

Individual BlueChoices

Monthly Rates Effective July 1, 2009

BlueBasic ValueCare Network										
Copayment Plans: \$30 office visit copay, 30% coinsurance for other eligible medical expenses after deductible					Coinsurance Plans: 30% coinsurance for eligible medical expenses after deductible					
Age	\$500 Deductible		\$1,000 Deductible		\$2,500 Deductible		\$5,000 Deductible		\$7,500 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<20	\$119.46	\$119.46	\$110.68	\$110.68	\$86.46	\$86.46	\$67.63	\$67.63	\$57.10	\$57.10
20-24	\$141.92	\$150.46	\$133.26	\$140.87	\$102.38	\$109.40	\$79.33	\$84.24	\$68.09	\$71.49
25-29	\$148.82	\$172.93	\$138.76	\$161.34	\$107.64	\$125.31	\$84.24	\$97.46	\$71.49	\$82.37
30-34	\$190.36	\$226.51	\$178.31	\$212.00	\$137.59	\$164.15	\$107.29	\$127.18	\$90.44	\$107.87
35-39	\$209.43	\$243.95	\$195.27	\$226.98	\$151.75	\$176.44	\$117.23	\$137.01	\$99.92	\$115.71
40-44	\$250.85	\$273.31	\$234.59	\$255.06	\$181.82	\$197.73	\$141.92	\$153.50	\$118.99	\$130.10
45-49	\$283.73	\$297.65	\$264.42	\$277.76	\$204.75	\$215.40	\$160.06	\$166.84	\$134.78	\$141.22
50-54	\$337.43	\$346.09	\$315.20	\$322.69	\$243.59	\$250.73	\$189.89	\$194.81	\$160.17	\$164.97
55-59	\$380.60	\$391.01	\$354.51	\$363.87	\$275.42	\$282.44	\$214.70	\$219.61	\$180.77	\$187.08
60-64	\$449.98	\$449.98	\$420.26	\$420.26	\$326.55	\$326.55	\$252.72	\$252.72	\$214.11	\$214.11
Child*	\$95.12	\$95.12	\$88.10	\$88.10	\$68.91	\$68.91	\$52.88	\$52.88	\$44.34	\$44.34

BlueBasic Traditional Network										
Copayment Plans: \$30 office visit copay, 30% coinsurance for other eligible medical expenses after deductible					Coinsurance Plans: 30% coinsurance for eligible medical expenses after deductible					
Age	\$500 Deductible		\$1,000 Deductible		\$2,500 Deductible		\$5,000 Deductible		\$7,500 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<20	\$126.13	\$126.13	\$118.40	\$118.40	\$91.85	\$91.85	\$71.14	\$71.14	\$60.26	\$60.26
20-24	\$150.35	\$159.00	\$140.99	\$150.23	\$107.87	\$116.77	\$84.36	\$89.39	\$72.89	\$76.17
25-29	\$157.37	\$183.22	\$146.37	\$170.94	\$115.01	\$132.68	\$89.39	\$104.25	\$76.17	\$87.17
30-34	\$202.18	\$240.32	\$189.66	\$225.11	\$146.72	\$175.03	\$114.19	\$135.60	\$95.12	\$114.31
35-39	\$221.25	\$257.52	\$206.51	\$240.32	\$160.99	\$187.55	\$124.02	\$145.55	\$106.24	\$122.15
40-44	\$266.18	\$288.76	\$249.68	\$270.50	\$192.70	\$210.48	\$150.58	\$163.68	\$126.83	\$137.94
45-49	\$300.81	\$314.61	\$279.75	\$294.96	\$217.50	\$228.15	\$170.35	\$177.02	\$142.62	\$149.06
50-54	\$357.90	\$366.44	\$334.15	\$341.64	\$258.10	\$266.99	\$201.83	\$206.86	\$169.65	\$174.45
55-59	\$402.71	\$414.88	\$375.57	\$386.69	\$291.80	\$300.46	\$228.27	\$233.18	\$191.88	\$198.32
60-64	\$477.13	\$477.13	\$444.95	\$444.95	\$346.44	\$346.44	\$267.93	\$267.93	\$226.63	\$226.63
Child*	\$100.27	\$100.27	\$93.83	\$93.83	\$72.54	\$72.54	\$56.16	\$56.16	\$47.62	\$47.62

*Per child, up to three children per family. No additional charge thereafter.

The above rates are for one person. To calculate your total monthly premium, see the rate calculation worksheet on the last page. Your final monthly rate may be higher depending on your health status.

The ValueCare Network offers:

- Best rates
- Over 4,300 doctors statewide
- Most Utah hospitals (37 total)
- No referrals to specialists
- BlueCard provides worldwide coverage within all 50 states and over 200 countries

The Traditional Network offers:

- Maximum choice
- Over 4,500 doctors statewide
- All Utah hospitals (44 total)
- No referrals to specialists
- BlueCard provides worldwide coverage within all 50 states and over 200 countries

Please see the Compare Brochure for a listing of benefits, exclusions and limitations for all of our plans.
Want more information? Check out our Web site at www.ut.regence.com.