

Individual BlueChoices

Monthly Rates Effective July 1, 2009

BlueAdvantage ValueCare Network										
Age	Copayment Plans: \$20 office visit copay, 20% coinsurance for other eligible medical expenses after deductible				Coinsurance Plans: 20% coinsurance for eligible medical expenses after deductible					
	\$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	\$134.43	\$134.43	\$126.71	\$126.71	\$92.31	\$92.31	\$70.55	\$70.55	\$59.44	\$59.44
20-24	\$159.47	\$170.24	\$151.87	\$161.58	\$110.92	\$117.47	\$84.59	\$90.79	\$71.60	\$76.17
25-29	\$168.36	\$195.27	\$159.59	\$185.09	\$117.47	\$135.95	\$89.27	\$103.31	\$74.53	\$86.81
30-34	\$215.05	\$254.48	\$204.40	\$241.49	\$149.53	\$176.32	\$114.19	\$134.67	\$95.94	\$114.31
35-39	\$236.46	\$274.13	\$224.06	\$260.91	\$164.62	\$189.77	\$125.31	\$145.55	\$105.18	\$121.91
40-44	\$283.14	\$308.30	\$268.87	\$292.15	\$196.44	\$213.29	\$150.23	\$162.86	\$126.48	\$137.01
45-49	\$318.94	\$335.09	\$301.74	\$317.54	\$221.72	\$231.78	\$168.95	\$176.90	\$143.09	\$149.29
50-54	\$380.02	\$390.66	\$360.24	\$370.07	\$263.72	\$270.39	\$200.30	\$206.74	\$170.59	\$175.15
55-59	\$428.34	\$440.86	\$407.04	\$418.74	\$297.30	\$305.72	\$227.10	\$233.18	\$191.88	\$196.44
60-64	\$507.20	\$507.20	\$481.10	\$481.10	\$351.00	\$351.00	\$267.70	\$267.70	\$226.86	\$226.86
Child*	\$105.77	\$105.77	\$99.33	\$99.33	\$72.19	\$72.19	\$56.39	\$56.39	\$47.15	\$47.15

BlueAdvantage Traditional Network										
Age	Copayment Plans: \$20 office visit copay, 20% coinsurance for other eligible medical expenses after deductible				Coinsurance Plans: 20% coinsurance for eligible medical expenses after deductible					
	\$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	\$142.97	\$142.97	\$134.43	\$134.43	\$97.46	\$97.46	\$75.11	\$75.11	\$62.48	\$62.48
20-24	\$167.90	\$180.41	\$161.58	\$171.41	\$117.59	\$124.37	\$89.27	\$95.47	\$76.28	\$80.85
25-29	\$178.54	\$207.21	\$169.30	\$196.79	\$124.37	\$144.50	\$93.95	\$109.63	\$79.21	\$91.61
30-34	\$226.86	\$269.80	\$216.10	\$255.06	\$157.95	\$186.50	\$120.51	\$142.51	\$102.14	\$122.15
35-39	\$250.03	\$289.34	\$237.63	\$276.59	\$174.92	\$201.71	\$133.15	\$154.91	\$111.38	\$129.75
40-44	\$298.23	\$325.03	\$284.31	\$309.58	\$208.49	\$226.98	\$159.59	\$172.34	\$134.32	\$144.96
45-49	\$337.55	\$353.57	\$319.41	\$336.96	\$235.29	\$245.35	\$178.54	\$187.90	\$152.57	\$158.65
50-54	\$401.90	\$412.43	\$381.65	\$391.48	\$279.16	\$287.47	\$212.94	\$219.14	\$181.70	\$186.26
55-59	\$451.85	\$466.13	\$432.43	\$443.90	\$316.02	\$324.44	\$241.14	\$247.34	\$204.40	\$208.96
60-64	\$535.74	\$535.74	\$510.35	\$510.35	\$373.23	\$373.23	\$283.37	\$283.37	\$241.02	\$241.02
Child*	\$112.67	\$112.67	\$105.18	\$105.18	\$77.34	\$77.34	\$59.55	\$59.55	\$50.31	\$50.31

*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)
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See reverse side for more BlueChoices rates

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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.

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Regence HSA Healthplan

Monthly Rates Effective July 1, 2009

Regence HSA Healthplan ValueCare Network						
Coinsurance Plans:						
20% coinsurance for eligible medical and prescription medication expenses after deductible						
Age	\$1,500 Single Deductible or \$3,000 Family Deductible		\$2,500 Single Deductible or \$5,000 Family Deductible		\$3,500 Single Deductible or \$7,000 Family Deductible	
	Male	Female	Male	Female	Male	Female
<20	\$79.09	\$79.09	\$69.50	\$69.50	\$64.47	\$64.47
20-24	\$94.19	\$101.56	\$83.30	\$88.34	\$75.58	\$80.38
25-29	\$100.27	\$116.65	\$86.93	\$101.91	\$79.21	\$92.90
30-34	\$127.88	\$153.04	\$111.74	\$133.03	\$102.73	\$122.62
35-39	\$140.40	\$164.39	\$123.20	\$142.97	\$113.96	\$132.68
40-44	\$168.01	\$183.11	\$147.77	\$160.29	\$136.31	\$147.54
45-49	\$190.59	\$199.37	\$166.49	\$175.27	\$153.62	\$161.23
50-54	\$225.81	\$232.01	\$197.50	\$202.53	\$182.17	\$186.97
55-59	\$254.59	\$261.96	\$223.70	\$229.79	\$205.57	\$210.48
60-64	\$302.33	\$302.33	\$263.48	\$263.48	\$242.89	\$242.89
Child*	\$62.71	\$62.71	\$54.76	\$54.76	\$50.90	\$50.90

Regence HSA Healthplan Traditional Network						
Coinsurance Plans:						
20% coinsurance for eligible medical and prescription medication expenses after deductible						
Age	\$1,500 Single Deductible or \$3,000 Family Deductible		\$2,500 Single Deductible or \$5,000 Family Deductible		\$3,500 Single Deductible or \$7,000 Family Deductible	
	Male	Female	Male	Female	Male	Female
<20	\$83.66	\$83.66	\$73.48	\$73.48	\$68.09	\$68.09
20-24	\$99.57	\$107.52	\$88.10	\$93.37	\$79.91	\$85.06
25-29	\$106.12	\$123.44	\$92.08	\$107.87	\$83.77	\$98.28
30-34	\$135.49	\$161.93	\$118.17	\$140.75	\$108.69	\$129.64
35-39	\$148.59	\$173.86	\$130.22	\$151.28	\$120.51	\$140.28
40-44	\$177.72	\$193.75	\$156.43	\$169.53	\$144.03	\$156.08
45-49	\$201.59	\$210.95	\$176.09	\$185.45	\$162.51	\$170.47
50-54	\$239.03	\$245.47	\$208.96	\$214.11	\$192.70	\$197.73
55-59	\$269.45	\$277.29	\$236.69	\$243.13	\$217.27	\$222.65
60-64	\$320.00	\$320.00	\$278.69	\$278.69	\$256.93	\$256.93
Child*	\$66.34	\$66.34	\$57.92	\$57.92	\$53.82	\$53.82

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

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See reverse side for rate calculation worksheet

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Rate Calculation Worksheet

STEP ONE: CHOOSE YOUR PLAN TYPE AND DEDUCTIBLE

BLUEADVANTAGE	COPAYMENT PLAN	COINSURANCE PLAN
	<input type="checkbox"/> \$500 Deductible	<input type="checkbox"/> \$2,500 Deductible
	<input type="checkbox"/> \$1,000 Deductible	<input type="checkbox"/> \$5,000 Deductible
BLUEBASIC	COPAYMENT PLAN	COINSURANCE PLAN
	<input type="checkbox"/> \$500 Deductible	<input type="checkbox"/> \$2,500 Deductible
	<input type="checkbox"/> \$1,000 Deductible	<input type="checkbox"/> \$5,000 Deductible
REGENCE HSA HEALTHPLAN	SINGLE COVERAGE	FAMILY COVERAGE
	<input type="checkbox"/> \$1,500 Deductible	<input type="checkbox"/> \$3,000 Deductible
	<input type="checkbox"/> \$2,500 Deductible	<input type="checkbox"/> \$5,000 Deductible
	<input type="checkbox"/> \$3,500 Deductible	<input type="checkbox"/> \$7,000 Deductible

STEP TWO: CHOOSE YOUR PROVIDER NETWORK

ValueCare Traditional

STEP THREE: DETERMINE YOUR MONTHLY RATE

Find the rate table based on the plan information checked above. Then, find the rate associated with the applicant(s) information below.

APPLICANT(S)	AGE	GENDER	MONTHLY RATE
1. SELF	_____	_____	\$ _____
2. SPOUSE	_____	_____	\$ _____
APPLICANT(S)	# OF CHILDREN*	PER CHILD RATE	MONTHLY RATE
3. CHILD(REN)	_____ X	\$ _____	= \$ _____

*You will only be charged for up to three children per family. No additional charge thereafter.

4. TOTAL MONTHLY RATE (ADD MONTHLY RATE FOR SELF, SPOUSE, & CHILDREN) \$ _____

STEP FOUR: SELECT YOUR PAYMENT OPTION

MONTHLY SUREPAY (LINE 4 ABOVE) \$ _____

DIRECT MONTHLY BILL (LINE 4 ABOVE PLUS \$5 CHARGE) \$ _____

QUARTERLY BILL (LINE 4 ABOVE X 3) \$ _____

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