



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

Rates for Contracts Effective January 1, 2010 to March 31, 2010 for Oregon Residents

Blue Selections SM											Individual
Age	Premier						Plus				DentaCare
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	No Deductible	
0-17	\$146	\$134	\$107	\$87	\$68	\$128	\$114	\$87	\$67	\$31	
18-20	\$192	\$177	\$141	\$115	\$90	\$169	\$150	\$114	\$88	\$31	
21-24	\$231	\$212	\$169	\$138	\$108	\$203	\$180	\$137	\$106	\$31	
25-29	\$247	\$227	\$180	\$147	\$115	\$217	\$192	\$146	\$113	\$31	
30-34	\$281	\$258	\$206	\$168	\$131	\$247	\$219	\$167	\$129	\$31	
35-39	\$301	\$276	\$220	\$180	\$140	\$264	\$234	\$179	\$137	\$31	
40-44	\$385	\$354	\$282	\$230	\$180	\$339	\$300	\$229	\$176	\$31	
45-49	\$455	\$418	\$333	\$272	\$212	\$400	\$354	\$271	\$208	\$31	
50-54	\$528	\$485	\$387	\$316	\$247	\$464	\$411	\$314	\$242	\$31	
55-59	\$636	\$585	\$466	\$380	\$297	\$559	\$496	\$378	\$291	\$31	
60-64	\$733	\$673	\$536	\$438	\$342	\$644	\$571	\$436	\$335	\$31	
Married Couple or Domestic Partners											
18-20	\$385	\$354	\$282	\$230	\$180	\$339	\$300	\$229	\$176	\$63	
21-24	\$463	\$425	\$339	\$277	\$216	\$406	\$360	\$275	\$212	\$63	
25-29	\$494	\$454	\$361	\$295	\$230	\$434	\$384	\$293	\$226	\$63	
30-34	\$563	\$517	\$412	\$337	\$263	\$495	\$438	\$335	\$258	\$63	
35-39	\$602	\$553	\$440	\$360	\$281	\$528	\$468	\$358	\$275	\$63	
40-44	\$771	\$709	\$565	\$461	\$360	\$678	\$601	\$459	\$353	\$63	
45-49	\$910	\$837	\$666	\$544	\$425	\$800	\$709	\$542	\$417	\$63	
50-54	\$1,057	\$971	\$774	\$632	\$494	\$929	\$823	\$629	\$484	\$63	
55-59	\$1,273	\$1,170	\$932	\$761	\$595	\$1,118	\$992	\$757	\$583	\$63	
60-64	\$1,466	\$1,347	\$1,073	\$877	\$685	\$1,288	\$1,142	\$872	\$671	\$63	
One Adult & Child(ren)											
18-20	\$339	\$312	\$248	\$203	\$158	\$298	\$264	\$202	\$155	\$60	
21-24	\$378	\$347	\$276	\$226	\$176	\$332	\$294	\$225	\$173	\$60	
25-29	\$393	\$361	\$288	\$235	\$183	\$345	\$306	\$234	\$180	\$60	
30-34	\$428	\$393	\$313	\$256	\$200	\$376	\$333	\$254	\$196	\$60	
35-39	\$447	\$411	\$327	\$267	\$209	\$393	\$348	\$266	\$205	\$60	
40-44	\$532	\$489	\$389	\$318	\$248	\$467	\$414	\$316	\$243	\$60	
45-49	\$602	\$553	\$440	\$360	\$281	\$528	\$468	\$358	\$275	\$60	
50-54	\$675	\$620	\$494	\$404	\$315	\$593	\$526	\$401	\$309	\$60	
55-59	\$783	\$720	\$573	\$468	\$366	\$688	\$610	\$466	\$358	\$60	
60-64	\$880	\$808	\$644	\$526	\$411	\$773	\$685	\$523	\$402	\$60	
Family											
18-20	\$532	\$489	\$389	\$318	\$248	\$467	\$414	\$316	\$243	\$90	
21-24	\$609	\$560	\$446	\$364	\$284	\$535	\$474	\$362	\$279	\$90	
25-29	\$640	\$588	\$469	\$383	\$299	\$562	\$499	\$381	\$293	\$90	
30-34	\$710	\$652	\$519	\$424	\$331	\$623	\$553	\$422	\$325	\$90	
35-39	\$748	\$688	\$548	\$447	\$349	\$657	\$583	\$445	\$342	\$90	
40-44	\$918	\$844	\$672	\$549	\$429	\$807	\$715	\$546	\$420	\$90	
45-49	\$1,057	\$971	\$774	\$632	\$494	\$929	\$823	\$629	\$484	\$90	
50-54	\$1,204	\$1,106	\$881	\$720	\$562	\$1,057	\$937	\$716	\$551	\$90	
55-59	\$1,420	\$1,305	\$1,039	\$849	\$663	\$1,247	\$1,106	\$845	\$650	\$90	
60-64	\$1,613	\$1,482	\$1,181	\$965	\$753	\$1,417	\$1,256	\$960	\$738	\$90	

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).

* Regence Premier \$500, Plus \$500 and HSA Qualified Plans are not available for new sales.



Regence

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Rates for Contracts Effective January 1, 2010 to March 31, 2010 for Oregon Residents

	Blue Selections SM				Regence (HSA)			HSA Qualified Plan		
Age	Basic				Health Savings Account					
Individual	\$1,000 Deductible	\$2,500 Deductible	\$5,000 Deductible	\$10,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$3,500 Deductible	\$1,500 * Deductible	\$2,500 * Deductible	\$3,500 * Deductible
0-17	\$101	\$79	\$59	\$35	\$112	\$95	\$84	\$108	\$91	\$80
18-20	\$133	\$104	\$78	\$46	\$148	\$125	\$111	\$143	\$120	\$105
21-24	\$160	\$124	\$94	\$55	\$178	\$150	\$134	\$171	\$144	\$126
25-29	\$170	\$133	\$100	\$59	\$190	\$160	\$143	\$183	\$153	\$135
30-34	\$194	\$151	\$114	\$67	\$216	\$183	\$163	\$208	\$175	\$154
35-39	\$208	\$162	\$122	\$72	\$231	\$196	\$174	\$223	\$187	\$165
40-44	\$266	\$208	\$157	\$92	\$296	\$251	\$223	\$286	\$240	\$211
45-49	\$314	\$245	\$185	\$109	\$350	\$296	\$263	\$337	\$283	\$249
50-54	\$365	\$284	\$215	\$126	\$406	\$344	\$306	\$392	\$329	\$289
55-59	\$440	\$343	\$259	\$152	\$490	\$414	\$368	\$472	\$396	\$349
60-64	\$507	\$395	\$299	\$175	\$564	\$477	\$424	\$543	\$456	\$402
Married Couple or Domestic Partners					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible
18-20	\$266	\$208	\$157	\$92	\$296	\$251	\$223	\$286	\$240	\$211
21-24	\$320	\$249	\$189	\$111	\$356	\$301	\$268	\$343	\$288	\$253
25-29	\$341	\$266	\$201	\$118	\$380	\$321	\$286	\$366	\$307	\$270
30-34	\$389	\$303	\$229	\$135	\$433	\$366	\$326	\$417	\$351	\$308
35-39	\$416	\$324	\$245	\$144	\$463	\$392	\$348	\$446	\$375	\$330
40-44	\$533	\$416	\$315	\$185	\$593	\$502	\$447	\$572	\$480	\$423
45-49	\$629	\$490	\$371	\$218	\$700	\$593	\$527	\$675	\$567	\$499
50-54	\$731	\$569	\$431	\$253	\$813	\$688	\$612	\$784	\$658	\$579
55-59	\$880	\$686	\$519	\$305	\$980	\$829	\$737	\$944	\$793	\$698
60-64	\$1,014	\$790	\$598	\$351	\$1,128	\$954	\$849	\$1,087	\$913	\$804
One Adult & Child(ren)					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible
18-20	\$234	\$183	\$138	\$81	\$261	\$221	\$196	\$251	\$211	\$186
21-24	\$261	\$203	\$154	\$90	\$291	\$246	\$219	\$280	\$235	\$207
25-29	\$272	\$212	\$160	\$94	\$302	\$256	\$228	\$291	\$245	\$215
30-34	\$296	\$230	\$174	\$102	\$329	\$278	\$248	\$317	\$266	\$234
35-39	\$309	\$241	\$182	\$107	\$344	\$291	\$259	\$331	\$278	\$245
40-44	\$368	\$287	\$217	\$127	\$409	\$346	\$308	\$394	\$331	\$292
45-49	\$416	\$324	\$245	\$144	\$463	\$392	\$348	\$446	\$375	\$330
50-54	\$467	\$364	\$275	\$162	\$519	\$439	\$391	\$500	\$420	\$370
55-59	\$541	\$422	\$319	\$187	\$602	\$510	\$453	\$580	\$488	\$429
60-64	\$608	\$474	\$359	\$211	\$677	\$572	\$509	\$652	\$548	\$482
Family					\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible	\$3,000 Deductible	\$5,000 Deductible	\$7,000 Deductible
18-20	\$368	\$287	\$217	\$127	\$409	\$346	\$308	\$394	\$331	\$292
21-24	\$421	\$328	\$248	\$146	\$469	\$397	\$353	\$452	\$379	\$334
25-29	\$443	\$345	\$261	\$153	\$492	\$417	\$371	\$475	\$399	\$351
30-34	\$491	\$382	\$289	\$170	\$546	\$462	\$411	\$526	\$442	\$389
35-39	\$517	\$403	\$305	\$179	\$576	\$487	\$433	\$555	\$466	\$410
40-44	\$635	\$495	\$374	\$220	\$706	\$598	\$532	\$681	\$572	\$503
45-49	\$731	\$569	\$431	\$253	\$813	\$688	\$612	\$784	\$658	\$579
50-54	\$832	\$648	\$491	\$288	\$926	\$784	\$697	\$892	\$750	\$660
55-59	\$982	\$765	\$579	\$340	\$1,092	\$924	\$822	\$1,053	\$884	\$778
60-64	\$1,115	\$869	\$658	\$387	\$1,241	\$1,050	\$934	\$1,196	\$1,005	\$884

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