

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
		<input type="checkbox"/> \$7,500 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
		<input type="checkbox"/> \$7,500 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) \$ _____

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.