

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

<b>Regence Summit</b>								
<b>Age</b>	<b>\$1,000 Deductible</b>		<b>\$2,500 Deductible</b>		<b>\$5,000 Deductible</b>		<b>\$7,500 Deductible</b>	
	Male	Female	Male	Female	Male	Female	Male	Female
0-19	\$119	\$119	\$82	\$82	\$58	\$58	\$39	\$39
20	\$127	\$158	\$88	\$109	\$62	\$77	\$42	\$52
21	\$129	\$165	\$89	\$114	\$63	\$80	\$42	\$54
22	\$131	\$173	\$90	\$119	\$64	\$84	\$43	\$57
23	\$133	\$181	\$91	\$124	\$65	\$88	\$43	\$59
24	\$135	\$188	\$93	\$130	\$65	\$91	\$44	\$62
25	\$137	\$198	\$94	\$136	\$66	\$96	\$45	\$65
26	\$139	\$208	\$96	\$143	\$68	\$101	\$45	\$68
27	\$142	\$219	\$97	\$150	\$69	\$106	\$46	\$71
28	\$145	\$229	\$100	\$157	\$71	\$111	\$48	\$75
29	\$148	\$239	\$102	\$164	\$72	\$116	\$49	\$78
30	\$153	\$247	\$105	\$170	\$74	\$120	\$50	\$81
31	\$157	\$254	\$108	\$175	\$76	\$123	\$51	\$83
32	\$161	\$262	\$111	\$180	\$78	\$127	\$52	\$86
33	\$166	\$269	\$115	\$185	\$81	\$131	\$54	\$88
34	\$172	\$273	\$119	\$188	\$84	\$133	\$56	\$89
35	\$178	\$277	\$123	\$191	\$87	\$135	\$58	\$91
36	\$184	\$281	\$127	\$193	\$89	\$137	\$60	\$92
37	\$190	\$285	\$131	\$196	\$92	\$139	\$62	\$93
38	\$197	\$291	\$135	\$200	\$96	\$141	\$64	\$95
39	\$203	\$296	\$140	\$204	\$99	\$144	\$66	\$97
40	\$210	\$302	\$144	\$208	\$102	\$147	\$69	\$99
41	\$216	\$308	\$149	\$212	\$105	\$149	\$71	\$101
42	\$223	\$313	\$154	\$216	\$108	\$152	\$73	\$102
43	\$230	\$320	\$158	\$220	\$112	\$156	\$75	\$105
44	\$234	\$327	\$161	\$225	\$114	\$159	\$77	\$107
45	\$243	\$334	\$167	\$230	\$118	\$162	\$79	\$109
46	\$249	\$341	\$171	\$235	\$121	\$166	\$81	\$111
47	\$256	\$348	\$176	\$239	\$124	\$169	\$84	\$114
48	\$269	\$356	\$185	\$245	\$131	\$173	\$88	\$116
49	\$283	\$364	\$195	\$251	\$137	\$177	\$92	\$119
50	\$297	\$373	\$204	\$256	\$144	\$181	\$97	\$122
51	\$310	\$381	\$214	\$262	\$151	\$185	\$101	\$124
52	\$332	\$394	\$228	\$271	\$161	\$192	\$109	\$129
53	\$354	\$408	\$243	\$281	\$172	\$198	\$116	\$133
54	\$384	\$427	\$264	\$294	\$186	\$208	\$125	\$140
55	\$414	\$446	\$285	\$307	\$201	\$217	\$135	\$146
56	\$443	\$466	\$305	\$320	\$215	\$226	\$145	\$152
57	\$473	\$485	\$326	\$334	\$230	\$235	\$155	\$158
58	\$501	\$502	\$345	\$345	\$243	\$244	\$164	\$164
59	\$529	\$519	\$364	\$357	\$257	\$252	\$173	\$170
60	\$556	\$536	\$383	\$369	\$270	\$260	\$182	\$175
61	\$584	\$553	\$402	\$381	\$284	\$269	\$191	\$181
62	\$612	\$570	\$421	\$392	\$297	\$277	\$200	\$186
63	\$645	\$590	\$444	\$406	\$313	\$286	\$211	\$193
64	\$675	\$609	\$465	\$419	\$328	\$296	\$221	\$199
1 Child	\$119		\$82		\$58		\$39	
2 Children	\$239		\$164		\$116		\$78	
3+Children	\$358		\$246		\$174		\$117	

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 the High Risk Pool Plan. Please contact us for more information.