

Rates Effective July 1, 2008 to September 30, 2008
All of Idaho Except Northern Idaho (Zip Code 832xx through 837xx)

Regence Summit								
Age	\$1,000 Deductible		\$2,500 Deductible		\$5,000 Deductible		\$7,500 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female
0-19	\$131	\$131	\$90	\$90	\$64	\$64	\$43	\$43
20	\$140	\$173	\$96	\$119	\$68	\$84	\$46	\$57
21	\$142	\$182	\$98	\$125	\$69	\$88	\$46	\$59
22	\$144	\$190	\$99	\$131	\$70	\$92	\$47	\$62
23	\$146	\$198	\$100	\$137	\$71	\$96	\$48	\$65
24	\$148	\$207	\$102	\$142	\$72	\$100	\$48	\$68
25	\$150	\$218	\$103	\$150	\$73	\$106	\$49	\$71
26	\$153	\$229	\$105	\$158	\$74	\$111	\$50	\$75
27	\$155	\$240	\$107	\$165	\$76	\$117	\$51	\$79
28	\$160	\$251	\$110	\$173	\$78	\$122	\$52	\$82
29	\$163	\$263	\$112	\$181	\$79	\$128	\$53	\$86
30	\$168	\$271	\$116	\$186	\$82	\$132	\$55	\$89
31	\$172	\$279	\$119	\$192	\$84	\$136	\$56	\$91
32	\$177	\$288	\$121	\$198	\$86	\$140	\$58	\$94
33	\$183	\$296	\$126	\$204	\$89	\$144	\$60	\$97
34	\$189	\$300	\$130	\$207	\$92	\$146	\$62	\$98
35	\$196	\$305	\$135	\$210	\$95	\$148	\$64	\$100
36	\$202	\$309	\$139	\$213	\$98	\$150	\$66	\$101
37	\$209	\$313	\$144	\$216	\$101	\$152	\$68	\$102
38	\$216	\$319	\$149	\$220	\$105	\$155	\$71	\$104
39	\$223	\$326	\$154	\$224	\$108	\$158	\$73	\$106
40	\$231	\$332	\$159	\$228	\$112	\$161	\$75	\$108
41	\$238	\$338	\$164	\$233	\$116	\$164	\$78	\$110
42	\$245	\$344	\$169	\$237	\$119	\$167	\$80	\$112
43	\$252	\$352	\$174	\$242	\$123	\$171	\$82	\$115
44	\$258	\$359	\$177	\$247	\$125	\$175	\$84	\$117
45	\$267	\$367	\$183	\$253	\$130	\$178	\$87	\$120
46	\$274	\$375	\$188	\$258	\$133	\$182	\$89	\$122
47	\$281	\$382	\$193	\$263	\$136	\$186	\$92	\$125
48	\$296	\$391	\$204	\$269	\$144	\$190	\$97	\$128
49	\$311	\$400	\$214	\$276	\$151	\$195	\$102	\$131
50	\$326	\$409	\$224	\$282	\$158	\$199	\$107	\$134
51	\$341	\$418	\$235	\$288	\$166	\$203	\$111	\$137
52	\$365	\$433	\$251	\$298	\$177	\$211	\$119	\$142
53	\$389	\$448	\$268	\$309	\$189	\$218	\$127	\$147
54	\$422	\$470	\$290	\$323	\$205	\$228	\$138	\$153
55	\$454	\$491	\$313	\$338	\$221	\$238	\$149	\$160
56	\$487	\$512	\$335	\$352	\$237	\$249	\$159	\$167
57	\$520	\$533	\$358	\$367	\$253	\$259	\$170	\$174
58	\$551	\$551	\$379	\$379	\$267	\$268	\$180	\$180
59	\$581	\$570	\$400	\$392	\$282	\$277	\$190	\$186
60	\$611	\$589	\$421	\$405	\$297	\$286	\$200	\$193
61	\$642	\$608	\$442	\$418	\$312	\$295	\$210	\$199
62	\$672	\$627	\$463	\$431	\$327	\$304	\$220	\$205
63	\$709	\$648	\$488	\$446	\$344	\$315	\$232	\$212
64	\$742	\$670	\$511	\$461	\$361	\$325	\$243	\$219
1 Child	\$131		\$90		\$64		\$43	
2 Children	\$262		\$181		\$127		\$86	
3+Children	\$394		\$271		\$191		\$129	

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.