STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE DIVISION

In the Matter of **Regence BlueCross BlueShield of Oregon**	)	**ATTACHMENTS to**
	)	**STIPULATION and**
	)	**FINAL ORDER**
	)	Case No. INS 08-03-005

The attachments relate to the following health insurance premium rate filings:

Filing RGAC-125454348
State Tracking No. HL 0146 04
Filed January 24, 2008

Filing RGAC-125509996
State Tracking No. GH 0018 08
Filed January 26, 2008

Filing RGAC-125513025
State Tracking No. HL 0146 04
Filed February 29, 2008

Filing RGAC-125521984
State Tracking No. GH 0071 08
Filed March 4, 2008

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE DIVISION

In the Matter of **Regence BlueCross BlueShield of Oregon**	)	**ATTACHMENTS to**
	)	**STIPULATION and**
	)	**FINAL ORDER**
	)	Case No. INS 08-03-005

The immediately following attachments relate to the following health insurance premium rate filing:

SERFF Filing No. RGAC-125454348
State Tracking No. HL 0146 04
Filed January 24, 2008

egence
BlueCross BlueShield
of Oregon

100 Southwest Market Street
PO Box 1271
Portland, Oregon 97207-1271

(503) 225-5221 1 (800) 452-7278
www.or.regence.com

January 24, 2008

The Honorable (Ms.) Cory Streisinger
Oregon Insurance Division
Department of Consumer and Business Services
350 Winter St. NE, Room 440
Salem, OR 97310-0765

Re: Regence BlueCross BlueShield of Oregon Individual Products 2nd Quarter Rate Filing
Effective Date: April 1, 2008

Dear Commissioner Streisinger:

Enclosed are proposed rates and supporting rate filing information for the Regence BlueCross BlueShield of Oregon Individual plans.

If further detail or clarification is required, please contact me at (503) 226-8746, or by e-mail at jstrandquist@regence.com.

Sincerely,

Jason Strandquist, ASA, MAAA
Assistant Director, Actuarial
The Regence Group

An Independent Licensee of the Blue Cross and Blue Shield Association

Effective March 1, 2007

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Oregon

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Regence BlueCross BlueShield of Oregon P.O. Box 1271 Portland, OR 97207-1271	Oregon			54933		

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Jason Strandquist, ASA, MAAA P.O. Box 1271 | MS E8A Portland, OR 97207-1271	503-226-8746	503-225-5196	jstrandquist@regence.com

5.	Requested Filing Mode	☒ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	Company Tracking Number	2008 Oregon Individual 2nd Quarter Rate Filing
7.	☒ New Submission ☐ Resubmission	Previous file # _____
8.	Market	☒ Individual ☐ Franchise Group: ☐ Small ☐ Large ☐ Small and Large ☐ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	Type of Insurance	Individual Health – Major Medical
10.	Product Coding Matrix Filing Code	H16I.005C
11.	Submitted Documents	☐ FORMS ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Other Rates ☐ New Rate ☒ Revised Rate ☐ FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreements

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		☐ Statement of Variability ☐ Actuarial Memorandum ☐ Other_____ Certifications

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12.	**Filing Submission Date**	**January 24, 2008**
13.	**Filing Fee** **(If required)**	Amount _____ Check Date _____ Retaliatory ☐ Yes ☐ No Check Number _____
14.	**Date of Domiciliary Approval**	**January 24, 2008**
15.	**Filing Description:**	

Enclosed are the proposed rates and supporting rate filing information for the following Regence BlueCross BlueShield of Oregon Individual plans:

- 07-BlueSel-OR-[PR][PL][B][D] (Blue Selections)
  PR = Premier
  PL = Plus
  B = Basic
  D = Optional Dental Rider
- 06-IHSA-OR-[D] (Regence Health Savings Account Plan)
- 08-RHSAHP-OR-[D] (Regence HSA Healthplan)

We are requesting an overall rate increase of 5.0%. Enclosed is an Actuarial Memorandum which describes the development of the proposed rates. This rate filing is in accordance with OAR 836-053-0910.

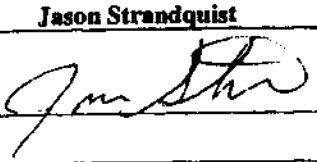
If further detail or clarification is required, please contact Jason Strandquist at (503) 226-8746, or by e-mail at jstrandquist@regence.com.

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16. **Certification (If required)**

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Oregon.

Print Name **Jason Strandquist** Title **Assistant Director, Actuarial**

Signature  Date: 1/24/08

LHTD-1, Page 2 of 2

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17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
01			☐ Initial ☐ Revised ☐ Other _____	
02			☐ Initial ☐ Revised ☐ Other _____	
03			☐ Initial ☐ Revised ☐ Other _____	
04			☐ Initial ☐ Revised ☐ Other _____	
05			☐ Initial ☐ Revised ☐ Other _____	
06			☐ Initial ☐ Revised ☐ Other _____	
07			☐ Initial ☐ Revised ☐ Other _____	
08			☐ Initial ☐ Revised ☐ Other _____	
09			☐ Initial ☐ Revised ☐ Other _____	
10			☐ Initial ☐ Revised ☐ Other _____	

LH FFA-1

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18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			2008 Oregon Individual 2nd Quarter Rate Filing	
This filing corresponds to form filing company tracking number			2008 Q2 Individual Renewal	
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			5.0%	
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01	2008 Oregon Individual Rate Filing Rate Filing Effective April 1, 2008	07-BlueSel-OR-[PR]-[PL]-[B]-[D] 06-IHSA-OR-[D] 08-RHSAHP-OR-[D]	☐ New ☒ Revised Request +5.0% -____% ☐ Other _____	07-BlueSel-OR-[PR]-[PL]-[B]-[D] 06-IHSA-OR-[D] 08-RHSAHP-OR-[D]
02			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
03			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
04			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
05			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
06			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
07			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
08			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
09			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
10			☐ New ☐ Revised Request +____% -____% ☐ Other _____	

LH RFA-1

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Department of Consumer & Business Services
Oregon Insurance Division - 5
350 Winter St. NE, Rm. 440
Salem, Oregon 97301-3883
Phone (503) 947-7983

CERTIFICATE OF COMPLIANCE

I, the undersigned authorized filer, hereby certify that the filing submitted complies with the applicable Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I further certify that I am authorized to sign and submit this certificate on behalf of the Company identified below (hereinafter Company).

I, the undersigned authorized officer, a duly authorized officer of Company, certify that the undersigned authorized filer is authorized to certify on behalf of Company that this filing complies with the Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I understand that the Oregon Insurance Division will rely on this certificate and, should it be determined that this filing is materially false or misleading, appropriate corrective and disciplinary action including monetary penalties, as authorized by law, will be taken by the Oregon Insurance Division against the Company.

Regence BlueCross BlueShield of Oregon
Name of Company

07-BlueSel-OR-[PR][PL][B][D]
Company's filing number or the primary form number for the filing

Signature of authorized filer

1/24/08
Date

Jason Strandquist
Print name of authorized filer

P.O. Box 1271 M/S E8A
Address of Company or authorized filer

Assistant Director, Actuarial
Title

Portland, OR 97207-1271
City State ZIP

(503) 226-8746
Direct telephone number of authorized filer

jstrandquist@regence.com
E-mail address of authorized filer

1-800-452-7278
Toll free or collect phone number

(503) 225-5196
Fax number of authorized filer

Signature of authorized officer and title

1/24/08
Date

J. Bart McMullan, Jr., M.D.
President, Regence BCBSO
Print name of authorized officer and title

Date

440-3894(rev. 3/02/ins)

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 07-BlueSel-OR-[PR]-PLHB

Requested effective date: April 1, 2008 Rate Change Requested: 5.0 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception *plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio
[redacted]							

* *Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

1/1/2008: 3.6% 10/1/2007: 5.0% 7/1/2007: 12.0%

Identify the portion of the requested increase attributed to each cause:

5.0% Cost inflation
____ Increase utilization
____ Expected experience
____ Geographic average rates
____ Number of existing lives
____ Health reform (be specific):
____ Mandated benefits (be specific):
____ Changing benefits
____ Replenishment of surplus
____ Change in loss ratio
____ Conversion
____ Cost shifting
____ Catastrophes
____ Medical technology
____ Trend factor
____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 07 BlueSel-OR-[PR][PL-][B]-D

Requested effective date: April 1, 2008 Rate Change Requested: 5.0 % - Percentage + or -

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period

Rates to revised current approved rates: Project the actual experience from the policy inception *plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio
[redacted]							

** Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

1/1/2008: 3.6% 10/1/2007: 5.0% 7/1/2007: 12.0%

Identify the portion of the requested increase attributed to each cause:

- 5.0% Cost inflation
- ____ Increase utilization
- ____ Expected experience
- ____ Geographic average rates
- ____ Number of existing lives
- ____ Health reform (be specific):
- ____ Mandated benefits (be specific):
- ____ Changing benefits
- ____ Replenishment of surplus
- ____ Change in loss ratio
- ____ Conversion
- ____ Cost shifting
- ____ Catastrophes
- ____ Medical technology
- ____ Trend factor
- ____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 06-IHSA-OR

Requested effective date: April 1, 2008 Rate Change Requested: 5.0 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception *plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio

* *Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

1/1/2008: 3.6% 10/1/2007: 5.0% 7/1/2007: 12.0%

Identify the portion of the requested increase attributed to each cause:

- 5.0% Cost inflation
- ____ Increase utilization
- ____ Expected experience
- ____ Geographic average rates
- ____ Number of existing lives
- ____ Health reform (be specific):
- ____ Mandated benefits (be specific):
- ____ Changing benefits
- ____ Replenishment of surplus
- ____ Change in loss ratio
- ____ Conversion
- ____ Cost shifting
- ____ Catastrophes
- ____ Medical technology
- ____ Trend factor
- ____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 06-IHSA-OR-D

Requested effective date: April 1, 2008 Rate Change Requested: 5.0 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception ***plus*** projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio

* *Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

1/1/2008: 3.6% 10/1/2007: 5.0% 7/1/2007: 12.0%

Identify the portion of the requested increase attributed to each cause:

5.0% Cost inflation
____ Increase utilization
____ Expected experience
____ Geographic average rates
____ Number of existing lives
____ Health reform (be specific):
____ Mandated benefits (be specific):
____ Changing benefits
____ Replenishment of surplus
____ Change in loss ratio
____ Conversion
____ Cost shifting
____ Catastrophes
____ Medical technology
____ Trend factor
____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 08:RHSAHP OR

Requested effective date: April 1, 2008 Rate Change Requested: 5.0 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception *plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio
Projected							

[redacted]

* *Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

1/1/2008: 3.6% 10/1/2007: 5.0% 7/1/2007: 12.0%

Identify the portion of the requested increase attributed to each cause:

- 5.0% Cost inflation
- ____ Increase utilization
- ____ Expected experience
- ____ Geographic average rates
- ____ Number of existing lives
- ____ Health reform (be specific):
- ____ Mandated benefits (be specific):
- ____ Changing benefits
- ____ Replenishment of surplus
- ____ Change in loss ratio
- ____ Conversion
- ____ Cost shifting
- ____ Catastrophes
- ____ Medical technology
- ____ Trend factor
- ____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 08 RHSAHP-OR-D

Requested effective date: April 1, 2008 Rate Change Requested: 5.0 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception ***plus*** projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio
Projected							

* *Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

1/1/2008: 3.6% 10/1/2007: 5.0% 7/1/2007: 12.0%

Identify the portion of the requested increase attributed to each cause:

- 5.0% Cost inflation
- ___ Increase utilization
- ___ Expected experience
- ___ Geographic average rates
- ___ Number of existing lives
- ___ Health reform (be specific):
- ___ Mandated benefits (be specific):
- ___ Changing benefits
- ___ Replenishment of surplus
- ___ Change in loss ratio
- ___ Conversion
- ___ Cost shifting
- ___ Catastrophes
- ___ Medical technology
- ___ Trend factor
- ___ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

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Actuarial Memorandum
Regence BlueCross BlueShield of Oregon
Individual Rate Filing Effective April 1, 2008

The attached exhibits show the development of the proposed rates for Regence BlueCross BlueShield of Oregon's (Regence BCBSO) Individual health plans (Blue Selections, Regence Health Savings Account Plan and Regence HSA Healthplan). The proposed rates will be effective for the policies sold or renewed during the quarter beginning April 1, 2008. All rates will be guaranteed for the 12 month period following the sale or renewal.

The rates are based on Regence BCBSO's current Individual product portfolio. This pool would require a rate increase [redacted] (Exhibit A). This is based upon an assumed rating trend of 12.3%. [redacted] The proposed rate increase (5.0%) is applied to the January 1, 2008 rates for the Individual plans.

Exhibit B shows the premium adjustment factors applied to all plans. The premium adjustment factors remain unchanged from the factors used in each plan's last rate filing.

Exhibit C shows the age factors and contract type factors used in the rate calculation. The age factors and contract type factors remain unchanged from the factors used in each plan's last rate filing.

Exhibit D shows the development of the rates for the optional dental rider available with the Blue Selections, Regence Health Savings Account plans and Regence HSA Healthplan.

Exhibit E shows the rate changes by age band and contract type, and the distribution of contracts within each age band and contract type. The rates on Exhibit E include rates for the Accidental Death benefit.

Exhibit F shows the development of the accidental death rates. The originally filed methodology has not changed.

Exhibit G lists the proposed rates effective April 1, 2008 for the Individual plans.

The variations in the benefit relativities between plans submitted in this filing are based solely on differences in benefit provisions, and do not reflect differences based on the health status or other risk characteristics of members enrolled in the plans.

Jason Strandquist, ASA, MAAA
Assistant Director, Actuarial
The Regence Group
(503) 225-5196

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Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective April 1, 2008

Development of Rate Change

	From	To	Mid Point	Runs Out Through
Experience Period	June 1, 2006	May 31, 2007	November 30, 2006	September 30, 2007
Rating Period	April 1, 2008	March 31, 2009	September 30, 2008	

NOTE: The figures that follow were calculated on a spreadsheet using Full Precision. Differences may occur in trying to replicate calculations using the figures given due to differences in the displayed precision (four decimal places or less) and the full precision used in the spreadsheet calculations.

	All Plans & Forms					
	Blue Selections	HSA	Closed Products	Total	Percent of Total	Total PMPM
(A) Member Months	[redacted]	[redacted]	[redacted]	898,276		[redacted]
(B) Earned Premium	[redacted]	[redacted]	[redacted]	$123,271,610		[redacted]
(C) Adjustments for Rate Changes	[redacted]	[redacted]	[redacted]	$24,590,438		[redacted]
(D) Adjusted Earned Premium = (B) + (C)	[redacted]	[redacted]	[redacted]	$147,862,048		[redacted]
(E) Uncompleted Incurred Claims	[redacted]	[redacted]	[redacted]	$116,340,050		[redacted]
(F) Completed Incurred Claims	[redacted]	[redacted]	[redacted]	$116,814,877		[redacted]
(G) Prescription Drug Rebates	[redacted]	[redacted]	[redacted]	($407,491)		[redacted]
(H) Contraceptive Prescription Drugs (0.6%)	[redacted]	[redacted]	[redacted]	$700,889		[redacted]
(I) Adjusted Incurred Claims = (F) + (G) + (H)	[redacted]	[redacted]	[redacted]	$117,108,275		[redacted]
(J) Experience Period Incurred Loss Ratio = [(F) + (G)] / (B)	[redacted]	[redacted]	[redacted]	94.4%		
(K) Assumed Annual Claims Trend	[redacted]	[redacted]	[redacted]	12.30%		[redacted]
(L) Months of Trend = Midpoint (Renew Period) - Midpoint (Exper. Period)	[redacted]	[redacted]	[redacted]	22		[redacted]
(M) Trend Factor = [1 + (K) / 12] ^ [(L)]	[redacted]	[redacted]	[redacted]	1.2515		[redacted]
(N) Projected Incurred Claims = (I) x (M)	[redacted]	[redacted]	[redacted]	$146,561,007		[redacted]
(O) Target Loss Ratio					[redacted]	
(P) Total Retention	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
(Q) Required Revenue = (N) / (O)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
(R) Projected Income @ Current Rate = (D)	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]
(S) Required Increase = [(Q) / (R)] - 1	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]
(T) Proposed Rate Change				5.0%		
(U) Proposed Income = (R) x [1 + (T)]				$155,255,151		[redacted]
(V) Proposed Loss Ratio = (N) / (U)					94.4%	

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Exhibit B

Regence BlueCross BlueShield of Oregon
Individual Rate Filing - Rates Effective April 1, 2008

Premium Adjustment Factors Effective 7/1/2007

Deductible	Adjustment to Premium
$500	1.030
$1,000	1.005
$1,500	0.980
$2,500	0.950
$3,500	0.930
$5,000	0.900
$7,500	0.800
$10,000	0.750

CON. /ENTIAL - NOT FOR PUBLIC DIS_ _OSURE

Exhibit C

Regence BlueCross BlueShield of Oregon
Individual Rate Filing - Rates Effective April 1, 2008

Age Relativities Used in Rate Calculation

Age	Relativity
0-17	0.519
18-20	0.519
21-24	0.519
25-29	0.549
30-34	0.655
35-39	0.719
40-44	1.000
45-49	1.188
50-54	1.376
55-59	1.658
60+	1.902

Contract Type Relativities Used in Rate Calculation

Age	Individual	Married Couple	One Adult & Child/Children	Family
0-17	1.00	N/A	N/A	N/A
18-20	1.00	2.00	1.54	2.80
21-24	1.00	2.00	1.54	2.80
25-29	1.00	2.00	1.54	2.97
30-34	1.00	2.00	1.54	3.00
35-39	1.00	2.00	1.54	3.00
40-44	1.00	2.00	1.54	2.90
45-49	1.00	2.00	1.54	2.50
50-54	1.00	2.00	1.54	2.30
55-59	1.00	2.00	1.54	2.30
60+	1.00	2.00	1.54	2.20

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Exhibit D

Regence BlueCross BlueShield of Oregon
Individual Rate Filing - Effective April 1, 2008

CALCULATION OF OPTIONAL DENTAL RIDER RATES

Contract Type	Capitation Rate* Effective Jul-06 to Jun-07	Capitation Rate* Effective Jul-07 to Jun-08	Administrative Charge**	Total Rate Effective Jul-07 to Jun-08	Premium Rates Effective Jul-07 to Jun-08
Individual	[redacted]	[redacted]	[redacted]	$28.91	$29.00
Individual & Spouse	[redacted]	[redacted]	[redacted]	$57.82	$58.00
One Adult & Child(ren)	[redacted]	[redacted]	[redacted]	$56.09	$56.00
Family	[redacted]	[redacted]	[redacted]	$85.00	$85.00

* Provided by Willamette Dental
** 22% of Total Rate

Contract Type Factors:

Individual	1.00
Individual & Spouse	2.00
One Adult & Child(ren)	1.94
Family	2.94

BREAKDOWN OF ADMINISTRATIVE CHARGE

For Individual Contract Type

Commission:	[redacted]
Contingency & Risk:	[redacted]
Claims Adjudication Expense:	[redacted]
General Operating Expense:	[redacted]
TOTAL:	[redacted]

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Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Rate Changes for Rates Effective April 1, 2008

January 1, 2008 Rates
Blue Selections Basic $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$67	N/A	N/A	N/A
18-20	$87	$174	$134	$243
21-24	$106	$208	$160	$291
25-29	$112	$225	$173	$333
30-34	$128	$256	$197	$383
35-39	$137	$273	$209	$409
40-44	$176	$350	$269	$507
45-49	$206	$414	$320	$518
50-54	$240	$481	$370	$552
55-59	$289	$579	$445	$666
60+	$332	$663	$511	$729

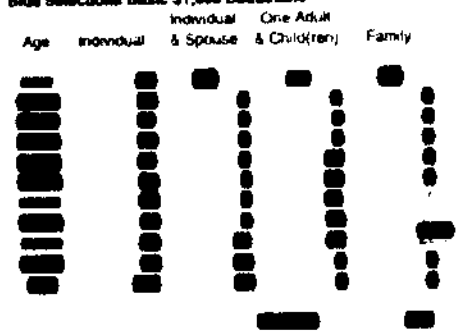
March 1, 2008 Proposed Rates
Blue Selections Basic $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$70	N/A	N/A	N/A
18-20	$91	$183	$141	$255
21-24	$110	$218	$168	$305
25-29	$118	$236	$182	$350
30-34	$134	$269	$207	$402
35-39	$144	$287	$219	$429
40-44	$184	$367	$282	$532
45-49	$216	$435	$336	$544
50-54	$252	$505	$388	$580
55-59	$303	$608	$467	$699
60+	$349	$696	$537	$785

Rate Changes
Blue Selections Basic $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	4.5%	N/A	N/A	N/A
18-20	4.6%	5.2%	5.2%	4.9%
21-24	4.8%	4.8%	5.0%	4.8%
25-29	5.4%	4.9%	5.2%	5.1%
30-34	4.7%	5.1%	5.1%	5.0%
35-39	5.1%	5.1%	4.8%	4.9%
40-44	5.1%	4.9%	4.8%	4.9%
45-49	4.9%	5.1%	5.0%	5.0%
50-54	5.0%	5.0%	4.9%	5.1%
55-59	4.8%	5.0%	4.9%	5.0%
60+	5.1%	5.0%	5.1%	4.9%

September 2007 Contract Distribution
Blue Selections Basic $1,000 Deductible



Blue Selections Basic $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$52	N/A	N/A	N/A
18-20	$68	$135	$105	$190
21-24	$81	$162	$125	$226
25-29	$87	$175	$135	$260
30-34	$99	$198	$152	$296
35-39	$107	$213	$163	$319
40-44	$137	$271	$210	$394
45-49	$162	$323	$248	$403
50-54	$188	$374	$288	$431
55-59	$224	$451	$347	$619
60+	$259	$516	$398	$568

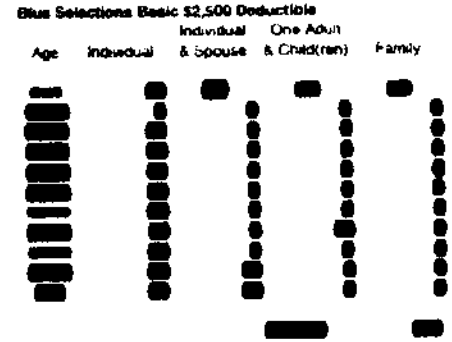
Blue Selections Basic $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$55	N/A	N/A	N/A
18-20	$71	$142	$110	$199
21-24	$86	$170	$131	$237
25-29	$91	$184	$142	$273
30-34	$104	$209	$160	$313
35-39	$112	$224	$171	$336
40-44	$144	$286	$220	$414
45-49	$170	$339	$260	$423
50-54	$197	$393	$302	$452
55-59	$236	$474	$364	$545
60+	$272	$542	$418	$595

Blue Selections Basic $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.8%	N/A	N/A	N/A
18-20	4.4%	5.2%	4.8%	4.7%
21-24	4.9%	4.9%	4.8%	4.9%
25-29	4.8%	5.1%	5.2%	5.0%
30-34	5.1%	5.0%	5.3%	5.0%
35-39	4.7%	5.2%	4.9%	5.0%
40-44	5.1%	5.2%	4.8%	5.1%
45-49	4.9%	5.0%	4.8%	5.0%
50-54	4.8%	5.1%	4.9%	4.9%
55-59	4.9%	5.1%	4.9%	5.0%
60+	5.0%	5.0%	5.0%	4.9%

Blue Selections Basic $2,500 Deductible



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Individual Rate Filing
Rate Changes for Rates Effective April 1, 2008

January 1, 2008 Rates
Blue Selections Basic $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$39	N/A	N/A	N/A
18-20	$51	$105	$81	$145
21-24	$61	$124	$95	$173
25-29	$66	$134	$103	$197
30-34	$76	$152	$117	$228
35-39	$82	$162	$125	$243
40-44	$104	$208	$160	$309
45-49	$124	$246	$190	$368
50-54	$143	$285	$220	$327
55-59	$172	$343	$264	$396
60+	$197	$394	$302	$433

March 1, 2008 Proposed Rates
Blue Selections Basic $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$41	N/A	N/A	N/A
18-20	$54	$110	$86	$152
21-24	$64	$130	$100	$182
25-29	$69	$141	$108	$207
30-34	$80	$160	$123	$239
35-39	$86	$170	$131	$255
40-44	$109	$219	$168	$315
45-49	$130	$258	$199	$323
50-54	$150	$298	$231	$343
55-59	$181	$360	$277	$415
60+	$207	$414	$317	$465

Rate Changes
Blue Selections Basic $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.1%	N/A	N/A	N/A
18-20	5.9%	4.8%	4.9%	4.8%
21-24	4.9%	4.8%	5.3%	5.2%
25-29	4.5%	5.2%	4.9%	5.1%
30-34	5.3%	5.3%	5.1%	4.8%
35-39	4.9%	4.9%	4.8%	4.9%
40-44	4.8%	4.8%	5.0%	5.0%
45-49	4.8%	4.9%	4.7%	4.9%
50-54	4.9%	4.9%	5.0%	4.9%
55-59	5.2%	5.0%	4.9%	5.1%
60+	5.1%	5.1%	5.0%	5.1%

September 2007 Contract Distribution
Blue Selections Basic $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	[redacted]	[redacted]	[redacted]	[redacted]
18-20	[redacted]	[redacted]	[redacted]	[redacted]
21-24	[redacted]	[redacted]	[redacted]	[redacted]
25-29	[redacted]	[redacted]	[redacted]	[redacted]
30-34	[redacted]	[redacted]	[redacted]	[redacted]
35-39	[redacted]	[redacted]	[redacted]	[redacted]
40-44	[redacted]	[redacted]	[redacted]	[redacted]
45-49	[redacted]	[redacted]	[redacted]	[redacted]
50-54	[redacted]	[redacted]	[redacted]	[redacted]
55-59	[redacted]	[redacted]	[redacted]	[redacted]
60+	[redacted]	[redacted]	[redacted]	[redacted]

Blue Selections Basic $10,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$24	N/A	N/A	N/A
18-20	$41	$62	$48	$87
21-24	$48	$72	$57	$104
25-29	$39	$80	$61	$116
30-34	$45	$90	$69	$135
35-39	$49	$96	$75	$146
40-44	$61	$124	$94	$179
45-49	$73	$147	$113	$182
50-54	$85	$170	$131	$196
55-59	$103	$203	$157	$235
60+	$117	$234	$180	$258

Blue Selections Basic $10,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$25	N/A	N/A	N/A
18-20	$33	$66	$60	$91
21-24	$40	$76	$60	$109
25-29	$41	$84	$64	$124
30-34	$47	$94	$72	$142
35-39	$51	$101	$79	$152
40-44	$64	$130	$99	$188
45-49	$77	$164	$119	$191
50-54	$89	$178	$138	$208
55-59	$108	$213	$165	$247
60+	$123	$246	$189	$271

Blue Selections Basic $10,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	4.2%	N/A	N/A	N/A
18-20	6.5%	4.8%	4.2%	4.8%
21-24	5.3%	5.6%	5.3%	4.8%
25-29	5.1%	5.0%	4.9%	5.1%
30-34	4.4%	4.4%	4.3%	5.2%
35-39	4.1%	5.2%	5.3%	4.8%
40-44	4.9%	4.8%	5.3%	5.0%
45-49	5.5%	4.8%	5.3%	4.9%
50-54	4.7%	4.7%	5.3%	5.1%
55-59	4.9%	4.9%	5.1%	5.1%
60+	5.1%	5.1%	5.0%	5.0%

Blue Selections Basic $10,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	[redacted]	[redacted]	[redacted]	[redacted]
18-20	[redacted]	[redacted]	[redacted]	[redacted]
21-24	[redacted]	[redacted]	[redacted]	[redacted]
25-29	[redacted]	[redacted]	[redacted]	[redacted]
30-34	[redacted]	[redacted]	[redacted]	[redacted]
35-39	[redacted]	[redacted]	[redacted]	[redacted]
40-44	[redacted]	[redacted]	[redacted]	[redacted]
45-49	[redacted]	[redacted]	[redacted]	[redacted]
50-54	[redacted]	[redacted]	[redacted]	[redacted]
55-59	[redacted]	[redacted]	[redacted]	[redacted]
60+	[redacted]	[redacted]	[redacted]	[redacted]

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Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Rate Changes for Rates Effective April 1, 2008

January 1, 2008 Rates
Blue Selections Plus $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$85	N/A	N/A	N/A
18-20	$112	$222	$171	$311
21-24	$133	$264	$204	$371
25-29	$143	$286	$220	$424
30-34	$163	$326	$252	$488
35-39	$173	$349	$267	$521
40-44	$223	$444	$343	$645
45-49	$264	$527	$407	$661
50-54	$306	$612	$470	$703
55-59	$369	$737	$567	$846
60+	$423	$845	$652	$931

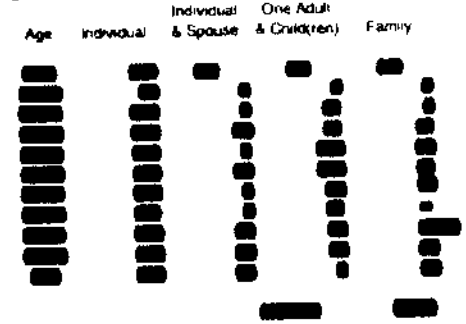
March 1, 2008 Proposed Rates
Blue Selections Plus $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$89	N/A	N/A	N/A
18-20	$118	$233	$180	$326
21-24	$140	$277	$214	$389
25-29	$150	$300	$231	$445
30-34	$171	$342	$265	$512
35-39	$182	$366	$280	$547
40-44	$234	$466	$360	$677
45-49	$277	$553	$427	$694
50-54	$321	$643	$493	$738
55-59	$387	$774	$596	$888
60+	$444	$887	$685	$977

Rate Changes
Blue Selections Plus $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	4.7%	N/A	N/A	N/A
18-20	5.4%	5.0%	5.3%	4.8%
21-24	5.3%	4.9%	4.9%	4.9%
25-29	4.9%	4.9%	5.0%	5.0%
30-34	4.9%	4.9%	5.2%	4.9%
35-39	5.2%	4.9%	4.9%	5.0%
40-44	4.9%	5.0%	5.0%	5.0%
45-49	4.9%	4.9%	4.9%	5.0%
50-54	4.9%	5.1%	4.9%	5.0%
55-59	4.9%	5.0%	4.9%	5.0%
60+	5.0%	5.0%	5.1%	4.9%

September 2007 Contract Distribution
Blue Selections Plus $500 Deductible



Blue Selections Plus $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$76	N/A	N/A	N/A
18-20	$97	$198	$151	$277
21-24	$117	$236	$180	$330
25-29	$127	$255	$196	$378
30-34	$145	$290	$223	$433
35-39	$154	$310	$237	$463
40-44	$198	$397	$306	$573
45-49	$236	$470	$362	$587
50-54	$271	$545	$419	$626
55-59	$328	$656	$505	$753
60+	$375	$751	$578	$827

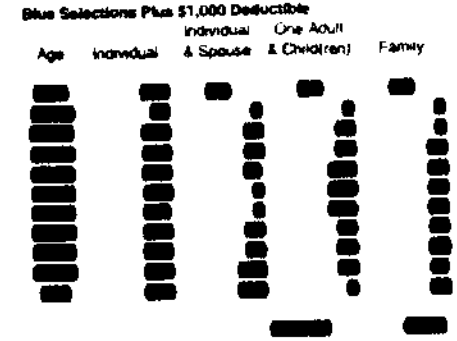
Blue Selections Plus $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$80	N/A	N/A	N/A
18-20	$102	$208	$159	$291
21-24	$123	$248	$189	$346
25-29	$133	$268	$206	$397
30-34	$152	$304	$234	$455
35-39	$162	$325	$249	$486
40-44	$208	$417	$320	$602
45-49	$247	$493	$380	$616
50-54	$285	$572	$440	$657
55-59	$344	$688	$530	$791
60+	$394	$788	$607	$866

Blue Selections Plus $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.3%	N/A	N/A	N/A
18-20	5.2%	5.1%	5.3%	5.1%
21-24	5.1%	5.1%	5.0%	4.8%
25-29	4.7%	5.1%	5.1%	5.0%
30-34	4.8%	4.8%	4.9%	5.1%
35-39	5.2%	4.8%	5.1%	5.0%
40-44	5.1%	5.0%	4.9%	5.1%
45-49	5.1%	4.9%	5.0%	4.9%
50-54	5.2%	5.0%	5.0%	5.0%
55-59	4.9%	5.0%	5.0%	5.0%
60+	5.1%	4.9%	5.0%	5.0%

Blue Selections Plus $1,000 Deductible



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Rate Changes for Rates Effective April 1, 2008

January 1, 2008 Rates
Blue Selections Plus $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$59	N/A	N/A	N/A
18-20	$76	$152	$116	$212
21-24	$91	$181	$140	$254
25-29	$96	$187	$150	$290
30-34	$111	$222	$171	$333
35-39	$119	$238	$182	$356
40-44	$151	$305	$234	$440
45-49	$180	$362	$278	$452
50-54	$208	$417	$322	$480
55-59	$252	$503	$387	$579
60+	$289	$577	$444	$635

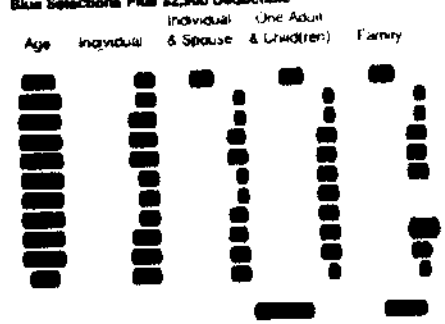
March 1, 2008 Proposed Rates
Blue Selections Plus $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$62	N/A	N/A	N/A
18-20	$80	$160	$122	$223
21-24	$96	$190	$147	$267
25-29	$101	$207	$157	$304
30-34	$117	$233	$180	$350
35-39	$125	$250	$191	$374
40-44	$159	$320	$246	$462
45-49	$189	$380	$292	$475
50-54	$218	$438	$338	$504
55-59	$265	$528	$406	$608
60+	$303	$606	$466	$667

Rate Changes
Blue Selections Plus $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.1%	N/A	N/A	N/A
18-20	5.3%	5.3%	5.2%	5.2%
21-24	5.5%	5.0%	5.0%	5.1%
25-29	5.2%	5.1%	4.7%	4.8%
30-34	5.4%	5.0%	5.3%	5.1%
35-39	5.0%	5.0%	4.9%	5.1%
40-44	5.3%	4.9%	5.1%	5.0%
45-49	5.0%	5.0%	5.0%	5.1%
50-54	4.8%	5.0%	5.0%	5.0%
55-59	5.2%	5.0%	4.9%	5.0%
60+	4.8%	5.0%	5.0%	5.0%

September 2007 Contract Distribution
Blue Selections Plus $2,500 Deductible



Blue Selections Plus $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$43	N/A	N/A	N/A
18-20	$58	$116	$90	$162
21-24	$68	$138	$107	$194
25-29	$75	$150	$115	$223
30-34	$86	$171	$131	$256
35-39	$91	$181	$139	$272
40-44	$116	$233	$178	$338
45-49	$138	$277	$213	$344
50-54	$156	$320	$246	$369
55-59	$193	$386	$296	$442
60+	$222	$440	$340	$486

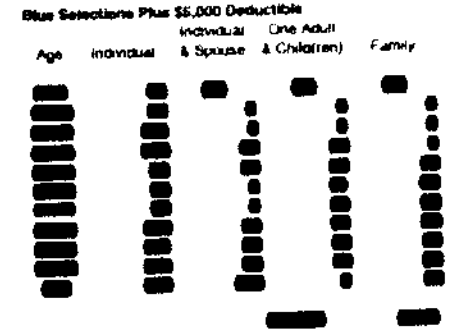
Blue Selections Plus $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$45	N/A	N/A	N/A
18-20	$61	$122	$94	$170
21-24	$71	$146	$112	$204
25-29	$79	$157	$121	$234
30-34	$90	$179	$138	$269
35-39	$96	$190	$146	$286
40-44	$122	$245	$187	$353
45-49	$145	$291	$224	$361
50-54	$166	$336	$258	$387
55-59	$203	$404	$311	$464
60+	$239	$462	$357	$510

Blue Selections Plus $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	4.7%	N/A	N/A	N/A
18-20	5.2%	5.2%	4.4%	4.9%
21-24	4.4%	5.1%	4.7%	5.2%
25-29	5.3%	4.7%	5.2%	4.9%
30-34	4.7%	4.7%	5.3%	5.1%
35-39	5.5%	5.0%	5.0%	5.1%
40-44	5.2%	5.2%	5.1%	5.1%
45-49	5.1%	5.1%	5.2%	4.9%
50-54	5.1%	5.0%	4.9%	4.9%
55-59	5.2%	4.9%	5.1%	5.0%
60+	5.0%	5.0%	5.0%	4.9%

Blue Selections Plus $5,000 Deductible



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January 1, 2008 Rates
Blue Selections Premier $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$97	N/A	N/A	N/A
18-20	$129	$256	$196	$364
21-24	$151	$303	$233	$424
25-29	$164	$327	$253	$465
30-34	$187	$372	$286	$558
35-38	$198	$397	$306	$586
40-44	$254	$509	$392	$737
45-49	$301	$604	$464	$754
50-54	$349	$698	$539	$803
55-59	$420	$841	$647	$986
60+	$483	$964	$742	$1,062

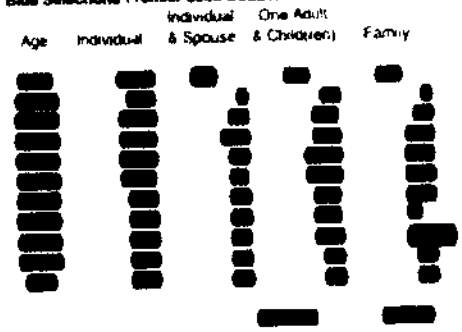
March 1, 2008 Proposed Rates
Blue Selections Premier $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$102	N/A	N/A	N/A
18-20	$132	$268	$206	$372
21-24	$158	$318	$245	$445
25-29	$172	$343	$266	$509
30-34	$196	$390	$300	$586
35-39	$208	$417	$321	$626
40-44	$267	$534	$412	$774
45-49	$316	$634	$487	$792
50-54	$366	$733	$566	$843
55-59	$441	$883	$679	$1,014
60+	$507	$1,012	$779	$1,115

Rate Changes
Blue Selections Premier $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.2%	N/A	N/A	N/A
18-20	4.8%	5.1%	5.1%	5.1%
21-24	4.6%	5.0%	5.2%	5.0%
25-29	4.9%	4.9%	5.1%	4.9%
30-34	4.8%	4.8%	4.9%	5.0%
35-39	5.1%	5.0%	4.9%	5.0%
40-44	5.1%	4.9%	5.1%	5.0%
45-49	5.0%	5.0%	5.0%	5.0%
50-54	4.9%	5.0%	5.0%	5.0%
55-59	5.0%	5.0%	4.9%	5.0%
60+	5.0%	5.0%	5.0%	5.0%

September 2007 Contract Distribution
Blue Selections Premier $500 Deductible



Blue Selections Premier $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$89	N/A	N/A	N/A
18-20	$116	$233	$178	$325
21-24	$139	$277	$213	$389
25-29	$148	$298	$229	$443
30-34	$170	$342	$262	$509
35-39	$180	$366	$281	$545
40-44	$233	$464	$356	$673
45-49	$276	$551	$424	$691
50-54	$320	$638	$490	$734
55-59	$384	$770	$593	$883
60+	$441	$882	$680	$959

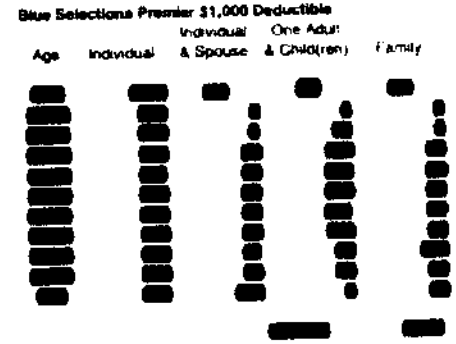
Blue Selections Premier $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$93	N/A	N/A	N/A
18-20	$122	$245	$187	$341
21-24	$146	$291	$224	$408
25-29	$156	$314	$240	$466
30-34	$178	$359	$275	$534
35-39	$189	$383	$295	$572
40-44	$245	$487	$374	$707
45-49	$290	$578	$445	$725
50-54	$336	$670	$514	$771
55-59	$403	$808	$623	$927
60+	$463	$926	$714	$1,017

Blue Selections Premier $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	4.5%	N/A	N/A	N/A
18-20	5.2%	5.2%	5.1%	4.9%
21-24	5.0%	5.1%	5.2%	4.9%
25-29	4.7%	5.0%	4.8%	5.0%
30-34	4.7%	5.0%	5.0%	4.9%
35-39	5.0%	4.9%	5.0%	5.0%
40-44	5.2%	5.0%	5.1%	5.1%
45-49	5.1%	4.9%	5.0%	4.9%
50-54	5.0%	5.0%	4.9%	5.0%
55-59	4.9%	4.9%	5.1%	5.0%
60+	5.0%	5.0%	5.0%	5.0%

Blue Selections Premier $1,000 Deductible



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January 1, 2008 Rates
Blue Selections Premier $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$71	N/A	N/A	N/A
18-20	$93	$186	$144	$261
21-24	$112	$223	$171	$312
25-29	$120	$241	$184	$357
30-34	$138	$273	$212	$411
35-39	$147	$292	$225	$438
40-44	$187	$374	$288	$542
45-49	$222	$443	$342	$553
50-54	$257	$513	$396	$591
55-59	$309	$618	$477	$712
60+	$364	$711	$646	$781

Blue Selections Premier $4,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$59	N/A	N/A	N/A
18-20	$77	$152	$117	$214
21-24	$91	$181	$140	$256
25-29	$97	$196	$150	$290
30-34	$112	$223	$172	$334
35-39	$119	$239	$182	$356
40-44	$152	$306	$235	$440
45-49	$180	$363	$278	$452
50-54	$210	$418	$321	$481
55-59	$253	$503	$387	$578
60+	$298	$577	$443	$635

March 1, 2008 Proposed Rates
Blue Selections Premier $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$74	N/A	N/A	N/A
18-20	$98	$196	$151	$274
21-24	$118	$234	$179	$327
25-29	$126	$253	$193	$375
30-34	$145	$287	$223	$431
35-39	$154	$308	$236	$460
40-44	$196	$388	$302	$569
45-49	$233	$465	$359	$581
50-54	$270	$539	$416	$620
55-59	$324	$648	$501	$747
60+	$372	$746	$573	$829

Blue Selections Premier $4,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$62	N/A	N/A	N/A
18-20	$81	$159	$123	$225
21-24	$95	$190	$147	$268
25-29	$102	$206	$157	$304
30-34	$118	$234	$181	$351
35-39	$125	$251	$191	$374
40-44	$160	$320	$247	$462
45-49	$189	$381	$292	$474
50-54	$220	$439	$337	$505
55-59	$266	$528	$406	$607
60+	$302	$606	$465	$667

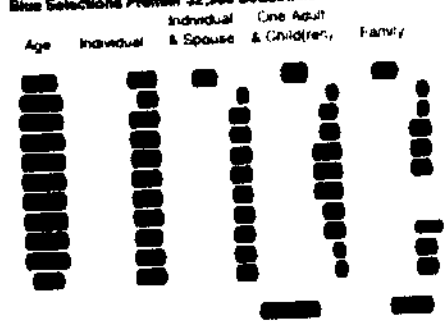
Rate Changes
Blue Selections Premier $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	4.2%	N/A	N/A	N/A
18-20	5.4%	4.8%	4.9%	5.0%
21-24	5.4%	4.9%	4.7%	4.8%
25-29	5.0%	5.0%	4.9%	5.0%
30-34	5.1%	5.1%	5.2%	4.9%
35-39	4.8%	4.8%	4.9%	5.0%
40-44	4.8%	5.1%	4.9%	5.0%
45-49	5.0%	5.0%	5.0%	5.1%
50-54	5.1%	5.1%	5.1%	4.9%
55-59	4.9%	5.0%	5.0%	4.9%
60+	5.1%	4.8%	4.9%	5.0%

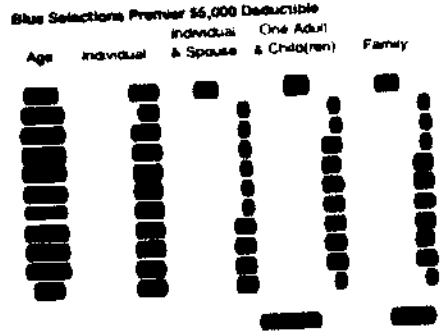
Blue Selections Premier $4,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.1%	N/A	N/A	N/A
18-20	5.2%	4.8%	5.1%	5.1%
21-24	4.4%	5.0%	5.0%	5.1%
25-29	5.2%	5.1%	4.7%	4.8%
30-34	5.4%	4.8%	5.2%	5.1%
35-39	5.0%	5.0%	4.9%	5.1%
40-44	5.3%	4.9%	5.1%	5.0%
45-49	5.0%	5.0%	5.0%	4.9%
50-54	4.8%	5.0%	5.0%	5.0%
55-59	5.1%	5.0%	4.9%	5.0%
60+	4.9%	5.0%	5.0%	5.0%

September 2007 Contract Distribution
Blue Selections Premier $2,500 Deductible



Blue Selections Premier $4,000 Deductible



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Blue Selections Premier $7,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$46	N/A	N/A	N/A
18-20	$60	$118	$90	$186
21-24	$71	$141	$109	$197
25-29	$76	$152	$117	$225
30-34	$87	$173	$133	$258
35-39	$92	$184	$142	$277
40-44	$118	$236	$181	$342
45-49	$139	$279	$215	$349
50-54	$162	$324	$249	$373
55-59	$195	$389	$299	$447
60+	$223	$446	$344	$491

HSA Plan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$72	N/A	N/A	N/A
18-20	$94	$173	$135	$255
21-24	$112	$208	$161	$304
25-29	$122	$222	$173	$347
30-34	$138	$252	$197	$390
35-39	$147	$269	$211	$426
40-44	$189	$346	$269	$527
45-49	$223	$410	$320	$540
50-54	$259	$475	$370	$575
55-59	$311	$572	$444	$692
60+	$356	$665	$511	$760

March 1, 2008 Proposed Rates
Blue Selections Premier $7,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$48	N/A	N/A	N/A
18-20	$63	$124	$94	$173
21-24	$74	$148	$114	$207
25-29	$80	$159	$123	$236
30-34	$91	$182	$140	$272
35-39	$97	$193	$149	$291
40-44	$124	$248	$190	$359
45-49	$146	$293	$226	$366
50-54	$170	$340	$261	$392
55-59	$205	$408	$314	$469
60+	$234	$468	$361	$515

HSA Plan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$76	N/A	N/A	N/A
18-20	$99	$182	$142	$268
21-24	$118	$216	$169	$319
25-29	$128	$233	$182	$364
30-34	$145	$264	$207	$410
35-39	$154	$282	$221	$447
40-44	$198	$362	$282	$553
45-49	$234	$430	$336	$567
50-54	$272	$499	$388	$604
55-59	$326	$600	$466	$726
60+	$374	$688	$536	$798

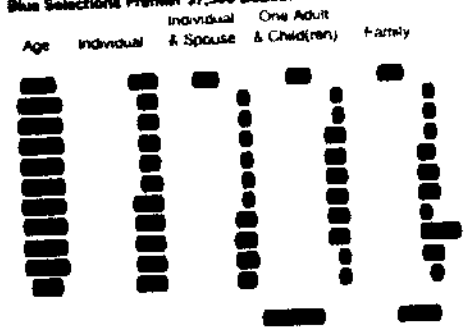
Rate Changes
Blue Selections Premier $7,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	4.3%	N/A	N/A	N/A
18-20	5.0%	5.1%	4.4%	4.8%
21-24	4.2%	5.0%	4.6%	5.1%
25-29	5.3%	4.8%	5.1%	4.9%
30-34	4.8%	5.2%	5.3%	5.0%
35-39	5.4%	4.9%	4.9%	5.1%
40-44	5.1%	5.1%	5.0%	5.0%
46-49	5.0%	5.0%	5.1%	4.9%
50-54	4.9%	4.9%	4.8%	5.1%
55-59	5.1%	4.9%	5.0%	4.9%
60+	4.9%	4.9%	4.9%	4.9%

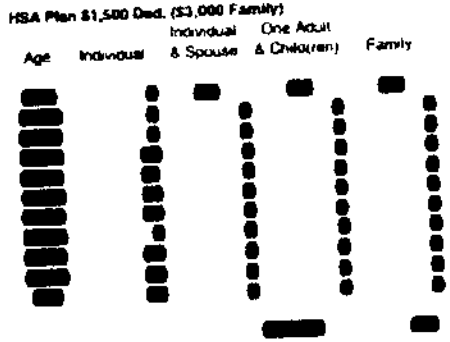
HSA Plan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.6%	N/A	N/A	N/A
18-20	5.3%	5.2%	5.2%	5.1%
21-24	5.4%	4.9%	5.0%	4.9%
25-29	4.9%	5.0%	5.2%	4.9%
30-34	5.1%	4.8%	5.1%	5.0%
35-39	4.8%	4.8%	4.7%	4.9%
40-44	4.8%	4.9%	4.8%	4.9%
46-49	4.9%	4.9%	5.0%	5.0%
50-54	5.0%	5.1%	4.9%	5.0%
55-59	4.8%	4.9%	5.0%	4.9%
60+	5.1%	5.0%	4.9%	5.0%

September 2007 Contract Distribution
Blue Selections Premier $7,500 Deductible



HSA Plan $1,500 Ded. ($3,000 Family)



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HSA Plan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$60	N/A	N/A	N/A
18-20	$79	$137	$97	$205
21-24	$93	$164	$116	$244
25-29	$103	$177	$125	$281
30-34	$115	$201	$144	$323
35-39	$124	$214	$152	$345
40-44	$158	$273	$196	$425
45-49	$187	$325	$232	$436
50-54	$218	$377	$266	$466
55-59	$261	$454	$323	$569
60+	$300	$520	$370	$614

HSA Plan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$54	N/A	N/A	N/A
18-20	$70	$117	$79	$177
21-24	$84	$140	$92	$212
25-29	$90	$161	$100	$242
30-34	$104	$172	$113	$279
35-39	$110	$183	$120	$298
40-44	$140	$235	$155	$366
45-49	$168	$279	$183	$376
50-54	$194	$323	$213	$401
55-59	$234	$388	$256	$483
60+	$267	$444	$294	$529

March 1, 2008 Proposed Rates
HSA Plan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$63	N/A	N/A	N/A
18-20	$83	$144	$102	$215
21-24	$98	$172	$122	$256
25-29	$108	$186	$131	$295
30-34	$121	$211	$151	$339
35-39	$130	$225	$160	$362
40-44	$166	$287	$206	$446
45-49	$196	$341	$244	$458
50-54	$229	$396	$281	$488
55-59	$274	$477	$339	$587
60+	$315	$546	$388	$645

HSA Plan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$57	N/A	N/A	N/A
18-20	$73	$123	$83	$186
21-24	$88	$147	$97	$222
25-29	$94	$168	$105	$254
30-34	$109	$180	$119	$293
35-39	$115	$192	$126	$313
40-44	$147	$247	$163	$385
45-49	$176	$293	$192	$395
50-54	$204	$339	$224	$421
55-59	$246	$407	$269	$507
60+	$280	$466	$309	$565

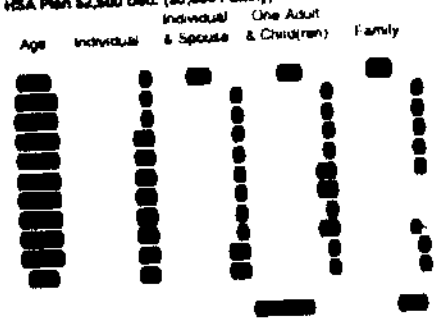
Rate Changes
HSA Plan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.0%	N/A	N/A	N/A
18-20	5.1%	5.1%	5.2%	4.9%
21-24	5.4%	4.9%	5.2%	4.9%
25-29	4.9%	5.1%	4.8%	5.0%
30-34	5.2%	5.0%	4.9%	5.0%
35-39	4.8%	5.1%	5.3%	4.9%
40-44	5.1%	5.1%	5.1%	4.9%
45-49	4.8%	4.9%	5.2%	5.0%
50-54	5.0%	5.0%	4.9%	4.9%
55-59	5.0%	5.1%	5.0%	5.0%
60+	5.0%	5.0%	4.9%	5.0%

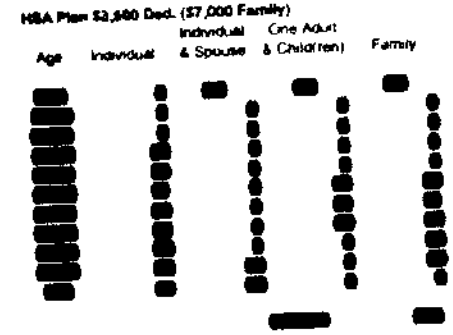
HSA Plan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.6%	N/A	N/A	N/A
18-20	4.3%	5.1%	5.1%	5.1%
21-24	4.8%	5.0%	5.4%	4.7%
25-29	4.4%	4.8%	5.0%	5.0%
30-34	4.8%	4.7%	5.3%	5.0%
35-39	4.5%	4.9%	5.0%	5.0%
40-44	5.0%	5.1%	5.2%	4.9%
45-49	4.8%	5.0%	4.9%	5.1%
50-54	5.2%	5.0%	5.2%	5.0%
55-59	5.1%	4.9%	5.1%	5.0%
60+	4.9%	5.0%	5.1%	4.9%

September 2007 Contract Distribution
HSA Plan $2,500 Ded. ($5,000 Family)



HSA Plan $3,500 Ded. ($7,000 Family)



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January 1, 2008 Rates
HSA Healthplan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$75	N/A	N/A	N/A
18-20	$98	$179	$140	$264
21-24	$116	$214	$166	$316
25-29	$127	$230	$179	$360
30-34	$143	$261	$204	$414
35-39	$153	$279	$219	$441
40-44	$186	$356	$279	$547
45-49	$231	$425	$332	$660
50-54	$269	$493	$383	$596
55-59	$322	$593	$461	$718
60+	$370	$679	$530	$788

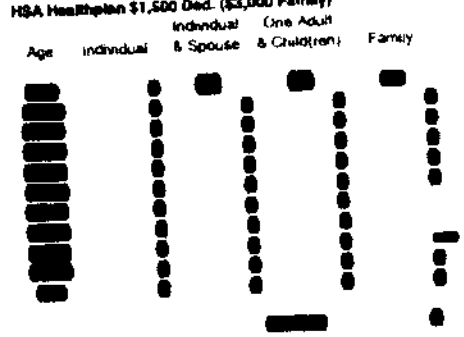
March 1, 2008 Proposed Rates
HSA Healthplan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$79	N/A	N/A	N/A
18-20	$103	$188	$147	$277
21-24	$122	$225	$174	$332
25-29	$133	$241	$188	$378
30-34	$150	$274	$214	$435
35-39	$161	$293	$230	$463
40-44	$205	$376	$293	$574
45-49	$242	$446	$349	$688
50-54	$282	$518	$402	$626
55-59	$338	$623	$484	$754
60+	$388	$713	$556	$827

Rate Changes
HSA Healthplan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.3%	N/A	N/A	N/A
18-20	5.1%	5.0%	5.0%	4.9%
21-24	5.2%	5.1%	4.8%	5.1%
25-29	4.7%	4.8%	5.0%	5.0%
30-34	4.9%	5.0%	4.9%	5.1%
35-39	5.2%	5.0%	5.0%	5.0%
40-44	5.1%	5.0%	5.0%	4.9%
45-49	4.8%	4.9%	5.1%	5.0%
50-54	4.8%	5.1%	5.0%	5.0%
55-59	5.0%	5.1%	5.0%	5.0%
60+	4.9%	5.0%	4.9%	4.9%

September 2007 Contract Distribution
HSA Healthplan $1,500 Ded. ($3,000 Family)



HSA Healthplan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$63	NA	NA	NA
18-20	$82	$143	$102	$214
21-24	$97	$171	$121	$256
25-29	$107	$185	$131	$294
30-34	$120	$210	$151	$338
35-39	$130	$224	$159	$361
40-44	$166	$266	$206	$444
45-49	$196	$340	$243	$456
50-54	$228	$394	$281	$486
55-59	$273	$475	$338	$585
60+	$314	$544	$387	$643

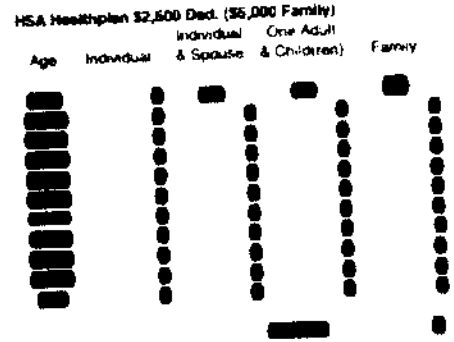
HSA Healthplan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$68	N/A	N/A	N/A
18-20	$86	$150	$107	$225
21-24	$102	$179	$127	$269
25-29	$112	$194	$137	$309
30-34	$126	$220	$158	$355
35-39	$136	$235	$167	$379
40-44	$174	$300	$215	$466
45-49	$206	$357	$255	$479
50-54	$239	$414	$295	$510
55-59	$287	$499	$356	$614
60+	$330	$571	$406	$675

HSA Healthplan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	4.8%	N/A	N/A	N/A
18-20	4.8%	4.9%	4.9%	5.1%
21-24	5.2%	4.7%	5.0%	5.1%
25-29	4.7%	4.9%	4.8%	5.1%
30-34	5.0%	4.8%	4.6%	5.0%
35-39	4.8%	4.9%	5.0%	5.0%
40-44	4.8%	4.9%	4.9%	5.0%
45-49	5.1%	5.0%	4.9%	5.0%
50-54	4.8%	5.1%	5.0%	4.9%
55-59	5.1%	5.1%	5.0%	5.0%
60+	5.1%	5.0%	4.9%	5.0%

HSA Healthplan $2,500 Ded. ($5,000 Family)



HSA Healthplan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$56	NA	NA	NA
18-20	$74	$123	$83	$186
21-24	$88	$147	$97	$223
25-29	$95	$159	$105	$254
30-34	$109	$180	$118	$292
35-39	$115	$192	$126	$313
40-44	$147	$247	$163	$386
45-49	$176	$292	$192	$394
50-54	$203	$339	$224	$420
55-59	$246	$407	$266	$506
60+	$280	$466	$309	$565

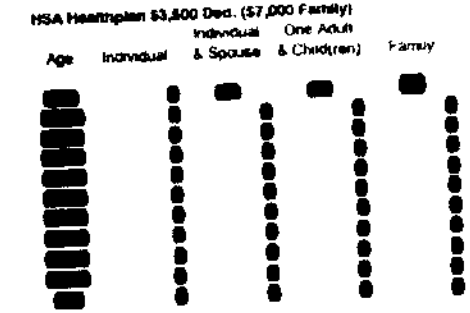
HSA Healthplan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$58	N/A	N/A	N/A
18-20	$78	$129	$87	$195
21-24	$92	$154	$102	$234
25-29	$100	$167	$110	$267
30-34	$114	$189	$124	$306
35-39	$121	$201	$132	$329
40-44	$154	$259	$171	$405
45-49	$185	$306	$202	$414
50-54	$213	$356	$235	$441
55-59	$258	$427	$281	$531
60+	$294	$489	$324	$583

HSA Healthplan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	5.4%	N/A	N/A	N/A
18-20	5.4%	4.9%	4.8%	4.8%
21-24	4.5%	4.8%	5.2%	4.9%
25-29	5.3%	5.0%	4.8%	5.1%
30-34	4.8%	5.0%	5.1%	4.8%
35-39	5.2%	4.7%	4.8%	5.1%
40-44	4.8%	4.9%	4.9%	4.9%
45-49	5.1%	4.8%	5.2%	5.1%
50-54	4.9%	5.0%	4.9%	5.0%
55-59	4.9%	4.9%	4.9%	4.9%
60+	5.0%	4.9%	4.9%	5.0%

HSA Healthplan $3,500 Ded. ($7,000 Family)



CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Rate Changes for Rates Effective April 1, 2008

January 1, 2008 Rates

Individual Dentacare Optional Dental Rider

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$29	N/A	N/A	N/A
18-20	$29	$58	$56	$85
21-24	$29	$58	$56	$85
25-29	$29	$58	$56	$85
30-34	$29	$58	$56	$85
35-39	$29	$58	$56	$85
40-44	$29	$58	$56	$85
45-49	$29	$58	$56	$85
50-54	$29	$58	$56	$85
55-59	$29	$58	$56	$85
60+	$29	$58	$56	$85

March 1, 2008 Proposed Rates

Individual Dentacare Optional Dental Rider

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$29	N/A	N/A	N/A
18-20	$29	$58	$56	$85
21-24	$29	$58	$56	$85
25-29	$29	$58	$56	$85
30-34	$29	$58	$56	$85
35-39	$29	$58	$56	$85
40-44	$29	$58	$56	$85
45-49	$29	$58	$56	$85
50-54	$29	$58	$56	$85
55-59	$29	$58	$56	$85
60+	$29	$58	$56	$85

Rate Changes

Individual Dentacare Optional Dental Rider

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	0.0%	N/A	N/A	N/A
18-20	0.0%	0.0%	0.0%	0.0%
21-24	0.0%	0.0%	0.0%	0.0%
25-29	0.0%	0.0%	0.0%	0.0%
30-34	0.0%	0.0%	0.0%	0.0%
35-39	0.0%	0.0%	0.0%	0.0%
40-44	0.0%	0.0%	0.0%	0.0%
45-49	0.0%	0.0%	0.0%	0.0%
50-54	0.0%	0.0%	0.0%	0.0%
55-59	0.0%	0.0%	0.0%	0.0%
60+	0.0%	0.0%	0.0%	0.0%

September 2007 Contract Distribution

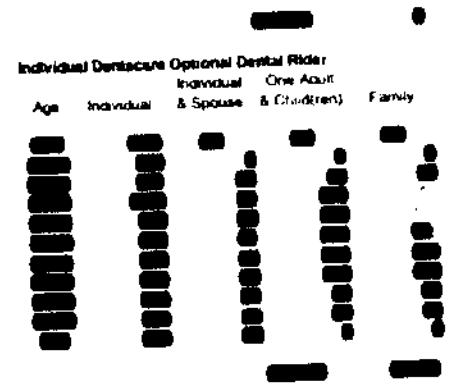


Exhibit F

CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective April 1, 2008

Development of Accidental Death Rates

Blue Selections Premier and HSA ($25,000 for subscriber/spouse, $5,000 child)

Contract Type	Adult Death Rate Per 1000	Adult Death Benefit	Adult Expected Claim Cost	Spouse Death Rate Per 1000	Spouse Death Benefit	Spouse Expected Claim Cost	Child(ren) Death Rate Per 1000	Child(ren) Death Benefit	Child(ren) Expected Claim Cost	Total Expected Claim Cost	Premium Rate	Contract Relativity
Individual	[redacted]	$25,000	[redacted]	[redacted]	$25,000		[redacted]	$10,350		[redacted]	$1.10	1.00
Individual & Spouse	[redacted]	$25,000	[redacted]	[redacted]	$25,000	[redacted]	[redacted]	$10,350		[redacted]	$2.20	2.00
Individual & Child(ren)	[redacted]	$25,000	[redacted]	[redacted]	$25,000		[redacted]	$10,350	[redacted]	[redacted]	$1.45	1.32
Family	[redacted]	$25,000	[redacted]	[redacted]	$25,000	[redacted]	[redacted]	$10,350	[redacted]	[redacted]	$2.55	2.32

Blue Selections Plus ($15,000 for subscriber/spouse, $4,000 child)

Contract Type	Adult Death Rate Per 1000	Adult Death Benefit	Adult Expected Claim Cost	Spouse Death Rate Per 1000	Spouse Death Benefit	Spouse Expected Claim Cost	Child(ren) Death Rate Per 1000	Child(ren) Death Benefit	Child(ren) Expected Claim Cost	Total Expected Claim Cost	Premium Rate	Contract Relativity
Individual	[redacted]	$15,000	[redacted]	[redacted]	$15,000		[redacted]	$8,280		[redacted]	$0.65	1.00
Individual & Spouse	[redacted]	$15,000	[redacted]	[redacted]	$15,000	[redacted]	[redacted]	$8,280		[redacted]	$1.30	2.00
Individual & Child(ren)	[redacted]	$15,000	[redacted]	[redacted]	$15,000		[redacted]	$8,280	[redacted]	[redacted]	$0.86	1.32
Family	[redacted]	$15,000	[redacted]	[redacted]	$15,000	[redacted]	[redacted]	$8,280	[redacted]	[redacted]	$1.51	2.32

Blue Selections Basic ($10,000 for subscriber/spouse, $2,000 child)

Contract Type	Adult Death Rate Per 1000	Adult Death Benefit	Adult Expected Claim Cost	Spouse Death Rate Per 1000	Spouse Death Benefit	Spouse Expected Claim Cost	Child(ren) Death Rate Per 1000	Child(ren) Death Benefit	Child(ren) Expected Claim Cost	Total Expected Claim Cost	Premium Rate	Contract Relativity
Individual	[redacted]	$10,000	[redacted]	[redacted]	$10,000		[redacted]	$4,140		[redacted]	$0.44	1.00
Individual & Spouse	[redacted]	$10,000	[redacted]	[redacted]	$10,000	[redacted]	[redacted]	$4,140		[redacted]	$0.88	2.00
Individual & Child(ren)	[redacted]	$10,000	[redacted]	[redacted]	$10,000		[redacted]	$4,140	[redacted]	[redacted]	$0.58	1.32
Family	[redacted]	$10,000	[redacted]	[redacted]	$10,000	[redacted]	[redacted]	$4,140	[redacted]	[redacted]	$1.02	2.32

Assumptions (no change from previous filings):

[redacted]

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Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective April 1, 2008

Blue Selections Basic $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$70	N/A	N/A	N/A
18-20	$91	$183	$141	$255
21-24	$110	$218	$168	$305
25-29	$118	$236	$182	$350
30-34	$134	$269	$207	$402
35-39	$144	$287	$219	$429
40-44	$184	$367	$282	$532
45-49	$216	$435	$336	$544
50-54	$252	$505	$388	$580
55-59	$303	$608	$467	$699
60+	$349	$696	$537	$786

Blue Selections Basic $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$55	N/A	N/A	N/A
18-20	$71	$142	$110	$199
21-24	$85	$170	$131	$237
25-29	$91	$184	$142	$273
30-34	$104	$209	$160	$313
35-39	$112	$224	$171	$335
40-44	$144	$285	$220	$414
45-49	$170	$339	$260	$423
50-54	$197	$393	$302	$452
55-59	$236	$474	$364	$545
60+	$272	$542	$418	$596

Blue Selections Basic $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$41	N/A	N/A	N/A
18-20	$54	$110	$85	$152
21-24	$64	$130	$100	$182
25-29	$69	$141	$108	$207
30-34	$80	$160	$123	$239
35-39	$86	$170	$131	$255
40-44	$109	$219	$168	$315
45-49	$130	$258	$199	$323
50-54	$150	$299	$231	$343
55-59	$181	$360	$277	$415
60+	$207	$414	$317	$455

Blue Selections Basic $10,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$25	N/A	N/A	N/A
18-20	$33	$65	$50	$91
21-24	$40	$78	$60	$109
25-29	$41	$84	$64	$124
30-34	$47	$94	$72	$142
35-39	$51	$101	$79	$152
40-44	$64	$130	$99	$188
45-49	$77	$154	$119	$191
50-54	$89	$178	$138	$206
55-59	$108	$213	$165	$247
60+	$123	$246	$189	$271

Exhibit G

Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective April 1, 2008

Blue Selections Plus $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$89	N/A	N/A	N/A
18-20	$118	$233	$180	$326
21-24	$140	$277	$214	$389
25-29	$150	$300	$231	$445
30-34	$171	$342	$265	$512
35-39	$182	$366	$280	$547
40-44	$234	$466	$360	$677
45-49	$277	$553	$427	$694
50-54	$321	$643	$493	$738
55-59	$387	$774	$595	$888
60+	$444	$887	$686	$977

Blue Selections Plus $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$80	N/A	N/A	N/A
18-20	$102	$208	$159	$291
21-24	$123	$248	$189	$346
25-29	$133	$268	$206	$397
30-34	$152	$304	$234	$455
35-39	$162	$325	$249	$486
40-44	$208	$417	$320	$602
45-49	$247	$493	$380	$616
50-54	$285	$572	$440	$657
55-59	$344	$689	$530	$791
60+	$394	$788	$607	$868

Blue Selections Plus $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$62	N/A	N/A	N/A
18-20	$80	$160	$122	$223
21-24	$96	$190	$147	$267
25-29	$101	$207	$157	$304
30-34	$117	$233	$180	$350
35-39	$125	$250	$191	$374
40-44	$159	$320	$246	$462
45-49	$189	$380	$292	$475
50-54	$218	$438	$336	$504
55-59	$265	$528	$406	$606
60+	$303	$606	$466	$667

Blue Selections Plus $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$45	N/A	N/A	N/A
18-20	$61	$122	$94	$170
21-24	$71	$145	$112	$204
25-29	$79	$157	$121	$234
30-34	$90	$179	$138	$269
35-39	$96	$190	$146	$286
40-44	$122	$245	$187	$353
45-49	$145	$291	$224	$361
50-54	$166	$336	$258	$387
55-59	$203	$404	$311	$464
60+	$233	$462	$357	$510

CONFIDENTIAL - NOT FOR PUBLIC DISCLOS
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective April 1, 2008

Blue Selections Premier $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$102	N/A	N/A	N/A
18-20	$132	$268	$206	$372
21-24	$158	$318	$245	$445
25-29	$172	$343	$266	$509
30-34	$196	$390	$300	$586
35-39	$208	$417	$321	$626
40-44	$267	$534	$412	$774
45-49	$316	$634	$487	$792
50-54	$366	$733	$566	$843
55-59	$441	$883	$679	$1,014
60+	$607	$1,012	$779	$1,115

Blue Selections Premier $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$93	N/A	N/A	N/A
18-20	$122	$245	$187	$341
21-24	$146	$291	$224	$408
25-29	$158	$314	$240	$465
30-34	$178	$359	$275	$534
35-39	$189	$383	$295	$572
40-44	$245	$487	$374	$707
45-49	$290	$578	$445	$725
50-54	$336	$670	$514	$771
55-59	$403	$808	$623	$927
60+	$463	$926	$714	$1,017

Blue Selections Premier $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$74	N/A	N/A	N/A
18-20	$98	$196	$151	$274
21-24	$118	$234	$179	$327
25-29	$126	$253	$193	$375
30-34	$145	$287	$223	$431
35-39	$154	$306	$236	$460
40-44	$196	$393	$302	$569
45-49	$233	$466	$359	$581
50-54	$270	$539	$416	$620
55-59	$324	$649	$501	$747
60+	$372	$746	$573	$820

CONFIDENTIAL - NOT FOR PUBLIC DISCLOS
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective April 1, 2008

Blue Selections Premier $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$82	N/A	N/A	N/A
18-20	$81	$159	$123	$225
21-24	$95	$190	$147	$268
25-29	$102	$206	$157	$304
30-34	$118	$234	$181	$351
35-39	$125	$251	$191	$374
40-44	$160	$320	$247	$462
45-49	$189	$381	$292	$474
50-54	$220	$439	$337	$505
55-59	$286	$526	$406	$607
60+	$302	$606	$465	$667

Blue Selections Premier $7,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$48	N/A	N/A	N/A
18-20	$63	$124	$94	$173
21-24	$74	$148	$114	$207
25-29	$80	$159	$123	$236
30-34	$91	$182	$140	$272
35-39	$97	$193	$149	$291
40-44	$124	$248	$190	$359
45-49	$146	$293	$226	$366
50-54	$170	$340	$261	$392
55-59	$205	$408	$314	$469
60+	$234	$468	$361	$515

Exhibit G

HSA Plan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$76	N/A	N/A	N/A
18-20	$99	$182	$142	$268
21-24	$118	$216	$169	$319
25-29	$128	$233	$182	$364
30-34	$146	$264	$207	$419
35-39	$154	$282	$221	$447
40-44	$196	$362	$282	$553
45-49	$234	$430	$336	$667
50-54	$272	$499	$388	$804
55-59	$326	$600	$466	$726
60+	$374	$686	$536	$798

HSA Plan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$63	N/A	N/A	N/A
18-20	$83	$144	$102	$216
21-24	$98	$172	$122	$256
25-29	$106	$186	$131	$295
30-34	$121	$211	$151	$339
35-39	$130	$225	$160	$362
40-44	$166	$287	$206	$446
45-49	$196	$341	$244	$458
50-54	$229	$396	$281	$488
55-59	$274	$477	$339	$587
60+	$315	$546	$388	$645

HSA Plan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$57	N/A	N/A	N/A
18-20	$73	$123	$83	$186
21-24	$88	$147	$97	$222
25-29	$94	$158	$105	$254
30-34	$109	$180	$119	$293
35-39	$116	$192	$126	$313
40-44	$147	$247	$163	$386
45-49	$176	$293	$192	$396
50-54	$204	$339	$224	$421
55-59	$246	$407	$269	$507
60+	$280	$466	$309	$555

Exhibit G

Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective April 1, 2008

HSA Healthplan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$79	N/A	N/A	N/A
18-20	$103	$188	$147	$277
21-24	$122	$225	$174	$332
25-29	$133	$241	$188	$378
30-34	$150	$274	$214	$435
35-39	$161	$293	$230	$463
40-44	$205	$376	$293	$574
45-49	$242	$446	$349	$688
50-54	$282	$518	$402	$826
55-59	$338	$623	$484	$754
60+	$388	$713	$556	$827

HSA Healthplan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$66	N/A	N/A	N/A
18-20	$86	$150	$107	$225
21-24	$102	$179	$127	$269
25-29	$112	$194	$137	$309
30-34	$126	$220	$158	$355
35-39	$136	$236	$167	$379
40-44	$174	$300	$215	$466
45-49	$206	$357	$255	$479
50-54	$239	$414	$295	$510
55-59	$287	$499	$355	$814
60+	$330	$571	$406	$675

HSA Healthplan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$59	N/A	N/A	N/A
18-20	$78	$129	$87	$195
21-24	$92	$154	$102	$234
25-29	$100	$167	$110	$267
30-34	$114	$189	$124	$306
35-39	$121	$201	$132	$329
40-44	$154	$259	$171	$405
45-49	$186	$306	$202	$414
50-54	$213	$356	$235	$441
55-59	$258	$427	$281	$531
60+	$294	$489	$324	$583

Exhibit G

Individual Dentacare Optional Dental Rider

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$29	N/A	N/A	N/A
18-20	$29	$58	$56	$86
21-24	$29	$58	$56	$85
25-29	$29	$58	$56	$85
30-34	$29	$58	$56	$85
35-39	$29	$58	$56	$85
40-44	$29	$58	$56	$85
45-49	$29	$58	$56	$85
50-54	$29	$58	$56	$85
55-59	$29	$58	$56	$85
60+	$29	$58	$56	$85

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE DIVISION

In the Matter of **Regence BlueCross BlueShield of Oregon**	)	**ATTACHMENTS to**
	)	**STIPULATION and**
	)	**FINAL ORDER**
	)	Case No. INS 08-03-005

The immediately following attachments relate to the following health insurance premium rate filing:

SERFF Filing No. RGAC-125509996
State Tracking No. GH 0018 08
Filed January 26, 2008

FILE COPY

January 24, 2008

David N. Ball, FSA, MAAA
Life and Health Actuary
Department of Consumer and Business Services
Insurance Division
350 Winter St., NE Rm 440
Salem, OR 97301-3883

RE: New Small Employer Product Rate Filing for
Regence BlueCross BlueShield of Oregon
New Medical and Drug Plans
Effective Date: July 1, 2008

Dear Mr. Ball,

Enclosed are proposed rates and supporting rate filing information for the new Activate medical and drug plans for small employer groups.

It is our intention to bring this product to market for effective dates of July 1, 2008 and beyond. As part of our Small Employer product pool, base rate changes will coincide with the pool changes.

Should you have any questions or require additional information, please do not hesitate to call me at (503) 225-5144 or e-mail me at paharmo@regence.com.

Sincerely,

Paul Harmon, ASA, MAAA
Manager, 2-99 Group Pricing

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Oregon

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Regence BlueCross BlueShield of Oregon P.O. Box 1271 Portland, OR 97207-1271	Oregon	Accident & Health		54933	93-0238155	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Paul Harmon P.O. Box 1271 Portland, OR 97207-1271	(503) 225-5144	(503) 225-5196	paharmo@regence.com

5.	Requested Filing Mode	
		☒ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	Company Tracking Number	
7.	☒ New Submission ☐ Resubmission	Previous file # _____
8.	Market	☐ Individual ☐ Franchise
		Group: ☒ Small ☐ Large ☐ Small and Large ☐ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	Type of Insurance	Group Health – Major Medical, Group Health – Prescription Drug
10.	Product Coding Matrix Filing Code	H16G.003A, H16G.003B, H17G.000
11.	Submitted Documents	☐ FORMS ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Other Rates ☒ New Rate ☐ Revised Rate ☐ FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreements ☐ Statement of Variability ☒ Certifications ☐ Actuarial Memorandum ☐ Other _____

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12.	**Filing Submission Date**	**January 24, 2008**
13	**Filing Fee (If required)**	Amount _____ Check Date _____ Retaliatory ☐ Yes ☐ No Check Number _____
14.	**Date of Domiciliary Approval**	**January 24, 2008**
15.	**Filing Description:**	

Enclosed is a new product rate filing for Regence BlueCross BlueShield of Oregon's new Activate medical and drug plans for small employer groups. These plans correspond to the form number OO0708BACTS. Separate exhibits containing proprietary information pertaining to this rate filing have been submitted.

The rates and rate filing information for these new plans are in compliance with ORS 743.730 through 743.745.

The proposed rates are to be effective July 1, 2008 for new and renewing groups sold with effective dates in the third quarter of 2008.

Should you have any questions or require additional information, please do not hesitate to call me at (503) 225-5144 or e-mail me at paharmo@regence.com.

16. Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Oregon.

Print Name **Paul Harmon, ASA, MAAA** Title **Manager, 2-99 Group Pricing**

Signature _____ Date: 1/24/08

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
01			☐ Initial ☐ Revised ☐ Other _____	
02			☐ Initial ☐ Revised ☐ Other _____	
03			☐ Initial ☐ Revised ☐ Other _____	
04			☐ Initial ☐ Revised ☐ Other _____	
05			☐ Initial ☐ Revised ☐ Other _____	
06			☐ Initial ☐ Revised ☐ Other _____	
07			☐ Initial ☐ Revised ☐ Other _____	
08			☐ Initial ☐ Revised ☐ Other _____	
09			☐ Initial ☐ Revised ☐ Other _____	
10			☐ Initial ☐ Revised ☐ Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			OO0708BACTS	
This filing corresponds to form filing company tracking number			OO0708BACTS	
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			N/A	
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01	Small Employer Rate Filing Activate Plans Effective July 1, 2008	OO0708BACTS	☒ New ☐ Revised Request +____% -____% ☐ Other _____	N/A
02			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
03			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
04			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
05			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
06			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
07			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
08			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
09			☐ New ☐ Revised Request +____% -____% ☐ Other _____	
10			☐ New ☐ Revised Request +____% -____% ☐ Other _____	

LH RFA-1

Department of Consumer & Business Services

Oregon Insurance Division - 5

350 Winter St. NE, Rm. 440

Salem, Oregon 97301-3883

Phone (503) 947-7983

CERTIFICATE OF COMPLIANCE

I, the undersigned authorized filer, hereby certify that the filing submitted complies with the applicable Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I further certify that I am authorized to sign and submit this certificate on behalf of the Company identified below (hereinafter Company).

I, the undersigned authorized officer, a duly authorized officer of Company, certify that the undersigned authorized filer is authorized to certify on behalf of Company that this filing complies with the Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I understand that the Oregon Insurance Division will rely on this certificate and, should it be determined that this filing is materially false or misleading, appropriate corrective and disciplinary action including monetary penalties, as authorized by law, will be taken by the Oregon Insurance Division against the Company.

Regence BlueCross BlueShield of Oregon
Name of Company

Signature of authorized filer

Paul Harmon, ASA, MAAA
Print name of authorized filer
Manager, 2-90 Group Pricing
The Regence Group
Title

(503) 225-5144
Direct telephone number of authorized filer

Signature of authorized officer and title

J. Bart McMullan, Jr., M.D.
President, Regence BCBSO
Print name of authorized officer and title

QO0708BACTS
Company's filing number or the primary form number for the filing

Date

P.O. Box 1271, MS E8A
Address of Company or authorized filer

Portland, OR 97207-1271
City State ZIP

paharmo@regence.com
E-mail address of authorized filer

(503) 225-5196
Fax number of authorized filer

1/24/00
Date

130-3894-(1-00) w -02ins

Regence BlueCross BlueShield of Oregon
Oregon Small Employer 2-50
New Activate Plans – Effective July 1, 2008
Rate Filing Summary

The Oregon Insurance Division must approve the rates of all health benefits plans in the individual, small employer and portability markets.

This is a summary of the information contained in the small employer health benefit plan rate filing for Regence BlueCross BlueShield of Oregon. The total change in premium requested is an average _N/A_ percent above (or below) one year earlier. The requested change will be effective _July 1, 2008_. _0_ Oregonians are covered. Consumers' premiums are also affected by the ages of the people covered, where they live and whether family members are covered.

Medical and prescription costs: This rate filing asks for a total medical and prescription rate increase (or decrease) of _N/A_ percent above or below the rates of one year earlier. Part of this increase (or decrease) is because the cost of medical services for these policies has gone up (or down) by _N/A_ percent and because the cost of prescriptions has increased (or decreased) by _N/A_ percent. This rate is also affected by changes in medical and prescription benefits.

Medical and prescription benefits: Part of the medical rate and prescription rate increase (or decrease) is because changes have been made to these medical and prescription benefits: _N/A_. These changes increased (or decreased) the medical rate by _N/A_ percent and increased (or decreased) the prescription rate by _N/A_ percent.

A health insurance premium is made up of three pieces: the claims costs, administrative costs, and profit.

Claims costs: This filing states that for the policies it covers, the claims costs as a portion of premium will change from _N/A_ percent to _85.9_ percent.

Administrative costs: This filing states that for the policies it covers, the administrative costs as a portion of premium will change from _N/A_ percent to _16.9_ percent.

Profit: This filing states that the profit the insurance company expects to make for the policies covered as a portion of premium will change from _N/A_ percent to _-2.8_ percent.

Glossary

Administrative costs—These are additional costs the insurance company pays to operate this insurance plan. Such costs include the salaries of company employees, the costs of the company's offices and equipment, commissions to agents to sell and service policies.

subsidies to cover legally required plans such as portability and the Oregon Medical Insurance Pool, and taxes.

Claims costs—These are what the insurance company pays out as claims to purchase medical services, prescriptions, and other health-related goods and services for the insured people.

Medical and prescription benefits—These are the policy provisions detailing what the insurance company will pay for various health-related goods and services. If a company changes the policy to offer new or better benefits or to reduce current benefits, a rate increase or decrease may take place.

Medical and prescription costs—The portion of the premium that pays for medical services and prescriptions. In some policies, prescription costs are shown as a separate item.

Portability—The name of the health benefit plan for people who lose their employer-sponsored health insurance.

Profit—This is what is left over after the costs associated with the claims and administrative costs are paid. Profit can vary greatly from one year to the next.

PROPRIETARY AND CONFIDENTIAL – NOT FOR PUBLIC DISCLOSURE

Regence BlueCross BlueShield of Oregon
Small Group (2 - 50)
New Activate Plans - Effective July 1, 2008
Confidentiality Statement

Regence BlueCross BlueShield of Oregon requests that this portion of the new Activate plans rate filing, effective July 1, 2008, be kept proprietary and confidential because it contains trade secrets not generally known to the public and from which competitors can obtain economic value and use. Regence has kept this information proprietary and confidential:

- Rate development methodology
- Expected rates effective July 1, 2008 for the base plans used in the rate calculation, from which the proposed rate increase for July 1, 2008 can be calculated
- Benefit relativities between several benefit plans
- Information regarding how the cost of the Member Choice Account (MCA) was determined
- Cost of the MCA

The Oregon small group health insurance market is significantly competitive, and public disclosure of the above trade secrets would allow competitors to gain access to sensitive pricing information. New and innovative benefits are essential for health insurance companies to increase membership in the face of this competition, and the MCA is one such new and innovative feature in the Activate plans. If the cost and information regarding the MCA were to be made public, the competition would gain access to this information, and would be able to replicate this feature in their benefit plans. Disclosure of this information would chill new and innovative product offerings because carriers would not incur the necessary research and development costs if they must publicly disclose their trade secrets, potentially several months before they can even market the new product or feature.

Regence BlueCross BlueShield of Oregon
Small Group (2 - 50)
New Activate Plans - Effective July 1, 2008
Base Rate Development

Calculation of Rates For the New Plans

Regence BlueCross BlueShield of Oregon intends to introduce new medical and drug plans into the small employer group market effective July 1, 2008. This family of benefit plans will be named "Activate".

Rates for the Activate plans are composed of two pieces – the medical insurance portion and the Member Choice Account (MCA). The medical insurance portion was developed by comparing the value of the benefit in the new plans to an existing plan in the Regence BlueCross BlueShield of Oregon small employer group market portfolio, setting assumptions for the change in average utilization rates due to the change in benefit plans and applying the resulting benefit relativity to the expected July 1, 2008 filed rates for the existing plan. The cost of the MCA was determined by the expected amount of participation in wellness activities and the expected value of the usage of the account.

The existing medical plan in the small employer group market portfolio used was the Engage $2,000 deductible, 80/80/80 Coins, $4,000 Coins Max plan.

The existing drug plan in the small employer group market portfolio used was the $7/25%/50% $500 deductible, $4,000 Coins Max plan.

Since the rates effective July 1, 2008 for the base plans are not yet finalized, the rates for these new Activate products are based on the base plan rates effective April 1, 2008 and trended forward using our rating trends. We will be filing our July 1, 2008 small employer rates within the next month or so, and the corresponding Activate rates may change accordingly. We will include the new Activate rates with the July 1, 2008 small employer rate filing if there are any changes.

We will use the same rate development methodology as previously filed for small group business, using the base rates found in the attached rate exhibit.

Department of Consumer & Business Services
Oregon Insurance Division – 5
P.O. Box 14480
350 Winter St. NE, Rm. 440
Salem, Oregon 97309-0405
Phone (503) 947-7983

Standard Provisions for Small Employer Health Benefit Plans

Pursuant to ORS 743.736, 743.737 and OAR 836-053-0060

NOTE: HOUSE BILL 2002 INCREASES THE SMALL EMPLOYEER GROUP SIZE TO 50 EMPLOYEES EFFECTIVE 1-1-08

This checklist must be submitted with your filing in compliance with OAR 836-010-0011(2). This list includes national standards, relevant statutes, rules, and other documented positions to enforce ORS 731.016. The standards are summaries and review of the entire statute or rule may be necessary. Complete each item to confirm that diligent consideration has been given to each and is certified by the signature on the certificate of compliance form. "Not applicable" can be used only if the item does not apply to the coverage being filed. Any line left blank will cause this filing to be considered incomplete. Not including required information or policy provisions may result in disapproval of the filing. (*If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.*)

An outline of the Small Employer Basic Indemnity or Health Benefit Plan referenced in OAR 836-053-0060 including benefits, limits, and cost-sharing requirements can be found at http://www.cbs.state.or.us/external/ins/forms/consumer/3313.pdf (form 440-3313).

Insurer name: Regence BlueCross BlueShield of Oregon **Date:** February 26, 2008

TOI (type of insurance):
- ☒ H16G Group health - Major medical
- ☐ Horg02G Group health - Health maintenance (HMO)

Sub-TOI

☒	H16G.003B or	☐ HOrg02G.004A	Small group only - PPO basic
☐	H16G.003E or	☐ HOrg02G.004C	Small group only - POS basic
☐	H16G.003G or	☐ HOrg02G.004E	Small group only - Other (indemnity, EPO, etc)

Type of group:
- ☒ Oregon small employer, ORS 743.730 (as amended by HB 2002)

Type of coverage:
- ☐ Indemnity ☐ HMO Type: Health Care Service Contractor
- ☐ Basic Small Employer Plan (mandatory)
- ☒ Additional Small Employer Plan (optional)

(*) *Indicates standard does not apply per ORS 750.055*

Review requirements	Reference	Description of review standards requirements	Location of standard in filing (or check box)
GENERAL REQUIREMENTS (FOR ALL FILINGS)			
Product Locator		Were the forms in your filing developed with t[egon information? *(The requirements on this docum[as those on the Product Locator for consistency in draft requirements.)*	Yes ☒ No ☐
Submission package requirements	OAR 836-010-0011 As required on SERFF or our Web site	Required forms are located on SERFF or on ou[www.oregoninsurance.org/docs/serff/filing_req[e submitted with your filing for your filing to be 1. NAIC transmittal form (paper filings only). 2. Filing description in SERFF or on transmitta 3. Third party filer's letter of authorization. 4. Certificate of compliance form signed by aut 5. Readability certification. 6. Product standards for forms (this document). 7. Actuarial memorandum with an overview of the reasons and procedures used to derive the rat[s). 8. Forms filed for approval. (If filing revised fo[py of the revised form to identify the modification, rev[ge.) 9. For mailed filings, two self-addressed stampe[e Insurance Division can return approved form	Yes ☒ ☒ ☐ ☒ ☐ ☒ ☒ ☐ N/A ☐ ☐ ☒ ☐ ☒ ☐ ☐ ☒
(Skip to Requirements for Rates if only filing a rate change.)			
Form submission package requirements	Filing description	The filing description (cover letter) includes the 1. Changes made to prior approved plan or vari[ans. 2. All like approved forms for a like product an[ss between the approved like form and the new 3. The differences between in-network and out	Yes ☐ ☐ ☐ N/A ☐ ☐ ☐
Review requested	ORS 742.003(1), OAR 836-010-0011(3), ORS 743.766 Sec 2 & 3	The following are submitted in this filing for rev 1. New policy and/or certificate. 2. Amendment of an approved form. 3. Forms are identified with unique form numbe[wer left-hand corner of each page of each form. 4. Endorsements for waivers in compliance with	Yes ☐ ☐ ☐ ☐ N/A ☐ ☐ ☐ ☐

Multiple Employer Welfare Arrangement	ORS 750.301 to 341	File under checklist of standards for ***Standard Provisions for Multiple Employer Welfare Arrangements Group Health Benefit Plans,*** form 440-2448m.	
Associations/ Trusts/discretionary groups	ORS 731.486, 743.522, 743.524, 743.526	Transmittal and standards for qualifying an association, trust, or discretionary group, form 440-2441A or 440-2441D are included.	Yes ☐ N/A ☐
Assumption certificates	Form 440-3637	File under checklist of standards for *Changes to Business Operations that Require a Filing*, form 440-3637.	
Applicability	Health care service contractors (HCSC)	(Statute references followed by an asterisk (*), may be marked "N/A" in the location column. These standards do not apply to HCSC per ORS 750.055.)	
	ORS 743.730(18)(b)	Health benefit plan does not include coverages listed in ORS 743.730(18)(b). (See the appropriate checklist for filing those coverages.)	Yes ☐
	HIPAA Privacy	Policy meets all HIPAA Privacy requirements and all HIPAA related statements are solely supported by HIPAA requirements.	Yes ☐
	ORS 743.691(2)	The enrollee is provided a written notice at time of enrollment and annually thereafter describing the coverage for all mastectomy-related services including reconstruction of the breast by obtaining a single authorization.	Yes ☐
	ORS 743.699	Health benefit plans are required to provide information to enrollees regarding coverage for emergency services and appropriate use of 9-1-1.	Yes ☐
	OAR 836-053-0001	Submit Transmittal and requirements for *Modification and Discontinuance of Health Benefit Plans*, form 440-2896, when eliminating or adding benefits, decreasing or increasing benefits payable or deductibles and copayments, or establishing new conditions or requirements.	
Application	OAR 836-053-0510	No application with medical questions is used to enlist new enrollees and only the Oregon Health Statement (Exhibit 1 of OAR 836-053-0510) is used for late enrollees.	Yes ☐ N/A ☐
Clarity/ Readability	ORS 742.005(2)	Forms are clear and understandable in their presentation of premiums, labels, description of contents, title, headings, backing, and other indications (including restrictions) in the provisions. The information is clear and understandable to the consumer and is not unintelligible, uncertain, ambiguous, abstruse, or likely to mislead.	Yes ☐ N/A ☐
	ORS 743.106(1)(d), 743.103	Policy and certificate contains a table of content or index of the principal sections if longer than three pages or 3,000 words.	Yes ☐ N/A ☐

Form number	ORS 742.005(2)	The policy is filed under one form number, and that form provides core coverage with all basic requirements. Basic policy requirements are not bracketed unless an alternative selection is included. Other forms are identified with their unique form number and edition date. (See guidelines on our Web site: www.oregoninsurance.org/docs/healthun/health6.htm.)	Yes ☐	N/A ☐
Variable text	ORS 742.005(2)	Variable data is indicated by brackets and all variable ranges or options are identified. The filing includes a statement of variability that explains the conditions under which each variable item may change. A statement of variability presents reasonable and realistic ranges for each item. The filing also includes a certification that any change or modification to a variable item outside the approved ranges is submitted for prior approval of the change or modification. Variable data may be included within the coverage form or may be submitted as a separate form identified by its own form number and date.	Yes ☐	N/A ☐

GENERAL FORM REQUIREMENTS

Cover page	National standards	1. The full corporate name of the insuring company appears prominently on the first page of the policy.	Yes ☐	N/A
		2. A marketing name or insurer's logo, if used on the policy, must not mislead as to the identity of the insuring company.	☐	☐
		3. The insuring company address, consisting of at least a city and state, appears on the first page of the policy.	☐	☐
		4. The signature of at least one company officer appears on the first page of the policy.	☐	☐
		5. The individual certificate includes a right-to-examine provision that appears on the cover page of the certificate.	☐	☐
		6. A form-identification number appears in the lower left-hand corner of the forms. The form number is adequate to distinguish the form from all others used by the insurer. ORS 743.405(7)	☐	☐
		7. The policy contains a brief caption that appears prominently on the cover page and describes the type of coverage.	☐	☐
		8. The policy includes a table of contents that easily identifies where to locate the provisions. ORS 743.106(1)(d)	☐	☐

POLICY PROVISIONS

			Page/paragraph
Ambulance	ORS 743.718*	If ambulance care and ground transportation to the nearest hospital is covered, coverage payments are either made directly to the provider or jointly to the insured and the provider.	

Benefit Reimbursement	ORS 743.480 (As amended by Oregon Law 2007 House Bill 2348)	Does not include an exclusion for claims arising from use of alcohol or controlled substance. Coverage must be to the same extent as coverage for other injuries or illnesses	Yes ☐ No ☐
	ORS 743.556, OAR 836-053-1404 & 1405, Bulletin 2003-3	All plans include coverage for mental or nervous conditions and chemical dependency, including alcoholism. Coverage must be as broad and no more restrictive than coverage for other medical conditions.	
	2007 Oregon Law House Bill 2918	Provides benefits for medically necessary treatment of pervasive developmental disorders for children under age 18	
	ORS 743.691	Coverage provides payment or reimbursement for mastectomy-related services that are part of the enrollee's course of treatment including all stages of reconstruction with a single determination of prior authorization.	
	ORS 743.693	Coverage provides reimbursement for expenses associated with pregnancy care, as defined by ORS 743.845, and childbirth. Benefits provided under this section shall be extended to all enrollees, enrolled spouses and enrolled dependents.	
	ORS 743.694	Diabetes: Coverage provides reimbursement for supplies, equipment, and diabetes self-management programs.	
	ORS 743.701	Policy does not exclude benefits for covered services because they were provided by any hospital owned or operated by the State of Oregon, or any state-approved community mental health and developmental disabilities program.	
	ORS 743.703, 750.065	Coverage provides reimbursement for any service that is within the lawful scope of practice of a duly licensed optometrist, if the policy provides benefits when a physician performed the service.	
	ORS 743.706	Coverage includes maxillofacial prosthetic services necessary for adjunctive treatment	
	ORS 743.709	Coverage provides reimbursement for any service that is within the lawful scope of practice of a duly licensed psychologist, if the policy provides benefits when a physician performs the service.	
	ORS 743.712	Coverage provides reimbursement for any service that is within the lawful scope of practice of a duly licensed and certified nurse practitioner, if the policy provided benefits when a physician performed the service.	

Benefit reimbursement, continued	ORS 743.714*	Coverage provides reimbursement for any service that is within the lawful scope of practice of a licensed clinical social worker and a physician or psychologist referred the insured to the licensed clinical social worker, if the policy provides benefits when a physician or psychologist performs the service.	
	ORS 743.719*	Coverage provides reimbursement for any surgical service that is within the lawful scope of practice of a licensed dentist, if policy provides benefits when a physician performs the service.	
	ORS 743.725* (As amended by 2007 Oregon Law, Senate Bill 676)	Claims submitted directly by physician assistants, are to be paid as if submitted by the supervising physician.	
	ORS 743.726*	Coverage includes treatment of inborn errors of metabolism that involve amino acid, carbohydrate and fat metabolism.	
	ORS 743.727	Coverage provides for mammogram reimbursement for the purpose of early detection in symptomatic or high-risk woman anytime recommended by the health care provider, and annually for women 40 years of age and older.	
	ORS 743.728	Coverage provides reimbursement for pelvic and Pap-smear exams provided annually for women 18 to 64 and any time upon referral of the woman's health care provider.	
	ORS 743.823, OAR 836-053-1000(10)	Coverage provides 48 hours of care for vaginal delivery and 96 hours for caesarian and insurer compliance with the Federal Newborns' and Mothers' Health Protection Act of 1996.	
	ORS 743.791	Coverage includes clinical breast examinations	
	ORS 743.794	Coverage includes prostate cancer screening examinations	
	Oregon Laws 2007, Ch 313	Acupuncture: Covered services when preformed by a physician must also be covered when preformed by a licensed acupuncturist	
	ORS 743.799	Coverage includes colorectal cancer screening examinations and lab tests	
	Oregon laws 2007, Ch 566	Plans that provide coverage for cancer chemotherapy treatment must extend coverage for a prescribed, orally administered anticancer medication.	
	Oregon Laws 2007, Ch. 484	Plans must extend filing of claim deadline, for claims filed by Medicaid, to 3 years.	

Benefit reimbursement, continued	Oregon Laws 2007, Ch. 504	Cochlear implants: Plans providing coverage r al services.	
	Oregon Laws 2007, Ch. 374	Benefits include coverage for prosthetic and ort	
	Oregon Laws 2007, Ch. 182	Plans including prescription drug benefits inclu tives and related services.	
	Oregon Laws 2007, Ch. 872	Plans include benefits, for children under age 1 or pervasive developmental disorders.	
Cancellation and nonrenewal	ORS 743.560, ORS 743.565, OAR 836-052-0800 to 0860	Required minimum grace period and notice of t	
	ORS 743.560(3)	Notification of non-replacement rights is sent to n 10 days after the termination date.	
	ORS 743.565	The policy provides that an insurer seeking to te nent of premium will notify the policyholder at least 10 grace period.	
Claims settlement	ORS 743.804(3), OAR 836-053-1100	Plan includes grievance and appeal process.	
	ORS 743.857(1)(a), (b), (c), 743.859(1), (2), or (3), 743.861(1)	Includes external review program that meets req)(a), (b), or (c); 743.859(1)(2) or (3); and 743.861(1).	
Continuation of coverage	ORS 743.854(9), (10)	Continuity of care is provided under managed he rovider-organization insurance. A copy of the notice to e	
	ORS 743.527	Provides continuation of coverage for strike or l	
	ORS 743.529(1), OAR 836-082-0055	Provides continuation of coverage for a covered licy is canceled and immediately replaced by another in	
	ORS 743.529(2), OAR 836-082-0050 to 0055	Provides uninterrupted coverage when the existi	
	ORS 743.530*	Provides for continuation of coverage after injur rkers' compensation.	
	ORS 743.600, 743.601, 743.602	Provides continuation of coverage for surviving, e 55 or older for employers with 20 or more employees.	

Continuation of coverage	ORS 743.610	Policy describes continuation of coverage requirement for employers with less than 20 employees.	
	ORS 743.760(1), (12), OAR 836-053-0750	Includes state and federal eligibility requirements to obtain an individual portability plan.	
Coordination of benefits	ORS 743.549, 743.552, OAR 836-020-0770 to 0806	If policy applies coordination of benefits, it complies with ORS 743.549, ORS 743.552, and OAR 836-020-0770 to 0806.	
		Reduction of benefit payments on the basis of other insurance for the insured individual is in full accordance with coordination-of-benefits rules.	
Coverage outline	OAR 836-053-0060	An outline of benefits, policy limits, and cost-sharing provisions for the Small Employer Basic Plan is summarized as Exhibit I, to OAR 836-053-0660.	
Credibility	ORS 742.005(2), (3), NAIC Discretionary Clause Model	If plan includes a discretionary clause, it does not give the insurer full and final discretion in interpreting its insurance contract. (Such a clause is considered to be inequitable, deceptive, and misleading to consumers.)	
Definitions	ORS 743.801(5), OAR 836-053-1060	Definition of "grievance" as it applies to the grievance procedures.	
	ORS 743.730(3)	Terms identify the eligibility date for coverage and an affiliation period for health care service contractors.	
	ORS 743.730(8), OAR 836-053-0040	Creditable coverage is defined.	
	ORS 743.730(12), OAR 836-053-0021	Eligible employee definition meets the requirements of ORS 743.730(12) and OAR 836-053-0021.	
	ORS 743.730(13)	Definition of "enrollee" includes employee, dependent of the employee, or an individual otherwise eligible under the group.	
	Oregon Law 2007 House Bill 2007	Definition of "eligible dependent" must include same-sex domestic partner.	
	ORS 743.730(14)	Describes exclusion period.	
	ORS 743.730(24)	Defines "late enrollee" as an individual who enrolls in the group subsequent to the initial enrollment period during which the individual was eligible for coverage.	

Definitions, continued	ORS 743.730(27) ORS 742.005	Defines "pre-existing condition" as services, charges or expenses incurred for pre-existing conditions for specified period immediately following enrollment. (*Pre-existing conditions do not include:* *1. Pregnancy, except as provided in ORS 743.766.* *2. Genetic information in the absence of a diagnosis.* *3. A newborn child or adopted child who obtains coverage in accordance with ORS 743.707.* *4. A condition for which an ordinarily prudent person would have sought treatment or advice"*)	
	ORS 742.023(1)(f)	Stop-loss or out-of-pocket provisions define calendar year and contract year. The definition follows the administration of these provisions and clearly states how the crediting for previously satisfied deductibles, stop-loss or out-of-pocket maximum is applied on mid-year contract renewal.	
Dental	ORS 743.736	Mandatory in Basic Plan Coverage for children ages 3 to 12 years includes one exam, oral prophylaxis, and fluoride treatment each year; sealant in accordance with usual dental practice; and bitewing X-rays when deemed necessary by the attending dentist, but no more frequently than once every 18 months.	Yes ☐ N/A ☐
		Mandatory in Basic Plan Coverage includes treatment for accidental injury to sound natural teeth or jaw.	Yes ☐ N/A ☐
Dependent coverage	ORS 743.736	Mandatory in Basic Plan Coverage includes immunizations.	Yes ☐ N/A ☐
	ORS 743.736	Mandatory in Basic Plan Coverage includes a brief examination of primary care, vision and hearing as follows: 1. Birth to 24 months, well baby care, up to eight exams 2. Ages 24 months to six years, one exam each year 3. Ages 6 to 18 years, one exam every two years	Yes ☐ N/A ☐
	ORS 743.707	Policy covers newborn children of the insured and/or qualified eligible dependents from the moment of birth. Covers adopted children of the insured from the date of placement of the children with the insured for adoption.	
	ORS 743.847(4)	Policy covers children not residing with the parent, not claimed as dependents on parents' federal tax return, born out of wedlock, or residing in the insurer's service area.	
Discrimination	ORS 743.721	The policy does not discriminate between married and unmarried women or between children of married and unmarried women.	

Eligibility	ORS 743.734(6), 743.737(13)	Coverage is offered to all eligible employees	
	ORS 743.737(14)	Policy provides for a special enrollment period.	
	ORS 743.837, OAR 836-053-1200	Policy describes prior authorization and binding periods.	
Emergency care	ORS 743.801(1), (2), (3)*	Defines "Emergency medical condition" as a medical condition that manifests itself by acute symptoms of sufficient severity including severe pain that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of a person or fetus, in the case of a pregnant woman, in serious jeopardy.	
	ORS 743.699	Emergency services are not subject to additional penalty or pre-authorization requirements.	
Exclusions	ORS 743.847(2)	Eligibility for benefits is not determined based on eligibility for Medicaid.	
	ORS 743.737(3), OAR 836-053-0060	The policy describes any exclusion period for specified covered services and its application to all individuals enrolling for the first time in a health benefit plan.	
	ORS 743.737(4)	Policy describes any late enrollee exclusion period, not to exceed 12 months.	
	ORS 743.736 OAR 836-053-0060 General exclusions (mark "n/a" if not excluded and indicate page of coverage)	Benefits may exclude any service not medically necessary and appropriate.	
		Benefits may exclude custodial, convalescent, or intermediate level care as determined by the carrier.	
		Benefits may exclude experimental or investigational procedures.	
		Benefits may exclude services that are the responsibility of the employer (workers' compensation) or a government body.	
		Benefits may exclude services for which no charges are made.	
		Benefits may exclude programs mandated by a court of law as a result of a court's findings, recommendation, or sentencing.	
		Benefits may exclude transportation, meals, and lodging necessary for recipient's access to covered services.	

Exclusions continued	ORS 743.736 OAR 836-053-0060 Hospital/medical/ professional exclusions (mark "n/a" if not excluded and indicate page of coverage)	Benefits may exclude education, clinical programs, or medical/su weight control and food supplements or prescription medications with such program or service.
		Benefits may exclude self help or training programs including, bu smoking cessation, weight control, nutrition and general fitness p instruction for self-administering medications or operating durabl except in the case of diabetic instructions provided on an outpatie
		Benefits may exclude plastic surgery or other cosmetic services th improve appearance, except those that are the result of non-conge including, but not limited to, cosmetic treatment of confirmed ber varicose veins, confirmed benign tumors, polyps and skin disease nails, or follicles.
		Benefits may exclude artificial insemination and other methods o artificial means.
		Benefits may exclude services for the reversal of elective surgical
		Benefits may exclude vision services, except as noted for childrer 18.
		Benefits may exclude surgery or other procedures that alter the re the eye.
		Benefits may exclude routine foot care.
		Benefits may exclude cochlear implants.
		Benefits may exclude medical and surgical services related to the except for splinting procedures.
		Benefits may exclude ongoing medical treatment for certain cond the Oregon Health Services Commission to have minimal effectiv
		Benefits may exclude external hearing aids and hearing devices, e younger than age 18 who experienced hearing loss before age thre
		Benefits may exclude eyeglasses, contact lenses, and vision aids.
		Benefits may exclude implantable pharmaceutical devices.
		Benefits may exclude medical supplies and durable medical equip an outpatient basis and not specifically noted in covered services.

Grace period	ORS 743.560(1)	Provision states that a minimum 10-day grace period is granted for the payment of each premium falling due after the first premium, during which the policy shall continue in force.	
Hospice	ORS 743.736, OAR 836-053-0060	Covers hospice care that includes medical supplies, drugs and medications, equipment and care for pain control, and symptom management during the insured's last six months of life.	
		Palliative care includes medical services that alleviate symptoms or afford temporary relief but don't effect a cure.	
Hospital/surgical/ medical expense	ORS 743.693, 743.823, OAR 836-053-0060	Hospital outpatient and ambulatory services include medical supplies used, drugs and medications required to be administered in, and casts applied in a hospital outpatient or ambulatory setting.	
Hospital/surgical/ medical expense, continued	ORS 743.693, 743.823, OAR 836-053-0060	Hospital inpatient services include: 1. Delivery, post-partum, newborn care 2. Anesthesia 3. Medical supplies, drugs and medications, orthotics 4. Durable medical equipment 5. Functional medical equipment (e.g. pacemakers or artificial joints) 6. Blood or blood products 7. Rehabilitation care for disease or injury, maximum 30 days per condition except in cases of head or spinal cord injury, which have a maximum 60 days per condition.	
Limits	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Provision describes benefit treatment limitation for ongoing medical treatment for confirmed irreversible hepatorenal syndrome.	Yes ☐ N/A ☐
		Mandatory in Basic Plan. Coverage benefit is at least 50 percent and not subject to out-of-pocket maximums for the following: 1. Plastic surgery or other cosmetic services required as a result of a non-congenital injury or surgery. 2. Orthognathic or arthroplastic surgery indicated for disorders resulting in impairment of speech, nutrition, or other bodily functions. 3. Focal surgery for epilepsy.	Yes ☐ N/A ☐

Major medical expense	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Policy provides coverage as follows for minimal hi screening exams for blood pressure, weight and ch 1. Ages 19 years to 39 years, one exam every fi 2. Ages 40 years to 64 years, one exam every t	Yes ☐ N/A ☐
Managed care	ORS 743.845(1)	Provision allows for the designation of a Women's rimary care physician, if a primary care physician is requi	
	ORS 743.845(2)	Provision permits a female enrollee to designate a r as her primary care provider.	
	ORS 743.845(3)	Provision permits a female enrollee to have direct are provider for at least one annual preventive women'. pregnancy care.	
Nursing home	ORS 743.736(2), OAR 836-053-0060	Mandatory in Basic Plan. Policy covers 20 days of skilled nursing facility (Sl ving impatient hospitalization. SNF may also be provid or catastrophic injury or illness.	Yes ☐ N/A ☐
	ORS 743.736(2), OAR 836-053-0060	Mandatory in Basic Plan. Policy covers home health care that includes servic by the carrier for a maximum of 60 consecutive days per c improvement in function is anticipated and covers l treatment initiated during hospital inpatient treatme	Yes ☐ N/A ☐
Pre-existing conditions	ORS 742.005(2)	Pre-existing condition is a defined period prior to t	
	ORS 743.737(1), (2)	The pre-existing-condition provisions apply only to al advice, diagnosis, care, or treatment was recommen x-month period prior to enrollment; they terminate on lowing effective date for new enrollees or 12 months for la	
	ORS 743.737(3), OAR 836-053-0040	Credit for prior coverage reduces the pre-existing-c ible coverage did not end more than 63 days before enr	
	ORS 743.737(3)	The policy describes any affiliation period for healt	
Prescription drug	ORS 743.697	If prescription drug coverage is offered, it does not ecause the drug is not FDA approved for a prescribed medi Health Resources Commission determines the use is effect	

Prescription drug continued	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Policy requires a co-payment of $15 or 50 percent, whichever is greater, for eligible charges. This benefit is not subject to the stop-loss limit and the carrier may limit coverage to a 30-day supply per prescription.	Yes ☐ N/A ☐
Proof of loss	OAR 836-080-0230 and 0235	If the policy includes claim procedures, the procedures and timelines comply with fair claim practice requirements.	
Requirements not part of a listed category	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Coverage for laboratory procedures, radiology tests, and special diagnostic procedures include EMG, nerve conduction studies, nuclear medicine, pulmonary function, electrophysiology, and medically necessary diagnostic procedures that, at the carrier's option, may require prior approval.	Yes ☐ N/A ☐
	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Professional services include home, office, or hospital visits; surgery and anesthesiology; physical, speech, occupational, and respiratory therapy up to 30 visits per condition with a 60-day prenatal care; and medical supplies used in, drug medications required to be administered in, and casts applied in a provider's office.	Yes ☐ N/A ☐
		Mandatory in Basic Plan. Coverage for transplants includes liver; kidney; heart or lung, heart/lung; bone marrow for aplastic anemia, leukemia, and lymphoma; severe combined immuno-delivery disease or Wiskott-Aldrich syndrome; corneal; immunosuppressive drugs associated with covered transplant; and pancreas-kidney or pancreas after kidney.	Yes ☐ N/A ☐
		Mandatory in Basic Plan. Covers supplemental services including dialysis (pre-ESRD eligible); and diabetic instructions provided on outpatient basis.	Yes ☐ N/A ☐
Renewability	ORS 743.737(5), OAR 836-053-0001	Describes renewal, modification, or discontinuance provisions.	
Small group defined	ORS 743.730(30), OAR 836-053-0021(1)	Defines Small Employer Group (2-50 employees)	
	ORS 743.734(6), OAR 836-053-0021	Different group health plans providing coverage to various categories of employees as defined by the employer are applied uniformly to each category of employees.	
	ORS 743.737(7), OAR 836-053-0021(5)	Describes contribution and participation requirements.	

Usual, customary, or reasonable defined	ORS 742.005(2) 2007 Oregon Laws HB 2213	Filing includes a definition in plain language for "usual, customary, and reasonable" (UCR) that fully discloses how allowable charges are determined. (*If a national database or alternate method is used, it must be described including any percentile applied. Bracketing or variables are not permitted within this definition.)*	
Utilization review	ORS 743.807(2), OAR 836-053-1140	Utilization review requirements (Prior authorization and appeal process).	
Vision	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Coverage is provided for children through age 18 for one general eye examination, including necessary refractions, every 24 months.	Yes ☐ N/A ☐
	ORS 743.842	If the plan coverages eye care services, the benefit includes emergency eye services.	
Waiting period	ORS 743.730(17)	Policy describes group eligibility waiting period.	
	ORS 743.754(3)	Policy describes the affiliation period limitation for health care service contractors on pre-existing conditions.	
	ORS 743.754(3)	Policy describes the exclusion period for specified covered services and its application to all individuals enrolling for the first time in the group health benefit plan.	
	ORS 743.754(4)	Policy defines the late enrollee exclusion.	
	ORS 743.754(5)	Policy provides for special enrollment periods.	
REQUIREMENTS FOR RATES			
Submission requirements	ORS 743.737(12)	A carrier shall maintain at its principal place of business a complete and detailed description of its rating practices and renewal underwriting practices relating to its small employer and portability health plans, including information and documentation that demonstrate that its rating methods and practices are based upon commonly accepted actuarial practices and are in accordance with sound actuarial principles. Fill-in the applicable information requested for review in this filing:	Increase % Decrease % Trend ☐ Monthly ☐ Quarterly ☐ Yearly

Electronic Submission requirements – including attachment of an explanatory statement, in plain language and in a form satisfactory to the Director, for the purpose of public information,	836-053-0910 2007 Oregon Laws House Bill 3103	Rate filing requirement specified in OAR 836-010-0011 must b Director in electronic format and shall include a statement that e plain language for the purpose of public information, in a form s Director. Filings may be submitted (A single pdf attachment using any option below cannot be large 1) Using the National Association of Insurance Commissioner's Rate and Form Filings (SERFF); or 2) With documentation attached in pdf format. These filings m email with documents attached in pdf format, or the filing may b compact disc (CD) with documents attached in pdf format. If submitting via email, the combined size of the email plus attac transmitted must be less than four megabytes.
Requirement not part of a listed category	ORS 743.737 OAR 836-053-0065	Each carrier issuing small-employer health benefit plans must file average rates (GARs) for a rating period with the director at least months.
		Filing identifies the requested effective date for the proposed rate during which the proposed rates are to be effective.
		Plans addressed in this rate filing are identified by their approved and date of approval.
		Any plans added or withdrawn since the last filing are identified.
Rate schedules	ORS 743.737, OAR 836-053-0065	Filing contains a schedule of rates for each plan that includes the f 1. Proposed effective date of rates. 2. Anticipated period for which this rate schedule will remain in e 3. Geographic average rate for each plan for each area by family c 4. A complete table of rates and factors for all allowed rating varia 743.737. 5. Future rate changes are filed to take effect on a contract's anniv

Rate Schedules continued	OAR 836-053-0065	Filing includes full rate tables for the Small Employer Group basic, indemnity, HMO, and PPO as applicable, (completed and attached), the geographic average rates as defined in ORS 743.730(16)(a) & (b) and an explanation of how these rates were calculated for all health plans marketed to Small Employer Groups.	Yes ☒
		A complete explanation is given for major differences between the last-filed small-group rate adjustment and this rate adjustment.	Yes ☐
	OAR 836-053-0065	Provide actual premiums by family composition and areas for the small employer health benefit plan(s) using the following criteria: **Health carriers, service contractors, and indemnity carriers (see Exhibit I, to OAR 836-053-0060.):** **Oregon Basic plan** (This plan must be offered by all small employer carriers) **Indemnity plan PPO Plan** **HSA-qualified high deductible health plan**	*Plans included in filing* ☒ ☐ ☒ ☐
	OAR 836-053-0065	Provide actual premiums by family composition and areas for the small employer health benefit plan(s) using the following criteria: **Managed-care carriers (see Exhibit I, to OAR 836-053-0060):** **Oregon Basic plan:** (*This plan must be offered by all small-employer carriers.*) **HMO-type plan** Point of service plan **HSA- qualified High Deductible Health Plan**	*Plans included in filing* ☐ ☐ ☐ ☐
	OAR 836-053-0910	If any change in benefit relativities since the last filing, filing includes a description of this change in the accompanying documentation and a complete new demonstration, as required by OAR 836-053-0910, that the new differences between rates for the various plans reflect only differences in benefit provisions.	Yes ☐
Ratemaking generally	ORS 743.737, OAR 836-053-0065	Filing includes: a. Table of the GARs for each plan and area. b Tables of all applicable rating factors.	Yes ☒ ☒

Ratemaking generally continued	ORS 743.737, OAR 836-053-0065	**Method used to compute rate change** *(mi data)* **Note:** Premium and claim information below may sired. a. Experience period for earned premium and cla b. Earned premium for experience period. c. Adjusted earned premium for experience perio more than 15%, explain method by which such prem premiums in the experience period were consist ior to proposed rate changes.) d. Paid claims for experience period. e. Incurred claims for experience period. f. Dollar amount of trended claims. (in accompar annual trend factor as well as relevant information as t g. Dollar amount of sum of trended claims, admir icy margins. h. Loss ratio with administration = g/c * 100 i. Required percentage change in premium = h - 1	Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

DEPARTMENT OF CONSUMER & BUSINESS SERVICES

INSURANCE DIVISION
Health Programs
350 Winter St. NE, Room 440-8
Salem OR 9701-3883
(503) 947-7985

Message: For our records, please provide an up-to-date status report on the counties that you currently service. If only a segment of the county is being served please indicate on the bottom of this report which city(ies) or zip code(s) you do or do not service. PLEASE FILE WITH YOUR **QUARTERLY** GAR MATRIX & AS CHANGES IN SERVICE AREAS OCCUR.

Quarter 3 **(1,2,3,4)** **Year** 2008

Area 1	√	**Area 4**	√	**Area 6**	√	**Area 7**	√
Clackamas	√	Deschutes	√	Baker	√	Douglas	√
Multnomah	√	Klamath	√	Crook	√	Jackson	√
Washington	√	Lake	√	Gilliam	√	Josephine	√
Yamhill	√			Grant	√		
				Harney	√		
				Hood River	√		
Area 2	√	**Area 5**	√	Jefferson	√		
Benton	√	Clatsop	√	Malheur	√		
Lane	√	Columbia	√	Morrow	√		
Linn	√	Coos	√	Sherman	√		
		Curry	√	Umatilla	√		
		Lincoln	√	Union	√		
Area 3	√	Tillamook	√	Wallowa	√		
Marion	√			Wasco	√		
Polk	√			Wheeler	√		

Insurance Company: Regence BlueCross BlueShield of Oregon

Signed: _____ Phone: (503) 225-5144 Date: _____

Title: Manager, 2-99 Group Pricing Email: paharmo@regence.com

Partial County Description: _____

_____

NOTE: THIS FORM DOES NOT SERVE AS NOTICE FOR DISCONTINUATION OF PLANS PURSUANT TO ORS 743.737(5), 743.754(6), & 743.766(5). (T:\shr\work\tammy\s\carea gar.doc)

PROPRIETARY AND CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE

Regence BlueCross BlueShield of Oregon
Oregon Small Employer 2-50
New Activate Plans - Effective July 1, 2008
Rate Development Exhibit

	Benefit Relativity	Member Choice Account Cost	Rates Effective July 1, 2008		
			Employee	Spouse	Child
Medical Base Plan (Expected Rates)					
Engage $2,000 Ded, 80/80/80 Coins, $4,000 Coins Max	1.0000	N/A	$229.74	$252.72	$96.49
New Medical Plans					
Activate $3,000 deductible, 80%/60%/60%, $6,000 OOP Max, $600 MCA	0.8776	$43.11	$244.74	$269.21	$102.79
Activate $3,000 deductible, 80%/60%/60%, $4,000 OOP Max, $600 MCA	0.8940	$43.11	$248.50	$273.35	$104.37
Activate $3,000 deductible, 80%/60%/60%, $3,000 OOP Max, $600 MCA	0.9043	$43.11	$250.86	$275.95	$105.36
Activate $2,000 deductible, 80%/60%/60%, $6,000 OOP Max, $600 MCA	0.9830	$43.11	$268.95	$295.85	$112.96
Activate $2,000 deductible, 80%/60%/60%, $4,000 OOP Max, $600 MCA	1.0001	$43.11	$272.88	$300.17	$114.61
Activate $2,000 deductible, 80%/60%/60%, $3,000 OOP Max, $600 MCA	1.0140	$43.11	$276.07	$303.68	$115.95
Activate $1,500 deductible, 80%/60%/60%, $6,000 OOP Max, $600 MCA	1.0610	$43.11	$286.87	$315.56	$120.49
Activate $1,500 deductible, 80%/60%/60%, $4,000 OOP Max, $600 MCA	1.0793	$43.11	$291.06	$320.17	$122.25
Activate $1,500 deductible, 80%/60%/60%, $3,000 OOP Max, $600 MCA	1.0940	$43.11	$294.45	$323.90	$123.67
Rx Base Plan (Expected Rates)					
$7 Generic/ $500 Deductible for Brand RX/ 25% Formulary/ 50% Nonformulary/ $4,000 Coins Max RX	1.0000	N/A	$31.32	$34.46	$13.15
New Rx Plans					
Activate Rx Plan $10 / $35 / $75 - $250 Ded	1.0224	N/A	$32.02	$35.22	$13.45
Activate Rx Plan $10 / $35 / $75 - $500 Ded	0.9091	N/A	$28.47	$31.32	$11.96
Activate Rx Plan $10 / $35 / $75 - $1000 Ded	0.7618	N/A	$23.86	$26.25	$10.02
Activate Rx Plan $5 / 25% / 50% - $250 Ded	1.0895	N/A	$34.12	$37.53	$14.33
Activate Rx Plan $5 / 25% / 50% - $500 Ded	0.9607	N/A	$30.09	$33.10	$12.64
Activate Rx Plan $5 / 25% / 50% - $1000 Ded	0.7956	N/A	$24.92	$27.41	$10.47
Activate Rx Plan $7 / 30% / 50% - $250 Ded	0.9976	N/A	$31.24	$34.36	$13.12
Activate Rx Plan $7 / 30% / 50% - $500 Ded	0.8835	N/A	$27.67	$30.44	$11.62
Activate Rx Plan $7 / 30% / 50% - $1000 Ded	0.7334	N/A	$22.97	$25.27	$9.65
Activate Rx Plan 10% / 30% / 50% - $250 Ded	1.0452	N/A	$32.74	$36.01	$13.75
Activate Rx Plan 10% / 30% / 50% - $500 Ded	0.9203	N/A	$28.82	$31.70	$12.10
Activate Rx Plan 10% / 30% / 50% - $1000 Ded	0.7602	N/A	$23.81	$26.19	$10.00

Regence BlueCross BlueShield of Oregon
Oregon Small Employer 2-50
New Activate Plans - Effective July 1, 2008

	Rates Effective July 1, 2008		
	Employee	**Spouse**	**Child**
New Medical Plans			
Activate $3,000 deductible, 80%/60%/60%, $6,000 OOP Max, $600 MCA	$244.74	$269.21	$102.79
Activate $3,000 deductible, 80%/60%/60%, $4,000 OOP Max, $600 MCA	$248.50	$273.35	$104.37
Activate $3,000 deductible, 80%/60%/60%, $3,000 OOP Max, $600 MCA	$250.86	$275.95	$105.36
Activate $2,000 deductible, 80%/60%/60%, $6,000 OOP Max, $600 MCA	$268.95	$295.85	$112.96
Activate $2,000 deductible, 80%/60%/60%, $4,000 OOP Max, $600 MCA	$272.88	$300.17	$114.61
Activate $2,000 deductible, 80%/60%/60%, $3,000 OOP Max, $600 MCA	$276.07	$303.68	$115.95
Activate $1,500 deductible, 80%/60%/60%, $6,000 OOP Max, $600 MCA	$286.87	$315.56	$120.49
Activate $1,500 deductible, 80%/60%/60%, $4,000 OOP Max, $600 MCA	$291.06	$320.17	$122.25
Activate $1,500 deductible, 80%/60%/60%, $3,000 OOP Max, $600 MCA	$294.45	$323.90	$123.67
New Rx Plans			
Activate Rx Plan $10 / $35 / $75 - $250 Ded	$32.02	$35.22	$13.45
Activate Rx Plan $10 / $35 / $75 - $500 Ded	$28.47	$31.32	$11.96
Activate Rx Plan $10 / $35 / $75 - $1000 Ded	$23.86	$26.25	$10.02
Activate Rx Plan $5 / 25% / 50% - $250 Ded	$34.12	$37.53	$14.33
Activate Rx Plan $5 / 25% / 50% - $500 Ded	$30.09	$33.10	$12.64
Activate Rx Plan $5 / 25% / 50% - $1000 Ded	$24.92	$27.41	$10.47
Activate Rx Plan $7 / 30% / 50% - $250 Ded	$31.24	$34.36	$13.12
Activate Rx Plan $7 / 30% / 50% - $500 Ded	$27.67	$30.44	$11.62
Activate Rx Plan $7 / 30% / 50% - $1000 Ded	$22.97	$25.27	$9.65
Activate Rx Plan 10% / 30% / 50% - $250 Ded	$32.74	$36.01	$13.75
Activate Rx Plan 10% / 30% / 50% - $500 Ded	$28.82	$31.70	$12.10
Activate Rx Plan 10% / 30% / 50% - $1000 Ded	$23.81	$26.19	$10.00

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE DIVISION

In the Matter of **Regence BlueCross BlueShield of Oregon**	)	**ATTACHMENTS to**
	)	**STIPULATION and**
	)	**FINAL ORDER**
	)	Case No. INS 08-03-005

The immediately following attachments relate to the following health insurance premium rate filing:

SERFF Filing No. RGAC-125513025
State Tracking No. HL 0146 04
Filed February 29, 2008

Regence
BlueCross BlueShield
of Oregon

100 Southwest Market Street
PO Box 1271
Portland, Oregon 97207-1271

(503) 225-5221 1 (800) 452-7278
www.or.regence.com

February 29, 2008

The Honorable (Ms.) Cory Streisinger
Oregon Insurance Division
Department of Consumer and Business Services
350 Winter St. NE, Room 440
Salem, OR 97310-0765

Re: Regence BlueCross BlueShield of Oregon Individual Products 3rd Quarter Rate Filing
Effective Date: July 1, 2008

Dear Commissioner Streisinger:

Enclosed are proposed rates and supporting rate filing information for the Regence BlueCross BlueShield of Oregon Individual plans.

If further detail or clarification is required, please contact me at (503) 226-8746, or by e-mail at jstrandquist@regence.com.

Sincerely,

Jason Strandquist, FSA, MAAA
Assistant Director, Actuarial
The Regence Group

An Independent Licensee of the Blue Cross and Blue Shield Association

Department of Consumer & Business Services
Oregon Insurance Division - 5
350 Winter St. NE, Rm. 440
Salem, Oregon 97301-3883
Phone (503) 947-7983

CERTIFICATE OF COMPLIANCE

I, the undersigned authorized filer, hereby certify that the filing submitted complies with the applicable Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I further certify that I am authorized to sign and submit this certificate on behalf of the Company identified below (hereinafter Company).

I, the undersigned authorized officer, a duly authorized officer of Company, certify that the undersigned authorized filer is authorized to certify on behalf of Company that this filing complies with the Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I understand that the Oregon Insurance Division will rely on this certificate and, should it be determined that this filing is materially false or misleading, appropriate corrective and disciplinary action including monetary penalties, as authorized by law, will be taken by the Oregon Insurance Division against the Company.

Regence BlueCross BlueShield of Oregon
Name of Company

07-BlueSel-OR-[PR][PL][B][D]
Company's filing number or the primary form number for the filing

Signature of authorized filer

2/29/08
Date

Jason Strandquist
Print name of authorized filer

P.O. Box 1271 M/S E8A
Address of Company or authorized filer

Assistant Director, Actuarial
Title

Portland, OR 97207-1271
City State ZIP

(503) 226-8746
Direct telephone number of authorized filer

jstrandquist@regence.com
E-mail address of authorized filer

1-800-452-7278
Toll free or collect phone number

(503) 225-5196
Fax number of authorized filer

Signature of authorized officer and title

2/29/08
Date

Stephanie C. Dreyfuss
VP Provider Services, Regence BCBSO
Print name of authorized officer and title

Date

440-3894(rev. 3/02/ins)

PROPRIETARY AND CONFIDENTIAL – NOT FOR PUBLIC DISCLOSURE

Regence BlueCross BlueShield of Oregon
Individual
Effective July 1, 2008
Confidentiality Statement

Regence BlueCross BlueShield of Oregon requests that this portion rate filing, effective July 1, 2008, be kept proprietary and confidential because it contains trade secrets not generally known to the public and from which competitors can obtain economic value and use. Regence has kept this information proprietary and confidential:

- Development of Rate Change (Exhibit A)
- Premium Adjustment Factors (Exhibit B)
- Age and Contract Type Relativities (Exhibit C)
- Calculation of Optional Dental Rider Rates (Exhibit D)
- Expected rates and current Contract Distributions (Exhibit E)
- Development of Accidental Death Rates (Exhibit F)
- Proposed Monthly Rates Effective July 1, 2008 (Exhibit G)
- Actuarial Memorandum
- Worksheet for Individual Health Benefit Plan Rates (Appendix B)

The Oregon Individual health insurance market is significantly competitive, and public disclosure of the above trade secrets would allow competitors to gain access to sensitive pricing information.

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Actuarial Memorandum
Regence BlueCross BlueShield of Oregon
Individual Rate Filing Effective July 1, 2008

The attached exhibits show the development of the proposed rates for Regence BlueCross BlueShield of Oregon's (Regence BCBSO) Individual health plans (Blue Selections, Regence Health Savings Account Plan and Regence HSA Healthplan). The proposed rates will be effective for the policies sold or renewed during the quarter beginning July 1, 2008. All rates will be guaranteed for the 12 month period following the sale or renewal.

The rates are based on Regence BCBSO's current Individual product portfolio. This pool would require a quarterly rate increase of [redacted] (Exhibit A). This is based upon an assumed rating trend of 12.3%. [redacted] The proposed quarterly rate increase (10.3%) is applied to the April 1, 2008 rates for the Individual plans.

Exhibit B shows the premium adjustment factors applied to all plans. The premium adjustment factors remain unchanged from the factors used in each plan's last rate filing.

Exhibit C shows the age factors and contract type factors used in the rate calculation. The age factors and contract type factors remain unchanged from the factors used in each plan's last rate filing.

Exhibit D shows the development of the rates for the optional dental rider available with the Blue Selections, Regence Health Savings Account plans and Regence HSA Healthplan.

Exhibit E shows the rate changes by age band and contract type, and the distribution of contracts within each age band and contract type. The rates on Exhibit E include rates for the Accidental Death benefit.

Exhibit F shows the development of the accidental death rates. The originally filed methodology has not changed.

Exhibit G lists the proposed rates effective July 1, 2008 for the Individual plans.

The variations in the benefit relativities between plans submitted in this filing are based solely on differences in benefit provisions, and do not reflect differences based on the health status or other risk characteristics of members enrolled in the plans.

Jason Strandquist, FSA, MAAA
Assistant Director, Actuarial
The Regence Group
(503) 225-5196

Appendix B

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 07-BlueSel-OR-[PR][PL][B]

Requested effective date: July 1, 2008 Rate Change Requested: 10.3 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception*plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio
[redacted]							

* *Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

4/1/2008: 5.0% 1/1/2008: 3.6% 10/1/2007: 5.0%

Identify the portion of the requested increase attributed to each cause:

10.3% Cost inflation
____ Increase utilization
____ Expected experience
____ Geographic average rates
____ Number of existing lives
____ Health reform (be specific):
____ Mandated benefits (be specific):
____ Changing benefits
____ Replenishment of surplus
____ Change in loss ratio
____ Conversion
____ Cost shifting
____ Catastrophes
____ Medical technology
____ Trend factor
____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 07-BlueSel-OR-[PR][PL][B]-D

Requested effective date: July 1, 2008 Rate Change Requested: 10.3 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception***plus*** projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio
[redacted]							

** Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

4/1/2008: 5.0% | 1/1/2008: 3.6% | 10/1/2007: 5.0%

Identify the portion of the requested increase attributed to each cause:

- 10.3% Cost inflation
- ____ Increase utilization
- ____ Expected experience
- ____ Geographic average rates
- ____ Number of existing lives
- ____ Health reform (be specific):
- ____ Mandated benefits (be specific):
- ____ Changing benefits
- ____ Replenishment of surplus
- ____ Change in loss ratio
- ____ Conversion
- ____ Cost shifting
- ____ Catastrophes
- ____ Medical technology
- ____ Trend factor
- ____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 06-IHSA-OR

Requested effective date: July 1, 2008 Rate Change Requested: 10.3 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception*plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio

** Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

4/1/2008: 5.0% 1/1/2008: 3.6% 10/1/2007: 5.0%

Identify the portion of the requested increase attributed to each cause:

- 10.3% Cost inflation
- ____ Increase utilization
- ____ Expected experience
- ____ Geographic average rates
- ____ Number of existing lives
- ____ Health reform (be specific):
- ____ Mandated benefits (be specific):
- ____ Changing benefits
- ____ Replenishment of surplus
- ____ Change in loss ratio
- ____ Conversion
- ____ Cost shifting
- ____ Catastrophes
- ____ Medical technology
- ____ Trend factor
- ____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 06-IHSA-OR-D

Requested effective date: July 1, 2008 Rate Change Requested: 10.3 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception*plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio

** Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

4/1/2008: 5.0% 1/1/2008: 3.6% 10/1/2007: 5.0%

Identify the portion of the requested increase attributed to each cause:

10.3% Cost inflation
____ Increase utilization
____ Expected experience
____ Geographic average rates
____ Number of existing lives
____ Health reform (be specific):
____ Mandated benefits (be specific):
____ Changing benefits
____ Replenishment of surplus
____ Change in loss ratio
____ Conversion
____ Cost shifting
____ Catastrophes
____ Medical technology
____ Trend factor
____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 08-RHSAHP-OR

Requested effective date: July 1, 2008 Rate Change Requested: 10.3 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10-year period.

Rates to revised current approved rates: Project the actual experience from the policy inception*plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio
Projected							

** Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

4/1/2008: 5.0% 1/1/2008: 3.6% 10/1/2007: 5.0%

Identify the portion of the requested increase attributed to each cause:

- 10.3% Cost inflation
- ____ Increase utilization
- ____ Expected experience
- ____ Geographic average rates
- ____ Number of existing lives
- ____ Health reform (be specific):
- ____ Mandated benefits (be specific):
- ____ Changing benefits
- ____ Replenishment of surplus
- ____ Change in loss ratio
- ____ Conversion
- ____ Cost shifting
- ____ Catastrophes
- ____ Medical technology
- ____ Trend factor
- ____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Worksheet for Individual Health Benefit Plan Rates as defined at 743.730(18).

(Appendix to form 440-3143 and 440-3146)

Company name: Regence BlueCross BlueShield of Oregon

Approved policy or riders form number(s): 08-RHSAHP-OR-I

Requested effective date: July 1, 2008 Rate Change Requested: 10.3 % (Percentage + or -)

Reserve interest rate used for your calculation: N/A

Rates for new individual health benefit plans: Project the expected experience for a 10 year period.

Rates to revised current approved rates: Project the actual experience from the policy inception*plus* projections for a 10-year period. Experience more than five years old may be aggregated. Submit separate sheets for Oregon experience and your company's national experience.

Rates for riders: Any rider complete and submit this Appendix B with and without the rider.

Calendar Year	Number of Lives	Lapse Rates	Premiums Earned	Claims Incurred	Change in Active Lives Policy Reserves	Annual Loss Ratio	Accumulated Loss Ratio
Projected							

** Include deaths in total lapse rates.*

List the rate changes and effective dates for the past three rate periods:

4/1/2008: 5.0% | 1/1/2008: 3.6% | 10/1/2007: 5.0%

Identify the portion of the requested increase attributed to each cause:

10.3% Cost inflation
____ Increase utilization
____ Expected experience
____ Geographic average rates
____ Number of existing lives
____ Health reform (be specific):
____ Mandated benefits (be specific):
____ Changing benefits
____ Replenishment of surplus
____ Change in loss ratio
____ Conversion
____ Cost shifting
____ Catastrophes
____ Medical technology
____ Trend factor
____ Weighted Average %

This information must be accompanied by an actuarial memorandum explaining the source of the data, the grouping of policy forms, information on any new or experimental benefit, and any concerns about the reliability of projections.

Exhibit 1
OAR 836-053-0910

Rate Filing Summary

The Oregon Insurance Division must approve the rates of all health benefits plans in the individual, small employer and portability markets.

This is a summary of the information contained in the **Individual** health benefit plan rate filing for **Regence BlueCross BlueShield of Oregon**. The total change in premium requested is an average **26.0** percent above one year earlier. The requested change will be effective **July 1, 2008**. **88,600** Oregonians are covered. Consumers' premiums are also affected by the ages of the people covered, where they live and whether family members are covered.

Medical and prescription costs: This rate filing asks for a total medical and prescription rate increase of **26.0** percent above the rates of one year earlier. Part of this increase is because the cost of medical services for these policies has gone up by **12.3** percent and because the cost of prescriptions has increased by **12.9** percent. This rate is also affected by changes in medical and prescription benefits.

Medical and prescription benefits: Part of the medical rate and prescription rate increase is because changes have been made to these medical and prescription benefits: **mandated contraceptive drug coverage.** These changes increased the medical rate by **0.6** percent and increased the prescription rate by **0** percent.

A health insurance premium is made up of three pieces: the claims costs, administrative costs, and profit.

Claims costs: This filing states that for the policies it covers, the claims costs as a portion of premium will change from **96.1** percent to **86.5** percent.

Administrative costs: This filing states that for the policies it covers, the administrative costs as a portion of premium will change from **16.1** percent to **14.5** percent.

Profit: This filing states that the profit the insurance company expects to make for the policies covered as a portion of premium will change from **-12.2** percent to **-1.0** percent.

Glossary

Administrative costs—These are additional costs the insurance company pays to operate this insurance plan. Such costs include the salaries of company employees, the costs of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability and the Oregon Medical Insurance Pool, and taxes.

Claims costs—These are what the insurance company pays out as claims to purchase medical services, prescriptions, and other health-related goods and services for the insured people.

Medical and prescription benefits—These are the policy provisions detailing what the insurance company will pay for various health-related goods and services. If a company changes the policy to offer new or better benefits or to reduce current benefits, a rate increase or decrease may take place.

Medical and prescription costs—The portion of the premium that pays for medical services and prescriptions. In some policies, prescription costs are shown as a separate item.

Portability—The name of the health benefit plan for people who lose their employer-sponsored health insurance.

Profit—This is what is left over after the costs associated with the claims and administrative costs are paid. Profit can vary greatly from one year to the next.

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Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective July 1, 2008

Development of Rate Change

	From	To	Mid Point	Run Out Through
Experience Period	September 1, 2006	August 31, 2007	March 2, 2007	December 31, 2007
Rating Period	July 1, 2008	June 30, 2009	December 30, 2008	

NOTE: The figures that follow were calculated on a spreadsheet using Full Precision. Differences may occur in trying to replicate calculations using the figures given due to differences in the displayed precision (four decimal places or less) and the full precision used in the spreadsheet calculations.

	All Plans & Forms					
	Blue Selections	HSA	Closed Products	Total	Percent of Total	Total PMPM
(A) Member Months	[redacted]	[redacted]	[redacted]	947,610		[redacted]
(B) Earned Premium	[redacted]	[redacted]	[redacted]	$129,566,235		[redacted]
(C) Adjustments for Rate Changes	[redacted]	[redacted]	[redacted]	$32,602,966		[redacted]
(D) Adjusted Earned Premium = (B) + (C)	[redacted]	[redacted]	[redacted]	$162,169,201		[redacted]
(E) Uncompleted Incurred Claims	[redacted]	[redacted]	[redacted]	$122,708,590		[redacted]
(F) Completed Incurred Claims	[redacted]	[redacted]	[redacted]	$123,265,522		[redacted]
(G) Prescription Drug Rebates	[redacted]	[redacted]	[redacted]	($396,848)		[redacted]
(H) Contraceptive Prescription Drugs (0.6%)	[redacted]	[redacted]	[redacted]	$739,593		[redacted]
(I) Adjusted Incurred Claims = (F) + (G) + (H)	[redacted]	[redacted]	[redacted]	$123,608,267		[redacted]
(J) Experience Period Incurred Loss Ratio = [(F) + (G)] / (B)	[redacted]	[redacted]	[redacted]	94.8%		
(K) Assumed Annual Claims Trend	[redacted]	[redacted]	[redacted]	12.30%		[redacted]
(L) Months of Trend = Midpoint (Renew. Period) - Midpoint (Exper. Period)	[redacted]	[redacted]	[redacted]	22		[redacted]
(M) Trend Factor = [1 + (K) / 12] ^ [(L)]	[redacted]	[redacted]	[redacted]	1.2515		[redacted]
(N) Projected Incurred Claims = (I) x (M)	[redacted]	[redacted]	[redacted]	$154,695,746		[redacted]
(O) Target Loss Ratio					[redacted]	
(P) Total Retention				[redacted]	[redacted]	[redacted]
(Q) Required Revenue = (N) / (O)				[redacted]	[redacted]	[redacted]
(R) Projected Income @ Current Rate = (D)				[redacted]		[redacted]
(S) Required Quarterly Increase = [(Q) / (R)] - 1				[redacted]		[redacted]
(T) Annualized Rate Increase				[redacted]		
(U) Proposed Quarterly Rate Change				10.3%		
(V) Proposed Annualized Rate Change				26.0%		
(W) Proposed Income = (R) x [1 + (U)]				$178,872,628		[redacted]
(X) Proposed Loss Ratio = (N) / (W)					86.5%	[redacted]

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Exhibit B

Regence BlueCross BlueShield of Oregon

Individual Rate Filing - Rates Effective July 1, 2008

Premium Adjustment Factors Effective 7/1/2007

Deductible	Adjustment to Premium
$500	1.030
$1,000	1.005
$1,500	0.980
$2,500	0.950
$3,500	0.930
$5,000	0.900
$7,500	0.800
$10,000	0.750

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Exhibit C

Regence BlueCross BlueShield of Oregon
Individual Rate Filing - Rates Effective July 1, 2008

Age Relativities Used in Rate Calculation

Age	Relativity
0-17	0.519
18-20	0.519
21-24	0.519
25-29	0.549
30-34	0.655
35-39	0.719
40-44	1.000
45-49	1.188
50-54	1.376
55-59	1.658
60+	1.902

Contract Type Relativities Used in Rate Calculation

Age	Individual	Married Couple	One Adult & Child/Children	Family
0-17	1.00	N/A	N/A	N/A
18-20	1.00	2.00	1.54	2.80
21-24	1.00	2.00	1.54	2.80
25-29	1.00	2.00	1.54	2.97
30-34	1.00	2.00	1.54	3.00
35-39	1.00	2.00	1.54	3.00
40-44	1.00	2.00	1.54	2.90
45-49	1.00	2.00	1.54	2.50
50-54	1.00	2.00	1.54	2.30
55-59	1.00	2.00	1.54	2.30
60+	1.00	2.00	1.54	2.20

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Regence BlueCross BlueShield of Oregon
Individual Rate Filing - Effective July 1, 2008

Exhibit D

CALCULATION OF OPTIONAL DENTAL RIDER RATES

Contract Type	Capitation Rate* Effective Jul-07 to Jun-08	Capitation Rate* Effective Jul-08 to Jun-09	Administrative Charge**	Total Rate Effective Jul-08 to Jun-09	Premium Rates Effective Jul-08 to Jun-09
Individual	[redacted]	[redacted]	[redacted]	$30.64	$31.00
Individual & Spouse	[redacted]	[redacted]	[redacted]	$61.29	$62.00
One Adult & Child(ren)	[redacted]	[redacted]	[redacted]	$59.45	$60.00
Family	[redacted]	[redacted]	[redacted]	$90.10	$91.00

* Provided by Willamette Dental
** 22% of Total Rate

Contract Type Factors:

Individual	1.00
Individual & Spouse	2.00
One Adult & Child(ren)	1.94
Family	2.94

BREAKDOWN OF ADMINISTRATIVE CHARGE
For Individual Contract Type

Commission:	[redacted]
Contingency & Risk:	[redacted]
Claims Adjudication Expense:	[redacted]
General Operating Expense:	[redacted]
TOTAL:	[redacted]

April 1, 2008 Rates
Blue Selections Basic $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$70	N/A	N/A	N/A
18-20	$91	$183	$141	$255
21-24	$110	$218	$168	$305
25-29	$116	$236	$182	$350
30-34	$134	$269	$207	$402
35-39	$144	$287	$219	$429
40-44	$184	$367	$282	$532
45-49	$218	$435	$336	$644
50-54	$252	$505	$388	$580
55-59	$303	$608	$467	$698
60+	$349	$698	$537	$785

July 1, 2008 Proposed Rates
Blue Selections Basic $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$77	N/A	N/A	N/A
18-20	$100	$202	$155	$281
21-24	$121	$240	$186	$336
25-29	$130	$260	$201	$386
30-34	$148	$297	$228	$443
35-39	$159	$316	$241	$473
40-44	$203	$405	$311	$587
45-49	$238	$480	$371	$800
50-54	$278	$567	$428	$640
55-59	$334	$671	$516	$771
60+	$385	$768	$592	$844

Rate Changes
Blue Selections Basic $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family	Family
0-17	10.0%	N/A	N/A	N/A	[redacted]
18-20	9.9%	10.4%	9.9%	10.2%	[redacted]
21-24	10.0%	10.1%	10.1%	10.2%	[redacted]
25-29	10.2%	10.2%	10.4%	10.3%	[redacted]
30-34	10.4%	10.4%	10.1%	10.2%	[redacted]
35-39	10.4%	10.1%	10.0%	10.3%	[redacted]
40-44	10.3%	10.4%	10.3%	10.3%	[redacted]
45-49	10.2%	10.3%	10.4%	10.3%	[redacted]
50-54	10.3%	10.3%	10.3%	10.3%	[redacted]
55-59	10.2%	10.4%	10.3%	10.3%	[redacted]
60+	10.3%	10.3%	10.2%	10.3%	[redacted]

[redacted]

Blue Selections Basic $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$56	N/A	N/A	N/A
18-20	$71	$142	$110	$199
21-24	$86	$170	$131	$237
25-29	$91	$184	$142	$273
30-34	$104	$209	$160	$313
35-39	$112	$224	$171	$335
40-44	$144	$285	$220	$414
45-49	$170	$339	$260	$423
50-54	$197	$393	$302	$452
55-59	$235	$474	$364	$545
60+	$272	$542	$418	$596

Blue Selections Basic $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$61	N/A	N/A	N/A
18-20	$78	$157	$121	$219
21-24	$94	$187	$144	$261
25-29	$100	$203	$157	$301
30-34	$115	$230	$176	$345
35-39	$123	$247	$188	$369
40-44	$159	$314	$243	$457
45-49	$187	$374	$287	$466
50-54	$217	$433	$333	$498
55-59	$259	$523	$401	$601
60+	$300	$598	$461	$657

Blue Selections Basic $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family	Family
0-17	10.9%	N/A	N/A	N/A	[redacted]
18-20	9.9%	10.6%	10.0%	10.1%	[redacted]
21-24	10.6%	10.0%	9.9%	10.1%	[redacted]
25-29	9.9%	10.3%	10.6%	10.3%	[redacted]
30-34	10.6%	10.0%	10.0%	10.2%	[redacted]
35-39	9.8%	10.3%	10.5%	10.1%	[redacted]
40-44	10.4%	10.2%	10.5%	10.4%	[redacted]
45-49	10.0%	10.3%	10.4%	10.2%	[redacted]
50-54	10.2%	10.2%	10.3%	10.2%	[redacted]
55-59	10.2%	10.3%	10.2%	10.3%	[redacted]
60+	10.3%	10.3%	10.3%	10.2%	[redacted]

[redacted]

Exhibit E

Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Rate Changes for Rates Effective July 1, 2008

April 1, 2008 Rates
Blue Selections Basic $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$41	N/A	N/A	N/A
18-20	$54	$110	$85	$152
21-24	$64	$130	$100	$182
25-29	$69	$141	$108	$207
30-34	$80	$160	$123	$238
35-39	$86	$170	$131	$255
40-44	$109	$219	$168	$315
45-49	$130	$258	$199	$323
50-54	$150	$299	$231	$343
55-59	$181	$360	$277	$415
60+	$207	$414	$317	$455

July 1, 2008 Proposed Rates
Blue Selections Basic $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$45	N/A	N/A	N/A
18-20	$60	$121	$94	$168
21-24	$71	$143	$110	$201
25-29	$76	$155	$119	$228
30-34	$88	$176	$136	$264
35-39	$95	$187	$144	$281
40-44	$120	$241	$185	$347
45-49	$143	$284	$219	$356
50-54	$165	$330	$255	$378
55-59	$200	$397	$306	$468
60+	$228	$457	$350	$602

Rate Changes
Blue Selections Basic $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	9.8%	N/A	N/A	N/A
18-20	11.1%	10.0%	10.6%	10.5%
21-24	10.9%	10.0%	10.0%	10.4%
25-29	10.1%	9.9%	10.2%	10.1%
30-34	10.0%	10.0%	10.6%	10.5%
35-39	10.5%	10.0%	9.9%	10.2%
40-44	10.1%	10.0%	10.1%	10.2%
45-49	10.0%	10.1%	10.1%	10.2%
50-54	10.0%	10.4%	10.4%	10.2%
55-59	10.5%	10.3%	10.1%	10.4%
60+	10.1%	10.4%	10.4%	10.3%

December 2007 Contract Distribution
Blue Selections Basic $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
[redacted]				

Blue Selections Basic $10,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$25	N/A	N/A	N/A
18-20	$33	$65	$50	$91
21-24	$40	$76	$60	$109
25-29	$41	$84	$64	$124
30-34	$47	$94	$72	$142
35-39	$51	$101	$78	$152
40-44	$64	$130	$98	$188
45-49	$77	$154	$119	$191
50-54	$89	$178	$138	$206
55-59	$108	$213	$165	$247
60+	$123	$246	$189	$271

Blue Selections Basic $10,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$26	N/A	N/A	N/A
18-20	$36	$72	$55	$100
21-24	$44	$84	$66	$120
25-29	$45	$93	$71	$137
30-34	$52	$104	$79	$157
35-39	$56	$111	$87	$168
40-44	$71	$143	$109	$207
45-49	$85	$170	$131	$211
50-54	$98	$196	$152	$227
55-59	$119	$235	$182	$272
60+	$136	$271	$208	$299

Blue Selections Basic $10,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	12.0%	N/A	N/A	N/A
18-20	9.1%	10.8%	10.0%	9.9%
21-24	10.0%	10.5%	10.0%	10.1%
25-29	9.8%	10.7%	10.9%	10.5%
30-34	10.6%	10.6%	9.7%	10.6%
35-39	9.8%	9.9%	10.1%	10.5%
40-44	10.9%	10.0%	10.1%	10.1%
45-49	10.4%	10.4%	10.1%	10.5%
50-54	10.1%	10.1%	10.1%	10.2%
55-59	10.2%	10.3%	10.3%	10.1%
60+	10.8%	10.2%	10.1%	10.3%

Blue Selections Basic $10,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
[redacted]				

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Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Rate Changes for Rates Effective July 1, 2008

April 1, 2008 Rates
Blue Selections Plus $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$89	N/A	N/A	N/A
18-20	$118	$233	$180	$328
21-24	$140	$277	$214	$389
25-29	$150	$300	$231	$445
30-34	$171	$342	$265	$512
35-39	$182	$366	$280	$547
40-44	$234	$468	$360	$677
45-49	$277	$553	$427	$804
50-54	$321	$643	$493	$738
55-59	$387	$774	$595	$836
60+	$444	$887	$686	$977

July 1, 2008 Proposed Rates
Blue Selections Plus $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$98	N/A	N/A	N/A
18-20	$130	$257	$198	$359
21-24	$154	$305	$236	$429
25-29	$165	$331	$255	$491
30-34	$189	$377	$292	$565
35-39	$201	$404	$309	$603
40-44	$258	$514	$397	$747
45-49	$305	$610	$471	$765
50-54	$354	$709	$544	$814
55-59	$427	$854	$656	$979
60+	$490	$978	$755	$1,077

Rate Changes **ntract Distribution**
Blue Selections Plus $500 Deductible **Blue Selections Plus $500 Deductible**

Age	Individual	Individual & Spouse	Individual & Spouse	One Adult & Child(ren)	Family
0-17	10.1%	N/A	[redacted]	[redacted]	[redacted]
18-20	10.2%	10.3%			
21-24	10.0%	10.1%			
25-29	10.0%	10.3%			
30-34	10.5%	10.2%			
35-39	10.4%	10.4%			
40-44	10.3%	10.3%			
45-49	10.1%	10.3%			
50-54	10.3%	10.3%			
55-59	10.3%	10.3%			
60+	10.4%	10.3%			

Blue Selections Plus $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$80	N/A	N/A	N/A
18-20	$102	$208	$159	$291
21-24	$123	$248	$189	$346
25-29	$133	$268	$206	$397
30-34	$152	$304	$234	$455
35-39	$162	$325	$249	$486
40-44	$208	$417	$320	$602
45-49	$247	$493	$380	$616
50-54	$285	$572	$440	$657
55-59	$344	$689	$530	$791
60+	$394	$788	$607	$868

Blue Selections Plus $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$88	N/A	N/A	N/A
18-20	$112	$229	$175	$321
21-24	$136	$273	$208	$381
25-29	$147	$295	$227	$438
30-34	$168	$335	$258	$502
35-39	$179	$358	$275	$536
40-44	$229	$460	$353	$664
45-49	$272	$544	$419	$679
50-54	$314	$631	$485	$725
55-59	$379	$760	$585	$872
60+	$436	$869	$669	$957

Blue Selections Plus $1,000 Deductible **Blue Selections Plus $1,000 Deductible**

Age	Individual	Individual & Spouse	Individual & Spouse	One Adult & Child(ren)	Family
0-17	10.0%	N/A	[redacted]	[redacted]	[redacted]
18-20	9.8%	10.1%			
21-24	10.6%	10.1%			
25-29	10.5%	10.1%			
30-34	10.5%	10.2%			
35-39	10.5%	10.2%			
40-44	10.1%	10.3%			
45-49	10.1%	10.3%			
50-54	10.2%	10.3%			
55-59	10.2%	10.3%			
60+	10.4%	10.3%			

Exhibit E

April 1, 2008 Rates
Blue Selections Plus $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$62	N/A	N/A	N/A
18-20	$80	$160	$122	$223
21-24	$86	$190	$147	$267
25-29	$101	$207	$157	$304
30-34	$117	$233	$180	$350
35-39	$125	$250	$191	$374
40-44	$159	$320	$246	$462
45-49	$188	$380	$292	$475
50-54	$218	$438	$338	$504
55-59	$265	$528	$408	$608
60+	$303	$606	$466	$667

July 1, 2008 Proposed Rates
Blue Selections Plus $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$68	N/A	N/A	N/A
18-20	$88	$176	$134	$246
21-24	$106	$209	$162	$294
25-29	$111	$228	$173	$335
30-34	$129	$257	$198	$385
35-39	$138	$276	$211	$412
40-44	$175	$363	$271	$509
45-49	$208	$419	$322	$524
50-54	$240	$483	$373	$556
55-59	$292	$582	$448	$670
60+	$334	$668	$514	$736

Rate Changes
Blue Selections Plus $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	9.7%	N/A	N/A	N/A
18-20	10.0%	10.0%	9.8%	10.3%
21-24	10.4%	10.0%	10.2%	10.1%
25-29	9.9%	10.1%	10.2%	10.2%
30-34	10.3%	10.3%	10.0%	10.3%
35-39	10.4%	10.4%	10.5%	10.2%
40-44	10.1%	10.3%	10.2%	10.2%
45-49	10.1%	10.3%	10.3%	10.3%
50-54	10.1%	10.3%	10.4%	10.3%
55-59	10.2%	10.2%	10.3%	10.2%
60+	10.2%	10.2%	10.3%	10.3%

December 2007 Contract Distribution
Blue Selections Plus $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
[redacted]				

Blue Selections Plus $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$45	N/A	N/A	N/A
18-20	$61	$122	$94	$170
21-24	$71	$145	$112	$204
25-29	$79	$157	$121	$234
30-34	$90	$179	$138	$269
35-39	$96	$190	$146	$286
40-44	$122	$245	$187	$353
45-49	$145	$281	$224	$361
50-54	$166	$336	$258	$387
55-59	$203	$404	$311	$464
60+	$233	$462	$357	$510

Blue Selections Plus $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$50	N/A	N/A	N/A
18-20	$67	$134	$104	$187
21-24	$78	$160	$123	$225
25-29	$87	$173	$133	$258
30-34	$99	$197	$152	$297
35-39	$106	$209	$161	$315
40-44	$134	$270	$206	$389
45-49	$160	$321	$247	$398
50-54	$183	$370	$284	$427
55-59	$224	$445	$343	$512
60+	$257	$508	$394	$562

Blue Selections Plus $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	11.1%	N/A	N/A	N/A
18-20	9.8%	9.8%	10.6%	10.0%
21-24	9.9%	10.3%	9.8%	10.3%
25-29	10.1%	10.2%	9.9%	10.3%
30-34	10.0%	10.1%	10.1%	10.4%
35-39	10.4%	10.0%	10.3%	10.1%
40-44	9.8%	10.2%	10.2%	10.2%
45-49	10.3%	10.3%	10.3%	10.2%
50-54	10.2%	10.1%	10.1%	10.3%
55-59	10.3%	10.1%	10.3%	10.3%
60+	10.3%	10.2%	10.4%	10.2%

Blue Selections Plus $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
[redacted]				

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Individual Rate Filing
Rate Changes for Rates Effective July 1, 2008

April 1, 2008 Rates
Blue Selections Premier $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$102	N/A	N/A	N/A
18-20	$132	$265	$206	$372
21-24	$158	$318	$245	$445
25-29	$172	$343	$266	$509
30-34	$196	$390	$300	$566
35-39	$208	$417	$321	$628
40-44	$267	$534	$412	$774
45-49	$318	$634	$487	$792
50-54	$386	$733	$566	$843
55-59	$441	$883	$679	$1,014
60+	$507	$1,012	$779	$1,115

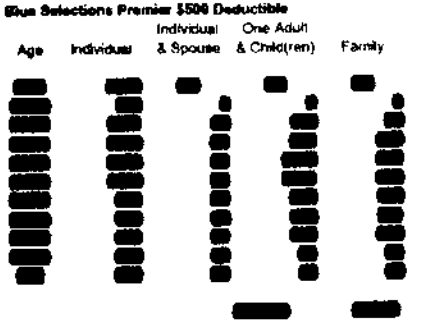
July 1, 2008 Proposed Rates
Blue Selections Premier $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$112	N/A	N/A	N/A
18-20	$145	$295	$227	$410
21-24	$174	$351	$270	$491
25-29	$190	$378	$293	$561
30-34	$216	$430	$331	$646
35-39	$229	$460	$354	$690
40-44	$294	$589	$454	$853
45-49	$348	$699	$537	$873
50-54	$404	$808	$624	$930
55-59	$486	$974	$749	$1,118
60+	$559	$1,116	$859	$1,230

Rate Changes
Blue Selections Premier $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	9.8%	N/A	N/A	N/A
18-20	9.8%	10.1%	10.2%	10.2%
21-24	10.1%	10.4%	10.2%	10.3%
25-29	10.5%	10.2%	10.2%	10.2%
30-34	10.2%	10.3%	10.3%	10.2%
35-39	10.1%	10.3%	10.3%	10.2%
40-44	10.1%	10.3%	10.2%	10.2%
45-49	10.1%	10.3%	10.3%	10.2%
50-54	10.4%	10.2%	10.2%	10.3%
55-59	10.2%	10.3%	10.3%	10.3%
60+	10.3%	10.3%	10.3%	10.3%

December 2007 Contract Distribution
Blue Selections Premier $500 Deductible



Blue Selections Premier $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$93	N/A	N/A	N/A
18-20	$122	$245	$187	$341
21-24	$146	$291	$224	$408
25-29	$156	$314	$240	$465
30-34	$178	$359	$275	$534
35-39	$189	$383	$295	$572
40-44	$245	$487	$374	$707
45-49	$290	$578	$445	$725
50-54	$336	$670	$514	$771
55-59	$403	$808	$623	$927
60+	$463	$926	$714	$1,017

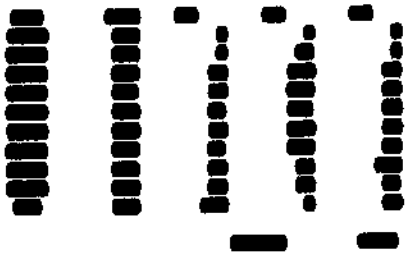
Blue Selections Premier $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$102	N/A	N/A	N/A
18-20	$134	$270	$206	$376
21-24	$161	$321	$247	$450
25-29	$172	$346	$265	$513
30-34	$196	$396	$303	$589
35-39	$208	$422	$325	$631
40-44	$270	$537	$412	$780
45-49	$320	$637	$491	$799
50-54	$370	$739	$567	$850
55-59	$444	$891	$687	$1,022
60+	$511	$1,021	$787	$1,121

Blue Selections Premier $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	9.7%	N/A	N/A	N/A
18-20	9.8%	10.2%	10.2%	10.3%
21-24	10.3%	10.3%	10.3%	10.3%
25-29	10.9%	10.2%	10.4%	10.3%
30-34	10.1%	10.3%	10.2%	10.3%
35-39	10.1%	10.2%	10.2%	10.3%
40-44	10.2%	10.3%	10.2%	10.3%
45-49	10.3%	10.2%	10.3%	10.2%
50-54	10.1%	10.3%	10.3%	10.2%
55-59	10.2%	10.3%	10.3%	10.2%
60+	10.4%	10.3%	10.2%	10.2%

Blue Selections Premier $1,000 Deductible



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Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Rate Changes for Rates Effective July 1, 2008

April 1, 2008 Rates
Blue Selections Premier $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$74	N/A	N/A	N/A
18-20	$98	$185	$151	$274
21-24	$116	$234	$179	$327
25-29	$126	$253	$193	$375
30-34	$145	$287	$223	$431
35-39	$154	$306	$236	$460
40-44	$196	$389	$302	$589
45-49	$233	$465	$359	$581
50-54	$270	$539	$416	$620
55-59	$324	$649	$501	$747
60+	$372	$746	$573	$820

July 1, 2008 Proposed Rates
Blue Selections Premier $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$82	N/A	N/A	N/A
18-20	$108	$215	$166	$302
21-24	$130	$258	$197	$360
25-29	$139	$279	$213	$413
30-34	$160	$316	$246	$475
35-39	$170	$337	$260	$507
40-44	$216	$433	$333	$627
45-49	$257	$513	$396	$641
50-54	$298	$594	$459	$684
55-59	$357	$716	$552	$824
60+	$410	$823	$632	$904

Rate Changes
Blue Selections Premier $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family	Family
0-17	10.8%	N/A	N/A	N/A	[redacted]
18-20	10.2%	16.3%	9.9%	10.2%	[redacted]
21-24	10.2%	10.3%	10.1%	10.1%	[redacted]
25-29	10.3%	10.3%	10.4%	10.1%	[redacted]
30-34	10.3%	10.1%	10.3%	10.2%	[redacted]
35-39	10.4%	10.1%	10.2%	10.2%	[redacted]
40-44	10.2%	10.2%	10.3%	10.2%	[redacted]
45-49	10.3%	10.3%	10.3%	10.3%	[redacted]
50-54	10.4%	10.2%	10.3%	10.3%	[redacted]
55-59	10.2%	10.3%	10.2%	10.3%	[redacted]
60+	10.2%	10.3%	10.3%	10.2%	[redacted]

Blue Selections Premier $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$62	N/A	N/A	N/A
18-20	$81	$169	$123	$225
21-24	$95	$190	$147	$268
25-29	$102	$206	$157	$304
30-34	$118	$234	$181	$351
35-39	$125	$251	$191	$374
40-44	$160	$320	$247	$462
45-49	$189	$381	$292	$474
50-54	$220	$439	$337	$505
55-59	$266	$528	$406	$607
60+	$302	$606	$465	$667

Blue Selections Premier $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$68	N/A	N/A	N/A
18-20	$89	$175	$136	$248
21-24	$105	$209	$162	$295
25-29	$112	$227	$173	$335
30-34	$130	$256	$199	$387
35-39	$138	$277	$211	$412
40-44	$176	$353	$272	$509
45-49	$208	$420	$322	$523
50-54	$243	$484	$372	$557
55-59	$293	$582	$448	$669
60+	$333	$668	$513	$735

Blue Selections Premier $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family	Family
0-17	9.7%	N/A	N/A	N/A	[redacted]
18-20	9.9%	10.1%	10.6%	10.2%	[redacted]
21-24	10.5%	10.0%	10.2%	10.1%	[redacted]
25-29	9.8%	10.2%	10.2%	10.2%	[redacted]
30-34	10.2%	10.3%	9.9%	10.3%	[redacted]
35-39	10.4%	10.4%	10.5%	10.2%	[redacted]
40-44	10.0%	10.3%	10.1%	10.2%	[redacted]
45-49	10.1%	10.2%	10.3%	10.3%	[redacted]
50-54	10.5%	10.3%	10.4%	10.3%	[redacted]
55-59	10.2%	10.2%	10.3%	10.2%	[redacted]
60+	10.3%	10.2%	10.3%	10.2%	[redacted]

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Individual Rate Filing
Rate Changes for Rates Effective July 1, 2008

April 1, 2008 Rates
Blue Selections Premier $7,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$48	N/A	N/A	N/A
18-20	$63	$124	$94	$170
21-24	$74	$146	$114	$207
25-29	$80	$159	$123	$236
30-34	$91	$182	$140	$272
35-39	$97	$193	$149	$291
40-44	$124	$248	$190	$359
45-49	$146	$293	$226	$366
50-54	$170	$340	$261	$392
55-59	$205	$405	$314	$469
60+	$234	$466	$361	$515

HSA Plan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$76	N/A	N/A	N/A
18-20	$98	$182	$142	$258
21-24	$118	$216	$169	$319
25-29	$126	$233	$182	$364
30-34	$145	$264	$207	$419
35-39	$154	$282	$221	$447
40-44	$198	$362	$282	$563
45-49	$234	$430	$336	$567
50-54	$272	$499	$388	$604
55-59	$326	$600	$466	$726
60+	$374	$688	$536	$798

July 1, 2008 Proposed Rates
Blue Selections Premier $7,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$53	N/A	N/A	N/A
18-20	$69	$137	$104	$191
21-24	$82	$163	$126	$228
25-29	$88	$175	$136	$260
30-34	$100	$201	$154	$300
35-39	$107	$213	$164	$321
40-44	$137	$273	$209	$396
45-49	$161	$323	$249	$403
50-54	$187	$375	$288	$432
55-59	$226	$450	$346	$517
60+	$258	$516	$398	$568

HSA Plan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$84	N/A	N/A	N/A
18-20	$109	$201	$156	$285
21-24	$130	$238	$186	$352
25-29	$141	$257	$201	$401
30-34	$160	$291	$228	$462
35-39	$170	$311	$244	$493
40-44	$218	$399	$311	$610
45-49	$258	$474	$370	$625
50-54	$300	$550	$428	$666
55-59	$359	$662	$514	$801
60+	$412	$759	$591	$880

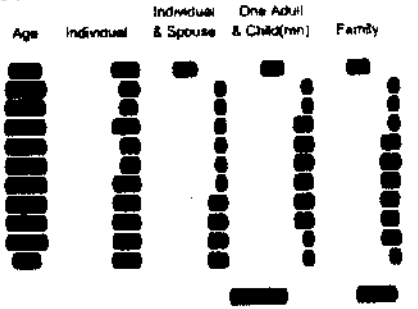
Rate Changes
Blue Selections Premier $7,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	10.4%	N/A	N/A	N/A
18-20	9.5%	10.5%	10.6%	10.4%
21-24	10.8%	10.1%	10.5%	10.1%
25-29	10.0%	10.1%	10.6%	10.2%
30-34	9.9%	10.4%	10.0%	10.3%
35-39	10.3%	10.4%	10.1%	10.3%
40-44	10.5%	10.1%	10.0%	10.3%
45-49	10.3%	10.2%	10.2%	10.1%
50-54	10.0%	10.3%	10.3%	10.2%
55-59	10.2%	10.3%	10.2%	10.2%
60+	10.3%	10.3%	10.2%	10.3%

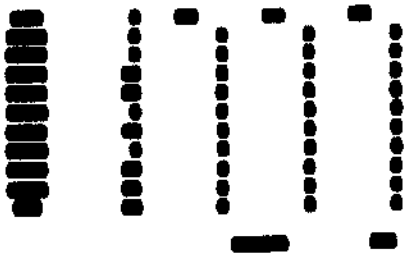
HSA Plan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	10.5%	N/A	N/A	N/A
18-20	10.1%	10.4%	9.9%	10.1%
21-24	10.2%	10.2%	10.1%	10.3%
25-29	10.2%	10.3%	10.4%	10.2%
30-34	10.3%	10.2%	10.1%	10.3%
35-39	10.4%	10.3%	10.4%	10.3%
40-44	10.1%	10.2%	10.3%	10.3%
45-49	10.3%	10.2%	10.1%	10.2%
50-54	10.3%	10.2%	10.3%	10.3%
55-59	10.1%	10.3%	10.3%	10.3%
60+	10.2%	10.3%	10.3%	10.3%

December 2007 Contract Distribution
Blue Selections Premier $7,500 Deductible



HSA Plan $1,500 Ded. ($3,000 Family)



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April 1, 2008 Rates
HSA Plan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$83	N/A	N/A	N/A
18-20	$83	$144	$102	$215
21-24	$98	$172	$122	$256
25-29	$106	$186	$131	$295
30-34	$121	$211	$151	$339
35-39	$130	$225	$160	$362
40-44	$166	$287	$206	$446
45-49	$196	$341	$244	$458
50-54	$229	$396	$281	$486
55-59	$274	$477	$338	$687
60+	$316	$546	$388	$645

HSA Plan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$57	N/A	N/A	N/A
18-20	$73	$123	$83	$186
21-24	$88	$147	$97	$222
25-29	$94	$158	$105	$254
30-34	$109	$180	$119	$293
35-39	$115	$192	$126	$313
40-44	$147	$247	$163	$386
45-49	$176	$293	$192	$395
50-54	$204	$339	$224	$421
55-59	$246	$407	$269	$507
60+	$280	$466	$309	$555

July 1, 2008 Proposed Rates
HSA Plan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$69	N/A	N/A	N/A
18-20	$91	$158	$112	$237
21-24	$108	$189	$134	$282
25-29	$119	$205	$144	$325
30-34	$133	$233	$166	$374
35-39	$143	$248	$176	$399
40-44	$183	$316	$227	$492
45-49	$216	$376	$269	$505
50-54	$252	$437	$310	$536
55-59	$302	$526	$374	$647
60+	$347	$602	$428	$711

HSA Plan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$63	N/A	N/A	N/A
18-20	$80	$135	$91	$205
21-24	$97	$162	$107	$245
25-29	$104	$174	$116	$280
30-34	$120	$198	$131	$323
35-39	$127	$212	$139	$345
40-44	$162	$272	$180	$425
45-49	$194	$323	$212	$435
50-54	$225	$374	$247	$464
55-59	$271	$449	$297	$559
60+	$309	$514	$341	$612

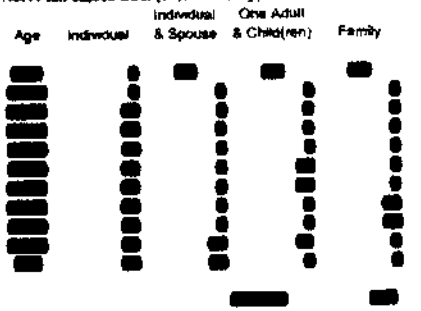
Rate Changes
HSA Plan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	9.5%	N/A	N/A	N/A
18-20	9.6%	10.4%	9.8%	10.2%
21-24	10.2%	9.9%	9.8%	10.2%
25-29	10.2%	10.2%	9.9%	10.2%
30-34	9.9%	10.4%	9.9%	10.3%
35-39	10.0%	10.2%	10.0%	10.2%
40-44	10.2%	10.1%	10.2%	10.3%
45-49	10.2%	10.3%	10.2%	10.3%
50-54	10.0%	10.4%	10.3%	10.2%
55-59	10.2%	10.3%	10.3%	10.2%
60+	10.2%	10.3%	10.3%	10.2%

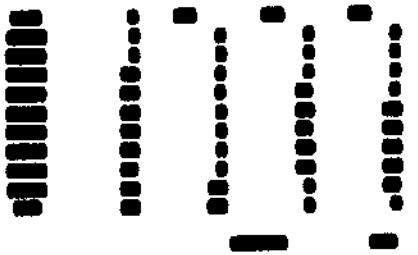
HSA Plan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	10.5%	N/A	N/A	N/A
18-20	9.6%	9.8%	9.6%	10.2%
21-24	10.2%	10.2%	10.3%	10.4%
25-29	10.6%	10.1%	10.5%	10.2%
30-34	10.1%	10.0%	10.1%	10.2%
35-39	10.4%	10.4%	10.3%	10.2%
40-44	10.2%	10.1%	10.4%	10.1%
45-49	10.2%	10.2%	10.4%	10.1%
50-54	10.3%	10.3%	10.3%	10.2%
55-59	10.2%	10.3%	10.4%	10.3%
60+	10.4%	10.3%	10.4%	10.3%

December 2007 Contract Distribution
HSA Plan $2,500 Ded. ($5,000 Family)



HSA Plan $3,500 Ded. ($7,000 Family)



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Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Rate Changes for Rates Effective July 1, 2008

April 1, 2008 Rates
HSA Healthplan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$79	N/A	N/A	N/A
18-20	$103	$188	$147	$277
21-24	$122	$225	$174	$332
25-29	$133	$241	$188	$378
30-34	$150	$274	$214	$435
35-39	$161	$293	$230	$463
40-44	$205	$378	$293	$574
45-49	$242	$446	$349	$586
50-54	$282	$518	$402	$626
55-59	$338	$623	$484	$754
60+	$388	$713	$556	$827

HSA Healthplan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$66	N/A	N/A	N/A
18-20	$86	$150	$107	$225
21-24	$102	$179	$127	$269
25-29	$112	$194	$137	$309
30-34	$128	$220	$158	$355
35-39	$136	$235	$167	$379
40-44	$174	$300	$215	$468
45-49	$206	$357	$256	$479
50-54	$239	$414	$296	$510
55-59	$287	$499	$355	$614
60+	$330	$571	$406	$675

HSA Healthplan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$59	N/A	N/A	N/A
18-20	$78	$129	$87	$195
21-24	$92	$154	$102	$234
25-29	$100	$167	$110	$267
30-34	$114	$189	$124	$306
35-39	$121	$201	$132	$329
40-44	$154	$259	$171	$405
45-49	$185	$306	$202	$414
50-54	$213	$356	$235	$441
55-59	$258	$427	$281	$531
60+	$294	$489	$324	$583

July 1, 2008 Proposed Rates
HSA Healthplan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$87	N/A	N/A	N/A
18-20	$113	$207	$162	$305
21-24	$134	$248	$192	$366
25-29	$147	$266	$207	$417
30-34	$166	$302	$236	$480
35-39	$177	$323	$254	$510
40-44	$226	$415	$323	$633
45-49	$267	$492	$385	$646
50-54	$311	$571	$443	$690
55-59	$373	$687	$534	$831
60+	$428	$786	$613	$912

HSA Healthplan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$73	N/A	N/A	N/A
18-20	$95	$165	$118	$246
21-24	$112	$197	$140	$296
25-29	$123	$214	$151	$341
30-34	$139	$242	$174	$391
35-39	$150	$259	$184	$418
40-44	$192	$331	$237	$514
45-49	$227	$394	$281	$526
50-54	$264	$456	$325	$562
55-59	$316	$550	$391	$677
60+	$364	$630	$448	$744

HSA Healthplan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$65	N/A	N/A	N/A
18-20	$86	$142	$96	$215
21-24	$101	$170	$112	$258
25-29	$110	$184	$121	$294
30-34	$126	$208	$137	$337
35-39	$133	$221	$145	$363
40-44	$170	$285	$188	$445
45-49	$204	$337	$223	$458
50-54	$235	$392	$258	$486
55-59	$284	$471	$310	$585
60+	$324	$539	$357	$643

Rate Changes
HSA Healthplan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	10.1%	N/A	N/A	N/A
18-20	9.7%	10.1%	10.2%	10.1%
21-24	9.8%	10.2%	10.3%	10.2%
25-29	10.5%	10.4%	10.1%	10.3%
30-34	10.0%	10.2%	10.3%	10.3%
35-39	9.9%	10.2%	10.4%	10.2%
40-44	10.2%	10.4%	10.2%	10.3%
45-49	10.3%	10.3%	10.3%	10.2%
50-54	10.3%	10.2%	10.2%	10.2%
55-59	10.4%	10.3%	10.3%	10.2%
60+	10.3%	10.2%	10.3%	10.3%

HSA Healthplan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	10.6%	N/A	N/A	N/A
18-20	10.5%	10.0%	10.3%	10.2%
21-24	9.8%	10.1%	10.2%	10.0%
25-29	9.8%	10.3%	10.2%	10.4%
30-34	10.3%	10.0%	10.1%	10.1%
35-39	10.3%	10.2%	10.2%	10.3%
40-44	10.3%	10.3%	10.2%	10.3%
45-49	10.2%	10.4%	10.2%	10.2%
50-54	10.5%	10.1%	10.2%	10.2%
55-59	10.1%	10.2%	10.1%	10.3%
60+	10.3%	10.3%	10.3%	10.2%

HSA Healthplan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	10.2%	N/A	N/A	N/A
18-20	10.3%	10.1%	10.3%	10.3%
21-24	9.8%	10.4%	9.8%	10.3%
25-29	10.0%	10.2%	10.0%	10.1%
30-34	10.5%	10.1%	10.5%	10.1%
35-39	9.9%	10.0%	9.8%	10.3%
40-44	10.4%	10.0%	9.9%	10.1%
45-49	10.3%	10.1%	10.4%	10.1%
50-54	10.3%	10.1%	10.2%	10.2%
55-59	10.1%	10.3%	10.3%	10.2%
60+	10.2%	10.2%	10.2%	10.3%

December 2007 Contract Distribution
HSA Healthplan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
[redacted]				

HSA Healthplan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
[redacted]				

HSA Healthplan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
[redacted]				

Exhibit E

Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Rate Changes for Rates Effective July 1, 2008

April 1, 2008 Rates

Individual Dentacare Optional Dental Rider

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$29	N/A	N/A	N/A
18-20	$29	$58	$56	$85
21-24	$29	$58	$56	$85
25-29	$29	$58	$56	$85
30-34	$29	$58	$56	$85
35-39	$29	$58	$56	$85
40-44	$29	$58	$56	$85
45-49	$29	$58	$56	$85
50-54	$29	$58	$56	$85
55-59	$29	$58	$56	$85
60+	$29	$58	$56	$86

July 1, 2008 Proposed Rates

Individual Dentacare Optional Dental Rider

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$31	N/A	N/A	N/A
18-20	$31	$62	$60	$91
21-24	$31	$62	$60	$91
25-29	$31	$62	$60	$91
30-34	$31	$62	$60	$91
35-39	$31	$62	$60	$91
40-44	$31	$62	$60	$91
45-49	$31	$62	$60	$91
50-54	$31	$62	$60	$91
55-59	$31	$62	$60	$91
60+	$31	$62	$60	$91

Rate Changes

Individual Dentacare Optional Dental Rider

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	6.9%	N/A	N/A	N/A
18-20	6.9%	6.9%	7.1%	7.1%
21-24	6.9%	6.9%	7.1%	7.1%
25-29	6.9%	6.9%	7.1%	7.1%
30-34	6.9%	6.9%	7.1%	7.1%
35-39	6.9%	6.9%	7.1%	7.1%
40-44	6.9%	6.9%	7.1%	7.1%
45-49	6.9%	6.9%	7.1%	7.1%
50-54	6.9%	6.9%	7.1%	7.1%
55-59	6.9%	6.9%	7.1%	7.1%
60+	6.9%	6.9%	7.1%	7.1%

December 2007 Contract Distribution

Individual Dentacare Optional Dental Rider

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
[redacted]				

CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective July 1, 2006

Development of Accidental Death Rates

Blue Selections Premier and HSA ($25,000 for subscriber/spouse, $5,000 child)

Contract Type	Adult Death Rate Per 1000	Adult Death Benefit	Adult Expected Claim Cost	Spouse Death Rate Per 1000	Spouse Death Benefit	Spouse Expected Claim Cost	Child(ren) Death Rate Per 1000	Child(ren) Death Benefit	Child(ren) Expected Claim Cost
Individual	[redacted]	$25,000	[redacted]	[redacted]	$25,000		[redacted]	$10,350	
Individual & Spouse	[redacted]	$25,000	[redacted]	[redacted]	$25,000	[redacted]	[redacted]	$10,350	
Individual & Child(ren)	[redacted]	$25,000	[redacted]	[redacted]	$25,000		[redacted]	$10,350	[redacted]
Family	[redacted]	$25,000	[redacted]	[redacted]	$25,000	[redacted]	[redacted]	$10,350	[redacted]

Blue Selections Plus ($15,000 for subscriber/spouse, $4,000 child)

Contract Type	Adult Death Rate Per 1000	Adult Death Benefit	Adult Expected Claim Cost	Spouse Death Rate Per 1000	Spouse Death Benefit	Spouse Expected Claim Cost	Child(ren) Death Rate Per 1000	Child(ren) Death Benefit	Child(ren) Expected Claim Cost
Individual	[redacted]	$15,000	[redacted]	[redacted]	$15,000		[redacted]	$8,280	
Individual & Spouse	[redacted]	$15,000	[redacted]	[redacted]	$15,000	[redacted]	[redacted]	$8,280	
Individual & Child(ren)	[redacted]	$15,000	[redacted]	[redacted]	$15,000		[redacted]	$8,280	[redacted]
Family	[redacted]	$15,000	[redacted]	[redacted]	$15,000	[redacted]	[redacted]	$8,280	[redacted]

Blue Selections Basic ($10,000 for subscriber/spouse, $2,000 child)

Contract Type	Adult Death Rate Per 1000	Adult Death Benefit	Adult Expected Claim Cost	Spouse Death Rate Per 1000	Spouse Death Benefit	Spouse Expected Claim Cost	Child(ren) Death Rate Per 1000	Child(ren) Death Benefit	Child(ren) Expected Claim Cost
Individual	[redacted]	$10,000	[redacted]	[redacted]	$10,000		[redacted]	$4,140	
Individual & Spouse	[redacted]	$10,000	[redacted]	[redacted]	$10,000	[redacted]	[redacted]	$4,140	
Individual & Child(ren)	[redacted]	$10,000	[redacted]	[redacted]	$10,000		[redacted]	$4,140	[redacted]
Family	[redacted]	$10,000	[redacted]	[redacted]	$10,000	[redacted]	[redacted]	$4,140	[redacted]

Assumptions (no change from previous filings):

[redacted]

CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective July 1, 2008

Exhibit G

Blue Selections Basic $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$77	N/A	N/A	N/A
18-20	$100	$202	$155	$281
21-24	$121	$240	$185	$336
25-29	$130	$260	$201	$386
30-34	$148	$297	$228	$443
35-39	$159	$316	$241	$473
40-44	$203	$405	$311	$587
45-49	$238	$480	$371	$600
50-54	$278	$557	$428	$640
55-59	$334	$671	$515	$771
60+	$385	$768	$592	$844

Blue Selections Basic $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$61	N/A	N/A	N/A
18-20	$78	$157	$121	$219
21-24	$84	$187	$144	$261
25-29	$100	$203	$157	$301
30-34	$115	$230	$176	$345
35-39	$123	$247	$189	$369
40-44	$159	$314	$243	$457
45-49	$187	$374	$287	$466
50-54	$217	$433	$333	$498
55-59	$259	$523	$401	$601
60+	$300	$598	$461	$657

Blue Selections Basic $5,900 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$45	N/A	N/A	N/A
18-20	$60	$121	$94	$168
21-24	$71	$143	$110	$201
25-29	$76	$155	$119	$228
30-34	$88	$176	$136	$264
35-39	$95	$187	$144	$281
40-44	$120	$241	$185	$347
45-49	$143	$284	$219	$356
50-54	$165	$330	$255	$378
55-59	$200	$397	$305	$458
60+	$226	$457	$350	$502

Blue Selections Basic $10,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$28	N/A	N/A	N/A
18-20	$36	$72	$55	$100
21-24	$44	$84	$68	$120
25-29	$45	$83	$71	$137
30-34	$52	$104	$79	$157
35-39	$56	$111	$87	$168
40-44	$71	$143	$109	$207
45-49	$85	$170	$131	$211
50-54	$98	$196	$152	$227
55-59	$119	$235	$182	$272
60+	$136	$271	$208	$299

Exhibit G

Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective July 1, 2008

Blue Selections Plus $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$98	N/A	N/A	N/A
18-20	$130	$257	$198	$358
21-24	$154	$305	$236	$429
25-29	$165	$331	$255	$491
30-34	$189	$377	$292	$565
35-39	$201	$404	$309	$603
40-44	$258	$514	$397	$747
45-49	$305	$610	$471	$765
50-54	$354	$709	$544	$814
55-59	$427	$854	$656	$979
60+	$490	$978	$755	$1,077

Blue Selections Plus $1,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$88	N/A	N/A	N/A
18-20	$112	$229	$175	$321
21-24	$136	$273	$208	$381
25-29	$147	$295	$227	$438
30-34	$168	$335	$258	$502
35-39	$179	$358	$275	$536
40-44	$229	$460	$353	$664
45-49	$272	$544	$419	$679
50-54	$314	$631	$485	$725
55-59	$379	$760	$585	$872
60+	$435	$869	$669	$957

Blue Selections Plus $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$68	N/A	N/A	N/A
18-20	$86	$176	$134	$246
21-24	$106	$209	$162	$294
25-29	$111	$228	$173	$335
30-34	$129	$257	$198	$386
35-39	$138	$276	$211	$412
40-44	$175	$353	$271	$509
45-49	$208	$419	$322	$524
50-54	$240	$483	$373	$656
55-59	$292	$582	$448	$670
60+	$334	$668	$514	$736

Blue Selections Plus $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$50	N/A	N/A	N/A
18-20	$67	$134	$104	$187
21-24	$78	$160	$123	$225
25-29	$87	$173	$133	$258
30-34	$99	$197	$152	$297
35-39	$106	$209	$161	$315
40-44	$134	$270	$206	$389
45-49	$160	$321	$247	$396
50-54	$183	$370	$284	$427
55-59	$224	$445	$343	$512
60+	$257	$509	$394	$562

CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective July 1, 2008

Blue Selections Premier $500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$112	N/A	N/A	N/A
18-20	$145	$295	$227	$410
21-24	$174	$351	$270	$491
25-29	$190	$378	$293	$561
30-34	$216	$430	$331	$646
35-39	$229	$460	$354	$690
40-44	$294	$589	$454	$853
45-49	$348	$699	$537	$873
50-54	$404	$808	$624	$930
55-59	$486	$974	$749	$1,118
55-59	$444	$891	$687	$1,022
60+	$511	$1,021	$787	$1,121

Blue Selections Premier $2,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$82	N/A	N/A	N/A
18-20	$108	$215	$166	$302
21-24	$130	$258	$197	$360
25-29	$139	$278	$213	$413
30-34	$160	$316	$246	$476
35-39	$170	$337	$260	$507
40-44	$216	$433	$333	$627
45-49	$257	$513	$396	$641
50-54	$298	$594	$459	$684
55-59	$357	$716	$552	$824
60+	$410	$823	$632	$904

CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective July 1, 2008

Blue Selections Premier $5,000 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$68	N/A	N/A	N/A
18-20	$89	$175	$136	$248
21-24	$105	$209	$162	$295
25-29	$112	$227	$173	$335
30-34	$130	$258	$199	$387
35-39	$138	$277	$211	$412
40-44	$176	$353	$272	$509
45-49	$208	$420	$322	$523
50-54	$243	$484	$372	$557
55-59	$293	$582	$448	$669
60+	$333	$668	$513	$735

Blue Selections Premier $7,500 Deductible

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$53	N/A	N/A	N/A
18-20	$69	$137	$104	$191
21-24	$82	$163	$126	$228
25-29	$88	$175	$136	$260
30-34	$100	$201	$154	$300
35-39	$107	$213	$164	$321
40-44	$137	$273	$209	$396
45-49	$161	$323	$249	$403
50-54	$187	$375	$288	$432
55-59	$226	$450	$346	$517
60+	$258	$516	$398	$568

CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective July 1, 2008

HSA Plan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$84	N/A	N/A	N/A
18-20	$109	$201	$156	$285
21-24	$130	$238	$186	$352
25-29	$141	$257	$201	$401
30-34	$160	$291	$228	$462
35-39	$170	$311	$244	$493
40-44	$218	$399	$311	$610
45-49	$258	$474	$370	$625
50-54	$300	$550	$428	$686
55-59	$358	$662	$514	$801
60+	$412	$759	$591	$880

HSA Plan $2,500 Ded. ($5,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$69	N/A	N/A	N/A
18-20	$91	$159	$112	$237
21-24	$108	$189	$134	$282
25-29	$119	$205	$144	$325
30-34	$133	$233	$166	$374
35-39	$143	$248	$176	$399
40-44	$183	$316	$227	$492
45-49	$216	$376	$269	$505
50-54	$252	$437	$310	$538
55-59	$302	$526	$374	$647
60+	$347	$602	$428	$711

HSA Plan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$63	N/A	N/A	N/A
18-20	$80	$135	$91	$205
21-24	$97	$162	$107	$245
25-29	$104	$174	$116	$260
30-34	$120	$198	$131	$323
35-39	$127	$212	$139	$345
40-44	$162	$272	$180	$425
45-49	$194	$323	$212	$436
50-54	$225	$374	$247	$464
55-59	$271	$449	$297	$559
60+	$309	$514	$341	$612

CONFIDENTIAL - NOT FOR PUBLIC DISCLOSURE
Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective July 1, 2008

Exhibit G

HSA Healthplan $1,500 Ded. ($3,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$87	N/A	N/A	N/A
16-20	$113	$207	$162	$305
18-20	$95	$165	$118	$248
21-24	$112	$197	$140	$296
25-29	$123	$214	$151	$341
30-34	$139	$242	$174	$391
35-39	$150	$259	$184	$418
40-44	$192	$331	$237	$514
45-49	$227	$394	$281	$528
50-54	$264	$456	$325	$562
55-59	$316	$550	$391	$677
60+	$364	$630	$448	$744

HSA Healthplan $3,500 Ded. ($7,000 Family)

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$65	N/A	N/A	N/A
18-20	$86	$142	$96	$215
21-24	$101	$170	$112	$258
25-29	$110	$184	$121	$294
30-34	$126	$208	$137	$337
35-39	$133	$221	$145	$363
40-44	$170	$285	$188	$446
45-49	$204	$337	$223	$456
50-54	$235	$392	$259	$486
55-59	$284	$471	$310	$585
60+	$324	$539	$357	$643

Exhibit G

Regence BlueCross BlueShield of Oregon
Individual Rate Filing
Proposed Monthly Rates Effective July 1, 2008

Individual Dentacare Optional Dental Rider

Age	Individual	Individual & Spouse	One Adult & Child(ren)	Family
0-17	$31	N/A	N/A	N/A
18-20	$31	$62	$60	$91
21-24	$31	$62	$60	$91
25-29	$31	$62	$60	$91
30-34	$31	$62	$60	$91
35-39	$31	$62	$60	$91
40-44	$31	$62	$60	$91
45-49	$31	$62	$60	$91
50-54	$31	$62	$60	$91
55-59	$31	$62	$60	$91
60+	$31	$62	$60	$91

STATE OF OREGON
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
INSURANCE DIVISION

In the Matter of **Regence BlueCross BlueShield of Oregon**	) **ATTACHMENTS to**) **STIPULATION and**) **FINAL ORDER**) Case No. INS 08-03-005

The immediately following attachments relate to the following health insurance premium rate filing:

SERFF Filing No. RGAC-125521984
State Tracking No. GH 0071 08
Filed March 4, 2008



egence
BlueCross BlueShield
of Oregon

Department of Consumer and Business Services
Insurance Division
350 Winter St., NE Rm 440
Salem, OR 97301-3883

RE: Small Employer Rate Filing for
Regence BlueCross BlueShield of Oregon
Effective Date: July 1, 2008

Dear Mr. Ball,

Enclosed please find rates and rate filing information for Regence BlueCross BlueShield of Oregon, in compliance with ORS 743.730 through 743.745.

The proposed rates are to be effective July 1, 2008 for new and renewing groups sold with effective dates in the third quarter of 2008.

We are requesting that the following documents be exempt from public disclosure:

- CONFIDENTIAL – Confidentiality Statement.pdf
- CONFIDENTIAL – Actuarial Memorandum.pdf
- CONFIDENTIAL – 2008Q3 Rate Change Calculation.pdf

Should you have any questions or require additional information, please do not hesitate to call me at (503) 225-5144 or e-mail me at paharmo@regence.com.

Sincerely,

Paul Harmon

Paul Harmon, FSA, MAAA
Manager, 2-99 Group Pricing

An Independent Licensee of the Blue Cross and Blue Shield Association

Department of Consumer & Business Services
Oregon Insurance Division - 5
350 Winter St. NE, Rm. 440
Salem, Oregon 97301-3883
Phone (503) 947-7983

CERTIFICATE OF COMPLIANCE

I, the undersigned authorized filer, hereby certify that the filing submitted complies with the applicable Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I further certify that I am authorized to sign and submit this certificate on behalf of the Company identified below (hereinafter Company).

I, the undersigned authorized officer, a duly authorized officer of Company, certify that the undersigned authorized filer is authorized to certify on behalf of Company that this filing complies with the Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I understand that the Oregon Insurance Division will rely on this certificate and, should it be determined that this filing is materially false or misleading, appropriate corrective and disciplinary action including monetary penalties, as authorized by law, will be taken by the Oregon Insurance Division against the Company.

Regence BlueCross BlueShield of Oregon
Name of Company

08-BLUECHOICESSEHI-OR
Company's filing number or the primary form number for the filing

Paul C Harmon
Signature of authorized filer

3/4/08
Date

Paul Harmon, FSA, MAAA
Print name of authorized filer
Manager, 2-99 Group Pricing
The Regence Group
Title

P.O. Box 1271, MS E8A
Address of Company or authorized filer

Portland, OR 97207-1271
City State ZIP

(503) 225-5144
Direct telephone number of authorized filer

paharmo@regence.com
E-mail address of authorized filer

(503) 225-5196
Fax number of authorized filer

J. B. McMullan, Jr. M.D.
Signature of authorized officer and title

3/4/08
Date

J. Bart McMullan, Jr., M.D.
President, Regence BCBSO
Print name of authorized officer and title

440-3894(rev. 3/02/ins)

SOME OF TH. .NFORMATION IN THIS DOCUM. .T IS CONFIDENTIAL

Regence BlueCross BlueShield of Oregon
Small Group (2-50)
Rates Effective July 1, 2008
Actuarial Memorandum

September 2007. [redacted]

An 11.9% annual trend was used to project the claim cost to the rating period. We would like to implement a rate increase of 1.4% over 2nd quarter 2008 prescription drug rates. The incurred loss ratio for the prescription drug card plans was 79.3% for the same experience period[redacted]

Please see the "CONFIDENTIAL - 2008Q3 Rate Change Calculation.pdf" exhibit for the details of these rate changes.

Employee Assistance Plan Tier Factors

The tier factors that were filed in the rate filing effective April 1, 2008 for the Employee Assistance Plan rider are as follows:

Employee Only:	1.00
Employee + Spouse:	2.00
Employee + Child:	3.00
Employee + Children:	3.00
Family:	4.00

In order to make these factors more accurate, we propose that the tier factors for the Employee Assistance Plan rider be changed to match the tier factors of the medical plans:

Employee Only:	1.00
Employee + Spouse:	2.10
Employee + Child:	1.64
Employee + Children:	1.64
Family:	3.00

Actuarial Certification

I, Cameron Copa, am a member of the American Academy of Actuaries and am employed by The Regence Group in the position of Actuary Associate I. I have reviewed this rate filing for the small employer plans sold in the state of Oregon. In my opinion the proposed monthly premium rates projected in this rate filing are reasonable in relationship to the benefits provided and meet all rating requirements in the applicable laws and regulations in the state of Oregon.

Cameron A. Copa — 3/4/2008

Cameron Copa, ASA, MAAA
Actuary Associate I
The Regence Group
Tel: (503) 225-5146
E-mail: cacopa@regence.com

Date

FOR PUBLIC DISCLOSURE

Regence BlueCross BlueShield of Oregon
Small Group (2-50)
Rates Effective July 1, 2008
Actuarial Memorandum

Base Rate Development

The proposed rates are to be effective July 1, 2008 for new and renewing groups sold with effective dates in the third quarter of 2008.

A medical claim cost trend of 12.3% was used in projecting the experience period, 10/1/2006 - 9/30/2007, to the rating period, 7/1/2008 – 8/31/2009. We would like to implement a rate increase of 6.6% over 2nd quarter 2008 medical rates.

- This information is confidential and/or proprietary and has been requested to be exempted from disclosure.

An 11.9% annual trend was used to project the claim cost to the rating period. We would like to implement a rate increase of 1.4% over 2nd quarter 2008 prescription drug rates.

- This information is confidential and/or proprietary and has been requested to be exempted from disclosure.

Employee Assistance Plan Tier Factors

The tier factors that were filed in the rate filing effective April 1, 2008 for the Employee Assistance Plan rider are as follows:

Employee Only:	1.00
Employee + Spouse:	2.00
Employee + Child:	3.00
Employee + Children:	3.00
Family:	4.00

In order to make these factors more accurate, we propose that the tier factors for the Employee Assistance Plan rider be changed to match the tier factors of the medical plans:

Employee Only:	1.00
Employee + Spouse:	2.10
Employee + Child:	1.64
Employee + Children:	1.64
Family:	3.00

Actuarial Certification

I, Cameron Copa, am a member of the American Academy of Actuaries and am employed by The Regence Group in the position of Actuary Associate I. I have reviewed this rate filing for the small employer plans sold in the state of Oregon. In my opinion the proposed monthly premium rates projected in this rate filing are reasonable in relationship to the benefits provided and meet all rating requirements in the applicable laws and regulations in the state of Oregon.

Cameron A. Copa

3/4/2008

Cameron Copa, ASA, MAAA
Actuary Associate I
The Regence Group
Tel: (503) 225-5146
E-mail: cacopa@regence.com

Date

DEPARTMENT OF CONSUMER & BUSINESS SERVICES

INSURANCE DIVISION
Health Programs
350 Winter St. NE, Room 440-8
Salem OR 9701-3883
(503) 947-7985

Message: For our records, please provide an up-to-date status report on the counties that you currently service. If only a segment of the county is being served please indicate on the bottom of this report which city(ies) or zip code(s) you do or do not service. PLEASE FILE WITH YOUR **QUARTERLY** GAR MATRIX & AS CHANGES IN SERVICE AREAS OCCUR.

Quarter 3 (1,2,3,4) **Year** 2008

Area 1	√	**Area 4**	√	**Area 6**	√	**Area 7**	√
Clackamas	√	Deschutes	√	Baker	√	Douglas	√
Multnomah	√	Klamath	√	Crook	√	Jackson	√
Washington	√	Lake	√	Gilliam	√	Josephine	√
Yamhill	√			Grant	√		
				Harney	√		
				Hood River	√		
Area 2	√	**Area 5**	√	Jefferson	√		
Benton	√	Clatsop	√	Malheur	√		
Lane	√	Columbia	√	Morrow	√		
Linn	√	Coos	√	Sherman	√		
		Curry	√	Umatilla	√		
		Lincoln	√	Union	√		
Area 3	√	Tillamook	√	Wallowa	√		
Marion	√			Wasco	√		
Polk	√			Wheeler	√		

Insurance Company: Regence BlueCross BlueShield of Oregon

Signed: Paul Harmon Phone: (503) 225-5144 Date: 3/4/08

Title: Manager, 2-99 Group Pricing Email: paharmo@regence.com

Partial County Description: _____

_____

* **NOTE: THIS FORM DOES NOT SERVE AS NOTICE FOR DISCONTINUATION OF PLANS PURSUANT TO ORS 743.737(5), 743.754(6), & 743.766(5).** (T:/schi/work/tammy/svcarea gar.doc)

Department of Consumer & Business Services

Oregon Insurance Division – 5

P.O. Box 14480
350 Winter St. NE, Rm. 440
Salem, Oregon 97309-0405
Phone (503) 947-7983

Standard Provisions for Small Employer Health Benefit Plans

Pursuant to ORS 743.736, 743.737 and OAR 836-053-0060

NOTE: HOUSE BILL 2002 INCREASES THE SMALL EMPLOYEER GROUP SIZE TO 50 EMPLOYEES EFFECTIVE 1-1-08

This checklist must be submitted with your filing in compliance with OAR 836-010-0011(2). This list includes national standards, relevant statutes, rules, and other documented positions to enforce ORS 731.016. The standards are summaries and review of the entire statute or rule may be necessary. Complete each item to confirm that diligent consideration has been given to each and is certified by the signature on the certificate of compliance form. "Not applicable" can be used only if the item does not apply to the coverage being filed. Any line left blank will cause this filing to be considered incomplete. Not including required information or policy provisions may result in disapproval of the filing. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

An outline of the Small Employer Basic Indemnity or Health Benefit Plan referenced in OAR 836-053-0060 including benefits, limits, and cost-sharing requirements can be found at http://www.cbs.state.or.us/external/ins/forms/consumer/3313.pdf (form 440-3313).

Insurer name: Regence BlueCross BlueShield of Oregon **Date:** March 4, 2008

TOI (type of insurance):
- ☒ H16G Group health - Major medical
- ☐ Horg02G Group health - Health maintenance (HMO)

Sub-TOI

☒ H16G.003B or	☐ HOrg02G.004A	Small group only - PPO basic
☐ H16G.003E or	☐ HOrg02G.004C	Small group only - POS basic
☐ H16G.003G or	☐ HOrg02G.004E	Small group only - Other (indemnity, EPO, etc)

Type of group: ☒ Oregon small employer, ORS 743.730 (as amended by HB 2002)

Type of coverage: ☐ Indemnity ☐ HMO Type: Health Care Service Contractor

(*) Indicates standard does not apply per ORS 750.055)

- ☒ Basic Small Employer Plan (mandatory)
- ☒ Additional Small Employer Plan (optional)

Review requirements	Reference	Description of review standards requirements	Location of standard in filing (or check box)
GENERAL REQUIREMENTS (FOR ALL FILINGS)			
Product Locator		Were the forms in your filing developed with the NAIC Product Locator Oregon information? *(The requirements on this document are substantially the same as those on the Product Locator for consistency in drafting and meeting these filing requirements.)*	Yes ☒ No ☐
Submission package requirements	OAR 836-010-0011 As required on SERFF or our Web site	Required forms are located on SERFF or on our Web site: www.oregoninsurance.org/docs/serff/filing_requirements.htm. These must be submitted with your filing for your filing to be accepted as complete: 1. NAIC transmittal form (paper filings only). 2. Filing description in SERFF or on transmittal form (cover letter). 3. Third party filer's letter of authorization. 4. Certificate of compliance form signed by authorized person. 5. Readability certification. 6. Product standards for forms (this document). 7. Actuarial memorandum with an overview of the contents of the filing and the reasons and procedures used to derive the rates (see requirements for rates). 8. Forms filed for approval. (If filing revised forms, include a ***highlighted*** copy of the revised form to identify the modification, revision, or replacement language.) 9. For mailed filings, two self-addressed stamped envelopes, one in which the Insurance Division can return approved forms.	Yes / N/A ☐ ☒ ☒ ☐ ☐ ☒ ☒ ☐ ☐ ☒ ☒ ☐ ☒ ☐ ☐ ☒ ☐ ☒
(Skip to Requirements for Rates if only filing a rate change.)			
Form submission package requirements	Filing description	The filing description (cover letter) includes the following: 1. Changes made to prior approved plan or variations from other approved plans. 2. All like approved forms for a like product and a summary of the differences between the approved like form and the new form. 3. The differences between in-network and out-of-network.	Yes / N/A ☐ ☐ ☐ ☐ ☐ ☐
Review requested	ORS 742.003(1), OAR 836-010-0011(3), ORS 743.766 Sec 2 & 3	The following are submitted in this filing for review: 1. New policy and/or certificate. 2. Amendment of an approved form. 3. Forms are identified with unique form numbers and revision dates in the lower left-hand corner of each page of each form. 4. Endorsements for waivers in compliance with ORS 743.766 Sec.2 and 3.	Yes / N/A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Multiple Employer Welfare Arrangement	ORS 750.301 to 341	File under checklist of standards for ***Standard Provisions for Multiple Employer Welfare Arrangements Group Health Benefit Plans,*** form 440-2448m.	
Associations/ Trusts/discretionary groups	ORS 731.486, 743.522, 743.524, 743.526	Transmittal and standards for qualifying an association, trust, or discretionary group, form 440-2441A or 440-2441D are included.	Yes ☐ N/A ☐
Assumption certificates	Form 440-3637	File under checklist of standards for *Changes to Business Operations that Require a Filing*, form 440-3637.	
Applicability	Health care service contractors (HCSC)	(Statute references followed by an asterisk (*), may be marked "N/A" in the location column. These standards do not apply to HCSC per ORS 750.055.)	
	ORS 743.730(18)(b)	Health benefit plan does not include coverages listed in ORS 743.730(18)(b). (See the appropriate checklist for filing those coverages.)	Yes ☐
	HIPAA Privacy	Policy meets all HIPAA Privacy requirements and all HIPAA related statements are solely supported by HIPAA requirements.	Yes ☐
	ORS 743.691(2)	The enrollee is provided a written notice at time of enrollment and annually thereafter describing the coverage for all mastectomy-related services including reconstruction of the breast by obtaining a single authorization.	Yes ☐
	ORS 743.699	Health benefit plans are required to provide information to enrollees regarding coverage for emergency services and appropriate use of 9-1-1.	Yes ☐
	OAR 836-053-0001	Submit Transmittal and requirements for *Modification and Discontinuance of Health Benefit Plans*, form 440-2896, when eliminating or adding benefits, decreasing or increasing benefits payable or deductibles and copayments, or establishing new conditions or requirements.	
Application	OAR 836-053-0510	No application with medical questions is used to enlist new enrollees and only the Oregon Health Statement (Exhibit 1 of OAR 836-053-0510) is used for late enrollees.	Yes ☐ N/A ☐
Clarity/ Readability	ORS 742.005(2)	Forms are clear and understandable in their presentation of premiums, labels, description of contents, title, headings, backing, and other indications (including restrictions) in the provisions. The information is clear and understandable to the consumer and is not unintelligible, uncertain, ambiguous, abstruse, or likely to mislead.	Yes ☐ N/A ☐
	ORS 743.106(1)(d), 743.103	Policy and certificate contains a table of content or index of the principal sections if longer than three pages or 3,000 words.	Yes ☐ N/A ☐

Form number	ORS 742.005(2)	The policy is filed under one form number, and that form provides core coverage with all basic requirements. Basic policy requirements are not bracketed unless an alternative selection is included. Other forms are identified with their unique form number and edition date. (See guidelines on our Web site: www.oregoninsurance.org/docs/healthun/health6.htm.)	Yes ☐	N/A ☐
Variable text	ORS 742.005(2)	Variable data is indicated by brackets and all variable ranges or options are identified. The filing includes a statement of variability that explains the conditions under which each variable item may change. A statement of variability presents reasonable and realistic ranges for each item. The filing also includes a certification that any change or modification to a variable item outside the approved ranges is submitted for prior approval of the change or modification. Variable data may be included within the coverage form or may be submitted as a separate form identified by its own form number and date.	Yes ☐	N/A ☐
GENERAL FORM REQUIREMENTS				
Cover page	National standards	1. The full corporate name of the insuring company appears prominently on the first page of the policy. 2. A marketing name or insurer's logo, if used on the policy, must not mislead as to the identity of the insuring company. 3. The insuring company address, consisting of at least a city and state, appears on the first page of the policy. 4. The signature of at least one company officer appears on the first page of the policy. 5. The individual certificate includes a right-to-examine provision that appears on the cover page of the certificate. 6. A form-identification number appears in the lower left-hand corner of the forms. The form number is adequate to distinguish the form from all others used by the insurer. ORS 743.405(7) 7. The policy contains a brief caption that appears prominently on the cover page and describes the type of coverage. 8. The policy includes a table of contents that easily identifies where to locate the provisions. ORS 743.106(1)(d)	Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	N/A ☐ ☐ ☐ ☐ ☐ ☐
POLICY PROVISIONS				Page/paragraph
Ambulance	ORS 743.718*	If ambulance care and ground transportation to the nearest hospital is covered, coverage payments are either made directly to the provider or jointly to the insured and the provider.		

			Yes	No
Benefit Reimbursement	ORS 743.480 (As amended by Oregon Law 2007 House Bill 2348)	Does not include an exclusion for claims arising fr[illegible]d substance. Coverage must be to the same extent a[illegible] illnesses	☐	☐
	ORS 743.556, OAR 836-053-1404 & 1405, Bulletin 2003-3	All plans include coverage for mental or nervous c[illegible] dependency, including alcoholism. Coverage mus[illegible] restrictive than coverage for other medical conditi[illegible]		
	2007 Oregon Law House Bill 2918	Provides benefits for medically necessary treatme[illegible] disorders for children under age 18		
	ORS 743.691	Coverage provides payment or reimbursement for[illegible]that are part of the enrollee's course of treatment inclu[illegible]on with a single determination of prior authorization.		
	ORS 743.693	Coverage provides reimbursement for expenses a[illegible], as defined by ORS 743.845, and childbirth. Benefit[illegible]shall be extended to all enrollees, enrolled spouses and en[illegible]		
	ORS 743.694	Diabetes: Coverage provides reimbursement for [illegible]etes self-management programs.		
	ORS 743.701	Policy does not exclude benefits for covered serv[illegible]ed by any hospital owned or operated by the State of O[illegible] community mental health and developmental dis[illegible]		
	ORS 743.703, 750.065	Coverage provides reimbursement for any servic[illegible]e of practice of a duly licensed optometrist, if the poli[illegible] physician performed the service.		
	ORS 743.706	Coverage includes maxillofacial prosthetic servic[illegible]eatment		
	ORS 743.709	Coverage provides reimbursement for any servic[illegible]e of practice of a duly licensed psychologist, if the po[illegible] physician performs the service.		
	ORS 743.712	Coverage provides reimbursement for any servic[illegible]e of practice of a duly licensed and certified nurse pr[illegible]ed benefits when a physician performed the service.		

Benefit reimbursement, continued	ORS 743.714*	Coverage provides reimbursement for any service that is within the lawful scope of practice of a licensed clinical social worker and a physician or psychologist referred the insured to the licensed clinical social worker, if the policy provides benefits when a physician or psychologist performs the service.	
	ORS 743.719*	Coverage provides reimbursement for any surgical service that is within the lawful scope of practice of a licensed dentist, if policy provides benefits when a physician performs the service.	
	ORS 743.725* (As amended by 2007 Oregon Law, Senate Bill 676)	Claims submitted directly by physician assistants, are to be paid as if submitted by the supervising physician.	
	ORS 743.726*	Coverage includes treatment of inborn errors of metabolism that involve amino acid, carbohydrate and fat metabolism.	
	ORS 743.727	Coverage provides for mammogram reimbursement for the purpose of early detection in symptomatic or high-risk woman anytime recommended by the health care provider, and annually for women 40 years of age and older.	
	ORS 743.728	Coverage provides reimbursement for pelvic and Pap-smear exams provided annually for women 18 to 64 and any time upon referral of the woman's health care provider.	
	ORS 743.823, OAR 836-053-1000(10)	Coverage provides 48 hours of care for vaginal delivery and 96 hours for caesarian and insurer compliance with the Federal Newborns' and Mothers' Health Protection Act of 1996.	
	ORS 743.791	Coverage includes clinical breast examinations	
	ORS 743.794	Coverage includes prostate cancer screening examinations	
	Oregon Laws 2007, Ch 313	Acupuncture: Covered services when preformed by a physician must also be covered when preformed by a licensed acupuncturist	
	ORS 743.799	Coverage includes colorectal cancer screening examinations and lab tests	
	Oregon laws 2007, Ch 566	Plans that provide coverage for cancer chemotherapy treatment must extend coverage for a prescribed, orally administered anticancer medication.	
	Oregon Laws 2007, Ch. 484	Plans must extend filing of claim deadline, for claims filed by Medicaid, to 3 years.	

Benefit reimbursement, continued	Oregon Laws 2007, Ch. 504	Cochlear implants: Plans providing de bilateral services.	
	Oregon Laws 2007, Ch. 374	Benefits include coverage for prosth	
	Oregon Laws 2007, Ch. 182	Plans including prescription drug be contraceptives and related services.	
	Oregon Laws 2007, Ch. 872	Plans include benefits, for children nditions, for pervasive developmental disorders.	
Cancellation and nonrenewal	ORS 743.560, ORS 743.565, OAR 836-052-0800 to 0860	Required minimum grace period and ments.	
	ORS 743.560(3)	Notification of non-replacement rig no later than 10 days after the termination date.	
	ORS 743.565	The policy provides that an insurer or nonpayment of premium will notify the policyholde end of the grace period.	
Claims settlement	ORS 743.804(3), OAR 836-053-1100	Plan includes grievance and appeal	
	ORS 743.857(1)(a), (b), (c), 743.859(1), (2), or (3), 743.861(1)	Includes external review program th S 743.857(1)(a), (b), or (c); 743.859(1)(2) or (3); and 74	
Continuation of coverage	ORS 743.854(9), (10)	Continuity of care is provided unde preferred-provider-organization insurance. A copy of t ded.	
	ORS 743.527	Provides continuation of coverage	
	ORS 743.529(1), OAR 836-082-0055	Provides continuation of coverage vidual if policy is canceled and immediately replaced	
	ORS 743.529(2), OAR 836-082-0050 to 0055	Provides uninterrupted coverage w aced.	
	ORS 743.530*	Provides for continuation of cover a filed for workers' compensation.	
	ORS 743.600, 743.601, 743.602	Provides continuation of coverage arated spouse 55 or older for employers with 20 or mo	

Continuation of coverage	ORS 743.610	Policy describes continuation of coverage requirement for employers with less than 20 employees.	
	ORS 743.760(1), (12), OAR 836-053-0750	Includes state and federal eligibility requirements to obtain an individual portability plan.	
Coordination of benefits	ORS 743.549, 743.552, OAR 836-020-0770 to 0806	If policy applies coordination of benefits, it complies with ORS 743.549, ORS 743.552, and OAR 836-020-0770 to 0806.	
		Reduction of benefit payments on the basis of other insurance for the insured individual is in full accordance with coordination-of-benefits rules.	
Coverage outline	OAR 836-053-0060	An outline of benefits, policy limits, and cost-sharing provisions for the Small Employer Basic Plan is summarized as Exhibit I, to OAR 836-053-0660.	
Credibility	ORS 742.005(2), (3), NAIC Discretionary Clause Model	If plan includes a discretionary clause, it does not give the insurer full and final discretion in interpreting its insurance contract. (Such a clause is considered to be inequitable, deceptive, and misleading to consumers.)	
Definitions	ORS 743.801(5), OAR 836-053-1060	Definition of "grievance" as it applies to the grievance procedures.	
	ORS 743.730(3)	Terms identify the eligibility date for coverage and an affiliation period for health care service contractors.	
	ORS 743.730(8), OAR 836-053-0040	Creditable coverage is defined.	
	ORS 743.730(12), OAR 836-053-0021	Eligible employee definition meets the requirements of ORS 743.730(12) and OAR 836-053-0021.	
	ORS 743.730(13)	Definition of "enrollee" includes employee, dependent of the employee, or an individual otherwise eligible under the group.	
	Oregon Law 2007 House Bill 2007	Definition of "eligible dependent" must include same-sex domestic partner.	
	ORS 743.730(14)	Describes exclusion period.	
	ORS 743.730(24)	Defines "late enrollee" as an individual who enrolls in the group subsequent to the initial enrollment period during which the individual was eligible for coverage.	

Definitions, continued	ORS 743.730(27) ORS 742.005	Defines "pre-existing condition" as services, charges or expenses incurred for pre-existing conditions for specified period immediately following enrollment. *(Pre-existing conditions do not include:* *1. Pregnancy, except as provided in ORS 743.766.* *2. Genetic information in the absence of a diagnosis.* *3. A newborn child or adopted child who obtains coverage in accordance with ORS 743.707.* *4. A condition for which an ordinarily prudent person would have sought treatment or advice")*	
	ORS 742.023(1)(f)	Stop-loss or out-of-pocket provisions define calendar year and contract year. The definition follows the administration of these provisions and clearly states how the crediting for previously satisfied deductibles, stop-loss or out-of-pocket maximum is applied on mid-year contract renewal.	
Dental	ORS 743.736	Mandatory in Basic Plan Coverage for children ages 3 to 12 years includes one exam, oral prophylaxis, and fluoride treatment each year; sealant in accordance with usual dental practice; and bitewing X-rays when deemed necessary by the attending dentist, but no more frequently than once every 18 months.	Yes ☐ N/A ☐
		Mandatory in Basic Plan Coverage includes treatment for accidental injury to sound natural teeth or jaw.	Yes ☐ N/A ☐
Dependent coverage	ORS 743.736	Mandatory in Basic Plan Coverage includes immunizations.	Yes ☐ N/A ☐
	ORS 743.736	Mandatory in Basic Plan Coverage includes a brief examination of primary care, vision and hearing as follows: 1. Birth to 24 months, well baby care, up to eight exams 2. Ages 24 months to six years, one exam each year 3. Ages 6 to 18 years, one exam every two years	Yes ☐ N/A ☐
	ORS 743.707	Policy covers newborn children of the insured and/or qualified eligible dependents from the moment of birth. Covers adopted children of the insured from the date of placement of the children with the insured for adoption.	
	ORS 743.847(4)	Policy covers children not residing with the parent, not claimed as dependents on parents' federal tax return, born out of wedlock, or residing in the insurer's service area.	
Discrimination	ORS 743.721	The policy does not discriminate between married and unmarried women or between children of married and unmarried women.	

Eligibility	ORS 743.734(6), 743.737(13)	Coverage is offered to all eligible employees	
	ORS 743.737(14)	Policy provides for a special enrollment period.	
	ORS 743.837, OAR 836-053-1200	Policy describes prior authorization and binding periods.	
Emergency care	ORS 743.801(1), (2), (3)*	Defines "Emergency medical condition" as a medical condition that manifests itself by acute symptoms of sufficient severity including severe pain that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of a person or fetus, in the case of a pregnant woman, in serious jeopardy.	
	ORS 743.699	Emergency services are not subject to additional penalty or pre-authorization requirements.	
Exclusions	ORS 743.847(2)	Eligibility for benefits is not determined based on eligibility for Medicaid.	
	ORS 743.737(3), OAR 836-053-0060	The policy describes any exclusion period for specified covered services and its application to all individuals enrolling for the first time in a health benefit plan.	
	ORS 743.737(4)	Policy describes any late enrollee exclusion period, not to exceed 12 months.	
	ORS 743.736 OAR 836-053-0060 General exclusions (mark "n/a" if not excluded and indicate page of coverage)	Benefits may exclude any service not medically necessary and appropriate.	
		Benefits may exclude custodial, convalescent, or intermediate level care as determined by the carrier.	
		Benefits may exclude experimental or investigational procedures.	
		Benefits may exclude services that are the responsibility of the employer (workers' compensation) or a government body.	
		Benefits may exclude services for which no charges are made.	
		Benefits may exclude programs mandated by a court of law as a result of a court's findings, recommendation, or sentencing.	
		Benefits may exclude transportation, meals, and lodging necessary for recipient's access to covered services.	

Exclusions continued	ORS 743.736 OAR 836-053-0060 Hospital/medical/ professional exclusions (mark "n/a" if not excluded and indicate page of coverage)	Benefits may exclude education, clinical programs, or medical/surgical services for weight control and food supplements or prescription medications used in conjunction with such program or service.	
		Benefits may exclude self help or training programs including, but not limited to, smoking cessation, weight control, nutrition and general fitness programs, and instruction for self-administering medications or operating durable medical equipment, except in the case of diabetic instructions provided on an outpatient basis.	
		Benefits may exclude plastic surgery or other cosmetic services that are indicated to improve appearance, except those that are the result of non-congenital injury or surgery including, but not limited to, cosmetic treatment of confirmed benign skin conditions, varicose veins, confirmed benign tumors, polyps and skin disease, and diseases of hair, nails, or follicles.	
		Benefits may exclude artificial insemination and other methods of conception by artificial means.	
		Benefits may exclude services for the reversal of elective surgically induced infertility.	
		Benefits may exclude vision services, except as noted for children through the age of 18.	
		Benefits may exclude surgery or other procedures that alter the refractive character of the eye.	
		Benefits may exclude routine foot care.	
		Benefits may exclude cochlear implants.	
		Benefits may exclude medical and surgical services related to the treatment of TMJ except for splinting procedures.	
		Benefits may exclude ongoing medical treatment for certain conditions determined by the Oregon Health Services Commission to have minimal effectiveness.	
		Benefits may exclude external hearing aids and hearing devices, except for children younger than age 18 who experienced hearing loss before age three.	
		Benefits may exclude eyeglasses, contact lenses, and vision aids.	
		Benefits may exclude implantable pharmaceutical devices.	
		Benefits may exclude medical supplies and durable medical equipment prescribed on an outpatient basis and not specifically noted in covered services.	

Grace period	ORS 743.560(1)	Provision states that a minimum 10-day grace period is granted for the payment of each premium falling due after the first premium, during which the policy shall continue in force.	
Hospice	ORS 743.736, OAR 836-053-0060	Covers hospice care that includes medical supplies, drugs and medications, equipment and care for pain control, and symptom management during the insured's last six months of life.	
		Palliative care includes medical services that alleviate symptoms or afford temporary relief but don't effect a cure.	
Hospital/surgical/ medical expense	ORS 743.693, 743.823, OAR 836-053-0060	Hospital outpatient and ambulatory services include medical supplies used, drugs and medications required to be administered in, and casts applied in a hospital outpatient or ambulatory setting.	
Hospital/surgical/ medical expense, continued	ORS 743.693, 743.823, OAR 836-053-0060	Hospital inpatient services include: 1. Delivery, post-partum, newborn care 2. Anesthesia 3. Medical supplies, drugs and medications, orthotics 4. Durable medical equipment 5. Functional medical equipment (e.g. pacemakers or artificial joints) 6. Blood or blood products 7. Rehabilitation care for disease or injury, maximum 30 days per condition except in cases of head or spinal cord injury, which have a maximum 60 days per condition.	
Limits	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Provision describes benefit treatment limitation for ongoing medical treatment for confirmed irreversible hepatorenal syndrome.	Yes ☐ N/A ☐
		Mandatory in Basic Plan. Coverage benefit is at least 50 percent and not subject to out-of-pocket maximums for the following: 1. Plastic surgery or other cosmetic services required as a result of a non-congenital injury or surgery. 2. Orthognathic or arthroplastic surgery indicated for disorders resulting in impairment of speech, nutrition, or other bodily functions. 3. Focal surgery for epilepsy.	Yes ☐ N/A ☐

Major medical expense	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Policy provides coverage as follows for minimal history and examination, and screening exams for blood pressure, weight and cholesterol levels: 1. Ages 19 years to 39 years, one exam every five years 2. Ages 40 years to 64 years, one exam every two years	Yes ☐ N/A ☐
Managed care	ORS 743.845(1)	Provision allows for the designation of a Women's health care provider as the primary care physician, if a primary care physician is required.	
	ORS 743.845(2)	Provision permits a female enrollee to designate a women's health-care provider as her primary care provider.	
	ORS 743.845(3)	Provision permits a female enrollee to have direct access to a women's health-care provider for at least one annual preventive women's health examination and for pregnancy care.	
Nursing home	ORS 743.736(2), OAR 836-053-0060	Mandatory in Basic Plan. Policy covers 20 days of skilled nursing facility (SNF) care per condition following impatient hospitalization. SNF may also be provided under case management for catastrophic injury or illness.	Yes ☐ N/A ☐
	ORS 743.736(2), OAR 836-053-0060	Mandatory in Basic Plan. Policy covers home health care that includes services of plan providers defined by the carrier for a maximum of 60 consecutive days per condition when significant improvement in function is anticipated and covers home IV therapy following treatment initiated during hospital inpatient treatment.	Yes ☐ N/A ☐
Pre-existing conditions	ORS 742.005(2)	Pre-existing condition is a defined period prior to the effective date of coverage.	
	ORS 743.737(1), (2)	The pre-existing-condition provisions apply only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received during the six-month period prior to enrollment; they terminate on the earlier of six months following effective date for new enrollees or 12 months for late enrollees.	
	ORS 743.737(3), OAR 836-053-0040	Credit for prior coverage reduces the pre-existing-condition period when creditable coverage did not end more than 63 days before enrollment.	
	ORS 743.737(3)	The policy describes any affiliation period for health-care service contractors.	
Prescription drug	ORS 743.697	If prescription drug coverage is offered, it does not exclude coverage of a drug because the drug is not FDA approved for a prescribed medical condition if the Oregon Health Resources Commission determines the use is effective.	

Prescription drug continued	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Policy requires a co-payment of $15 or 50 percent, whichever is greater, for eligible charges. This benefit is not subject to the stop-loss limit and the carrier may limit coverage to a 30-day supply per prescription.	Yes ☐ N/A ☐
Proof of loss	OAR 836-080-0230 and 0235	If the policy includes claim procedures, the procedures and timelines comply with fair claim practice requirements.	
Requirements not part of a listed category	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Coverage for laboratory procedures, radiology tests, and special diagnostic procedures include EMG, nerve conduction studies, nuclear medicine, pulmonary function, electrophysiology, and medically necessary diagnostic procedures that, at the carrier's option, may require prior approval.	Yes ☐ N/A ☐
	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Professional services include home, office, or hospital visits; surgery and anesthesiology; physical, speech, occupational, and respiratory therapy up to 30 visits per condition with a 60-day prenatal care; and medical supplies used in, drug medications required to be administered in, and casts applied in a provider's office.	Yes ☐ N/A ☐
		Mandatory in Basic Plan. Coverage for transplants includes liver; kidney; heart or lung, heart/lung; bone marrow for aplastic anemia, leukemia, and lymphoma; severe combined immuno-delivery disease or Wiskott-Aldrich syndrome; corneal; immunosuppressive drugs associated with covered transplant; and pancreas-kidney or pancreas after kidney.	Yes ☐ N/A ☐
		Mandatory in Basic Plan. Covers supplemental services including dialysis (pre-ESRD eligible); and diabetic instructions provided on outpatient basis.	Yes ☐ N/A ☐
Renewability	ORS 743.737(5), OAR 836-053-0001	Describes renewal, modification, or discontinuance provisions.	
Small group defined	ORS 743.730(30), OAR 836-053-0021(1)	Defines Small Employer Group (2-50 employees)	
	ORS 743.734(6), OAR 836-053-0021	Different group health plans providing coverage to various categories of employees as defined by the employer are applied uniformly to each category of employees.	
	ORS 743.737(7), OAR 836-053-0021(5)	Describes contribution and participation requirements.	

Usual, customary, or reasonable defined	ORS 742.005(2) 2007 Oregon Laws HB 2213	Filing includes a definition in plain language for "usual, customary, and reasonable" (UCR) that fully discloses how allowable charges are determined. (*If a national database or alternate method is used, it must be described including any percentile applied. Bracketing or variables are not permitted within this definition.*)	
Utilization review	ORS 743.807(2), OAR 836-053-1140	Utilization review requirements (Prior authorization and appeal process).	
Vision	ORS 743.736, OAR 836-053-0060	Mandatory in Basic Plan. Coverage is provided for children through age 18 for one general eye examination, including necessary refractions, every 24 months.	Yes ☐ N/A ☐
	ORS 743.842	If the plan coverages eye care services, the benefit includes emergency eye services.	
Waiting period	ORS 743.730(17)	Policy describes group eligibility waiting period.	
	ORS 743.754(3)	Policy describes the affiliation period limitation for health care service contractors on pre-existing conditions.	
	ORS 743.754(3)	Policy describes the exclusion period for specified covered services and its application to all individuals enrolling for the first time in the group health benefit plan.	
	ORS 743.754(4)	Policy defines the late enrollee exclusion.	
	ORS 743.754(5)	Policy provides for special enrollment periods.	
REQUIREMENTS FOR RATES			
Submission requirements	ORS 743.737(12)	A carrier shall maintain at its principal place of business a complete and detailed description of its rating practices and renewal underwriting practices relating to its small employer and portability health plans, including information and documentation that demonstrate that its rating methods and practices are based upon commonly accepted actuarial practices and are in accordance with sound actuarial principles. Fill-in the applicable information requested for review in this filing:	Increase 5.9% Decrease % Trend ☐ Monthly ☐ Quarterly ☒ Yearly

Electronic Submission requirements – including attachment of an explanatory statement, in plain language and in a form satisfactory to the Director, for the purpose of public information,	836-053-0910 2007 Oregon Laws House Bill 3103	Rate filing requirement specified in OAR 836-010-0011 must be submitted to the Director in electronic format and shall include a statement that explains the filing is plain language for the purpose of public information, in a form satisfactory to the Director. Filings may be submitted (A single pdf attachment using any option below cannot be larger than 3MB) 1) Using the National Association of Insurance Commissioner's System for Electronic Rate and Form Filings (SERFF); or 2) With documentation attached in pdf format. These filings may be submitted via email with documents attached in pdf format, or the filing may be submitted on a compact disc (CD) with documents attached in pdf format. If submitting via email, the combined size of the email plus attached documents being transmitted must be less than four megabytes.	
Requirement not part of a listed category	ORS 743.737 OAR 836-053-0065	Each carrier issuing small-employer health benefit plans must file its geographic average rates (GARs) for a rating period with the director at least once every 12 months.	
		Filing identifies the requested effective date for the proposed rates and the period during which the proposed rates are to be effective.	
		Plans addressed in this rate filing are identified by their approved policy form number and date of approval.	
		Any plans added or withdrawn since the last filing are identified. If none, so state.	
Rate schedules	ORS 743.737, OAR 836-053-0065	Filing contains a schedule of rates for each plan that includes the following: 1. Proposed effective date of rates. 2. Anticipated period for which this rate schedule will remain in effect. 3. Geographic average rate for each plan for each area by family composition (tiers). 4. A complete table of rates and factors for all allowed rating variables found in ORS 743.737. 5. Future rate changes are filed to take effect on a contract's anniversary.	Yes ☒ ☒ ☒ ☒

Rate Schedules continued	OAR 836-053-0065	Filing includes full rate tables for the Small Employer Group basic, indemnity, HMO, and PPO as applicable, (completed and attached), the geographic average rates as defined in ORS 743.730(16)(a) & (b) and an explanation of how these rates were calculated for all health plans marketed to Small Employer Groups.	Yes ☒
		A complete explanation is given for major differences between the last-filed small-group rate adjustment and this rate adjustment.	Yes ☒
	OAR 836-053-0065	Provide actual premiums by family composition and areas for the small employer health benefit plan(s) using the following criteria: **Health carriers, service contractors, and indemnity carriers (see Exhibit I, to OAR 836-053-0060.):** **Oregon Basic plan** (This plan must be offered by all small employer carriers) **Indemnity plan PPO Plan** **HSA-qualified high deductible health plan**	*Plans included in filing* ☒ ☒ ☒ ☒
	OAR 836-053-0065	Provide actual premiums by family composition and areas for the small employer health benefit plan(s) using the following criteria: **Managed-care carriers (see Exhibit I, to OAR 836-053-0060):** **Oregon Basic plan:** (*This plan must be offered by all small-employer carriers.*) **HMO-type plan** Point of service plan **HSA- qualified High Deductible Health Plan**	*Plans included in filing* ☐ ☐ ☐ ☐
	OAR 836-053-0910	If any change in benefit relativities since the last filing, filing includes a description of this change in the accompanying documentation and a complete new demonstration, as required by OAR 836-053-0910, that the new differences between rates for the various plans reflect only differences in benefit provisions.	Yes ☐
Ratemaking generally	ORS 743.737, OAR 836-053-0065	Filing includes: a. Table of the GARs for each plan and area. b Tables of all applicable rating factors.	Yes ☒ ☒

Ratemaking generally continued	ORS 743.737, OAR 836-053-0065	**Method used to compute rate change** *(must be based on carrier's own data)* **Note:** Premium and claim information below may be expressed as pmpm, if desired.	Yes
		a. Experience period for earned premium and claims.	☒
		b. Earned premium for experience period.	☒
		c. Adjusted earned premium for experience period. (If premiums adjusted by more than 15%, explain method by which such premiums were adjusted so that all premiums in the experience period were consistent with current premiums prior to proposed rate changes.)	☒
		d. Paid claims for experience period.	☒
		e. Incurred claims for experience period.	☒
		f. Dollar amount of trended claims. (in accompanying documentation provide annual trend factor as well as relevant information as to source of such factor.)	☒
		g. Dollar amount of sum of trended claims, administration costs, and contingency margins.	☒
		h. Loss ratio with administration = g/c * 100	☒
		i. Required percentage change in premium = h - 100	☒

Regence BlueCross BlueShield of Oregon
Oregon Small Employer 2-50
Rates Effective July 1, 2008
Rate Filing Summary

The Oregon Insurance Division must approve the rates of all health benefits plans in the individual, small employer and portability markets.

This is a summary of the information contained in the small employer health benefit plan rate filing for Regence BlueCross BlueShield of Oregon. The total change in premium requested is an average 16.5 percent above one year earlier. The requested change will be effective July 1, 2008. 43,737 Oregonians are covered. Consumers' premiums are also affected by the ages of the people covered, where they live and whether family members are covered.

Medical and prescription costs: This rate filing asks for a total medical and prescription rate increase of 16.5 percent above the rates of one year earlier. Part of this increase is because the cost of medical services for these policies has gone up by 12.3 percent and because the cost of prescriptions has increased by 11.9 percent. This rate is also affected by changes in medical and prescription benefits.

Medical and prescription benefits: Part of the medical rate and prescription rate increase is because changes have been made to these medical and prescription benefits: prosthetics and orthotics mandate, pervasive developmental disorders mandate, and oral chemotherapy mandate. These changes increased the medical rate by 0.2 percent and increased the prescription rate by 0.0 percent.

A health insurance premium is made up of three pieces: the claims costs, administrative costs, and profit.

Claims costs: This filing states that for the policies it covers, the claims costs as a portion of premium will change from 91.9 percent to 82.9 percent.

Administrative costs: This filing states that for the policies it covers, the administrative costs as a portion of premium will change from 16.6 percent to 16.9 percent.

Profit: This filing states that the profit the insurance company expects to make for the policies covered as a portion of premium will change from -8.8 percent to 0.2 percent.

Glossary

Administrative costs—These are additional costs the insurance company pays to operate this insurance plan. Such costs include the salaries of company employees, the costs of the company's offices and equipment, commissions to agents to sell and service policies,

subsidies to cover legally required plans such as portability and the Oregon Medical Insurance Pool, and taxes.

Claims costs—These are what the insurance company pays out as claims to purchase medical services, prescriptions, and other health-related goods and services for the insured people.

Medical and prescription benefits—These are the policy provisions detailing what the insurance company will pay for various health-related goods and services. If a company changes the policy to offer new or better benefits or to reduce current benefits, a rate increase or decrease may take place.

Medical and prescription costs—The portion of the premium that pays for medical services and prescriptions. In some policies, prescription costs are shown as a separate item.

Portability—The name of the health benefit plan for people who lose their employer-sponsored health insurance.

Profit—This is what is left over after the costs associated with the claims and administrative costs are paid. Profit can vary greatly from one year to the next.

Regence BlueCross BlueShield of Oregon
Small Group (2 - 50)
Rates Effective July 1, 2008
Confidentiality Statement

Regence BlueCross BlueShield of Oregon requests that this portion of the small group rate filing, effective July 1, 2008, be kept proprietary and confidential because it contains trade secrets not generally known to the public and from which competitors can obtain economic value and use. Regence has kept this information proprietary and confidential:

- Base rate development
- Rate change calculation

The Oregon small group health insurance market is significantly competitive, and public disclosure of the above trade secrets would allow competitors to gain access to sensitive pricing information.

Proprietary and Confidential - Not for Public Disclosure
Regence BlueCross BlueShield of Oregon
Oregon Small Employer
3rd Quarter 2008 Medical with Built-in Rx Renewal Rate Change Calculation

Medical with Built-in Rx

Effective Period of Proposed Rates: 7/1/2008 - 9/30/2008
Projected Rating Period: 7/1/2008 - 8/31/2009
Experience Period: 10/1/2006 - 9/30/2007

		Non-BlueChoices	BlueChoices	Total
A	Member Months			496,813
B	Earned Income			105,768,536
C	Adjustment for Prior Rate Increases			1.221
D	Projected Premium at Current Rate (= B x C)			129,149,102
E	Incurred and Paid Claims			87,997,081
F	Completion Factor			0.9924
G	Ultimate Claims (= E / F)			88,668,269
H	Incurred Claims Loss Ratio (=G / B)			83.8%
I	Large Claims Pooling Adjustment			$246,926
J	Months Trended			22
K	Claims Cost Trend			12.3%
L	Trend Factor =(1 + K%) ^ (J/12)			1.237
M	Benefit Change Adjustment			1.008
N	Estimated Claims (= (G + I) x L x M)			110,893,759
O	Retention Load			
P	Required Premium (= N / (1 - O))			
Q	Calculated Rate Change Required (=P / D - 1)			
R	Proposed Base Rate Increase for 2008Q3			6.6%

Proprietary and Confidential - Not for Public Disclosure
Regence BlueCross BlueShield of Oregon
Oregon Small Employer
3rd Quarter 2008 Prescription Drug Renewal Rate Change Calculation

Prescription Drug

Effective Period of Proposed Rates: 7/1/2008 - 9/30/2008
Projected Rating Period: 7/1/2008 - 8/31/2009
Experience Period: 10/1/2006 - 9/30/2007

		Total Small Group
A	Member Months	413,690
B	Earned Income	$17,188,051
C	Adjustment for Prior Rate Increases	1.115
D	Projected Premium at Current Rate (= B x C)	$19,165,650
E	Incurred and Paid Claims	$13,619,446
F	Completion Factor	0.9992
G	Ultimate Claims (= E / F)	$13,630,160
H	Incurred Claims Loss Ratio (=G / B)	79.3%
I	Months Trended	22
J	Claims Cost Trend	11.9%
K	Trend Factor =(1 + J%) ^ (I/12)	1.229
L	Trended Incurred Claims (= G x K)	$16,750,307
M	Rebate Credit (last 12 months processed)	$538,331
N	Expected Incurred Claims (= L - M)	$16,211,976
O	Retention Load	[redacted]
P	Required Premium (= N / (1 - O))	[redacted]
Q	Calculated Rate Change Required (=P / D - 1)	[redacted]
R	Proposed Base Rate Increase for 2008Q3	1.4%

Part A - CEHI Geographic Average Rates by Premium Dollar and Tier
ith Care Service Contractors and Indemni Irriers

Company: Regence BlueCross BlueShield of Oregon		Phone: (503) 225-5146	Fax: (503) 225-5196
Prepared By:	Cameron Copa		

Plan C ** — PPO Plan: Deductible $500 individual; $1,500 family/ 90/70% benefit/$2,000 stop loss/ 50% prescription drugs/$1,000,000 lifetime max

Plan D — Point of Service Plan: Deductible $500/$15 office visit/80% benefit/$1,000 out-of-pocket per individual, no prescription

Plan A Rates	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Employee Only	$435	$409	$401	$409	$435	$439	$418
Employee + Spouse	$913	$859	$842	$859	$913	$921	$877
Employee/Family*	$1,278	$1,203	$1,178	$1,203	$1,278	$1,290	$1,228
Employee + Children	$800	$753	$737	$753	$800	$807	$768

Plan B Rates	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Employee Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee/Family*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Children	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Plan C Rates	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Employee Only	$396	$373	$365	$373	$396	$400	$381
Employee + Spouse	$832	$783	$767	$783	$832	$840	$799
Employee/Family*	$1,164	$1,097	$1,074	$1,097	$1,164	$1,176	$1,119
Employee + Children	$729	$686	$672	$686	$729	$736	$700

Plan D Rates	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Employee Only	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee/Family*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Employee + Children	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Family is employee, spouse, and 2 children

If trend (monthly or quarterly) is applicable, please disclose (quarterly medical trend as 2.9%, quarterly rx trend as 2.9%).

Questions or comments, contact Health Unit: phone - (503) 947-7983 or e-mail: healthun.web@state.or.us

**** Plan C Variance: $2,000 Max Coinsurance; $2,000,000 Lifetime Max; rate includes optional 50% RX Rider**

Regence BlueCross BlueShield of Oregon
Base Rate Exhibit
Effective July 1, 2008

Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	BlueClassic $300 Ded, Access Network, In:90%, $1,000 Max Coins, Out:70%, $6,000 Max Coins.	$346.82	$381.51	$145.67
MED	7/1/2008	BlueClassic $300 Ded, Par Network, In:90%, $1,000 Max Coins, Out:70%, $6,000 Max Coins.	$379.75	$417.72	$159.49
MED	7/1/2008	BlueClassic $300 Ded, PPP Network, In:90%, $1,000 Max Coins, Out:70%, $6,000 Max Coins.	$363.30	$399.63	$152.59
MED	7/1/2008	BlueClassic $500 Ded, Access Network, In:90%, $1,000 Max Coins, Out:70%, $6,000 Max Coins.	$338.06	$371.86	$141.98
MED	7/1/2008	BlueClassic $500 Ded, Par Network, In:90%, $1,000 Max Coins, Out:70%, $6,000 Max Coins.	$370.18	$407.20	$155.48
MED	7/1/2008	BlueClassic $500 Ded, PPP Network, In:90%, $1,000 Max Coins, Out:70%, $6,000 Max Coins.	$354.11	$389.53	$148.73
MED	7/1/2008	BlueClassic $1000 Ded, Access Network, In:90%, $1,000 Max Coins, Out:70%, $6,000 Max Coins.	$315.37	$346.90	$132.45
MED	7/1/2008	BlueClassic $1000 Ded, Par Network, In:90%, $1,000 Max Coins, Out:70%, $6,000 Max Coins.	$345.33	$379.87	$145.04
MED	7/1/2008	BlueClassic $1000 Ded, PPP Network, In:90%, $1,000 Max Coins, Out:70%, $6,000 Max Coins.	$330.34	$363.38	$138.74
MED	7/1/2008	BlueEssentials $ 500 Ded, Access Network, In:70%, $3,000 Max Coins, Out:50%, $10,000 Max Coins.	$288.57	$317.42	$121.19
MED	7/1/2008	BlueEssentials $ 500 Ded, Par Network, In:70%, $3,000 Max Coins, Out:50%, $10,000 Max Coins.	$315.56	$347.11	$132.54
MED	7/1/2008	BlueEssentials $ 500 Ded, PPP Network, In:70%, $3,000 Max Coins, Out:50%, $10,000 Max Coins.	$302.06	$332.27	$126.86
MED	7/1/2008	BlueEssentials $1000 Ded, Access Network, In:70%, $3,000 Max Coins, Out:50%, $10,000 Max Coins.	$268.14	$294.95	$112.62
MED	7/1/2008	BlueEssentials $1000 Ded, Par Network, In:70%, $3,000 Max Coins, Out:50%, $10,000 Max Coins.	$291.92	$321.12	$122.61
MED	7/1/2008	BlueEssentials $1000 Ded, PPP Network, In:70%, $3,000 Max Coins, Out:50%, $10,000 Max Coins.	$280.00	$308.00	$117.60
MED	7/1/2008	BlueEssentials $2000 Ded, Access Network, In:70%, $3,000 Max Coins, Out:50%, $10,000 Max Coins.	$241.56	$265.71	$101.45
MED	7/1/2008	BlueEssentials $2000 Ded, Par Network, In:70%, $3,000 Max Coins, Out:50%, $10,000 Max Coins.	$262.98	$289.28	$110.45
MED	7/1/2008	BlueEssentials $2000 Ded, PPP Network, In:70%, $3,000 Max Coins, Out:50%, $10,000 Max Coins.	$252.27	$277.50	$105.95
MED	7/1/2008	BluePreferred $ 300 Ded, Access Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$322.60	$354.86	$135.49
MED	7/1/2008	BluePreferred $ 300 Ded, Par Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$353.26	$388.59	$148.37
MED	7/1/2008	BluePreferred $ 300 Ded, PPP Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$337.95	$371.75	$141.94
MED	7/1/2008	BluePreferred $ 500 Ded, Access Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$313.67	$345.04	$131.75
MED	7/1/2008	BluePreferred $ 500 Ded, Par Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$343.04	$377.34	$144.08
MED	7/1/2008	BluePreferred $ 500 Ded, PPP Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$328.38	$361.22	$137.92
MED	7/1/2008	BluePreferred $1000 Ded, Access Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$293.36	$322.70	$123.21
MED	7/1/2008	BluePreferred $1000 Ded, Par Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$319.39	$351.33	$134.15
MED	7/1/2008	BluePreferred $1000 Ded, PPP Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$306.34	$336.97	$128.67
MED	7/1/2008	BluePreferred $2000 Ded, Access Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$261.01	$287.12	$109.63
MED	7/1/2008	BluePreferred $2000 Ded, Par Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$284.20	$312.62	$119.36
MED	7/1/2008	BluePreferred $2000 Ded, PPP Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$272.61	$299.87	$114.50
MED	7/1/2008	BluePreferred $3000 Ded, Access Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$234.84	$258.32	$98.64
MED	7/1/2008	BluePreferred $3000 Ded, Par Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$261.21	$287.33	$109.71
MED	7/1/2008	BluePreferred $3000 Ded, PPP Network, In:80%, $2,000 Max Coins, Out:60%, $8,000 Max Coins.	$250.51	$275.56	$105.21
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $2,000 Coins Max	$352.81	$388.10	$148.18
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $2,000 Coins Max	$352.61	$387.87	$148.10
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $2,000 Coins Max	$352.03	$387.22	$147.85
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $3,000 Coins Max	$350.30	$385.33	$147.13
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $3,000 Coins Max	$350.09	$385.09	$147.03
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $3,000 Coins Max	$349.53	$384.48	$146.80
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $4,000 Coins Max	$348.69	$383.56	$146.45
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $4,000 Coins Max	$348.49	$383.33	$146.36
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $4,000 Coins Max	$347.90	$382.69	$146.12
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $6,000 Coins Max	$346.36	$380.99	$145.47
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $6,000 Coins Max	$346.04	$380.65	$145.34
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 90/70/70 Coins, $6,000 Coins Max	$345.47	$380.02	$145.09
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $2,000 Coins Max	$334.51	$367.96	$140.50
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $2,000 Coins Max	$334.51	$367.96	$140.50
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $2,000 Coins Max	$334.24	$367.67	$140.38
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $3,000 Coins Max	$332.22	$365.45	$139.53
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $3,000 Coins Max	$332.21	$365.42	$139.53
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $3,000 Coins Max	$331.92	$365.12	$139.41
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $4,000 Coins Max	$330.68	$363.75	$138.89
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $4,000 Coins Max	$330.65	$363.72	$138.88
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $4,000 Coins Max	$330.35	$363.39	$138.75
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $6,000 Coins Max	$328.51	$361.36	$137.97
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $6,000 Coins Max	$328.49	$361.34	$137.96
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 90/70/70 Coins, $6,000 Coins Max	$328.17	$360.99	$137.83
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $2,000 Coins Max	$321.69	$353.86	$135.10
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $2,000 Coins Max	$321.74	$353.91	$135.13
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $2,000 Coins Max	$321.80	$353.99	$135.16
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $3,000 Coins Max	$319.48	$351.43	$134.18

Regence BlueCross BlueShield of Oregon
Base Rate Exhibit
Effective July 1, 2008

Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $3,000 Coins Max	$319.49	$351.44	$134.19
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $3,000 Coins Max	$319.58	$351.53	$134.22
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $4,000 Coins Max	$318.09	$349.90	$133.60
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $4,000 Coins Max	$318.09	$349.90	$133.60
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $4,000 Coins Max	$318.18	$350.00	$133.63
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $6,000 Coins Max	$315.97	$347.57	$132.71
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $6,000 Coins Max	$315.98	$347.58	$132.72
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 90/70/70 Coins, $6,000 Coins Max	$316.08	$347.69	$132.75
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$309.98	$340.98	$130.19
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$310.24	$341.26	$130.30
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$310.39	$341.43	$130.36
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$307.91	$338.71	$129.33
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$308.15	$338.97	$129.42
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$308.30	$339.13	$129.49
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$306.54	$337.20	$128.75
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$306.81	$337.48	$128.86
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$306.92	$337.61	$128.91
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$304.55	$335.00	$127.91
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$304.80	$335.28	$128.02
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$304.92	$335.41	$128.07
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $2,000 Coins Max	$290.29	$319.32	$121.92
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $2,000 Coins Max	$290.75	$319.83	$122.12
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $2,000 Coins Max	$291.24	$320.36	$122.32
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $3,000 Coins Max	$288.41	$317.25	$121.13
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $3,000 Coins Max	$288.86	$317.75	$121.32
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $3,000 Coins Max	$289.33	$318.26	$121.52
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $4,000 Coins Max	$287.01	$315.71	$120.54
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $4,000 Coins Max	$287.48	$316.23	$120.75
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $4,000 Coins Max	$287.94	$316.73	$120.94
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $6,000 Coins Max	$285.16	$313.67	$119.77
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $6,000 Coins Max	$285.61	$314.17	$119.96
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 90/70/70 Coins, $6,000 Coins Max	$286.06	$314.67	$120.15
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$273.78	$301.16	$114.99
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$274.50	$301.94	$115.29
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$275.38	$302.91	$115.66
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$272.05	$299.26	$114.26
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$272.75	$300.03	$114.55
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$273.64	$301.01	$114.93
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$270.76	$297.84	$113.72
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$271.47	$298.62	$114.02
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$272.36	$299.60	$114.39
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$269.06	$295.96	$113.01
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$269.77	$296.75	$113.31
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$270.64	$297.70	$113.67
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$224.30	$246.73	$94.20
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$225.85	$248.44	$94.86
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$228.02	$250.82	$95.77
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$222.90	$245.19	$93.62
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$224.44	$246.87	$94.27
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$226.61	$249.27	$95.17
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$222.10	$244.32	$93.29
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$223.63	$245.99	$93.93
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$225.78	$248.35	$94.83
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$220.73	$242.80	$92.71
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$222.24	$244.47	$93.34
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$224.44	$246.87	$94.27
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $2,000 Coins Max	$330.29	$363.31	$138.72
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $2,000 Coins Max	$330.64	$363.71	$138.87
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $2,000 Coins Max	$331.52	$364.67	$139.24
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $3,000 Coins Max	$325.93	$358.53	$136.90
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $3,000 Coins Max	$326.28	$358.91	$137.03

Regence BlueCross BlueShield of Oregon
Base Rate Exhibit
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Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $3,000 Coins Max	$327.14	$359.86	$137.40
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $4,000 Coins Max	$322.57	$354.94	$135.52
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $4,000 Coins Max	$323.00	$355.30	$135.66
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $4,000 Coins Max	$323.87	$356.26	$136.02
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $6,000 Coins Max	$318.72	$350.60	$133.87
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $6,000 Coins Max	$319.05	$350.96	$134.01
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 80/60/60 Coins, $6,000 Coins Max	$319.92	$351.91	$134.37
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $2,000 Coins Max	$313.52	$344.87	$131.68
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $2,000 Coins Max	$314.02	$345.43	$131.89
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $2,000 Coins Max	$315.16	$346.68	$132.37
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $3,000 Coins Max	$309.45	$340.40	$129.97
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $3,000 Coins Max	$309.96	$340.96	$130.18
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $3,000 Coins Max	$311.08	$342.19	$130.65
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $4,000 Coins Max	$306.72	$337.39	$128.83
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $4,000 Coins Max	$307.20	$337.92	$129.03
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $4,000 Coins Max	$308.33	$339.16	$129.50
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $6,000 Coins Max	$302.74	$333.02	$127.15
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $6,000 Coins Max	$303.26	$333.58	$127.37
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 80/60/60 Coins, $6,000 Coins Max	$304.36	$334.80	$127.83
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $2,000 Coins Max	$301.70	$331.87	$126.72
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $2,000 Coins Max	$302.32	$332.55	$126.97
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $2,000 Coins Max	$303.63	$333.99	$127.53
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $3,000 Coins Max	$297.64	$327.62	$125.10
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $3,000 Coins Max	$298.46	$328.31	$125.35
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $3,000 Coins Max	$299.76	$329.74	$125.89
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $4,000 Coins Max	$295.24	$324.77	$124.00
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $4,000 Coins Max	$295.87	$325.46	$124.26
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $4,000 Coins Max	$297.16	$326.88	$124.81
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $6,000 Coins Max	$291.48	$320.62	$122.42
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $6,000 Coins Max	$292.11	$321.31	$122.69
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 80/60/60 Coins, $6,000 Coins Max	$293.38	$322.72	$123.22
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$291.06	$320.16	$122.25
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$291.65	$321.04	$122.58
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$293.35	$322.69	$123.21
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$287.27	$315.99	$120.65
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$288.05	$316.86	$120.98
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$289.54	$318.49	$121.61
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$284.88	$313.36	$119.65
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$285.53	$314.20	$119.97
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$287.15	$315.87	$120.61
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$281.25	$309.37	$118.12
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$282.03	$310.24	$118.45
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$283.51	$311.87	$119.07
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $2,000 Coins Max	$272.97	$300.27	$114.65
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $2,000 Coins Max	$273.90	$301.28	$115.03
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $2,000 Coins Max	$275.68	$303.25	$115.79
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $3,000 Coins Max	$269.48	$296.43	$113.19
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $3,000 Coins Max	$270.41	$297.46	$113.57
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $3,000 Coins Max	$272.20	$299.43	$114.33
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $4,000 Coins Max	$267.36	$294.09	$112.29
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $4,000 Coins Max	$268.27	$295.10	$112.68
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $4,000 Coins Max	$270.06	$297.06	$113.42
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $6,000 Coins Max	$263.97	$290.37	$110.86
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $6,000 Coins Max	$264.90	$291.39	$111.26
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 80/60/60 Coins, $6,000 Coins Max	$266.68	$293.35	$112.00
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$257.97	$283.77	$108.35
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$259.13	$285.05	$108.84
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$261.28	$287.40	$109.73
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$254.99	$280.49	$107.09
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$256.14	$281.75	$107.58
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$258.28	$284.11	$108.48

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Base Rate Exhibit
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Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$252.68	$277.95	$106.13
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$253.86	$279.24	$106.62
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$256.00	$281.61	$107.52
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$249.59	$274.55	$104.83
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$250.73	$275.81	$105.31
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$252.89	$278.17	$106.22
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$211.84	$233.02	$88.97
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$213.70	$235.07	$89.76
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$217.02	$238.72	$91.14
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$209.90	$230.88	$88.16
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$211.75	$232.92	$88.94
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$215.03	$236.53	$90.31
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$208.30	$229.13	$87.49
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$210.19	$231.22	$88.29
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$213.48	$234.83	$89.66
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$206.03	$226.63	$86.53
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$207.90	$228.69	$87.32
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$211.17	$232.29	$88.69
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $2,000 Coins Max	$311.21	$342.32	$130.70
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $2,000 Coins Max	$312.10	$343.32	$131.09
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $2,000 Coins Max	$313.82	$345.20	$131.80
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $3,000 Coins Max	$305.39	$335.93	$128.26
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $3,000 Coins Max	$306.27	$336.90	$128.63
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $3,000 Coins Max	$307.89	$338.79	$129.36
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $4,000 Coins Max	$300.91	$331.00	$126.38
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $4,000 Coins Max	$301.80	$331.97	$126.76
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $4,000 Coins Max	$303.51	$333.86	$127.47
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $6,000 Coins Max	$294.93	$324.43	$123.87
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $6,000 Coins Max	$296.80	$325.39	$124.24
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $250 Ded, 70/50/50 Coins, $6,000 Coins Max	$297.52	$327.27	$124.96
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $2,000 Coins Max	$296.80	$326.39	$124.24
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $2,000 Coins Max	$296.84	$326.53	$124.67
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $2,000 Coins Max	$298.80	$328.68	$125.50
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $3,000 Coins Max	$290.26	$319.31	$121.92
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $3,000 Coins Max	$291.31	$320.44	$122.34
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $3,000 Coins Max	$293.25	$322.57	$123.17
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $4,000 Coins Max	$286.11	$314.73	$120.17
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $4,000 Coins Max	$287.15	$315.87	$120.61
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $4,000 Coins Max	$289.10	$318.01	$121.42
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $6,000 Coins Max	$280.61	$308.67	$117.86
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $6,000 Coins Max	$281.64	$309.80	$118.28
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $500 Ded, 70/50/50 Coins, $6,000 Coins Max	$283.57	$311.92	$119.09
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $2,000 Coins Max	$284.89	$313.38	$119.66
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $2,000 Coins Max	$286.03	$314.63	$120.13
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $2,000 Coins Max	$288.14	$316.95	$121.02
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $3,000 Coins Max	$279.65	$307.62	$117.45
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $3,000 Coins Max	$280.78	$308.86	$117.93
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $3,000 Coins Max	$282.90	$311.19	$118.82
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $4,000 Coins Max	$275.97	$303.56	$115.91
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $4,000 Coins Max	$277.10	$304.80	$116.38
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $4,000 Coins Max	$279.20	$307.11	$117.26
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $6,000 Coins Max	$270.48	$297.52	$113.60
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $6,000 Coins Max	$271.62	$298.78	$114.08
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $750 Ded, 70/50/50 Coins, $6,000 Coins Max	$273.71	$301.08	$114.96
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$274.89	$302.38	$115.46
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$276.15	$303.77	$115.98
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$278.43	$306.27	$116.94
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$270.16	$297.17	$113.47
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$271.40	$298.54	$113.99
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$273.68	$301.05	$114.95
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$266.44	$293.08	$111.90

Product	Effective Date	Product Description
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,000 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $2,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $2,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $2,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $3,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $3,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $3,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $1,500 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $2,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $2,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $2,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $3,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $3,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $3,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $2,000 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $2,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $2,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $2,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $3,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $3,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $3,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $4,000 Coins Max
MED	7/1/2008	Innova 4 visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova 6 visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $20/35 Copay, $5,000 Ded, 70/50/50 Coins, $6,000 Coins Max
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $2,000 Coins Max
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $2,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $2,000 Coins Max
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $3,000 Coins Max
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $3,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $3,000 Coins Max
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $4,000 Coins Max
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $4,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $4,000 Coins Max
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $6,000 Coins Max
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $6,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 90/70/70 Coins, $6,000 Coins Max
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $2,000 Coins Max
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $2,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $2,000 Coins Max
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $3,000 Coins Max
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $3,000 Coins Max
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $3,000 Coins Max
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $4,000 Coins Max
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $4,000 Coins Max

Regence BlueCross BlueShield of Oregon
Base Rate Exhibit
Effective July 1, 2008

Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $4,000 Coins Max	$324.26	$356.68	$136.19
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $6,000 Coins Max	$323.83	$356.21	$136.01
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $6,000 Coins Max	$323.01	$355.31	$135.66
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 90/70/70 Coins, $6,000 Coins Max	$321.97	$354.17	$135.23
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $2,000 Coins Max	$317.19	$348.91	$133.22
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $2,000 Coins Max	$316.53	$348.18	$132.94
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $2,000 Coins Max	$315.70	$347.27	$132.59
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $3,000 Coins Max	$314.93	$346.42	$132.27
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $3,000 Coins Max	$314.27	$345.69	$131.99
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $3,000 Coins Max	$313.45	$344.79	$131.65
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $4,000 Coins Max	$313.51	$344.86	$131.67
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $4,000 Coins Max	$312.84	$344.13	$131.40
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $4,000 Coins Max	$311.99	$343.19	$131.03
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $6,000 Coins Max	$311.29	$342.42	$130.74
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $6,000 Coins Max	$310.65	$341.72	$130.48
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 90/70/70 Coins, $6,000 Coins Max	$309.79	$340.77	$130.12
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$305.48	$336.04	$128.30
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$304.98	$335.48	$128.09
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$304.37	$334.81	$127.83
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$303.38	$333.72	$127.42
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$302.87	$333.16	$127.21
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$302.26	$332.50	$126.95
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$301.99	$332.19	$126.83
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$301.49	$331.63	$126.62
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$300.84	$330.92	$126.35
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$299.97	$329.97	$125.99
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$299.45	$329.39	$125.77
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$298.75	$328.63	$125.48
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $2,000 Coins Max	$285.66	$314.22	$119.98
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $2,000 Coins Max	$285.35	$313.88	$119.85
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $2,000 Coins Max	$285.08	$313.59	$119.73
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $3,000 Coins Max	$283.76	$312.14	$119.18
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $3,000 Coins Max	$283.42	$311.76	$119.04
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $3,000 Coins Max	$283.17	$311.49	$118.93
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $4,000 Coins Max	$282.49	$310.74	$118.65
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $4,000 Coins Max	$282.17	$310.39	$118.51
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $4,000 Coins Max	$281.89	$310.08	$118.39
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $6,000 Coins Max	$280.60	$308.66	$117.86
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $6,000 Coins Max	$280.29	$308.32	$117.72
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 90/70/70 Coins, $6,000 Coins Max	$280.00	$308.00	$117.60
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$269.26	$296.19	$113.09
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$269.32	$296.26	$113.11
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$269.40	$296.34	$113.15
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$267.60	$294.25	$112.35
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$267.57	$294.32	$112.38
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$267.63	$294.40	$112.41
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$266.21	$292.83	$111.81
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$266.29	$292.92	$111.84
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$266.34	$292.98	$111.87
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$264.46	$290.91	$111.08
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$264.54	$291.00	$111.11
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$264.57	$291.03	$111.12
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$219.89	$241.89	$92.36
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$220.67	$242.74	$92.68
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$222.08	$244.28	$93.28
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$218.48	$240.33	$91.76
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$219.24	$241.17	$92.08
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$220.67	$242.74	$92.68
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$217.65	$239.41	$91.41
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$218.39	$240.23	$91.73
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$219.82	$241.80	$92.33

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Base Rate Exhibit
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Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$216.24	$237.87	$90.82
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$217.02	$238.72	$91.14
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$218.42	$240.27	$91.74
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $2,000 Coins Max	$326.20	$358.82	$137.00
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $2,000 Coins Max	$326.03	$358.62	$136.93
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $2,000 Coins Max	$325.65	$358.22	$136.78
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $3,000 Coins Max	$321.80	$353.99	$135.16
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $3,000 Coins Max	$321.64	$353.81	$135.09
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $3,000 Coins Max	$321.27	$353.40	$134.93
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $4,000 Coins Max	$318.51	$350.36	$133.77
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $4,000 Coins Max	$318.37	$350.21	$133.72
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $4,000 Coins Max	$317.98	$349.78	$133.55
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $6,000 Coins Max	$314.54	$346.00	$132.11
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $6,000 Coins Max	$314.35	$345.79	$132.02
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 80/60/60 Coins, $6,000 Coins Max	$313.99	$345.39	$131.87
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $2,000 Coins Max	$309.43	$340.37	$129.96
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $2,000 Coins Max	$309.43	$340.37	$129.96
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $2,000 Coins Max	$309.33	$340.27	$129.92
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $3,000 Coins Max	$305.36	$335.88	$128.24
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $3,000 Coins Max	$305.35	$335.88	$128.24
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $3,000 Coins Max	$305.24	$335.76	$128.20
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $4,000 Coins Max	$302.58	$332.85	$127.09
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $4,000 Coins Max	$302.56	$332.82	$127.08
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $4,000 Coins Max	$302.45	$332.69	$127.02
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $6,000 Coins Max	$298.59	$328.45	$125.40
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $6,000 Coins Max	$298.57	$328.42	$125.39
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 80/60/60 Coins, $6,000 Coins Max	$298.45	$328.30	$125.35
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $2,000 Coins Max	$297.61	$327.37	$125.00
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $2,000 Coins Max	$297.73	$327.51	$125.05
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $2,000 Coins Max	$297.81	$327.59	$125.08
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $3,000 Coins Max	$293.73	$323.09	$123.37
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $3,000 Coins Max	$293.84	$323.23	$123.41
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $3,000 Coins Max	$293.92	$323.31	$123.44
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $4,000 Coins Max	$291.11	$320.23	$122.27
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $4,000 Coins Max	$291.24	$320.36	$122.32
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $4,000 Coins Max	$291.30	$320.43	$122.34
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $6,000 Coins Max	$287.34	$316.08	$120.68
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $6,000 Coins Max	$287.45	$316.20	$120.72
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 80/60/60 Coins, $6,000 Coins Max	$287.49	$316.24	$120.75
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$286.84	$315.53	$120.47
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$287.12	$315.82	$120.59
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$287.38	$316.12	$120.70
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$283.18	$311.51	$118.93
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$283.44	$311.78	$119.04
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$283.71	$312.07	$119.16
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$280.74	$308.82	$117.91
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$281.02	$309.12	$118.03
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$281.27	$309.41	$118.13
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$277.11	$304.82	$116.39
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$277.37	$305.11	$116.49
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$277.61	$305.37	$116.60
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $2,000 Coins Max	$268.90	$295.79	$112.94
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $2,000 Coins Max	$269.34	$296.27	$113.12
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $2,000 Coins Max	$269.88	$296.87	$113.35
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $3,000 Coins Max	$265.40	$291.95	$111.47
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $3,000 Coins Max	$265.82	$292.40	$111.64
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $3,000 Coins Max	$266.37	$293.01	$111.88
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $4,000 Coins Max	$263.26	$289.59	$110.57
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $4,000 Coins Max	$263.66	$290.03	$110.74
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $4,000 Coins Max	$264.22	$290.64	$110.97
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $6,000 Coins Max	$259.86	$285.85	$109.14

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Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $5,000 Coins Max	$260.29	$286.32	$109.32
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 80/60/60 Coins, $6,000 Coins Max	$260.82	$286.90	$109.54
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$253.91	$279.30	$106.64
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$254.45	$279.90	$106.87
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$255.38	$280.92	$107.26
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$250.92	$276.01	$105.38
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$251.57	$276.72	$105.66
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$252.48	$277.74	$106.05
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$248.62	$273.48	$104.43
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$249.27	$274.20	$104.69
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$250.18	$275.20	$105.08
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$245.49	$270.04	$103.10
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$246.13	$270.74	$103.37
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$247.03	$271.73	$103.75
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$207.82	$228.60	$87.28
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$209.18	$230.10	$87.86
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$211.23	$232.36	$88.71
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$205.83	$226.42	$86.45
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$207.23	$227.95	$87.04
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$209.28	$230.20	$87.89
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$204.28	$224.70	$85.79
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$205.64	$226.21	$86.37
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$207.69	$228.45	$87.23
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$201.98	$222.18	$84.83
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$202.95	$223.24	$85.24
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$204.98	$225.48	$86.09
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $2,000 Coins Max	$307.29	$338.02	$129.06
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $2,000 Coins Max	$307.68	$338.44	$129.22
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $2,000 Coins Max	$308.19	$339.01	$129.44
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $3,000 Coins Max	$301.42	$331.57	$126.60
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $3,000 Coins Max	$301.82	$332.00	$126.76
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $3,000 Coins Max	$302.32	$332.55	$126.97
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $4,000 Coins Max	$296.93	$326.63	$124.71
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $4,000 Coins Max	$297.33	$327.06	$124.88
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $4,000 Coins Max	$297.84	$327.62	$125.10
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $6,000 Coins Max	$290.94	$320.03	$122.20
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $6,000 Coins Max	$291.33	$320.46	$122.36
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $250 Ded, 70/50/50 Coins, $6,000 Coins Max	$291.82	$321.00	$122.57
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $2,000 Coins Max	$291.88	$321.07	$122.59
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $2,000 Coins Max	$292.44	$321.68	$122.82
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $2,000 Coins Max	$293.17	$322.49	$123.13
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $3,000 Coins Max	$286.34	$314.97	$120.27
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $3,000 Coins Max	$286.87	$315.56	$120.49
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $3,000 Coins Max	$287.60	$316.36	$120.79
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $4,000 Coins Max	$282.17	$310.39	$118.51
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $4,000 Coins Max	$282.69	$310.96	$118.73
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $4,000 Coins Max	$283.44	$311.78	$119.04
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $6,000 Coins Max	$276.64	$304.30	$116.18
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $6,000 Coins Max	$277.15	$304.87	$116.41
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $500 Ded, 70/50/50 Coins, $6,000 Coins Max	$277.88	$305.68	$116.72
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $2,000 Coins Max	$280.98	$309.08	$118.01
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $2,000 Coins Max	$281.52	$309.78	$118.28
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $2,000 Coins Max	$282.50	$310.75	$118.65
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $3,000 Coins Max	$275.72	$303.30	$115.80
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $3,000 Coins Max	$276.35	$303.98	$116.07
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $3,000 Coins Max	$277.25	$304.97	$116.44
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $4,000 Coins Max	$272.01	$299.22	$114.24
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $4,000 Coins Max	$272.66	$299.93	$114.52
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $4,000 Coins Max	$273.54	$300.89	$114.88
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $6,000 Coins Max	$266.50	$293.15	$111.93
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $6,000 Coins Max	$267.15	$293.86	$112.21

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Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $750 Ded, 70/50/50 Coins, $6,000 Coins Max	$268.04	$294.83	$112.57
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$270.98	$298.07	$113.81
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$271.76	$298.93	$114.14
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$272.82	$300.10	$114.58
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$266.22	$292.84	$111.81
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$266.99	$293.69	$112.13
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$268.06	$294.87	$112.58
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$262.50	$288.76	$110.26
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$263.27	$289.60	$110.58
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$264.34	$290.77	$111.02
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$257.34	$283.08	$108.06
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$258.09	$283.90	$108.40
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$259.16	$285.07	$108.85
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $2,000 Coins Max	$254.62	$280.09	$106.94
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $2,000 Coins Max	$255.53	$281.08	$107.32
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $2,000 Coins Max	$256.83	$282.51	$107.87
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $3,000 Coins Max	$250.04	$275.05	$105.02
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $3,000 Coins Max	$250.94	$276.03	$105.40
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $3,000 Coins Max	$252.26	$277.48	$105.96
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $4,000 Coins Max	$246.69	$271.36	$103.62
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $4,000 Coins Max	$247.60	$272.36	$103.99
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $4,000 Coins Max	$248.90	$273.79	$104.54
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $6,000 Coins Max	$241.94	$266.14	$101.61
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $6,000 Coins Max	$242.81	$267.10	$101.98
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $1,500 Ded, 70/50/50 Coins, $6,000 Coins Max	$244.14	$268.55	$102.54
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$240.66	$264.75	$101.09
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$241.77	$265.95	$101.55
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$243.39	$267.73	$102.22
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$236.74	$260.41	$99.43
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$237.79	$261.58	$99.87
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$239.43	$263.38	$100.57
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$233.44	$256.79	$98.06
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$234.53	$257.98	$98.50
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$236.15	$259.76	$99.18
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$229.04	$251.95	$96.20
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$230.14	$253.15	$96.65
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $2,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$231.72	$254.89	$97.33
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$197.63	$217.39	$83.00
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$199.34	$219.28	$83.72
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$201.96	$222.17	$84.82
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$194.59	$214.04	$81.73
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$196.31	$215.95	$82.46
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$198.93	$218.82	$83.56
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$192.53	$211.78	$80.87
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$194.24	$213.66	$81.58
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$196.85	$216.54	$82.58
MED	7/1/2008	Innova 4 visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$189.42	$208.36	$79.56
MED	7/1/2008	Innova 6 visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$191.11	$210.23	$80.27
MED	7/1/2008	Innova Unlimited visits, $30/45 Copay, $5,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$193.73	$213.10	$81.37
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $2,000 Coins Max	$344.08	$378.49	$144.52
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $2,000 Coins Max	$342.78	$377.07	$143.97
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $2,000 Coins Max	$340.73	$374.79	$143.10
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $3,000 Coins Max	$341.54	$375.69	$143.44
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $3,000 Coins Max	$340.21	$374.24	$142.89
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $3,000 Coins Max	$338.15	$371.96	$142.02
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $4,000 Coins Max	$339.86	$373.85	$142.74
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $4,000 Coins Max	$338.28	$372.11	$142.08
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $4,000 Coins Max	$336.22	$369.84	$141.21
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $6,000 Coins Max	$337.39	$371.13	$141.70
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $6,000 Coins Max	$336.05	$369.65	$141.14
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 90/70/70 Coins, $6,000 Coins Max	$333.98	$367.36	$140.27

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Product	Effective Date	Product Description	E
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $2,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $3,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $4,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 90/70/70 Coins, $6,000 Coins Max	
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $2,000 Coins Max	

Regence BlueCross BlueShield of Oregon
Base Rate Exhibit
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Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$216.24	$237.87	$90.82
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $2,000 Coins Max	$216.93	$238.62	$91.11
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$214.61	$236.07	$90.13
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$214.82	$236.30	$90.23
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $3,000 Coins Max	$215.51	$237.07	$90.51
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$213.76	$235.14	$89.78
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$213.82	$235.20	$89.80
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $4,000 Coins Max	$214.51	$235.96	$90.10
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$212.35	$233.58	$89.18
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$212.57	$233.83	$89.28
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 90/70/70 Coins, $6,000 Coins Max	$213.24	$234.56	$89.57
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $2,000 Coins Max	$322.38	$354.62	$135.40
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $2,000 Coins Max	$321.68	$353.85	$135.10
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $2,000 Coins Max	$320.58	$352.63	$134.65
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $3,000 Coins Max	$318.00	$349.80	$133.56
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $3,000 Coins Max	$317.28	$349.01	$133.26
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $3,000 Coins Max	$316.18	$347.79	$132.79
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $4,000 Coins Max	$314.70	$346.17	$132.17
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $4,000 Coins Max	$313.99	$345.39	$131.87
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $4,000 Coins Max	$312.88	$344.17	$131.41
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $6,000 Coins Max	$310.68	$341.74	$130.48
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $6,000 Coins Max	$309.95	$340.95	$130.18
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 80/60/60 Coins, $6,000 Coins Max	$308.85	$339.73	$129.72
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $2,000 Coins Max	$305.64	$336.21	$128.37
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $2,000 Coins Max	$305.09	$335.60	$128.13
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $2,000 Coins Max	$304.26	$334.68	$127.79
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $3,000 Coins Max	$301.53	$331.69	$126.64
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $3,000 Coins Max	$300.99	$331.09	$126.42
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $3,000 Coins Max	$300.16	$330.18	$126.07
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $4,000 Coins Max	$298.45	$328.30	$125.35
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $4,000 Coins Max	$297.90	$327.70	$125.12
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $4,000 Coins Max	$297.05	$326.76	$124.76
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $6,000 Coins Max	$294.72	$324.19	$123.78
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $6,000 Coins Max	$294.17	$323.59	$123.55
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 80/60/60 Coins, $6,000 Coins Max	$293.33	$322.67	$123.20
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $2,000 Coins Max	$293.81	$323.19	$123.40
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $2,000 Coins Max	$293.40	$322.73	$123.23
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $2,000 Coins Max	$292.76	$322.03	$122.95
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $3,000 Coins Max	$289.93	$318.93	$121.77
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $3,000 Coins Max	$289.50	$318.46	$121.59
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $3,000 Coins Max	$288.86	$317.75	$121.32
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $4,000 Coins Max	$287.29	$316.02	$120.66
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $4,000 Coins Max	$286.87	$315.56	$120.49
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $4,000 Coins Max	$286.21	$314.83	$120.21
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $6,000 Coins Max	$283.49	$311.84	$119.06
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $6,000 Coins Max	$283.06	$311.36	$118.88
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 80/60/60 Coins, $6,000 Coins Max	$282.38	$310.62	$118.60
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$283.08	$311.39	$118.89
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$282.79	$311.07	$118.77
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$282.35	$310.59	$118.59
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$279.39	$307.33	$117.35
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$279.10	$307.01	$117.22
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$278.64	$306.51	$117.03
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$276.96	$304.65	$116.32
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$276.67	$304.33	$116.20
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$276.19	$303.81	$116.00
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$273.27	$300.60	$114.78
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$272.99	$300.29	$114.66
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$272.50	$299.75	$114.45
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $2,000 Coins Max	$265.14	$291.65	$111.35
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $2,000 Coins Max	$266.04	$291.54	$111.31

Regence BlueCross BlueShield of Oregon
Base Rate Exhibit
Effective July 1, 2008

Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $2,000 Coins Max	$264.86	$291.35	$111.24
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $3,000 Coins Max	$261.62	$287.78	$109.88
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $3,000 Coins Max	$261.51	$287.66	$109.83
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $3,000 Coins Max	$261.34	$287.48	$109.77
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $4,000 Coins Max	$259.45	$285.40	$108.97
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $4,000 Coins Max	$259.34	$285.27	$108.92
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $4,000 Coins Max	$259.16	$285.07	$108.85
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $6,000 Coins Max	$256.06	$281.66	$107.54
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $6,000 Coins Max	$255.91	$281.51	$107.48
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 80/60/60 Coins, $6,000 Coins Max	$255.73	$281.31	$107.41
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$250.06	$275.07	$105.02
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$250.18	$275.18	$105.06
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$250.36	$275.40	$105.15
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$247.17	$271.89	$103.82
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$247.25	$271.97	$103.84
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$247.44	$272.18	$103.92
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$244.85	$269.34	$102.84
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$244.95	$269.44	$102.88
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$245.13	$269.64	$102.95
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$241.72	$265.89	$101.53
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$241.79	$265.97	$101.55
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$241.96	$266.16	$101.62
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$204.11	$224.52	$85.73
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$204.92	$225.41	$86.07
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $2,000 Coins Max	$206.25	$226.88	$86.62
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$202.11	$222.32	$84.89
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$202.95	$223.24	$85.24
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $3,000 Coins Max	$204.28	$224.70	$85.79
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$200.54	$220.59	$84.22
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$201.36	$221.49	$84.57
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $4,000 Coins Max	$202.69	$222.95	$85.13
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$197.83	$217.61	$83.08
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$198.65	$218.52	$83.44
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 80/60/60 Coins, $6,000 Coins Max	$199.97	$219.97	$83.99
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $2,000 Coins Max	$303.83	$334.21	$127.61
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $2,000 Coins Max	$303.71	$334.08	$127.56
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $2,000 Coins Max	$303.54	$333.90	$127.49
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $3,000 Coins Max	$297.96	$327.75	$125.14
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $3,000 Coins Max	$297.83	$327.61	$125.08
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $3,000 Coins Max	$297.64	$327.40	$125.01
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $4,000 Coins Max	$293.46	$322.81	$123.25
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $4,000 Coins Max	$293.33	$322.67	$123.20
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $4,000 Coins Max	$293.14	$322.45	$123.12
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $6,000 Coins Max	$287.44	$316.18	$120.72
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $6,000 Coins Max	$287.29	$316.02	$120.66
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $250 Ded, 70/50/50 Coins, $6,000 Coins Max	$287.10	$315.80	$120.58
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $2,000 Coins Max	$288.44	$317.28	$121.14
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $2,000 Coins Max	$288.47	$317.32	$121.16
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $2,000 Coins Max	$288.51	$317.37	$121.17
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $3,000 Coins Max	$282.88	$311.18	$118.82
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $3,000 Coins Max	$282.90	$311.19	$118.82
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $3,000 Coins Max	$282.95	$311.24	$118.84
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $4,000 Coins Max	$278.71	$306.58	$117.06
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $4,000 Coins Max	$278.71	$306.58	$117.06
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $4,000 Coins Max	$278.75	$306.62	$117.08
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $6,000 Coins Max	$273.13	$300.44	$114.71
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $6,000 Coins Max	$273.13	$300.44	$114.71
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $500 Ded, 70/50/50 Coins, $6,000 Coins Max	$273.18	$300.51	$114.73
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $2,000 Coins Max	$277.55	$305.31	$116.58
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $2,000 Coins Max	$277.66	$305.43	$116.62
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $2,000 Coins Max	$277.87	$305.66	$116.71

Regence BlueCross BlueShield of Oregon
Base Rate Exhibit
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Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $3,000 Coins Max	$272.27	$298.49	$114.35
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $3,000 Coins Max	$272.37	$299.61	$114.39
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $3,000 Coins Max	$272.59	$299.84	$114.49
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $4,000 Coins Max	$268.55	$295.40	$112.79
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $4,000 Coins Max	$268.66	$295.53	$112.84
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $4,000 Coins Max	$268.88	$295.76	$112.93
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $6,000 Coins Max	$263.02	$289.32	$110.47
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $6,000 Coins Max	$263.13	$289.44	$110.51
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $750 Ded, 70/50/50 Coins, $6,000 Coins Max	$263.32	$289.65	$110.60
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$267.54	$294.30	$112.37
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$267.79	$294.57	$112.47
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$268.17	$294.99	$112.63
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$262.76	$289.04	$110.36
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$263.01	$289.31	$110.47
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$263.38	$289.72	$110.62
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$259.04	$284.94	$108.80
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$259.27	$285.20	$108.89
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$259.67	$285.63	$109.06
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$253.86	$279.24	$106.62
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$254.09	$279.51	$106.72
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$254.48	$279.92	$106.88
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $2,000 Coins Max	$251.20	$276.33	$105.50
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $2,000 Coins Max	$251.58	$276.73	$105.66
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $2,000 Coins Max	$252.22	$277.44	$105.93
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $3,000 Coins Max	$246.62	$271.29	$103.58
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $3,000 Coins Max	$246.98	$271.68	$103.73
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $3,000 Coins Max	$247.60	$272.36	$103.99
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $4,000 Coins Max	$243.24	$267.57	$102.17
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $4,000 Coins Max	$243.62	$267.98	$102.33
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $4,000 Coins Max	$244.24	$268.66	$102.58
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $6,000 Coins Max	$238.47	$262.32	$100.16
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $6,000 Coins Max	$238.83	$262.71	$100.31
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $1,500 Ded, 70/50/50 Coins, $6,000 Coins Max	$239.44	$263.39	$100.57
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$237.27	$261.00	$99.65
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$237.84	$261.62	$99.89
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$238.78	$262.66	$100.29
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$233.29	$256.63	$97.99
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$233.85	$257.24	$98.22
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$234.78	$258.25	$98.61
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$230.00	$253.00	$96.60
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$230.58	$253.63	$96.86
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$231.50	$254.66	$97.23
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$225.58	$248.13	$94.75
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$226.15	$248.77	$94.98
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $2,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$227.08	$249.79	$95.38
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$194.24	$213.66	$81.58
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$195.43	$214.97	$82.08
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $2,000 Coins Max	$197.37	$217.11	$82.89
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$191.20	$210.32	$80.30
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$192.40	$211.64	$80.81
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $3,000 Coins Max	$194.33	$213.76	$81.62
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$189.12	$208.03	$79.43
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$190.31	$209.34	$79.93
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $4,000 Coins Max	$192.24	$211.46	$80.74
MED	7/1/2008	Innova 4 visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$186.00	$204.60	$78.12
MED	7/1/2008	Innova 6 visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$187.20	$205.92	$78.63
MED	7/1/2008	Innova Unlimited visits, $40/55 Copay, $5,000 Ded, 70/50/50 Coins, $6,000 Coins Max	$189.12	$208.03	$79.43
MED	7/1/2008	Engage $0 Ded, 80/80/80 Coins, $2,000 Coins Max	$365.62	$402.18	$153.56
MED	7/1/2008	Engage $0 Ded, 80/80/80 Coins, $3,000 Coins Max	$360.22	$396.24	$151.30
MED	7/1/2008	Engage $0 Ded, 80/80/80 Coins, $4,000 Coins Max	$356.76	$392.44	$149.84
MED	7/1/2008	Engage $0 Ded, 80/80/80 Coins, $6,000 Coins Max	$352.10	$387.31	$147.89

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Product	Effective Date	Product Description	Employee Rate	Spouse Rate	Child Rate
MED	7/1/2008	Engage $0 Ded, 70/70/70 Coins, $2,000 Coins Max	$344.79	$379.26	$144.81
MED	7/1/2008	Engage $0 Ded, 70/70/70 Coins, $3,000 Coins Max	$336.91	$370.61	$141.50
MED	7/1/2008	Engage $0 Ded, 70/70/70 Coins, $4,000 Coins Max	$331.12	$364.23	$139.07
MED	7/1/2008	Engage $0 Ded, 70/70/70 Coins, $6,000 Coins Max	$323.87	$356.26	$136.02
MED	7/1/2008	Engage $0 Ded, 50/50/50 Coins, $2,000 Coins Max	$312.12	$343.34	$131.10
MED	7/1/2008	Engage $0 Ded, 50/50/50 Coins, $3,000 Coins Max	$300.11	$330.12	$126.04
MED	7/1/2008	Engage $0 Ded, 50/50/50 Coins, $4,000 Coins Max	$290.14	$319.16	$121.87
MED	7/1/2008	Engage $0 Ded, 50/50/50 Coins, $6,000 Coins Max	$277.76	$305.54	$116.66
MED	7/1/2008	Engage $500 Ded, 80/80/80 Coins, $2,000 Coins Max	$314.70	$346.17	$132.17
MED	7/1/2008	Engage $500 Ded, 80/80/80 Coins, $3,000 Coins Max	$309.96	$340.96	$130.18
MED	7/1/2008	Engage $500 Ded, 80/80/80 Coins, $4,000 Coins Max	$306.92	$337.61	$128.91
MED	7/1/2008	Engage $500 Ded, 80/80/80 Coins, $6,000 Coins Max	$302.64	$332.90	$127.11
MED	7/1/2008	Engage $500 Ded, 70/70/70 Coins, $2,000 Coins Max	$298.12	$327.93	$125.21
MED	7/1/2008	Engage $500 Ded, 70/70/70 Coins, $3,000 Coins Max	$291.09	$320.21	$122.26
MED	7/1/2008	Engage $500 Ded, 70/70/70 Coins, $4,000 Coins Max	$286.06	$314.67	$120.15
MED	7/1/2008	Engage $500 Ded, 70/70/70 Coins, $6,000 Coins Max	$279.67	$307.64	$117.46
MED	7/1/2008	Engage $500 Ded, 50/50/50 Coins, $2,000 Coins Max	$272.09	$299.29	$114.28
MED	7/1/2008	Engage $500 Ded, 50/50/50 Coins, $3,000 Coins Max	$261.76	$287.94	$109.94
MED	7/1/2008	Engage $500 Ded, 50/50/50 Coins, $4,000 Coins Max	$253.88	$279.27	$106.63
MED	7/1/2008	Engage $500 Ded, 50/50/50 Coins, $6,000 Coins Max	$242.57	$266.83	$101.88
MED	7/1/2008	Engage $1,000 Ded, 80/80/80 Coins, $2,000 Coins Max	$282.03	$310.24	$118.45
MED	7/1/2008	Engage $1,000 Ded, 80/80/80 Coins, $3,000 Coins Max	$277.47	$305.22	$116.54
MED	7/1/2008	Engage $1,000 Ded, 80/80/80 Coins, $4,000 Coins Max	$274.74	$302.21	$115.39
MED	7/1/2008	Engage $1,000 Ded, 80/80/80 Coins, $6,000 Coins Max	$270.82	$297.90	$113.74
MED	7/1/2008	Engage $1,000 Ded, 70/70/70 Coins, $2,000 Coins Max	$267.74	$294.51	$112.45
MED	7/1/2008	Engage $1,000 Ded, 70/70/70 Coins, $3,000 Coins Max	$261.83	$288.01	$109.97
MED	7/1/2008	Engage $1,000 Ded, 70/70/70 Coins, $4,000 Coins Max	$257.29	$283.02	$108.06
MED	7/1/2008	Engage $1,000 Ded, 70/70/70 Coins, $6,000 Coins Max	$251.14	$276.25	$105.48
MED	7/1/2008	Engage $1,000 Ded, 50/50/50 Coins, $2,000 Coins Max	$246.16	$270.77	$103.39
MED	7/1/2008	Engage $1,000 Ded, 50/50/50 Coins, $3,000 Coins Max	$237.08	$260.79	$99.58
MED	7/1/2008	Engage $1,000 Ded, 50/50/50 Coins, $4,000 Coins Max	$229.70	$252.67	$96.47
MED	7/1/2008	Engage $1,000 Ded, 50/50/50 Coins, $6,000 Coins Max	$219.72	$241.69	$92.28
MED	7/1/2008	Engage $2,000 Ded, 80/80/80 Coins, $2,000 Coins Max	$236.08	$259.69	$99.15
MED	7/1/2008	Engage $2,000 Ded, 80/80/80 Coins, $3,000 Coins Max	$232.45	$255.70	$97.63
MED	7/1/2008	Engage $2,000 Ded, 80/80/80 Coins, $4,000 Coins Max	$229.74	$252.72	$96.49
MED	7/1/2008	Engage $2,000 Ded, 80/80/80 Coins, $6,000 Coins Max	$226.35	$248.99	$95.07
MED	7/1/2008	Engage $2,000 Ded, 70/70/70 Coins, $2,000 Coins Max	$225.76	$248.34	$94.82
MED	7/1/2008	Engage $2,000 Ded, 70/70/70 Coins, $3,000 Coins Max	$220.92	$243.01	$92.78
MED	7/1/2008	Engage $2,000 Ded, 70/70/70 Coins, $4,000 Coins Max	$216.80	$238.49	$91.06
MED	7/1/2008	Engage $2,000 Ded, 70/70/70 Coins, $6,000 Coins Max	$211.54	$232.69	$88.84
MED	7/1/2008	Engage $2,000 Ded, 50/50/50 Coins, $2,000 Coins Max	$209.10	$230.01	$87.82
MED	7/1/2008	Engage $2,000 Ded, 50/50/50 Coins, $3,000 Coins Max	$201.80	$221.98	$84.76
MED	7/1/2008	Engage $2,000 Ded, 50/50/50 Coins, $4,000 Coins Max	$196.90	$215.49	$82.27
MED	7/1/2008	Engage $2,000 Ded, 50/50/50 Coins, $6,000 Coins Max	$187.49	$206.24	$78.75
MED	7/1/2008	Engage $5,000 Ded, 80/80/80 Coins, $2,000 Coins Max	$172.94	$190.23	$72.64
MED	7/1/2008	Engage $5,000 Ded, 80/80/80 Coins, $3,000 Coins Max	$170.66	$187.72	$71.68
MED	7/1/2008	Engage $5,000 Ded, 80/80/80 Coins, $4,000 Coins Max	$168.79	$185.67	$70.89
MED	7/1/2008	Engage $5,000 Ded, 80/80/80 Coins, $6,000 Coins Max	$166.21	$182.83	$69.81
MED	7/1/2008	Engage $5,000 Ded, 70/70/70 Coins, $2,000 Coins Max	$166.98	$183.67	$70.13
MED	7/1/2008	Engage $5,000 Ded, 70/70/70 Coins, $3,000 Coins Max	$163.24	$179.56	$68.55
MED	7/1/2008	Engage $5,000 Ded, 70/70/70 Coins, $4,000 Coins Max	$161.16	$177.28	$67.69
MED	7/1/2008	Engage $5,000 Ded, 70/70/70 Coins, $6,000 Coins Max	$157.12	$172.83	$65.99
MED	7/1/2008	Engage $5,000 Ded, 50/50/50 Coins, $2,000 Coins Max	$155.96	$171.55	$65.51
MED	7/1/2008	Engage $5,000 Ded, 50/50/50 Coins, $3,000 Coins Max	$151.69	$166.86	$63.71
MED	7/1/2008	Engage $5,000 Ded, 50/50/50 Coins, $4,000 Coins Max	$147.93	$162.72	$62.13
MED	7/1/2008	Engage $5,000 Ded, 50/50/50 Coins, $6,000 Coins Max	$141.67	$155.84	$59.50
MED	7/2/2008	Activate $3,000 deductible, 80%/60%/60%, $6,000 OOP Max, $600 MCA	$238.51	$262.36	$100.17
MED	7/3/2008	Activate $3,000 deductible, 80%/60%/60%, $4,000 OOP Max, $600 MCA	$242.27	$266.50	$101.75
MED	7/4/2008	Activate $3,000 deductible, 80%/60%/60%, $3,000 OOP Max, $600 MCA	$244.63	$269.09	$102.74
MED	7/5/2008	Activate $2,000 deductible, 80%/60%/60%, $6,000 OOP Max, $600 MCA	$262.72	$288.99	$110.34
MED	7/6/2008	Activate $2,000 deductible, 80%/60%/60%, $4,000 OOP Max, $600 MCA	$266.65	$293.32	$111.99

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Product	Effective Date	Product Description	En
MED	7/7/2008	Activate $2,000 deductible, 80%/60%/60%, $3,000 OOP Max, $600 MCA	
MED	7/8/2008	Activate $1,500 deductible, 80%/60%/60%, $6,000 OOP Max, $600 MCA	
MED	7/9/2008	Activate $1,500 deductible, 80%/60%/60%, $4,000 OOP Max, $600 MCA	
MED	7/10/2008	Activate $1,500 deductible, 80%/60%/60%, $3,000 OOP Max, $600 MCA	
MED	7/1/2008	HSA $1,500 Ind/$3,000 Fam Ded,Par Network,In:80%,$5,000 Ind/$10,000 Fam Max OOPM,Out:50%,No Max OOPM	
MED	7/1/2008	HSA $1,500 Ind/$3,000 Fam Ded,PPP Network,In:80%,$5,000 Ind/$10,000 Fam Max OOPM,Out:50%,No Max OOPM	
MED	7/1/2008	HSA $2,500 Ind/$5,000 Fam Ded,Par Network,In:80%,$5,000 Ind/$10,000 Fam Max OOPM,Out:50%,No Max OOPM	
MED	7/1/2008	HSA $2,500 Ind/$5,000 Fam Ded,PPP Network,In:80%,$5,000 Ind/$10,000 Fam Max OOPM,Out:50%,No Max OOPM	
MED	7/1/2008	HSA $3,500 Ind/$7,000 Fam Ded,Par Network,In:80%,$5,000 Ind/$10,000 Fam Max OOPM,Out:50%,No Max OOPM	
MED	7/1/2008	HSA $3,500 Ind/$7,000 Fam Ded,PPP Network,In:80%,$5,000 Ind/$10,000 Fam Max OOPM,Out:50%,No Max OOPM	
MED	7/1/2008	Regence HSA Healthplan $1500 Individual / $3,000 Family Par Ntwk	
MED	7/1/2008	Regence HSA Healthplan $2500 Individual / $5,000 Family Par Ntwk	
MED	7/1/2008	Regence HSA Healthplan $3500 Individual / $7,000 Family Par Ntwk	
MED	7/1/2008	Regence HSA Healthplan $3000 Single Or $5000 Fam Ded,Par Ntwk,In:80%, Out:60%	
MED	7/1/2008	Regence HSA Healthplan $3000 Single Or $7000 Fam Ded,Par Ntwk,In:80%, Out:60%	
MED	7/1/2008	Regence HSA Healthplan $1500 Individual / $3,000 Family PPP Ntwk	
MED	7/1/2008	Regence HSA Healthplan $2500 Individual / $5,000 Family PPP Ntwk	
MED	7/1/2008	Regence HSA Healthplan $3500 Individual / $7,000 Family PPP Ntwk	
MED	7/1/2008	Regence HSA Healthplan $3000 Single Or $5000 Fam Ded,PPP Ntwk,In:80%, Out:60%	
MED	7/1/2008	Regence HSA Healthplan $3000 Single Or $7000 Fam Ded,PPP Ntwk,In:80%, Out:60%	
MED	7/1/2008	BOP1 $15 Prev Care, 50% coins. $7500 SL w/RX & child dental	
MED	7/1/2008	BOP2 $15 Prev Care, 50% coins. $7500 SL w/RX	
MED	7/1/2008	BOP3 $15 PCP, 80% w/RX & child dental	
MED	7/1/2008	BOP4 $15 PCP, 80% w/RX	
RX	7/1/2008	Prescription Plan $10/$20/$40	
RX	7/1/2008	Prescription Plan $10/30%/50%	
RX	7/1/2008	Prescription Plan 50% Coins.	
RX	7/1/2008	Prescription plan $10/$35/$50	
RX	7/1/2008	$5 Generic/ $0 Deductible for Brand RX/ $25 Formulary/ $50 Nonformulary/ $3,000 Coins Max RX	
RX	7/1/2008	$5 Generic/ $250 Deductible for Brand RX/ $25 Formulary/ $50 Nonformulary/ $3,000 Coins Max RX	
RX	7/1/2008	$5 Generic/ $500 Deductible for Brand RX/ $25 Formulary/ $50 Nonformulary/ $3,000 Coins Max RX	
RX	7/1/2008	$7 Generic/ $0 Deductible for Brand RX/ 25% Formulary/ 50% Nonformulary/ $4,000 Coins Max RX	
RX	7/1/2008	$7 Generic/ $250 Deductible for Brand RX/ 25% Formulary/ 50% Nonformulary/ $4,000 Coins Max RX	
RX	7/1/2008	$7 Generic/ $500 Deductible for Brand RX/ 25% Formulary/ 50% Nonformulary/ $4,000 Coins Max RX	
RX	7/1/2008	$10 Generic/ $0 Deductible for Brand RX/ 35% Formulary/ 50% Nonformulary/ $5,000 Coins Max RX	
RX	7/1/2008	$10 Generic/ $250 Deductible for Brand RX/ 35% Formulary/ 50% Nonformulary/ $5,000 Coins Max RX	
RX	7/1/2008	$10 Generic/ $500 Deductible for Brand RX/ 35% Formulary/ 50% Nonformulary/ $5,000 Coins Max RX	
RX	7/1/2008	Activate Rx Plan $10 / $35 / $75 - $250 Ded	
RX	7/1/2008	Activate Rx Plan $10 / $35 / $75 - $500 Ded	
RX	7/1/2008	Activate Rx Plan $10 / $35 / $75 - $1000 Ded	
RX	7/1/2008	Activate Rx Plan $5 / 25% / 50% - $250 Ded	
RX	7/1/2008	Activate Rx Plan $5 / 25% / 50% - $500 Ded	
RX	7/1/2008	Activate Rx Plan $5 / 25% / 50% - $1000 Ded	
RX	7/1/2008	Activate Rx Plan $7 / 30% / 50% - $250 Ded	
RX	7/1/2008	Activate Rx Plan $7 / 30% / 50% - $500 Ded	
RX	7/1/2008	Activate Rx Plan $7 / 30% / 50% - $1000 Ded	
RX	7/1/2008	Activate Rx Plan 10% / 30% / 50% - $250 Ded	
RX	7/1/2008	Activate Rx Plan 10% / 30% / 50% - $500 Ded	
RX	7/1/2008	Activate Rx Plan 10% / 30% / 50% - $1000 Ded	
COMP	7/1/2008	Complementary Care Plan $20 Copay, $500 Max	
COMP	7/1/2008	Complementary Care Plan $20 Copay, $1000 Max	
COMP	7/1/2008	Innova/Engage Complementary Care Plan $20 Copay, $500 Max	
VSN	7/1/2008	BPVT BOP Vision with $15 copay	
VSN	7/1/2008	Vision $20 Copay	
VSN	7/1/2008	Vision $20 Copay	
VSN	7/1/2008	Innova/Engage Vision Rider	
EAP	7/1/2008	Innova/Engage EAP - 4 Visits Rider	