



Regence

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

Rates for Contracts Effective January 1, 2008 to March 31, 2008 for Oregon Residents

Blue SelectionsSM

Individual	Premier					Plus			
Age	\$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	\$97	\$89	\$71	\$59	\$46	\$85	\$76	\$59	\$43
18-20	\$126	\$116	\$93	\$77	\$60	\$112	\$97	\$76	\$58
21-24	\$151	\$139	\$112	\$91	\$71	\$133	\$117	\$91	\$68
25-29	\$164	\$149	\$120	\$97	\$76	\$143	\$127	\$96	\$75
30-34	\$187	\$170	\$138	\$112	\$87	\$163	\$145	\$111	\$86
35-39	\$198	\$180	\$147	\$119	\$92	\$173	\$154	\$119	\$91
40-44	\$254	\$233	\$187	\$152	\$118	\$223	\$198	\$151	\$116
45-49	\$301	\$276	\$222	\$180	\$139	\$264	\$235	\$180	\$138
50-54	\$349	\$320	\$257	\$210	\$162	\$306	\$271	\$208	\$158
55-59	\$420	\$384	\$309	\$253	\$195	\$369	\$328	\$252	\$193
60-64	\$483	\$441	\$354	\$288	\$223	\$423	\$375	\$289	\$222
Married Couple or Domestic Partners									
18-20	\$255	\$233	\$186	\$152	\$118	\$222	\$198	\$152	\$116
21-24	\$303	\$277	\$223	\$181	\$141	\$264	\$236	\$181	\$138
25-29	\$327	\$299	\$241	\$196	\$152	\$286	\$255	\$197	\$150
30-34	\$372	\$342	\$273	\$223	\$173	\$326	\$290	\$222	\$171
35-39	\$397	\$365	\$292	\$239	\$184	\$349	\$310	\$238	\$181
40-44	\$509	\$464	\$374	\$305	\$236	\$444	\$397	\$305	\$233
45-49	\$604	\$551	\$443	\$363	\$279	\$527	\$470	\$362	\$277
50-54	\$698	\$638	\$513	\$418	\$324	\$612	\$545	\$417	\$320
55-59	\$841	\$770	\$618	\$503	\$389	\$737	\$656	\$503	\$385
60-64	\$964	\$882	\$711	\$577	\$446	\$845	\$751	\$577	\$440
One Adult & Child(ren)									
18-20	\$196	\$178	\$144	\$117	\$90	\$171	\$151	\$116	\$90
21-24	\$233	\$213	\$171	\$140	\$109	\$204	\$180	\$140	\$107
25-29	\$253	\$229	\$184	\$150	\$117	\$220	\$196	\$150	\$115
30-34	\$286	\$262	\$212	\$172	\$133	\$252	\$223	\$171	\$131
35-39	\$306	\$281	\$225	\$182	\$142	\$267	\$237	\$182	\$139
40-44	\$392	\$356	\$288	\$235	\$181	\$343	\$305	\$234	\$178
45-49	\$464	\$424	\$342	\$278	\$215	\$407	\$362	\$278	\$213
50-54	\$539	\$490	\$396	\$321	\$249	\$470	\$419	\$322	\$246
55-59	\$647	\$593	\$477	\$387	\$299	\$567	\$505	\$387	\$296
60-64	\$742	\$680	\$546	\$443	\$344	\$652	\$578	\$444	\$340
Family									
18-20	\$354	\$325	\$261	\$214	\$165	\$311	\$277	\$212	\$162
21-24	\$424	\$389	\$312	\$255	\$197	\$371	\$330	\$254	\$194
25-29	\$485	\$443	\$357	\$290	\$225	\$424	\$378	\$290	\$223
30-34	\$558	\$509	\$411	\$334	\$259	\$488	\$433	\$333	\$256
35-39	\$596	\$545	\$438	\$356	\$277	\$521	\$463	\$356	\$272
40-44	\$737	\$673	\$542	\$440	\$342	\$645	\$573	\$440	\$336
45-49	\$754	\$691	\$553	\$452	\$349	\$661	\$587	\$452	\$344
50-54	\$803	\$734	\$591	\$481	\$373	\$703	\$626	\$480	\$369
55-59	\$966	\$883	\$712	\$578	\$447	\$846	\$753	\$579	\$442
60-64	\$1,062	\$969	\$781	\$635	\$491	\$931	\$827	\$635	\$486

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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Rates for Contracts Effective January 1, 2008 to March 31, 2008 for Oregon Residents

		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	\$67	\$52	\$39	\$24	\$75	\$63	\$56	\$29	
18-20	\$87	\$68	\$51	\$31	\$98	\$82	\$74	\$29	
21-24	\$105	\$81	\$61	\$38	\$116	\$97	\$88	\$29	
25-29	\$112	\$87	\$66	\$39	\$127	\$107	\$95	\$29	
30-34	\$128	\$99	\$76	\$45	\$143	\$120	\$109	\$29	
35-39	\$137	\$107	\$82	\$49	\$153	\$130	\$115	\$29	
40-44	\$175	\$137	\$104	\$61	\$195	\$166	\$147	\$29	
45-49	\$206	\$162	\$124	\$73	\$231	\$196	\$176	\$29	
50-54	\$240	\$188	\$143	\$85	\$269	\$228	\$203	\$29	
55-59	\$289	\$224	\$172	\$103	\$322	\$273	\$246	\$29	
60-64	\$332	\$259	\$197	\$117	\$370	\$314	\$280	\$29	
Married Couple or Domestic Partners					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible		
18-20	\$174	\$135	\$105	\$62	\$179	\$143	\$123	\$58	
21-24	\$208	\$162	\$124	\$72	\$214	\$171	\$147	\$58	
25-29	\$225	\$175	\$134	\$80	\$230	\$185	\$159	\$58	
30-34	\$256	\$199	\$152	\$90	\$261	\$210	\$180	\$58	
35-39	\$273	\$213	\$162	\$96	\$279	\$224	\$192	\$58	
40-44	\$350	\$271	\$209	\$124	\$358	\$286	\$247	\$58	
45-49	\$414	\$323	\$246	\$147	\$425	\$340	\$292	\$58	
50-54	\$481	\$374	\$285	\$170	\$493	\$394	\$339	\$58	
55-59	\$579	\$451	\$343	\$203	\$593	\$475	\$407	\$58	
60-64	\$663	\$516	\$394	\$234	\$679	\$544	\$466	\$58	
One Adult & Child(ren)					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible		
18-20	\$134	\$105	\$81	\$48	\$140	\$102	\$83	\$56	
21-24	\$160	\$125	\$95	\$57	\$166	\$121	\$97	\$56	
25-29	\$173	\$135	\$103	\$61	\$179	\$131	\$105	\$56	
30-34	\$197	\$152	\$117	\$69	\$204	\$151	\$118	\$56	
35-39	\$209	\$163	\$125	\$75	\$219	\$159	\$126	\$56	
40-44	\$269	\$210	\$160	\$94	\$279	\$205	\$163	\$56	
45-49	\$320	\$248	\$190	\$113	\$332	\$243	\$192	\$56	
50-54	\$370	\$288	\$220	\$131	\$383	\$281	\$224	\$56	
55-59	\$445	\$347	\$264	\$157	\$461	\$338	\$268	\$56	
60-64	\$511	\$398	\$302	\$180	\$530	\$387	\$309	\$56	
Family					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible		
18-20	\$243	\$190	\$145	\$87	\$264	\$214	\$186	\$85	
21-24	\$291	\$226	\$173	\$104	\$316	\$256	\$223	\$85	
25-29	\$333	\$260	\$197	\$118	\$360	\$294	\$254	\$85	
30-34	\$383	\$298	\$228	\$135	\$414	\$338	\$292	\$85	
35-39	\$409	\$319	\$243	\$145	\$441	\$361	\$313	\$85	
40-44	\$507	\$394	\$300	\$179	\$547	\$444	\$386	\$85	
45-49	\$518	\$403	\$308	\$182	\$560	\$456	\$394	\$85	
50-54	\$552	\$431	\$327	\$196	\$596	\$486	\$420	\$85	
55-59	\$666	\$519	\$395	\$235	\$718	\$585	\$506	\$85	
60-64	\$729	\$568	\$433	\$258	\$788	\$643	\$555	\$85	

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