



Regence

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

Rates for Contracts Effective July 1, 2008 to September 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	\$112	\$102	\$82	\$68	\$53	\$98	\$88	\$68	\$50
18-20	\$145	\$134	\$108	\$89	\$69	\$130	\$112	\$88	\$67
21-24	\$174	\$161	\$130	\$105	\$82	\$154	\$136	\$106	\$78
25-29	\$190	\$172	\$139	\$112	\$88	\$165	\$147	\$111	\$87
30-34	\$216	\$196	\$160	\$130	\$100	\$189	\$168	\$129	\$99
35-39	\$229	\$208	\$170	\$138	\$107	\$201	\$179	\$138	\$106
40-44	\$294	\$270	\$216	\$176	\$137	\$258	\$229	\$175	\$134
45-49	\$348	\$320	\$257	\$208	\$161	\$305	\$272	\$208	\$160
50-54	\$404	\$370	\$298	\$243	\$187	\$354	\$314	\$240	\$183
55-59	\$486	\$444	\$357	\$293	\$226	\$427	\$379	\$292	\$224
60-64	\$559	\$511	\$410	\$333	\$258	\$490	\$435	\$334	\$257
Married Couple or Domestic Partners									
18-20	\$295	\$270	\$215	\$175	\$137	\$257	\$229	\$176	\$134
21-24	\$351	\$321	\$258	\$209	\$163	\$305	\$273	\$209	\$160
25-29	\$378	\$346	\$279	\$227	\$175	\$331	\$295	\$228	\$173
30-34	\$430	\$396	\$316	\$258	\$201	\$377	\$335	\$257	\$197
35-39	\$460	\$422	\$337	\$277	\$213	\$404	\$358	\$276	\$209
40-44	\$589	\$537	\$433	\$353	\$273	\$514	\$460	\$353	\$270
45-49	\$699	\$637	\$513	\$420	\$323	\$610	\$544	\$419	\$321
50-54	\$808	\$739	\$594	\$484	\$375	\$709	\$631	\$483	\$370
55-59	\$974	\$891	\$716	\$582	\$450	\$854	\$760	\$582	\$445
60-64	\$1,116	\$1,021	\$823	\$668	\$516	\$978	\$869	\$668	\$509
One Adult & Child(ren)									
18-20	\$227	\$206	\$166	\$136	\$104	\$198	\$175	\$134	\$104
21-24	\$270	\$247	\$197	\$162	\$126	\$236	\$208	\$162	\$123
25-29	\$293	\$265	\$213	\$173	\$136	\$255	\$227	\$173	\$133
30-34	\$331	\$303	\$246	\$199	\$154	\$292	\$258	\$198	\$152
35-39	\$354	\$325	\$260	\$211	\$164	\$309	\$275	\$211	\$161
40-44	\$454	\$412	\$333	\$272	\$209	\$397	\$353	\$271	\$206
45-49	\$537	\$491	\$396	\$322	\$249	\$471	\$419	\$322	\$247
50-54	\$624	\$567	\$459	\$372	\$288	\$544	\$485	\$373	\$284
55-59	\$749	\$687	\$552	\$448	\$346	\$656	\$585	\$448	\$343
60-64	\$859	\$787	\$632	\$513	\$398	\$755	\$669	\$514	\$394
Family									
18-20	\$410	\$376	\$302	\$248	\$191	\$359	\$321	\$246	\$187
21-24	\$491	\$450	\$360	\$295	\$228	\$429	\$381	\$294	\$225
25-29	\$561	\$513	\$413	\$335	\$260	\$491	\$438	\$335	\$258
30-34	\$646	\$589	\$475	\$387	\$300	\$565	\$502	\$386	\$297
35-39	\$690	\$631	\$507	\$412	\$321	\$603	\$536	\$412	\$315
40-44	\$853	\$780	\$627	\$509	\$396	\$747	\$664	\$509	\$389
45-49	\$873	\$799	\$641	\$523	\$403	\$765	\$679	\$524	\$398
50-54	\$930	\$850	\$684	\$557	\$432	\$814	\$725	\$556	\$427
55-59	\$1,118	\$1,022	\$824	\$669	\$517	\$979	\$872	\$670	\$512
60-64	\$1,230	\$1,121	\$904	\$735	\$568	\$1,077	\$957	\$736	\$562

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 07/08



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Rates for Contracts Effective July 1, 2008 to September 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	\$77	\$61	\$45	\$28	\$87	\$73	\$65	\$31
18-20	\$100	\$78	\$60	\$36	\$113	\$95	\$86	\$31
21-24	\$121	\$94	\$71	\$44	\$134	\$112	\$101	\$31
25-29	\$130	\$100	\$76	\$45	\$147	\$123	\$110	\$31
30-34	\$148	\$115	\$88	\$52	\$165	\$139	\$126	\$31
35-39	\$159	\$123	\$95	\$56	\$177	\$150	\$133	\$31
40-44	\$203	\$159	\$120	\$71	\$226	\$192	\$170	\$31
45-49	\$238	\$187	\$143	\$85	\$267	\$227	\$204	\$31
50-54	\$278	\$217	\$165	\$98	\$311	\$264	\$235	\$31
55-59	\$334	\$259	\$200	\$119	\$373	\$316	\$284	\$31
60-64	\$385	\$300	\$228	\$136	\$428	\$364	\$324	\$31
Married Couple or Domestic Partners					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$202	\$157	\$121	\$72	\$207	\$165	\$142	\$62
21-24	\$240	\$187	\$143	\$84	\$248	\$197	\$170	\$62
25-29	\$260	\$203	\$155	\$93	\$266	\$214	\$184	\$62
30-34	\$297	\$230	\$176	\$104	\$302	\$242	\$208	\$62
35-39	\$316	\$247	\$187	\$111	\$323	\$259	\$221	\$62
40-44	\$405	\$314	\$241	\$143	\$415	\$331	\$285	\$62
45-49	\$480	\$374	\$284	\$170	\$492	\$394	\$337	\$62
50-54	\$557	\$433	\$330	\$196	\$571	\$456	\$392	\$62
55-59	\$671	\$523	\$397	\$235	\$687	\$550	\$471	\$62
60-64	\$768	\$598	\$457	\$271	\$786	\$630	\$539	\$62
One Adult & Child(ren)					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$155	\$121	\$94	\$55	\$162	\$118	\$96	\$60
21-24	\$185	\$144	\$110	\$66	\$192	\$140	\$112	\$60
25-29	\$201	\$157	\$119	\$71	\$207	\$151	\$121	\$60
30-34	\$228	\$176	\$136	\$79	\$236	\$174	\$137	\$60
35-39	\$241	\$189	\$144	\$87	\$254	\$184	\$145	\$60
40-44	\$311	\$243	\$185	\$109	\$323	\$237	\$188	\$60
45-49	\$371	\$287	\$219	\$131	\$385	\$281	\$223	\$60
50-54	\$428	\$333	\$255	\$152	\$443	\$325	\$259	\$60
55-59	\$515	\$401	\$305	\$182	\$534	\$391	\$310	\$60
60-64	\$592	\$461	\$350	\$208	\$613	\$448	\$357	\$60
Family					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$281	\$219	\$168	\$100	\$305	\$248	\$215	\$91
21-24	\$336	\$261	\$201	\$120	\$366	\$296	\$258	\$91
25-29	\$386	\$301	\$228	\$137	\$417	\$341	\$294	\$91
30-34	\$443	\$345	\$264	\$157	\$480	\$391	\$337	\$91
35-39	\$473	\$369	\$281	\$168	\$510	\$418	\$363	\$91
40-44	\$587	\$457	\$347	\$207	\$633	\$514	\$446	\$91
45-49	\$600	\$466	\$356	\$211	\$648	\$528	\$456	\$91
50-54	\$640	\$498	\$378	\$227	\$690	\$562	\$486	\$91
55-59	\$771	\$601	\$458	\$272	\$831	\$677	\$585	\$91
60-64	\$844	\$657	\$502	\$299	\$912	\$744	\$643	\$91

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