



Regence BlueCross BlueShield of Oregon is an independent licensee of the Blue Cross and Blue Shield Association.

Non-Smoker*				
Regence Evolve Core SM				
Age	\$2,500	\$5,000	\$7,500	\$10,000
0-24	\$137	\$114	\$103	\$95
25-29	\$157	\$130	\$118	\$109
30-34	\$183	\$151	\$137	\$126
35-39	\$216	\$179	\$162	\$149
40-44	\$254	\$210	\$190	\$175
45-49	\$307	\$254	\$230	\$212
50-54	\$365	\$303	\$274	\$253
55-59	\$429	\$355	\$322	\$296
60+	\$502	\$416	\$377	\$347

Non-Smoker*				
Regence Evolve Plus SM				
Age	\$1,000	\$2,500	\$5,000	\$7,500
0-24	\$297	\$232	\$193	\$174
25-29	\$341	\$267	\$221	\$200
30-34	\$396	\$310	\$257	\$233
35-39	\$467	\$366	\$303	\$274
40-44	\$550	\$430	\$357	\$323
45-49	\$665	\$521	\$432	\$391
50-54	\$792	\$620	\$514	\$465
55-59	\$929	\$727	\$603	\$546
60+	\$1,088	\$852	\$707	\$639

Non-Smoker*					
Age	Regence Evolve HSA Plan SM (80% coinsurance)		Regence Evolve HSA Plan SM (50% coinsurance)		Regence Evolve HSA 100 Plan SM
	\$2,000 Single	\$3,500 Single	\$2,000 Single	\$3,500 Single	\$5,000 Single
	\$4,000 Family	\$7,000 Family	\$4,000 Family	\$7,000 Family	\$10,000 Family
0-24	\$172	\$138	\$103	\$83	\$171
25-29	\$198	\$158	\$119	\$95	\$197
30-34	\$229	\$183	\$138	\$110	\$229
35-39	\$271	\$216	\$163	\$130	\$270
40-44	\$319	\$255	\$192	\$153	\$318
45-49	\$386	\$308	\$232	\$185	\$384
50-54	\$459	\$367	\$276	\$220	\$457
55-59	\$539	\$430	\$324	\$258	\$537
60+	\$631	\$504	\$379	\$303	\$629

Age	Dental	
	Dental Rewards	Option 2
0-24	\$36	\$40
25-29	\$37	\$42
30-34	\$38	\$43
35-39	\$39	\$44
40-44	\$40	\$45
45-49	\$43	\$49
50-54	\$47	\$53
55-59	\$50	\$56
60+	\$52	\$59

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.

How to calculate your rate:

Step 1 - choose your plan and deductible (example: Regence Evolve Plus \$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) NON SMOKER
3. CHILD(REN)	_____ X	_____ = \$ _____
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)		\$ _____

*To qualify for the non-smoker rate, you must not have smoked cigarettes, cigars, pipes or used chewing tobacco, smokeless tobacco or any other form of tobacco or illegal drug substances within the past 12 months.



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Age	\$2,500	\$5,000	\$7,500	\$10,000
0-24	\$158	\$131	\$118	\$109
25-29	\$181	\$150	\$136	\$125
30-34	\$210	\$174	\$158	\$145
35-39	\$248	\$206	\$186	\$171
40-44	\$292	\$242	\$219	\$202
45-49	\$353	\$293	\$265	\$244
50-54	\$420	\$348	\$315	\$290
55-59	\$493	\$409	\$370	\$341
60+	\$578	\$479	\$434	\$399

Smoker				
Regence Evolve Plus SM				
Age	\$1,000	\$2,500	\$5,000	\$7,500
0-24	\$341	\$267	\$222	\$201
25-29	\$392	\$307	\$254	\$230
30-34	\$455	\$356	\$296	\$267
35-39	\$537	\$421	\$349	\$316
40-44	\$632	\$495	\$410	\$371
45-49	\$765	\$599	\$497	\$449
50-54	\$910	\$712	\$591	\$535
55-59	\$1,068	\$836	\$694	\$628
60+	\$1,252	\$980	\$813	\$735

Smoker					
Age	Regence Evolve HSA Plan SM (80% coinsurance)		Regence Evolve HSA Plan SM (50% coinsurance)		Regence Evolve HSA 100 Plan SM
	\$2,000 Single \$4,000 Family	\$3,500 Single \$7,000 Family	\$2,000 Single \$4,000 Family	\$3,500 Single \$7,000 Family	\$5,000 Single \$10,000 Family
	0-24	\$198	\$158	\$119	\$95
25-29	\$227	\$182	\$137	\$109	\$226
30-34	\$264	\$211	\$159	\$127	\$263
35-39	\$312	\$249	\$187	\$149	\$310
40-44	\$367	\$293	\$220	\$176	\$365
45-49	\$443	\$354	\$267	\$213	\$442
50-54	\$528	\$422	\$317	\$253	\$526
55-59	\$619	\$495	\$372	\$297	\$617
60+	\$726	\$580	\$436	\$348	\$723

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30-34	\$38	\$43
35-39	\$39	\$44
40-44	\$40	\$45
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50-54	\$47	\$53
55-59	\$50	\$56
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