

# Regence HSA Healthplan

Monthly Rates Effective January 1, 2008

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	\$65.10	\$65.10	\$57.20	\$57.20	\$53.10	\$53.10
20-24	\$77.50	\$83.60	\$68.60	\$72.70	\$62.20	\$66.20
25-29	\$82.50	\$96.00	\$71.60	\$83.90	\$65.20	\$76.50
30-34	\$105.30	\$126.00	\$92.00	\$109.50	\$84.60	\$100.90
35-39	\$115.60	\$135.30	\$101.40	\$117.70	\$93.80	\$109.20
40-44	\$138.30	\$150.70	\$121.70	\$132.00	\$112.20	\$121.50
45-49	\$156.90	\$164.10	\$137.10	\$144.30	\$126.50	\$132.70
50-54	\$185.90	\$191.00	\$162.60	\$166.70	\$150.00	\$153.90
55-59	\$209.60	\$215.70	\$184.20	\$189.20	\$169.20	\$173.30
60-64	\$248.90	\$248.90	\$216.90	\$216.90	\$200.00	\$200.00
Child*	\$51.60	\$51.60	\$45.10	\$45.10	\$41.90	\$41.90

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	\$68.90	\$68.90	\$60.50	\$60.50	\$56.10	\$56.10
20-24	\$82.00	\$88.50	\$72.50	\$76.90	\$65.80	\$70.00
25-29	\$87.40	\$101.60	\$75.80	\$88.80	\$69.00	\$80.90
30-34	\$111.50	\$133.30	\$97.30	\$115.90	\$89.50	\$106.70
35-39	\$122.30	\$143.10	\$107.20	\$124.50	\$99.20	\$115.50
40-44	\$146.30	\$159.50	\$128.80	\$139.60	\$118.60	\$128.50
45-49	\$166.00	\$173.70	\$145.00	\$152.70	\$133.80	\$140.30
50-54	\$196.80	\$202.10	\$172.00	\$176.30	\$158.60	\$162.80
55-59	\$221.80	\$228.30	\$194.90	\$200.20	\$178.90	\$183.30
60-64	\$263.40	\$263.40	\$229.40	\$229.40	\$211.50	\$211.50
Child*	\$54.60	\$54.60	\$47.70	\$47.70	\$44.30	\$44.30

\*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

See reverse side for rate calculation worksheet

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

# Rate Calculation Worksheet

**STEP ONE: CHOOSE YOUR PLAN TYPE AND DEDUCTIBLE**

BLUEADVANTAGE	COPAYMENT PLAN	COINSURANCE PLAN
	<input type="checkbox"/> \$250 Deductible	<input type="checkbox"/> \$2,500 Deductible
	<input type="checkbox"/> \$500 Deductible	<input type="checkbox"/> \$5,000 Deductible
	<input type="checkbox"/> \$1,000 Deductible	<input type="checkbox"/> \$7,500 Deductible
BLUEBASIC	COPAYMENT PLAN	COINSURANCE PLAN
	<input type="checkbox"/> \$250 Deductible	<input type="checkbox"/> \$2,500 Deductible
	<input type="checkbox"/> \$500 Deductible	<input type="checkbox"/> \$5,000 Deductible
	<input type="checkbox"/> \$1,000 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)	\$ _____
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**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](http://www.ut.regence.com).