

**AOCIT Trust**  
**Monthly Medical & Dental Premium Rates (Pooled Groups Only)\***  
**EFFECTIVE August 1, 2012 to December 31, 2012**  
**(5 month rate)**

**Active Employee & Non-Medicare Eligible Retiree Rates**

**Regence BlueCross BlueShield of Oregon:**

Medical Plans:	Deductible	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Plan I-A PPP Rx1	\$100	562.32	1,050.10	1,397.55	1,198.12	1,608.98
Plan I-B PPP Rx1	\$200	553.18	1,033.01	1,374.73	1,178.59	1,582.65
Plan I-C PPP Rx1	\$300	541.96	1,012.12	1,346.92	1,154.71	1,550.57
Plan I-E PPP Rx1	\$500	523.13	976.97	1,300.11	1,114.54	1,496.58
Plan I-F PPP Rx1	\$1,000	485.94	907.61	1,207.75	1,035.26	1,390.06
Plan I-A PPP Rx2	\$100	573.02	1069.97	1423.87	1220.83	1639.33
Plan I-B PPP Rx2	\$200	563.87	1,052.88	1,401.07	1,201.30	1,613.03
Plan I-C PPP Rx2	\$300	552.65	1,031.98	1,373.26	1,177.41	1,580.95
Plan I-E PPP Rx2	\$500	533.81	996.83	1,326.43	1,137.24	1,526.94
Plan I-F PPP Rx2	\$1,000	496.63	927.48	1,234.09	1,057.98	1,420.44
Plan V-A PPP Rx4	\$100	648.53	1,210.78	1,611.30	1,381.76	1,855.52
Plan V-B PPP Rx4	\$200	636.99	1,189.25	1,582.62	1,357.16	1,822.44
Plan V-C PPP Rx4	\$300	626.22	1,169.15	1,555.86	1,334.20	1,791.57
Plan V-E PPP Rx4	\$500	604.48	1,128.61	1,501.86	1,287.85	1,729.29
Plan V-F PPP Rx4	\$1,000	558.38	1,042.58	1,387.26	1,189.52	1,597.11
Copay Plan A	\$250	542.35	1,012.74	1,347.57	1,155.42	1,551.32
Copay Plan B	\$500	509.14	950.71	1,265.01	1,084.52	1,456.10
Copay Plan C	\$1,000	475.24	887.52	1,180.94	1,012.30	1,359.13
Copay Plan D	** \$1,500	N/A	N/A	N/A	N/A	N/A
Copay Plan E	** \$2,500	N/A	N/A	N/A	N/A	N/A
VB Copay Plan 2	\$500	502.61	938.53	1,248.82	1,070.61	1,437.42
HDHP-1 w/HSA	\$1,500	390.15	731.84	997.35	834.36	1,147.38
HDHP-2 w/HSA	\$2,500	348.33	653.58	890.64	744.91	1,024.30

\*Pooled groups are those with less than 100 employees. For groups with 100 or over, rates will be provided directly to you

\*\*Available January 1, 2013

**AOCIT Trust**  
**Monthly Medical & Dental Premium Rates (Pooled Groups Only)\***  
**EFFECTIVE August 1, 2012 to December 31, 2012**  
**(5 month rate)**  
**Active Employee & Non-Medicare Eligible Retiree Rates**

<b><u>Optional Riders</u></b>	<b><u>Employee</u></b>	<b><u>Emp+Child</u></b>	<b><u>Emp+Children</u></b>	<b><u>Emp+Spouse</u></b>	<b><u>Emp+Family</u></b>
Alternative Care - Plans I and V (includes Naturopathic & Acupuncture, \$500 annual max.)	1.20	2.22	3.29	2.49	3.70
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.)	7.83	14.59	20.87	16.62	23.98
HDHP w/HSA Alternative Care Rider	1.98	3.75	5.23	4.23	5.94
Hearing Aid Benefit	1.02	1.98	2.77	2.21	3.10
VSP Vision (24/24/24)	7.13	8.95	15.92	10.18	18.27
VSP Vision (24/24/24) Safety Glasses	8.03	9.75	16.71	11.09	19.18
VSP Vision (12/12/24)	8.83	11.05	19.65	12.58	22.57
VSP Vision (12/12/24) Safety Glasses	9.95	12.04	20.64	13.71	23.71

**Dental Plans**

**ODS Dental Plans:**

Dental II	48.51	74.77	128.38	85.00	147.48
Dental III	63.07	96.95	167.03	110.35	192.06
Dental IV	40.78	62.74	107.13	71.23	122.96
Dental V	48.55	74.52	127.61	84.70	146.59
Ortho Option (Plan II, III, IV & V)	1.27	2.97	15.81	3.34	18.14
Willamette Dental Plan	50.43	78.00	134.28	88.64	154.20

**Kaiser Permanente:**

Kaiser Medical w/RX	492.51	905.93	1,222.77	1,033.05	1,406.92
Kaiser Vision	4.59	8.48	11.57	9.64	13.24
Kaiser Medical \$250 Deductible \$10/20 Rx Copay **	N/A	N/A	N/A	N/A	N/A
Kaiser Alternative Care	4.24	7.82	10.69	8.88	12.24
Kaiser Hearing Aid Benefit	1.22	2.29	3.22	2.56	3.62
Kaiser Dental	61.91	96.32	180.45	109.60	207.50
Kaiser Ortho	4.03	6.32	11.93	7.17	13.66

\*Pooled groups are those with less than 100 employees. For groups with 100 or over, rates will be provided directly to you

\*\*Available January 1, 2013

**AOCIT Trust**  
**Monthly Medical & Dental Premium Rates (Pooled Groups Only)\***  
**EFFECTIVE January 1, 2013 to December 31, 2013**  
**(12 month rate)**

**Active Employee & Non-Medicare Eligible Retiree Rates**

**Regence BlueCross BlueShield:**

<u>Medical Plans:</u>	<u>Deductible</u>	<u>Employee</u>	<u>Emp+Child</u>	<u>Emp+Children</u>	<u>Emp+Spouse</u>	<u>Emp+Family</u>
Plan I-A PPP Rx1	\$100	594.92	1,110.89	1,478.44	1,267.61	1,702.29
Plan I-B PPP Rx1	\$200	585.24	1,092.79	1,454.29	1,246.92	1,674.41
Plan I-C PPP Rx1	\$300	573.37	1,070.68	1,424.85	1,221.64	1,640.45
Plan I-E PPP Rx1	\$500	553.43	1,033.47	1,375.28	1,179.11	1,583.29
Plan I-F PPP Rx1	\$1,000	514.06	960.03	1,277.51	1,095.18	1,470.52
Plan I-A PPP Rx2	\$100	606.25	1,131.92	1,506.31	1,291.64	1,734.42
Plan I-B PPP Rx2	\$200	596.55	1,113.83	1,482.17	1,270.96	1,706.58
Plan I-C PPP Rx2	\$300	584.68	1,091.71	1,452.73	1,245.67	1,672.62
Plan I-E PPP Rx2	\$500	564.74	1,054.49	1,403.15	1,203.14	1,615.44
Plan I-F PPP Rx2	\$1,000	525.38	981.08	1,305.40	1,119.22	1,502.68
Plan V-A PPP Rx4	\$100	686.19	1,281.00	1,704.75	1,462.02	1,963.31
Plan V-B PPP Rx4	\$200	673.98	1,258.21	1,674.38	1,435.97	1,928.27
Plan V-C PPP Rx4	\$300	662.57	1,236.92	1,646.05	1,411.66	1,895.60
Plan V-E PPP Rx4	\$500	639.55	1,194.01	1,588.88	1,362.59	1,829.66
Plan V-F PPP Rx4	\$1,000	590.74	1,102.92	1,467.56	1,258.49	1,689.73
Copay Plan A	\$250	573.78	1,071.34	1,425.54	1,222.38	1,641.25
Copay Plan B	\$500	538.62	1,005.66	1,338.12	1,147.33	1,540.43
Copay Plan C	\$1,000	502.73	938.77	1,249.12	1,070.87	1,437.78
Copay Plan D	** \$1,500	479.17	894.86	1,190.70	1,020.69	1,370.41
Copay Plan E	** \$2,500	446.12	833.24	1,108.72	950.27	1,275.83
VB Copay Plan 2	\$500	531.71	992.78	1,320.98	1,132.60	1,520.66
HDHP-1 w/HSA	\$1,500	412.64	773.94	1,054.76	882.49	1,213.60
HDHP-2 w/HSA	\$2,500	368.37	691.09	941.79	787.79	1,083.29

\*Pooled groups are those with less than 100 employees. For groups with 100 or over, rates will be provided directly to you

\*\*Available January 1, 2013

**AOCIT Trust**  
**Monthly Medical & Dental Premium Rates (Pooled Groups Only)\***  
**EFFECTIVE January 1, 2013 to December 31, 2013**  
**(12 month rate)**

**Active Employee & Non-Medicare Eligible Retiree Rates**

<b><u>Optional Riders</u></b>	<b><u>Employee</u></b>	<b><u>Emp+Child</u></b>	<b><u>Emp+Children</u></b>	<b><u>Emp+Spouse</u></b>	<b><u>Emp+Family</u></b>
Alternative Care - Plans I and V (includes Naturopathic & Acupuncture, \$500 annual max.)	1.26	2.33	3.45	2.62	3.88
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.)	8.28	15.43	22.07	17.58	25.37
HDHP w/HSA Alternative Care Rider	2.09	3.95	5.50	4.46	6.26
Hearing Aid Benefit	1.07	2.08	2.90	2.32	3.25
VSP Vision (24/24/24)	7.13	8.95	15.92	10.18	18.27
VSP Vision (24/24/24) Safety Glasses	8.03	9.75	16.71	11.09	19.18
VSP Vision (12/12/24)	8.83	11.05	19.65	12.58	22.57
VSP Vision (12/12/24) Safety Glasses	9.95	12.04	20.64	13.71	23.71
<b><u>Dental Plans:</u></b>					
<b><u>ODS Dental Plans</u></b>					
Dental II	48.51	74.77	128.38	85.00	147.48
Dental III	63.07	96.95	167.03	110.35	192.06
Dental IV	40.78	62.74	107.13	71.23	122.96
Dental V	48.55	74.52	127.61	84.70	146.59
Ortho Option (Plan II, III, IV & V)	1.27	2.97	15.81	3.34	18.14
Willamette Dental Plan	50.43	78.00	134.28	88.64	154.20
<b><u>Kaiser Permanente:</u></b>					
Kaiser Medical w/RX	526.68	968.61	1,307.38	1,104.66	1,504.49
Kaiser Vision	4.90	9.05	12.34	10.29	14.13
Kaiser Medical \$250 Deductible \$10/20 Rx Copay **	468.38	861.63	1,162.96	982.42	1,337.96
Kaiser Alternative Care	4.53	8.34	11.40	9.48	13.06
Kaiser Hearing Aid Benefit	1.29	2.42	3.41	2.72	3.84
Kaiser Dental	64.10	99.70	186.87	113.46	214.89
Kaiser Ortho	4.08	6.40	12.07	7.26	13.83

\*Pooled groups are those with less than 100 employees. For groups with 100 or over, rates will be provided directly to you

\*\*Available January 1, 2013