



Age	Regence Evolve Core <sup>SM</sup>			
	\$2,500 Deductible	\$5,000 Deductible	\$7,500 Deductible	\$10,000 Deductible
0-24	\$86	\$66	\$47	\$36
25	\$135	\$103	\$73	\$56
26	\$139	\$106	\$76	\$57
27	\$143	\$110	\$78	\$59
28	\$145	\$111	\$79	\$60
29	\$149	\$114	\$81	\$62
30	\$153	\$118	\$84	\$63
31	\$156	\$119	\$85	\$64
32	\$158	\$121	\$86	\$65
33	\$160	\$122	\$87	\$66
34	\$162	\$124	\$88	\$67
35	\$164	\$126	\$89	\$68
36	\$172	\$132	\$94	\$71
37	\$183	\$140	\$100	\$76
38	\$191	\$147	\$104	\$79
39	\$202	\$155	\$110	\$83
40	\$210	\$161	\$115	\$87
41	\$219	\$168	\$119	\$90
42	\$225	\$172	\$123	\$93
43	\$233	\$179	\$127	\$96
44	\$240	\$184	\$131	\$99
45	\$248	\$190	\$135	\$102
46	\$256	\$197	\$140	\$106
47	\$265	\$203	\$144	\$109
48	\$271	\$208	\$148	\$112
49	\$280	\$214	\$152	\$116
50	\$288	\$221	\$157	\$119
51	\$301	\$230	\$164	\$124
52	\$311	\$239	\$170	\$129
53	\$324	\$248	\$176	\$134
54	\$334	\$256	\$182	\$138
55	\$347	\$266	\$189	\$143
56	\$357	\$274	\$195	\$148
57	\$368	\$282	\$201	\$152
58	\$378	\$290	\$206	\$156
59	\$389	\$298	\$212	\$161
60	\$399	\$306	\$218	\$165
61	\$410	\$314	\$223	\$169
62	\$420	\$322	\$229	\$174
63	\$431	\$330	\$235	\$178
64	\$441	\$338	\$241	\$182
65+	\$452	\$346	\$246	\$187

Evolve HSA Plan <sup>SM</sup> (80% coinsurance)		Evolve HSA Plan <sup>SM</sup> (50% coinsurance)		Evolve HSA 100 Plan <sup>SM</sup>
\$1,500 Single \$3,000 Family Deductible	\$3,500 Single \$7,000 Family Deductible	\$1,500 Single \$3,000 Family Deductible	\$3,500 Single \$7,000 Family Deductible	\$5,000 Single \$10,000 Family Deductible
\$111	\$84	\$71	\$54	\$107
\$174	\$131	\$111	\$84	\$167
\$179	\$135	\$115	\$87	\$173
\$185	\$139	\$118	\$89	\$178
\$188	\$141	\$120	\$91	\$181
\$193	\$146	\$123	\$93	\$186
\$198	\$150	\$127	\$96	\$191
\$201	\$152	\$129	\$97	\$194
\$204	\$154	\$130	\$99	\$196
\$207	\$156	\$132	\$100	\$199
\$209	\$158	\$134	\$101	\$201
\$212	\$160	\$136	\$102	\$204
\$223	\$168	\$143	\$108	\$215
\$236	\$178	\$151	\$114	\$228
\$247	\$187	\$158	\$120	\$238
\$261	\$197	\$167	\$126	\$251
\$272	\$205	\$174	\$131	\$262
\$283	\$213	\$181	\$137	\$272
\$291	\$219	\$186	\$141	\$280
\$302	\$228	\$193	\$146	\$290
\$310	\$234	\$198	\$150	\$298
\$321	\$242	\$205	\$155	\$309
\$332	\$250	\$212	\$160	\$319
\$342	\$258	\$219	\$165	\$330
\$351	\$265	\$224	\$169	\$337
\$361	\$273	\$231	\$175	\$348
\$372	\$281	\$238	\$180	\$358
\$389	\$293	\$249	\$188	\$374
\$402	\$303	\$257	\$194	\$387
\$419	\$316	\$268	\$202	\$403
\$432	\$326	\$276	\$209	\$416
\$448	\$338	\$287	\$217	\$432
\$462	\$349	\$296	\$223	\$445
\$476	\$359	\$304	\$230	\$458
\$489	\$369	\$313	\$236	\$471
\$503	\$379	\$322	\$243	\$484
\$516	\$390	\$330	\$250	\$497
\$530	\$400	\$339	\$256	\$510
\$544	\$410	\$348	\$263	\$523
\$557	\$420	\$356	\$269	\$536
\$571	\$431	\$365	\$276	\$549
\$584	\$441	\$374	\$282	\$562

Dental Options	
Option 1	Option 2
\$37	\$44
\$39	\$46
\$39	\$46
\$39	\$46
\$39	\$46
\$39	\$46
\$39	\$46
\$39	\$46
\$39	\$47
\$39	\$47
\$39	\$47
\$40	\$47
\$40	\$48
\$40	\$48
\$41	\$48
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\$42	\$50
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\$46	\$54
\$46	\$55
\$48	\$57
\$48	\$58
\$49	\$59
\$50	\$59
\$50	\$60
\$51	\$60
\$51	\$61
\$51	\$61
\$52	\$62
\$52	\$62
\$53	\$62
\$53	\$63
\$54	\$64
\$54	\$64
\$55	\$65

How to calculate your rate:

Step 1 - choose your plan and deductible

(example: Regence Evolve Core \$5,000)

Step 2 - calculate your rate

Find the rate table based on the plan information (name and deductible) above. Then, find the rate associated with the applicant(s) information below.

APPLICANT(S)	AGE	MONTHLY RATE
1. SELF	_____	\$ _____
2. SPOUSE	_____	\$ _____

APPLICANT(S)	# OF CHILDREN*	PER CHILD RATE (0-24)	
3. CHILD(REN)	_____	X _____	= \$ _____

**\*Coverage applications for dependents under 19 years of age are only accepted during the open enrollment period (with limited state and federal mandated exceptions).** Call us at 1-888-REGENCE for more information. You will only be charged for up to two children per family. No additional charge thereafter.

4. DENTAL (OPTIONAL)**	AGE	# OF CHILDREN*	
SELF	_____	_____	\$ _____
SPOUSE	_____	_____	\$ _____
CHILD(REN)	_____	_____	\$ _____

\*\*must be the same as above, dental plans cannot be sold per person

5. TOTAL MONTHLY RATE (ADD MONTHLY RATE FOR SELF, SPOUSE, & CHILDREN)	\$ _____
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**PLEASE NOTE: HSA Plans have single deductibles and family deductibles. The single deductibles apply when there is only one person on the contract. If there is more than one person on the contract (two adults, adult and child, two adults and child(ren)), then the family deductibles will apply.**