91.00
44	\$298.00	\$227.00	\$174.00	\$123.00	\$93.00
45	\$308.00	\$235.00	\$180.00	\$128.00	\$97.00
46	\$318.00	\$243.00	\$187.00	\$132.00	\$100.00
47	\$329.00	\$251.00	\$193.00	\$136.00	\$103.00
48	\$337.00	\$257.00	\$197.00	\$140.00	\$105.00
49	\$347.00	\$265.00	\$203.00	\$144.00	\$109.00
50	\$358.00	\$273.00	\$209.00	\$148.00	\$112.00
51	\$373.00	\$285.00	\$219.00	\$155.00	\$117.00
52	\$386.00	\$295.00	\$226.00	\$160.00	\$121.00
53	\$402.00	\$307.00	\$235.00	\$167.00	\$126.00
54	\$415.00	\$317.00	\$243.00	\$172.00	\$130.00
55	\$431.00	\$329.00	\$252.00	\$179.00	\$135.00
56	\$444.00	\$339.00	\$260.00	\$184.00	\$139.00
57	\$457.00	\$349.00	\$268.00	\$190.00	\$143.00
58	\$470.00	\$359.00	\$275.00	\$195.00	\$147.00
59	\$483.00	\$369.00	\$283.00	\$200.00	\$151.00
60	\$496.00	\$379.00	\$291.00	\$206.00	\$155.00
61	\$509.00	\$389.00	\$298.00	\$211.00	\$159.00
62	\$522.00	\$399.00	\$306.00	\$217.00	\$164.00
63	\$535.00	\$409.00	\$313.00	\$222.00	\$168.00
64	\$548.00	\$419.00	\$321.00	\$227.00	\$172.00
65+	\$561.00	\$429.00	\$329.00	\$233.00	\$176.00

Regence Evolve Plus™				
Age	\$1,000 Deductible	\$2,500 Deductible	\$5,000 Deductible	\$7,500 Deductible
0-24	\$168.00	\$127.00	\$103.00	\$81.00
25	\$239.00	\$180.00	\$147.00	\$115.00
26	\$246.00	\$186.00	\$152.00	\$118.00
27	\$254.00	\$191.00	\$156.00	\$122.00
28	\$257.00	\$194.00	\$159.00	\$124.00
29	\$265.00	\$200.00	\$163.00	\$127.00
30	\$272.00	\$205.00	\$168.00	\$131.00
31	\$276.00	\$208.00	\$170.00	\$133.00
32	\$280.00	\$211.00	\$172.00	\$135.00
33	\$283.00	\$214.00	\$175.00	\$136.00
34	\$287.00	\$217.00	\$177.00	\$138.00
35	\$291.00	\$219.00	\$179.00	\$140.00
36	\$306.00	\$231.00	\$188.00	\$147.00
37	\$325.00	\$245.00	\$200.00	\$156.00
38	\$339.00	\$256.00	\$209.00	\$163.00
39	\$358.00	\$270.00	\$221.00	\$172.00
40	\$373.00	\$281.00	\$230.00	\$180.00
41	\$388.00	\$293.00	\$239.00	\$187.00
42	\$399.00	\$301.00	\$246.00	\$192.00
43	\$414.00	\$312.00	\$255.00	\$199.00
44	\$425.00	\$321.00	\$262.00	\$205.00
45	\$440.00	\$332.00	\$271.00	\$212.00
46	\$455.00	\$343.00	\$280.00	\$219.00
47	\$470.00	\$354.00	\$290.00	\$226.00
48	\$481.00	\$363.00	\$296.00	\$232.00
49	\$496.00	\$374.00	\$306.00	\$239.00
50	\$511.00	\$385.00	\$315.00	\$246.00
51	\$533.00	\$402.00	\$329.00	\$257.00
52	\$552.00	\$416.00	\$340.00	\$266.00
53	\$574.00	\$433.00	\$354.00	\$276.00
54	\$593.00	\$447.00	\$365.00	\$285.00
55	\$615.00	\$464.00	\$379.00	\$296.00
56	\$634.00	\$478.00	\$391.00	\$305.00
57	\$653.00	\$492.00	\$402.00	\$314.00
58	\$671.00	\$506.00	\$414.00	\$323.00
59	\$690.00	\$520.00	\$425.00	\$332.00
60	\$709.00	\$534.00	\$437.00	\$341.00
61	\$727.00	\$548.00	\$448.00	\$350.00
62	\$746.00	\$563.00	\$460.00	\$359.00
63	\$765.00	\$577.00	\$471.00	\$368.00
64	\$783.00	\$591.00	\$483.00	\$377.00
65+	\$802.00	\$605.00	\$494.00	\$386.00

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Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Age	Evolve HSA Plan (80% coinsurance)		Evolve HSA Plan (50% coinsurance)		Evolve HSA 100 Plan
	\$1,500 Single \$3,000 Family Deductible	\$3,500 Single \$7,000 Family Deductible	\$1,500 Single \$3,000 Family Deductible	\$3,500 Single \$7,000 Family Deductible	\$5,000 Single \$10,000 Family Deductible
0-24	\$117.00	\$88.00	\$75.00	\$56.00	\$112.00
25	\$167.00	\$126.00	\$106.00	\$80.00	\$159.00
26	\$172.00	\$130.00	\$110.00	\$83.00	\$164.00
27	\$177.00	\$133.00	\$113.00	\$85.00	\$169.00
28	\$180.00	\$135.00	\$115.00	\$86.00	\$171.00
29	\$185.00	\$139.00	\$118.00	\$89.00	\$176.00
30	\$190.00	\$143.00	\$121.00	\$91.00	\$181.00
31	\$193.00	\$145.00	\$123.00	\$93.00	\$184.00
32	\$195.00	\$147.00	\$125.00	\$94.00	\$186.00
33	\$198.00	\$149.00	\$126.00	\$95.00	\$189.00
34	\$201.00	\$151.00	\$128.00	\$96.00	\$191.00
35	\$203.00	\$153.00	\$130.00	\$98.00	\$194.00
36	\$214.00	\$161.00	\$136.00	\$103.00	\$204.00
37	\$227.00	\$171.00	\$145.00	\$109.00	\$216.00
38	\$237.00	\$179.00	\$151.00	\$114.00	\$226.00
39	\$250.00	\$188.00	\$160.00	\$120.00	\$239.00
40	\$261.00	\$196.00	\$166.00	\$125.00	\$248.00
41	\$271.00	\$204.00	\$173.00	\$130.00	\$258.00
42	\$279.00	\$210.00	\$178.00	\$134.00	\$266.00
43	\$289.00	\$218.00	\$185.00	\$139.00	\$276.00
44	\$297.00	\$224.00	\$190.00	\$143.00	\$283.00
45	\$307.00	\$232.00	\$196.00	\$148.00	\$293.00
46	\$318.00	\$239.00	\$203.00	\$153.00	\$303.00
47	\$328.00	\$247.00	\$210.00	\$158.00	\$313.00
48	\$336.00	\$253.00	\$215.00	\$162.00	\$321.00
49	\$347.00	\$261.00	\$221.00	\$167.00	\$330.00
50	\$357.00	\$269.00	\$228.00	\$172.00	\$340.00
51	\$373.00	\$281.00	\$238.00	\$179.00	\$355.00
52	\$386.00	\$290.00	\$246.00	\$185.00	\$368.00
53	\$401.00	\$302.00	\$256.00	\$193.00	\$383.00
54	\$414.00	\$312.00	\$265.00	\$199.00	\$395.00
55	\$430.00	\$324.00	\$275.00	\$207.00	\$410.00
56	\$443.00	\$334.00	\$283.00	\$213.00	\$422.00
57	\$456.00	\$343.00	\$291.00	\$219.00	\$435.00
58	\$469.00	\$353.00	\$300.00	\$226.00	\$447.00
59	\$482.00	\$363.00	\$308.00	\$232.00	\$460.00
60	\$495.00	\$373.00	\$316.00	\$238.00	\$472.00
61	\$508.00	\$383.00	\$324.00	\$244.00	\$484.00
62	\$521.00	\$392.00	\$333.00	\$251.00	\$497.00
63	\$534.00	\$402.00	\$341.00	\$257.00	\$509.00
64	\$547.00	\$412.00	\$349.00	\$263.00	\$522.00
65+	\$560.00	\$422.00	\$358.00	\$269.00	\$534.00

Dental Options		
Age	Option 1	Option 2
0-24	\$37.00	\$44.00
25	\$39.00	\$46.00
26	\$39.00	\$46.00
27	\$39.00	\$46.00
28	\$39.00	\$46.00
29	\$39.00	\$46.00
30	\$39.00	\$46.00
31	\$39.00	\$46.00
32	\$39.00	\$47.00
33	\$39.00	\$47.00
34	\$39.00	\$47.00
35	\$40.00	\$47.00
36	\$40.00	\$48.00
37	\$40.00	\$48.00
38	\$41.00	\$48.00
39	\$41.00	\$48.00
40	\$41.00	\$49.00
41	\$41.00	\$49.00
42	\$41.00	\$49.00
43	\$41.00	\$49.00
44	\$42.00	\$50.00
45	\$43.00	\$51.00
46	\$44.00	\$52.00
47	\$45.00	\$53.00
48	\$46.00	\$54.00
49	\$46.00	\$55.00
50	\$48.00	\$57.00
51	\$48.00	\$58.00
52	\$49.00	\$59.00
53	\$50.00	\$59.00
54	\$50.00	\$60.00
55	\$51.00	\$60.00
56	\$51.00	\$61.00
57	\$51.00	\$61.00
58	\$52.00	\$62.00
59	\$52.00	\$62.00
60	\$53.00	\$62.00
61	\$53.00	\$63.00
62	\$53.00	\$63.00
63	\$54.00	\$64.00
64	\$54.00	\$64.00
65+	\$55.00	\$65.00

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How to calculate your rate:

Step 1 - choose your plan and deductible

(example: Regence Evolve Plus \$5,000)

Step 2 - calculate your rate

Find the rate table based on the plan information (name and deductible) above. Then, find the rate associated with the applicant(s) information below.

APPLICANT(S)	AGE	MONTHLY RATE
1. SELF	_____	\$ _____
2. SPOUSE	_____	\$ _____

APPLICANT(S)	# OF CHILDREN*	PER CHILD RATE (0-24)	
3. CHILD(REN)	_____	X _____	= \$ _____

**\*Coverage applications for dependents under 19 years of age are only accepted during the open enrollment period (with limited state and federal mandated exceptions).** Call us at 1-888-REGENCE for more information. You will only be charged for up to two children per family. No additional charge thereafter.

4. DENTAL (OPTIONAL)**	AGE	# OF CHILDREN*	
SELF	_____	_____	\$ _____
SPOUSE	_____	_____	\$ _____
CHILD(REN)	_____	_____	\$ _____

\*\*must be the same as above, dental plans cannot be sold per person

5. TOTAL MONTHLY RATE (ADD MONTHLY RATE FOR SELF, SPOUSE, & CHILDREN)	\$ _____
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**PLEASE NOTE: HSA Plans have single deductibles and family deductibles. The single deductibles apply when there is only one person on the contract. If there is more than one person on the contract (two adults, adult and child, two adults and child(ren)), then the family deductibles will apply.**

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