



Regence

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

Rates for Contracts Effective October 1, 2007 to December 31, 2007 for Oregon Residents

Blue SelectionsSM

Individual Age	Premier					Plus			
	\$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	\$94	\$86	\$69	\$57	\$44	\$82	\$73	\$57	\$42
18-20	\$122	\$112	\$90	\$74	\$58	\$108	\$94	\$73	\$56
21-24	\$146	\$134	\$108	\$88	\$69	\$128	\$113	\$88	\$66
25-29	\$158	\$144	\$116	\$94	\$73	\$138	\$123	\$93	\$72
30-34	\$181	\$164	\$133	\$108	\$84	\$157	\$140	\$107	\$83
35-39	\$191	\$174	\$142	\$115	\$89	\$167	\$149	\$115	\$88
40-44	\$245	\$225	\$181	\$147	\$114	\$215	\$191	\$146	\$112
45-49	\$291	\$266	\$214	\$174	\$134	\$255	\$227	\$174	\$133
50-54	\$337	\$309	\$248	\$203	\$156	\$295	\$262	\$201	\$153
55-59	\$405	\$371	\$298	\$244	\$188	\$356	\$317	\$243	\$186
60-64	\$466	\$426	\$342	\$278	\$215	\$408	\$362	\$279	\$214
Married Couple									
18-20	\$246	\$225	\$180	\$147	\$114	\$214	\$191	\$147	\$112
21-24	\$293	\$267	\$215	\$175	\$136	\$255	\$228	\$175	\$133
25-29	\$316	\$289	\$233	\$189	\$147	\$276	\$246	\$190	\$145
30-34	\$359	\$330	\$264	\$215	\$167	\$315	\$280	\$214	\$165
35-39	\$383	\$352	\$282	\$231	\$178	\$337	\$299	\$230	\$175
40-44	\$491	\$448	\$361	\$294	\$228	\$429	\$383	\$294	\$225
45-49	\$583	\$532	\$428	\$350	\$269	\$509	\$454	\$349	\$267
50-54	\$674	\$616	\$495	\$404	\$313	\$591	\$526	\$403	\$309
55-59	\$812	\$743	\$597	\$486	\$376	\$711	\$633	\$486	\$372
60-64	\$931	\$851	\$686	\$557	\$431	\$816	\$725	\$557	\$425
One Adult & Child(ren)									
18-20	\$189	\$172	\$139	\$113	\$87	\$165	\$146	\$112	\$87
21-24	\$225	\$206	\$165	\$135	\$105	\$197	\$174	\$135	\$103
25-29	\$244	\$221	\$178	\$145	\$113	\$212	\$189	\$145	\$111
30-34	\$276	\$253	\$205	\$166	\$128	\$243	\$215	\$165	\$126
35-39	\$295	\$271	\$217	\$176	\$137	\$258	\$229	\$176	\$134
40-44	\$378	\$344	\$278	\$227	\$175	\$331	\$294	\$226	\$172
45-49	\$448	\$409	\$330	\$268	\$208	\$393	\$349	\$268	\$206
50-54	\$520	\$473	\$382	\$310	\$240	\$454	\$404	\$311	\$237
55-59	\$625	\$572	\$460	\$374	\$289	\$547	\$487	\$374	\$286
60-64	\$716	\$656	\$527	\$428	\$332	\$629	\$558	\$429	\$328
Family									
18-20	\$342	\$314	\$252	\$207	\$159	\$300	\$267	\$205	\$156
21-24	\$409	\$376	\$301	\$246	\$190	\$358	\$319	\$245	\$187
25-29	\$468	\$428	\$345	\$280	\$217	\$409	\$365	\$280	\$215
30-34	\$539	\$491	\$397	\$322	\$250	\$471	\$418	\$321	\$247
35-39	\$575	\$526	\$423	\$344	\$267	\$503	\$447	\$344	\$263
40-44	\$711	\$650	\$523	\$425	\$330	\$623	\$553	\$425	\$324
45-49	\$728	\$667	\$534	\$436	\$337	\$638	\$567	\$436	\$332
50-54	\$775	\$709	\$571	\$464	\$360	\$679	\$604	\$463	\$356
55-59	\$933	\$852	\$687	\$558	\$432	\$817	\$727	\$559	\$427
60-64	\$1,025	\$935	\$754	\$613	\$474	\$899	\$798	\$613	\$469

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).



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	Blue Selections SM				Regence (HSA)			Individual
Individual	Basic				Health Savings Account			DentaCare
Age	\$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	\$65	\$50	\$38	\$23	\$70	\$58	\$52	\$29
18-20	\$84	\$66	\$49	\$30	\$91	\$76	\$68	\$29
21-24	\$101	\$78	\$59	\$37	\$108	\$90	\$81	\$29
25-29	\$108	\$84	\$64	\$38	\$118	\$99	\$87	\$29
30-34	\$124	\$96	\$73	\$43	\$133	\$111	\$100	\$29
35-39	\$132	\$103	\$79	\$47	\$142	\$120	\$106	\$29
40-44	\$169	\$132	\$100	\$59	\$182	\$153	\$135	\$29
45-49	\$199	\$156	\$120	\$70	\$215	\$181	\$162	\$29
50-54	\$232	\$181	\$138	\$82	\$250	\$210	\$187	\$29
55-59	\$279	\$216	\$166	\$99	\$300	\$252	\$226	\$29
60-64	\$320	\$250	\$190	\$113	\$344	\$290	\$258	\$29
Married Couple					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$168	\$130	\$101	\$60	\$167	\$132	\$113	\$58
21-24	\$201	\$156	\$120	\$70	\$199	\$158	\$135	\$58
25-29	\$217	\$169	\$129	\$77	\$214	\$171	\$146	\$58
30-34	\$247	\$192	\$147	\$87	\$243	\$194	\$166	\$58
35-39	\$264	\$206	\$156	\$93	\$260	\$207	\$177	\$58
40-44	\$338	\$262	\$202	\$120	\$333	\$264	\$227	\$58
45-49	\$400	\$312	\$237	\$142	\$396	\$314	\$269	\$58
50-54	\$464	\$361	\$275	\$164	\$459	\$364	\$312	\$58
55-59	\$559	\$435	\$331	\$196	\$552	\$438	\$375	\$58
60-64	\$640	\$498	\$380	\$226	\$632	\$502	\$429	\$58
One Adult & Child(ren)					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$129	\$101	\$78	\$46	\$130	\$94	\$76	\$56
21-24	\$154	\$121	\$92	\$55	\$155	\$112	\$89	\$56
25-29	\$167	\$130	\$99	\$59	\$167	\$121	\$97	\$56
30-34	\$190	\$147	\$113	\$67	\$190	\$139	\$109	\$56
35-39	\$202	\$157	\$121	\$72	\$204	\$147	\$116	\$56
40-44	\$260	\$203	\$154	\$91	\$260	\$189	\$150	\$56
45-49	\$309	\$239	\$183	\$109	\$309	\$224	\$177	\$56
50-54	\$357	\$278	\$212	\$126	\$357	\$259	\$206	\$56
55-59	\$430	\$335	\$255	\$152	\$429	\$312	\$247	\$56
60-64	\$493	\$384	\$292	\$174	\$493	\$357	\$284	\$56
Family					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$235	\$183	\$140	\$84	\$246	\$198	\$171	\$85
21-24	\$281	\$218	\$167	\$100	\$294	\$236	\$205	\$85
25-29	\$321	\$251	\$190	\$114	\$335	\$271	\$234	\$85
30-34	\$370	\$288	\$220	\$130	\$385	\$312	\$269	\$85
35-39	\$395	\$308	\$235	\$140	\$411	\$333	\$288	\$85
40-44	\$489	\$380	\$290	\$173	\$509	\$410	\$355	\$85
45-49	\$500	\$389	\$297	\$176	\$521	\$421	\$363	\$85
50-54	\$533	\$416	\$316	\$189	\$555	\$449	\$387	\$85
55-59	\$643	\$501	\$381	\$227	\$668	\$540	\$466	\$85
60-64	\$704	\$548	\$418	\$249	\$734	\$593	\$511	\$85

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