

AOCIT 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	584.68	1,091.80	1,453.04	1,245.78	1,672.97
Plan I-B PPP Rx1	\$200	575.18	1,074.02	1,429.29	1,225.46	1,645.59
Plan I-C PPP Rx1	\$300	563.51	1,052.28	1,400.37	1,200.62	1,612.23
Plan I-E PPP Rx1	\$500	543.91	1,015.73	1,351.67	1,158.83	1,556.06
Plan I-F PPP Rx1	\$1,000	505.22	943.57	1,255.60	1,076.36	1,445.24
Plan I-A PPP Rx2	\$100	595.81	1,112.46	1,480.41	1,269.40	1,704.55
Plan I-B PPP Rx2	\$200	586.29	1,094.68	1,456.70	1,249.08	1,677.20
Plan I-C PPP Rx2	\$300	574.62	1,072.95	1,427.77	1,224.24	1,643.83
Plan I-E PPP Rx2	\$500	555.03	1,036.38	1,379.06	1,182.44	1,587.64
Plan I-F PPP Rx2	\$1,000	516.34	964.24	1,282.99	1,099.99	1,476.84
Plan V-A PPP Rx4	\$100	674.36	1,258.94	1,675.40	1,436.81	1,929.45
Plan V-B PPP Rx4	\$200	662.36	1,236.55	1,645.56	1,411.21	1,895.03
Plan V-C PPP Rx4	\$300	651.15	1,215.64	1,617.73	1,387.32	1,862.92
Plan V-E PPP Rx4	\$500	628.54	1,173.47	1,561.54	1,339.12	1,798.14
Plan V-F PPP Rx4	\$1,000	580.58	1,083.97	1,442.34	1,236.83	1,660.64
Copay Plan A	\$250	563.91	1,052.93	1,401.04	1,201.34	1,613.00
Copay Plan B	\$500	529.36	988.39	1,315.15	1,127.60	1,513.94
Copay Plan C	\$1,000	494.09	922.66	1,227.70	1,052.48	1,413.08
Copay Plan D	** \$1,500	470.95	879.53	1,170.30	1,003.17	1,346.87
Copay Plan E	** \$2,500	438.46	818.98	1,089.75	933.96	1,253.95
VB Copay Plan 2	\$500	522.57	975.73	1,298.32	1,113.12	1,494.52
HDHP-1 w/HSA	\$1,500	405.57	760.72	1,036.73	867.37	1,192.80
HDHP-2 w/HSA	\$2,500	362.08	679.30	925.72	774.32	1,064.76

*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.)	1.24	2.30	3.40	2.57	3.83
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.)	8.14	15.16	21.69	17.28	24.92
HDHP w/HSA Alternative Care Rider	2.05	3.88	5.42	4.39	6.16
Hearing Aid Benefit	1.05	2.04	2.86	2.29	3.20
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	516.62	950.18	1,282.50	1,083.60	1,475.80
Kaiser Vision	4.81	8.88	12.11	10.10	13.87
Kaiser Medical \$250 Deductible \$10/20 Rx Copay **	459.44	845.23	1,140.83	963.68	1,312.44
Kaiser Alternative Care	4.44	8.19	11.19	9.31	12.82
Kaiser Hearing Aid Benefit	1.27	2.38	3.35	2.67	3.77
Kaiser Dental	63.46	98.70	184.97	112.32	212.70
Kaiser Ortho	4.06	6.37	12.02	7.22	13.76

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