

Non-Smoker*				
Regence Evolve Core <sup>SM</sup>				
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 <sup>SM</sup>				
Age	\$1,000	\$2,500	\$5,000	\$7,500
0-24	\$292	\$229	\$190	\$172
25-29	\$336	\$263	\$218	\$197
30-34	\$390	\$305	\$253	\$229
35-39	\$460	\$360	\$299	\$270
40-44	\$542	\$424	\$352	\$318
45-49	\$655	\$513	\$426	\$385
50-54	\$780	\$610	\$506	\$458
55-59	\$915	\$716	\$594	\$538
60+	\$1,072	\$839	\$696	\$630

Non-Smoker*					
Age	Regence Evolve HSA Plan <sup>SM</sup> (80% coinsurance)		Regence Evolve HSA Plan <sup>SM</sup> (50% coinsurance)		Regence Evolve HSA 100 Plan <sup>SM</sup>
	\$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	\$172	\$138	\$103	\$83
25-29	\$198	\$158	\$119	\$95	\$197
30-34	\$229	\$183	\$138	\$110	\$228
35-39	\$271	\$216	\$163	\$130	\$269
40-44	\$319	\$255	\$192	\$153	\$317
45-49	\$386	\$308	\$232	\$185	\$383
50-54	\$459	\$367	\$276	\$220	\$456
55-59	\$539	\$430	\$324	\$258	\$536
60+	\$631	\$504	\$379	\$303	\$628

Age	Dental	
	Option 1	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)
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.

Smoker				
Regence Evolve Core <sup>SM</sup>				
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 <sup>SM</sup>				
Age	\$1,000	\$2,500	\$5,000	\$7,500
0-24	\$336	\$263	\$218	\$198
25-29	\$386	\$302	\$251	\$227
30-34	\$448	\$351	\$291	\$263
35-39	\$529	\$414	\$344	\$311
40-44	\$623	\$487	\$404	\$366
45-49	\$754	\$590	\$489	\$443
50-54	\$897	\$702	\$582	\$527
55-59	\$1,053	\$824	\$683	\$618
60+	\$1,233	\$965	\$801	\$724

Smoker					
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25-29	\$227	\$182	\$137	\$109	\$226
30-34	\$264	\$211	\$159	\$127	\$262
35-39	\$312	\$249	\$187	\$149	\$310
40-44	\$367	\$293	\$220	\$176	\$364
45-49	\$443	\$354	\$267	\$213	\$441
50-54	\$528	\$422	\$317	\$253	\$525
55-59	\$619	\$495	\$372	\$297	\$616
60+	\$726	\$580	\$436	\$348	\$722

Dental		
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25-29	\$37	\$42
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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5. TOTAL MONTHLY RATE (ADD MONTHLY RATE FOR SELF, SPOUSE, & CHILDREN)	\$ _____