

Rates Effective July 1, 2008 to September 30, 2008
Northern Idaho Only (Zip Code 838xx)

Regence HSA Healthplan												
Age	\$1,500 Single Deductible		\$2,500 Single Deductible		\$3,500 Single Deductible		\$3,000 Family Deductible		\$5,000 Family Deductible		\$7,000 Family Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-19	\$85	\$85	\$66	\$66	\$57	\$57	\$77	\$77	\$57	\$57	\$47	\$47
20	\$85	\$88	\$66	\$70	\$58	\$62	\$78	\$79	\$57	\$59	\$47	\$49
21	\$85	\$102	\$66	\$82	\$58	\$72	\$78	\$91	\$57	\$68	\$47	\$57
22	\$86	\$116	\$67	\$93	\$58	\$83	\$78	\$104	\$57	\$78	\$47	\$65
23	\$87	\$117	\$68	\$95	\$59	\$84	\$80	\$105	\$58	\$79	\$48	\$66
24	\$89	\$119	\$69	\$96	\$60	\$85	\$81	\$106	\$60	\$79	\$49	\$67
25	\$91	\$120	\$71	\$97	\$61	\$86	\$83	\$107	\$61	\$80	\$50	\$67
26	\$92	\$121	\$72	\$98	\$62	\$87	\$84	\$108	\$62	\$81	\$51	\$68
27	\$94	\$122	\$73	\$99	\$64	\$88	\$86	\$109	\$63	\$82	\$52	\$69
28	\$97	\$128	\$75	\$103	\$65	\$91	\$88	\$114	\$65	\$86	\$53	\$72
29	\$99	\$133	\$77	\$107	\$67	\$95	\$90	\$119	\$66	\$89	\$55	\$75
30	\$102	\$139	\$79	\$111	\$69	\$98	\$93	\$124	\$68	\$93	\$56	\$78
31	\$104	\$144	\$81	\$115	\$70	\$102	\$95	\$130	\$70	\$97	\$58	\$81
32	\$107	\$150	\$83	\$120	\$72	\$105	\$97	\$135	\$71	\$101	\$59	\$84
33	\$111	\$156	\$86	\$124	\$75	\$109	\$101	\$140	\$74	\$104	\$61	\$87
34	\$114	\$162	\$89	\$128	\$77	\$112	\$104	\$146	\$77	\$108	\$63	\$90
35	\$118	\$167	\$92	\$132	\$80	\$115	\$108	\$151	\$79	\$112	\$65	\$93
36	\$122	\$173	\$95	\$136	\$83	\$119	\$111	\$157	\$82	\$116	\$68	\$96
37	\$126	\$179	\$98	\$140	\$85	\$122	\$115	\$162	\$84	\$120	\$70	\$99
38	\$131	\$184	\$102	\$144	\$88	\$126	\$119	\$167	\$87	\$123	\$72	\$102
39	\$135	\$189	\$105	\$148	\$91	\$129	\$123	\$172	\$90	\$127	\$75	\$105
40	\$139	\$195	\$108	\$152	\$94	\$132	\$127	\$177	\$93	\$130	\$77	\$108
41	\$144	\$200	\$112	\$156	\$97	\$136	\$131	\$182	\$96	\$134	\$79	\$111
42	\$148	\$206	\$115	\$160	\$100	\$139	\$135	\$187	\$99	\$138	\$82	\$114
43	\$153	\$212	\$119	\$165	\$103	\$143	\$139	\$193	\$102	\$142	\$84	\$117
44	\$157	\$217	\$122	\$169	\$106	\$147	\$143	\$198	\$105	\$145	\$87	\$120
45	\$161	\$222	\$125	\$173	\$109	\$150	\$147	\$202	\$108	\$148	\$89	\$123
46	\$166	\$227	\$129	\$176	\$112	\$153	\$151	\$206	\$111	\$152	\$91	\$125
47	\$170	\$231	\$132	\$180	\$115	\$156	\$155	\$211	\$114	\$155	\$94	\$128
48	\$179	\$237	\$139	\$184	\$121	\$160	\$163	\$216	\$120	\$158	\$99	\$131
49	\$188	\$242	\$146	\$188	\$127	\$164	\$171	\$221	\$126	\$162	\$104	\$134
50	\$197	\$248	\$153	\$192	\$133	\$167	\$180	\$226	\$132	\$166	\$109	\$137
51	\$206	\$253	\$160	\$197	\$139	\$171	\$188	\$230	\$138	\$169	\$114	\$140
52	\$215	\$258	\$167	\$201	\$145	\$175	\$196	\$235	\$144	\$173	\$119	\$143
53	\$235	\$271	\$183	\$211	\$159	\$183	\$214	\$247	\$157	\$181	\$130	\$150
54	\$255	\$284	\$198	\$221	\$172	\$192	\$232	\$259	\$170	\$190	\$141	\$157
55	\$275	\$297	\$214	\$231	\$186	\$200	\$250	\$270	\$184	\$198	\$152	\$164
56	\$295	\$309	\$229	\$240	\$199	\$209	\$268	\$282	\$197	\$207	\$163	\$171
57	\$314	\$322	\$244	\$250	\$212	\$218	\$286	\$293	\$210	\$215	\$174	\$178
58	\$333	\$333	\$259	\$259	\$225	\$225	\$303	\$304	\$223	\$223	\$184	\$184
59	\$351	\$345	\$273	\$268	\$237	\$233	\$320	\$314	\$235	\$231	\$194	\$191
60	\$370	\$356	\$287	\$277	\$250	\$241	\$337	\$325	\$247	\$238	\$204	\$197
61	\$388	\$368	\$302	\$286	\$262	\$248	\$354	\$335	\$260	\$246	\$214	\$203
62	\$406	\$379	\$316	\$295	\$275	\$256	\$370	\$345	\$272	\$253	\$225	\$209
63	\$428	\$392	\$333	\$305	\$290	\$265	\$390	\$357	\$287	\$262	\$237	\$216
64	\$452	\$405	\$351	\$315	\$305	\$274	\$412	\$369	\$302	\$271	\$250	\$224
1 Child	N/A		N/A		N/A		\$77		\$57		\$47	
2 Children	N/A		N/A		N/A		\$155		\$114		\$94	
3+Children	N/A		N/A		N/A		\$232		\$171		\$141	

Rates are subject to medical underwriting and could be different based on health status. Tobacco use will result in a higher rate. Contact Regence BlueShield of Idaho **toll free at 1 (888) REGENCE (888) 734-3623** for more information.

Please note: If you are declined coverage or are HIPAA eligible, you may be eligible for your choice of the following High Risk Pool Plans: Basic, Standard, Catastrophic A, Catastrophic B, or the Regence HSA Healthplan. You may also be eligible for any High Risk plan if your insurance carrier refuses to issue a health benefit plan providing coverage substantially similar to coverage offered under an equivalent High Risk Pool plan except at a rate exceeding the rate of