



# Regence

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

## Regence Oregon Evolve Rates

Rates for Contracts Effective July 1, 2010  
to January 31, 2011 for Oregon Residents

### Regence Evolve Core<sup>SM</sup>

Age	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
0-24	\$100	\$76	\$59	\$41	\$31
25	\$156	\$119	\$91	\$65	\$49
26	\$161	\$123	\$94	\$67	\$50
27	\$166	\$127	\$97	\$69	\$52
28	\$168	\$128	\$99	\$70	\$53
29	\$173	\$132	\$101	\$72	\$54
30	\$178	\$136	\$104	\$74	\$56
31	\$180	\$138	\$106	\$75	\$57
32	\$183	\$140	\$107	\$76	\$57
33	\$185	\$142	\$108	\$77	\$58
34	\$188	\$143	\$110	\$78	\$59
35	\$190	\$145	\$111	\$79	\$60
36	\$200	\$153	\$117	\$83	\$63
37	\$212	\$162	\$124	\$88	\$66
38	\$222	\$169	\$130	\$92	\$69
39	\$234	\$179	\$137	\$97	\$73
40	\$244	\$186	\$143	\$101	\$76
41	\$253	\$194	\$148	\$105	\$79
42	\$261	\$199	\$153	\$108	\$82
43	\$270	\$207	\$158	\$112	\$85
44	\$278	\$212	\$163	\$115	\$87
45	\$288	\$220	\$168	\$119	\$90
46	\$297	\$227	\$174	\$123	\$93
47	\$307	\$235	\$180	\$127	\$96
48	\$314	\$240	\$184	\$130	\$99
49	\$324	\$248	\$190	\$135	\$102
50	\$334	\$255	\$196	\$139	\$105
51	\$348	\$266	\$204	\$145	\$109
52	\$361	\$276	\$211	\$150	\$113
53	\$375	\$287	\$220	\$156	\$118
54	\$387	\$296	\$227	\$161	\$121
55	\$402	\$307	\$236	\$167	\$126
56	\$414	\$317	\$243	\$172	\$130
57	\$426	\$326	\$250	\$177	\$134
58	\$439	\$335	\$257	\$182	\$137
59	\$451	\$344	\$264	\$187	\$141
60	\$463	\$354	\$271	\$192	\$145
61	\$475	\$363	\$278	\$197	\$149
62	\$487	\$372	\$286	\$202	\$153
63	\$500	\$382	\$293	\$207	\$157
64	\$512	\$391	\$300	\$212	\$160
65+	\$524	\$400	\$307	\$217	\$164

### Regence Evolve Plus<sup>SM</sup>

Age	\$1,000	\$2,500	\$5,000	\$7,500
0-24	\$143	\$108	\$88	\$69
25	\$223	\$168	\$137	\$107
26	\$230	\$173	\$142	\$111
27	\$237	\$179	\$146	\$114
28	\$240	\$181	\$148	\$116
29	\$247	\$186	\$152	\$119
30	\$254	\$192	\$157	\$122
31	\$258	\$194	\$159	\$124
32	\$261	\$197	\$161	\$126
33	\$265	\$200	\$163	\$127
34	\$268	\$202	\$165	\$129
35	\$272	\$205	\$167	\$131
36	\$286	\$215	\$176	\$137
37	\$303	\$228	\$187	\$146
38	\$317	\$239	\$195	\$153
39	\$334	\$252	\$206	\$161
40	\$348	\$263	\$215	\$168
41	\$362	\$273	\$223	\$174
42	\$373	\$281	\$230	\$179
43	\$387	\$291	\$238	\$186
44	\$397	\$299	\$245	\$191
45	\$411	\$310	\$253	\$198
46	\$425	\$320	\$262	\$205
47	\$439	\$331	\$270	\$211
48	\$449	\$339	\$277	\$216
49	\$463	\$349	\$285	\$223
50	\$477	\$360	\$294	\$230
51	\$498	\$376	\$307	\$240
52	\$515	\$389	\$318	\$248
53	\$536	\$404	\$330	\$258
54	\$554	\$418	\$341	\$267
55	\$575	\$433	\$354	\$277
56	\$592	\$446	\$365	\$285
57	\$609	\$460	\$375	\$293
58	\$627	\$473	\$386	\$302
59	\$644	\$486	\$397	\$310
60	\$662	\$499	\$408	\$318
61	\$679	\$512	\$418	\$327
62	\$697	\$525	\$429	\$335
63	\$714	\$538	\$440	\$344
64	\$731	\$551	\$451	\$352
65+	\$749	\$565	\$461	\$360

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[www.regence.com](http://www.regence.com)



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## Regence Oregon Evolve Rates

Rates for Contracts Effective July 1, 2010  
to January 31, 2011 for Oregon Residents

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>
	\$1,500 Single \$3,000 Family	\$3,500 Single \$7,000 Family	\$1,500 Single \$3,000 Family	\$3,500 Single \$7,000 Family	\$5,000 Single \$10,000 Family
0-24	\$100	\$75	\$64	\$48	\$95
25	\$156	\$117	\$99	\$75	\$148
26	\$161	\$121	\$103	\$77	\$153
27	\$165	\$125	\$106	\$80	\$158
28	\$168	\$126	\$107	\$81	\$160
29	\$173	\$130	\$110	\$83	\$165
30	\$178	\$134	\$113	\$85	\$169
31	\$180	\$136	\$115	\$87	\$172
32	\$182	\$137	\$117	\$88	\$174
33	\$185	\$139	\$118	\$89	\$176
34	\$187	\$141	\$120	\$90	\$179
35	\$190	\$143	\$121	\$91	\$181
36	\$199	\$150	\$127	\$96	\$190
37	\$212	\$159	\$135	\$102	\$202
38	\$221	\$167	\$141	\$106	\$211
39	\$234	\$176	\$149	\$112	\$223
40	\$243	\$183	\$155	\$117	\$232
41	\$253	\$191	\$162	\$122	\$241
42	\$260	\$196	\$166	\$125	\$248
43	\$270	\$203	\$172	\$130	\$257
44	\$277	\$209	\$177	\$133	\$264
45	\$287	\$216	\$183	\$138	\$274
46	\$297	\$224	\$190	\$143	\$283
47	\$307	\$231	\$196	\$147	\$292
48	\$314	\$236	\$200	\$151	\$299
49	\$324	\$244	\$207	\$156	\$309
50	\$333	\$251	\$213	\$160	\$318
51	\$348	\$262	\$222	\$167	\$332
52	\$360	\$271	\$230	\$173	\$343
53	\$375	\$282	\$239	\$180	\$357
54	\$387	\$291	\$247	\$186	\$369
55	\$401	\$302	\$256	\$193	\$383
56	\$414	\$311	\$264	\$199	\$394
57	\$426	\$321	\$272	\$205	\$406
58	\$438	\$330	\$280	\$211	\$418
59	\$450	\$339	\$287	\$216	\$429
60	\$462	\$348	\$295	\$222	\$441
61	\$474	\$357	\$303	\$228	\$452
62	\$487	\$366	\$311	\$234	\$464
63	\$499	\$376	\$319	\$240	\$476
64	\$511	\$385	\$326	\$246	\$487
65+	\$523	\$394	\$334	\$252	\$499

Dental Options		
Age	Option 1	Option 2
0-24	\$37	\$44
25	\$39	\$46
26	\$39	\$46
27	\$39	\$46
28	\$39	\$46
29	\$39	\$46
30	\$39	\$46
31	\$39	\$46
32	\$39	\$47
33	\$39	\$47
34	\$39	\$47
35	\$40	\$47
36	\$40	\$48
37	\$40	\$48
38	\$41	\$48
39	\$41	\$48
40	\$41	\$49
41	\$41	\$49
42	\$41	\$49
43	\$41	\$49
44	\$42	\$50
45	\$43	\$51
46	\$44	\$52
47	\$45	\$53
48	\$46	\$54
49	\$46	\$55
50	\$48	\$57
51	\$48	\$58
52	\$49	\$59
53	\$50	\$59
54	\$50	\$60
55	\$51	\$60
56	\$51	\$61
57	\$51	\$61
58	\$52	\$62
59	\$52	\$62
60	\$53	\$62
61	\$53	\$63
62	\$53	\$63
63	\$54	\$64
64	\$54	\$64
65+	\$55	\$65

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Regence Oregon Evolve Rates

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

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	_____	= \$ _____

**\*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.**