



Regence
ValueCare

An Independent Licensee of the Blue Cross
and Blue Shield Association

INDIVIDUAL/FAMILY PLAN

Monthly Premium Rates

Third Quarter Rates Effective July 1, 2003 through September 30, 2003

AGE of Insured	PREMIER		VALUECARE ADVANTAGE						VALUECARE CLASSIC						AGE of Insured
	Zero Deductible		\$250 Deductible		\$500 Deductible		\$1,000 Deductible		\$250 Deductible		\$500 Deductible		\$1,000 Deductible		
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Age
<20	\$93.40	\$93.40	\$72.50	\$72.50	\$60.40	\$60.40	\$58.20	\$58.20	\$69.20	\$69.20	\$57.10	\$57.10	\$49.40	\$49.40	<20
20-24	\$109.90	\$117.50	\$85.70	\$91.20	\$72.50	\$76.90	\$68.10	\$73.60	\$82.40	\$87.90	\$68.10	\$72.50	\$58.20	\$62.60	20-24
25-29	\$115.30	\$135.10	\$90.10	\$105.50	\$75.80	\$87.90	\$72.50	\$83.50	\$86.80	\$101.10	\$71.40	\$82.40	\$61.50	\$71.40	25-29
30-34	\$147.20	\$176.90	\$114.20	\$137.30	\$96.70	\$115.30	\$92.30	\$109.90	\$109.90	\$131.80	\$90.10	\$108.80	\$78.00	\$93.40	30-34
35-39	\$163.70	\$190.10	\$127.40	\$148.30	\$107.70	\$124.10	\$102.20	\$117.50	\$121.90	\$141.70	\$101.10	\$116.40	\$86.80	\$101.10	35-39
40-44	\$196.70	\$213.20	\$152.70	\$165.90	\$128.50	\$139.50	\$121.90	\$132.90	\$146.10	\$159.30	\$120.80	\$130.70	\$104.40	\$113.10	40-44
45-49	\$220.80	\$230.70	\$172.50	\$180.20	\$143.90	\$150.50	\$137.30	\$143.90	\$164.80	\$172.50	\$136.20	\$141.70	\$117.50	\$121.90	45-49
50-54	\$263.70	\$270.30	\$205.50	\$209.90	\$172.50	\$175.80	\$163.70	\$168.10	\$196.70	\$201.10	\$161.50	\$165.90	\$139.50	\$142.80	50-54
55-59	\$297.80	\$305.50	\$230.70	\$237.30	\$193.40	\$198.90	\$184.60	\$190.10	\$220.80	\$227.40	\$182.40	\$187.90	\$157.10	\$161.50	55-59
60-64	\$350.50	\$350.50	\$272.50	\$272.50	\$228.50	\$228.50	\$217.60	\$217.60	\$261.50	\$261.50	\$215.40	\$215.40	\$185.70	\$185.70	60-64
Per Child	\$73.60*		\$57.10*		\$48.30*		\$46.10*		\$54.90*		\$45.00*		\$39.50*		Per Child

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

These are monthly premiums. You have the choice of three payment options:

Quarterly (three times the monthly rate), SurePay, or Monthly Direct Billing. If the Monthly Direct Billing option is selected, add a \$5 per month service fee to the monthly rates indicated above.

Rates are effective as of the above date. Any subsequent changes will be communicated in advance to members.

If birthday of family member changes age bracket, the next premium due will automatically reflect the increased premium.

The rates shown on this card may vary based on underwriting. Rates for smokers are approximately 15% higher.