

EBS Trust
Monthly Medical & Dental Premium Rates (Pooled Groups Only)*
EFFECTIVE August 1, 2012 to December 31, 2013
(17 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	521.67	974.26	1,296.74	1,111.51	1,492.78
Plan I-B PPP Rx1	\$200	513.19	958.40	1,275.58	1,093.39	1,468.38
Plan I-C PPP Rx1	\$300	502.79	939.03	1,249.80	1,071.24	1,438.64
Plan I-E PPP Rx1	\$500	485.33	906.44	1,206.38	1,034.00	1,388.56
Plan I-F PPP Rx1	\$1,000	450.83	842.13	1,120.75	960.49	1,289.79
Plan I-A PPP Rx2	\$100	531.59	992.67	1,321.15	1,132.56	1,520.94
Plan I-B PPP Rx2	\$200	523.10	976.82	1,300.00	1,114.44	1,496.54
Plan I-C PPP Rx2	\$300	512.70	957.45	1,274.22	1,092.30	1,466.80
Plan I-E PPP Rx2	\$500	495.25	924.86	1,230.80	1,055.04	1,416.72
Plan I-F PPP Rx2	\$1,000	460.76	860.55	1,145.17	981.55	1,317.97
Plan V-A PPP Rx4	\$100	601.60	1,123.24	1,494.94	1,281.78	1,721.39
Plan V-B PPP Rx4	\$200	590.90	1,103.27	1,468.34	1,258.96	1,690.71
Plan V-C PPP Rx4	\$300	580.92	1,084.64	1,443.54	1,237.67	1,662.10
Plan V-E PPP Rx4	\$500	560.76	1,047.04	1,393.45	1,194.69	1,604.34
Plan V-F PPP Rx4	\$1,000	518.02	967.27	1,287.21	1,103.52	1,481.79
Copay Plan A	\$250	503.16	939.59	1,250.39	1,071.89	1,439.33
Copay Plan B	\$500	472.37	882.08	1,173.83	1,006.16	1,351.02
Copay Plan C	\$1,000	440.91	823.49	1,095.88	939.19	1,261.11
Copay Plan D	** \$1,500	420.29	785.04	1,044.72	895.25	1,202.10
Copay Plan E	** \$2,500	391.33	731.07	972.90	833.56	1,119.27
VB Copay Plan 2	\$500	466.31	870.80	1,158.82	993.26	1,333.71
HDHP-1 w/HSA	\$1,500	362.02	679.13	925.65	774.20	1,064.77
HDHP-2 w/HSA	\$2,500	323.25	606.56	826.70	691.26	950.64

*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

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<u>Optional Riders</u>	<u>Employee</u>	<u>Emp+Child</u>	<u>Emp+Children</u>	<u>Emp+Spouse</u>	<u>Emp+Family</u>
Alternative Care - Plans I and V (includes Naturopathic & Acupuncture, \$500 annual max.)	1.19	2.24	3.33	2.50	3.73
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.)	7.74	14.44	20.67	16.45	23.74
HDHP w/HSA Alternative Care Rider	1.77	3.39	4.77	3.82	5.39
Hearing Aid Benefit	1.02	1.99	2.81	2.22	3.14
VSP Vision (24/24/24)	7.14	8.99	15.99	10.22	18.34
VSP Vision (24/24/24) Safety Glasses	8.04	9.79	16.78	11.13	19.25
VSP Vision (12/12/24)	8.84	11.09	19.72	12.62	22.64
VSP Vision (12/12/24) Safety Glasses	9.96	12.08	20.71	13.75	23.78
<u>Dental Plans:</u>					
<u>ODS Dental Plans</u>					
Dental II	47.45	72.87	125.33	82.84	143.97
Dental III	61.65	94.52	163.04	107.58	187.45
Dental IV	39.91	61.14	104.61	69.43	120.05
Dental V	47.49	72.63	124.58	82.56	143.10
Ortho Option (Plan II, III, IV & V)	1.30	3.06	16.19	3.45	18.57
<u>WILLAMETTE DENTAL:</u>					
Willamette Dental Plan	50.52	77.86	134.29	88.50	154.21
<u>Kaiser Permanente:</u>					
Kaiser Medical w/RX	516.38	949.70	1,282.02	1,083.12	1,475.32
Kaiser Vision	4.82	8.92	12.18	10.14	13.94
Kaiser Medical \$250 Deductible \$10/20 Rx Copay **	459.20	844.75	1,140.35	963.20	1,311.96
Kaiser Alternative Care	4.45	8.23	11.26	9.35	12.89
Kaiser Hearing Aid Benefit	1.28	2.42	3.42	2.71	3.84
Kaiser Dental	63.55	98.56	184.98	112.18	212.71
Kaiser Ortho	4.07	6.41	12.09	7.26	13.83

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