



# Regence

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

## Rates for Contracts Effective October 1, 2008 to December 31, 2008 for Oregon Residents

Blue Selections <sup>SM</sup>									
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	\$116	\$105	\$85	\$70	\$55	\$101	\$91	\$70	\$52
18-20	\$150	\$139	\$112	\$92	\$71	\$134	\$116	\$91	\$69
21-24	\$180	\$166	\$134	\$109	\$85	\$159	\$141	\$110	\$81
25-29	\$196	\$178	\$144	\$116	\$91	\$171	\$152	\$115	\$90
30-34	\$223	\$203	\$165	\$134	\$103	\$195	\$174	\$133	\$102
35-39	\$237	\$215	\$176	\$143	\$111	\$208	\$185	\$143	\$110
40-44	\$304	\$279	\$223	\$182	\$142	\$267	\$237	\$181	\$139
45-49	\$360	\$331	\$266	\$215	\$166	\$315	\$281	\$215	\$165
50-54	\$418	\$383	\$308	\$251	\$193	\$366	\$325	\$248	\$189
55-59	\$502	\$459	\$369	\$303	\$234	\$441	\$392	\$302	\$232
60-64	\$578	\$528	\$424	\$344	\$267	\$507	\$450	\$345	\$266
<b>Married Couple or Domestic Partners</b>									
18-20	\$305	\$279	\$222	\$181	\$142	\$266	\$237	\$182	\$139
21-24	\$363	\$332	\$267	\$216	\$168	\$315	\$282	\$216	\$165
25-29	\$391	\$358	\$288	\$235	\$181	\$342	\$305	\$236	\$179
30-34	\$445	\$409	\$327	\$267	\$208	\$390	\$346	\$266	\$204
35-39	\$476	\$436	\$348	\$286	\$220	\$418	\$370	\$285	\$216
40-44	\$609	\$555	\$448	\$365	\$282	\$531	\$476	\$365	\$279
45-49	\$723	\$659	\$530	\$434	\$334	\$631	\$562	\$433	\$332
50-54	\$835	\$764	\$614	\$500	\$388	\$733	\$652	\$499	\$383
55-59	\$1,007	\$921	\$740	\$602	\$465	\$883	\$786	\$602	\$460
60-64	\$1,154	\$1,056	\$851	\$691	\$533	\$1,011	\$899	\$691	\$526
<b>One Adult &amp; Child(ren)</b>									
18-20	\$235	\$213	\$172	\$141	\$107	\$205	\$181	\$139	\$108
21-24	\$279	\$255	\$204	\$167	\$130	\$244	\$215	\$167	\$127
25-29	\$303	\$274	\$220	\$179	\$141	\$264	\$235	\$179	\$137
30-34	\$342	\$313	\$254	\$206	\$159	\$302	\$267	\$205	\$157
35-39	\$366	\$336	\$269	\$218	\$170	\$319	\$284	\$218	\$166
40-44	\$469	\$426	\$344	\$281	\$216	\$410	\$365	\$280	\$213
45-49	\$555	\$508	\$409	\$333	\$257	\$487	\$433	\$333	\$255
50-54	\$645	\$586	\$475	\$385	\$298	\$562	\$501	\$386	\$294
55-59	\$774	\$710	\$571	\$463	\$358	\$678	\$605	\$463	\$355
60-64	\$888	\$814	\$653	\$530	\$411	\$781	\$692	\$531	\$407
<b>Family</b>									
18-20	\$424	\$389	\$312	\$256	\$197	\$371	\$332	\$254	\$193
21-24	\$508	\$465	\$372	\$305	\$236	\$444	\$394	\$304	\$233
25-29	\$580	\$530	\$427	\$346	\$269	\$508	\$453	\$346	\$267
30-34	\$668	\$609	\$491	\$400	\$310	\$584	\$519	\$399	\$307
35-39	\$713	\$652	\$524	\$426	\$332	\$623	\$554	\$426	\$326
40-44	\$882	\$806	\$648	\$526	\$409	\$772	\$687	\$526	\$402
45-49	\$903	\$826	\$663	\$541	\$417	\$791	\$702	\$542	\$411
50-54	\$962	\$879	\$707	\$576	\$447	\$842	\$750	\$575	\$441
55-59	\$1,156	\$1,057	\$852	\$692	\$534	\$1,012	\$902	\$693	\$529
60-64	\$1,272	\$1,159	\$935	\$760	\$587	\$1,114	\$989	\$761	\$581

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).

CM6361 10/08



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## Rates for Contracts Effective October 1, 2008 to December 31, 2008 for Oregon Residents

	Blue Selections <sup>SM</sup>				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	\$80	\$63	\$47	\$29	\$90	\$75	\$67	\$31
18-20	\$103	\$81	\$62	\$37	\$117	\$98	\$89	\$31
21-24	\$125	\$97	\$73	\$45	\$139	\$116	\$104	\$31
25-29	\$134	\$103	\$79	\$47	\$152	\$127	\$114	\$31
30-34	\$153	\$119	\$91	\$54	\$171	\$144	\$130	\$31
35-39	\$164	\$127	\$98	\$58	\$183	\$155	\$137	\$31
40-44	\$210	\$164	\$124	\$73	\$234	\$198	\$176	\$31
45-49	\$246	\$193	\$148	\$88	\$276	\$235	\$211	\$31
50-54	\$287	\$224	\$171	\$101	\$322	\$273	\$243	\$31
55-59	\$345	\$268	\$207	\$123	\$386	\$327	\$294	\$31
60-64	\$398	\$310	\$236	\$141	\$443	\$376	\$335	\$31
<b>Married Couple or Domestic Partners</b>					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$209	\$162	\$125	\$74	\$214	\$171	\$147	\$62
21-24	\$248	\$193	\$148	\$87	\$256	\$204	\$176	\$62
25-29	\$269	\$210	\$160	\$96	\$275	\$221	\$190	\$62
30-34	\$307	\$238	\$182	\$108	\$312	\$250	\$215	\$62
35-39	\$327	\$255	\$193	\$115	\$334	\$268	\$228	\$62
40-44	\$419	\$325	\$249	\$148	\$429	\$342	\$295	\$62
45-49	\$496	\$387	\$294	\$176	\$509	\$407	\$348	\$62
50-54	\$576	\$448	\$341	\$203	\$590	\$471	\$405	\$62
55-59	\$694	\$541	\$410	\$243	\$710	\$569	\$487	\$62
60-64	\$794	\$618	\$473	\$280	\$813	\$651	\$557	\$62
<b>One Adult &amp; Child(ren)</b>					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$160	\$125	\$97	\$57	\$167	\$122	\$99	\$60
21-24	\$191	\$149	\$114	\$68	\$198	\$145	\$116	\$60
25-29	\$208	\$162	\$123	\$73	\$214	\$156	\$125	\$60
30-34	\$236	\$182	\$141	\$82	\$244	\$180	\$142	\$60
35-39	\$249	\$195	\$149	\$90	\$263	\$190	\$150	\$60
40-44	\$322	\$251	\$191	\$113	\$334	\$245	\$194	\$60
45-49	\$384	\$297	\$226	\$135	\$398	\$291	\$231	\$60
50-54	\$443	\$344	\$264	\$157	\$458	\$336	\$268	\$60
55-59	\$532	\$415	\$315	\$188	\$552	\$404	\$320	\$60
60-64	\$612	\$477	\$362	\$215	\$634	\$463	\$369	\$60
<b>Family</b>					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	
18-20	\$291	\$226	\$174	\$103	\$315	\$256	\$222	\$91
21-24	\$347	\$270	\$208	\$124	\$378	\$306	\$267	\$91
25-29	\$399	\$311	\$236	\$142	\$431	\$353	\$304	\$91
30-34	\$458	\$357	\$273	\$162	\$496	\$404	\$348	\$91
35-39	\$489	\$382	\$291	\$174	\$527	\$432	\$375	\$91
40-44	\$607	\$473	\$359	\$214	\$654	\$531	\$461	\$91
45-49	\$620	\$482	\$368	\$218	\$670	\$546	\$471	\$91
50-54	\$662	\$515	\$391	\$235	\$713	\$581	\$502	\$91
55-59	\$797	\$621	\$474	\$281	\$859	\$700	\$605	\$91
60-64	\$873	\$679	\$519	\$309	\$943	\$769	\$665	\$91

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