

Non-Smoker*				
Regence Evolve Core <sup>SM</sup>				
Age	\$2,500	\$5,000	\$7,500	\$10,000
0-24	\$97.00	\$80.00	\$69.00	\$62.00
25-29	\$112.00	\$92.00	\$79.00	\$71.00
30-34	\$130.00	\$107.00	\$92.00	\$83.00
35-39	\$153.00	\$126.00	\$109.00	\$98.00
40-44	\$180.00	\$148.00	\$128.00	\$115.00
45-49	\$218.00	\$179.00	\$155.00	\$139.00
50-54	\$260.00	\$213.00	\$185.00	\$166.00
55-59	\$305.00	\$250.00	\$217.00	\$195.00
60+	\$357.00	\$293.00	\$254.00	\$228.00

Non-Smoker*				
Regence Evolve Plus <sup>SM</sup>				
Age	\$1,000	\$2,500	\$5,000	\$7,500
0-24	\$215.00	\$163.00	\$135.00	\$122.00
25-29	\$247.00	\$187.00	\$155.00	\$140.00
30-34	\$287.00	\$217.00	\$180.00	\$163.00
35-39	\$339.00	\$256.00	\$212.00	\$192.00
40-44	\$399.00	\$301.00	\$250.00	\$226.00
45-49	\$482.00	\$365.00	\$302.00	\$273.00
50-54	\$574.00	\$434.00	\$360.00	\$325.00
55-59	\$673.00	\$509.00	\$422.00	\$382.00
60+	\$789.00	\$597.00	\$495.00	\$447.00

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	\$124.00	\$99.00	\$85.00	\$68.00
25-29	\$142.00	\$113.00	\$98.00	\$78.00	\$146.00
30-34	\$165.00	\$132.00	\$114.00	\$91.00	\$170.00
35-39	\$195.00	\$155.00	\$134.00	\$107.00	\$201.00
40-44	\$229.00	\$183.00	\$158.00	\$126.00	\$236.00
45-49	\$277.00	\$221.00	\$191.00	\$152.00	\$286.00
50-54	\$330.00	\$263.00	\$227.00	\$181.00	\$340.00
55-59	\$387.00	\$309.00	\$267.00	\$213.00	\$399.00
60+	\$454.00	\$362.00	\$313.00	\$249.00	\$467.00

Dental		
Age	Option 1	Option 2
0-24	\$36.00	\$40.00
25-29	\$37.00	\$42.00
30-34	\$38.00	\$43.00
35-39	\$39.00	\$44.00
40-44	\$40.00	\$45.00
45-49	\$43.00	\$49.00
50-54	\$47.00	\$53.00
55-59	\$50.00	\$56.00
60+	\$52.00	\$59.00

**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.

Smoker				
Regence Evolve Core <sup>SM</sup>				
Age	\$2,500	\$5,000	\$7,500	\$10,000
0-24	\$112.00	\$92.00	\$80.00	\$71.00
25-29	\$129.00	\$106.00	\$91.00	\$82.00
30-34	\$149.00	\$123.00	\$106.00	\$95.00
35-39	\$176.00	\$145.00	\$125.00	\$113.00
40-44	\$207.00	\$170.00	\$147.00	\$132.00
45-49	\$251.00	\$206.00	\$178.00	\$160.00
50-54	\$298.00	\$245.00	\$212.00	\$191.00
55-59	\$350.00	\$288.00	\$249.00	\$224.00
60+	\$410.00	\$337.00	\$292.00	\$262.00

Smoker				
Regence Evolve Plus <sup>SM</sup>				
Age	\$1,000	\$2,500	\$5,000	\$7,500
0-24	\$247.00	\$187.00	\$155.00	\$140.00
25-29	\$284.00	\$215.00	\$178.00	\$161.00
30-34	\$330.00	\$249.00	\$207.00	\$187.00
35-39	\$390.00	\$295.00	\$244.00	\$221.00
40-44	\$458.00	\$347.00	\$287.00	\$260.00
45-49	\$555.00	\$419.00	\$348.00	\$314.00
50-54	\$660.00	\$499.00	\$414.00	\$374.00
55-59	\$775.00	\$586.00	\$485.00	\$439.00
60+	\$907.00	\$686.00	\$569.00	\$515.00

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	\$142.00	\$113.00	\$98.00	\$78.00
25-29	\$163.00	\$130.00	\$113.00	\$90.00	\$168.00
30-34	\$190.00	\$151.00	\$131.00	\$104.00	\$195.00
35-39	\$224.00	\$179.00	\$154.00	\$123.00	\$231.00
40-44	\$264.00	\$210.00	\$182.00	\$145.00	\$271.00
45-49	\$319.00	\$254.00	\$220.00	\$175.00	\$328.00
50-54	\$379.00	\$303.00	\$261.00	\$208.00	\$391.00
55-59	\$445.00	\$355.00	\$307.00	\$245.00	\$459.00
60+	\$522.00	\$416.00	\$359.00	\$287.00	\$537.00

Dental		
Age	Option 1	Option 2
0-24	\$36.00	\$40.00
25-29	\$37.00	\$42.00
30-34	\$38.00	\$43.00
35-39	\$39.00	\$44.00
40-44	\$40.00	\$45.00
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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)	\$ _____
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