

**EBS 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:**

<b>Medical Plans</b>	<b>Deductible</b>	<b>Employee</b>	<b>Emp+Child</b>	<b>Emp+Children</b>	<b>Emp+Spouse</b>	<b>Emp+Family</b>
Plan I-A PPP Rx1	\$100	501.19	936.09	1,245.93	1,067.88	1,434.18
Plan I-B PPP Rx1	\$200	493.06	920.86	1,225.62	1,050.48	1,410.75
Plan I-C PPP Rx1	\$300	483.07	902.25	1,200.86	1,029.22	1,382.19
Plan I-E PPP Rx1	\$500	466.30	870.96	1,159.17	993.45	1,334.11
Plan I-F PPP Rx1	\$1,000	433.18	809.20	1,076.94	922.86	1,239.27
Plan I-A PPP Rx2	\$100	510.72	953.77	1,269.37	1,088.09	1,461.22
Plan I-B PPP Rx2	\$200	502.57	938.55	1,249.06	1,070.70	1,437.80
Plan I-C PPP Rx2	\$300	492.58	919.95	1,224.30	1,049.43	1,409.24
Plan I-E PPP Rx2	\$500	475.82	888.65	1,182.61	1,013.66	1,361.15
Plan I-F PPP Rx2	\$1,000	442.71	826.89	1,100.40	943.09	1,266.32
Plan V-A PPP Rx4	\$100	577.95	1,079.14	1,436.26	1,231.38	1,653.71
Plan V-B PPP Rx4	\$200	567.67	1,059.96	1,410.71	1,209.46	1,624.24
Plan V-C PPP Rx4	\$300	558.09	1,042.08	1,386.89	1,189.02	1,596.77
Plan V-E PPP Rx4	\$500	538.74	1,005.97	1,338.81	1,147.76	1,541.31
Plan V-F PPP Rx4	\$1,000	497.68	929.37	1,236.79	1,060.21	1,423.63
Copay Plan A	\$250	483.42	902.79	1,201.43	1,029.83	1,382.85
Copay Plan B	\$500	453.85	847.57	1,127.92	966.72	1,298.07
Copay Plan C	\$1,000	423.65	791.31	1,053.06	902.42	1,211.72
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	448.03	836.73	1,113.50	954.33	1,281.44
HDHP-1 w/HSA	\$1,500	347.89	652.69	889.60	743.99	1,023.18
HDHP-2 w/HSA	\$2,500	310.67	583.00	794.58	664.33	913.59

\*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

**EBS 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.)	1.15	2.16	3.22	2.42	3.61
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.)	7.44	13.88	19.88	15.81	22.82
HDHP w/HSA Alternative Care Rider	1.71	3.27	4.60	3.69	5.21
Hearing Aid Benefit	0.98	1.93	2.73	2.15	3.05
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
<b><u>Dental Plans:</u></b>					
<b><u>ODS Dental Plans</u></b>					
Dental II	46.99	72.17	124.11	82.04	142.55
Dental III	61.04	93.59	161.43	106.53	185.60
Dental IV	39.52	60.55	103.59	68.76	118.87
Dental V	47.03	71.93	123.37	81.77	141.69
Ortho Option (Plan II, III, IV & V)	1.29	3.04	16.03	3.42	18.39
Willamette Dental Plan	50.52	77.86	134.29	88.50	154.21
<b><u>Kaiser Permanente:</u></b>					
Kaiser Medical w/RX	492.27	905.45	1,222.29	1,032.57	1,406.44
Kaiser Vision	4.60	8.52	11.64	9.68	13.31
Kaiser Medical \$250 Deductible \$10/20 Rx Copay **	N/A	N/A	N/A	N/A	NA
Kaiser Alternative Care	4.25	7.86	10.76	8.92	12.31
Kaiser Hearing Aid Benefit	1.23	2.33	3.29	2.60	3.69
Kaiser Dental	62.00	96.18	180.46	109.46	207.51
Kaiser Ortho	4.04	6.36	12.00	7.21	13.73

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**EFFECTIVE January 1, 2013 to December 31, 2013**  
**(12 month rate)**

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

**Regence BlueCross BlueShield of Oregon:**

<b>Medical Plans:</b>	<b>Deductible</b>	<b>Employee</b>	<b>Emp+Child</b>	<b>Emp+Children</b>	<b>Emp+Spouse</b>	<b>Emp+Family</b>
Plan I-A PPP Rx1	\$100	530.27	990.31	1,318.09	1,129.84	1,517.40
Plan I-B PPP Rx1	\$200	521.66	974.18	1,296.58	1,111.43	1,492.59
Plan I-C PPP Rx1	\$300	511.08	954.48	1,270.37	1,088.91	1,462.36
Plan I-E PPP Rx1	\$500	493.32	921.36	1,226.22	1,051.04	1,411.45
Plan I-F PPP Rx1	\$1,000	458.26	855.96	1,139.16	976.30	1,311.04
Plan I-A PPP Rx2	\$100	540.36	1009.03	1342.90	1151.24	1546.03
Plan I-B PPP Rx2	\$200	531.73	992.91	1,321.40	1,132.83	1,521.23
Plan I-C PPP Rx2	\$300	521.15	973.22	1,295.19	1,110.32	1,490.99
Plan I-E PPP Rx2	\$500	503.40	940.08	1,251.04	1,072.44	1,440.08
Plan I-F PPP Rx2	\$1,000	468.35	874.69	1,163.99	997.71	1,339.67
Plan V-A PPP Rx4	\$100	611.54	1,141.77	1,519.61	1,302.96	1,749.84
Plan V-B PPP Rx4	\$200	600.66	1,121.46	1,492.55	1,279.75	1,718.64
Plan V-C PPP Rx4	\$300	590.51	1,102.53	1,467.34	1,258.11	1,689.55
Plan V-E PPP Rx4	\$500	570.02	1,064.30	1,416.42	1,214.42	1,630.84
Plan V-F PPP Rx4	\$1,000	526.55	983.20	1,308.40	1,121.73	1,506.24
Copay Plan A	\$250	511.46	955.05	1,270.97	1,089.56	1,463.06
Copay Plan B	\$500	480.15	896.59	1,193.13	1,022.73	1,373.29
Copay Plan C	\$1,000	448.17	837.02	1,113.88	954.66	1,281.86
Copay Plan D	** \$1,500	427.20	797.92	1,061.85	909.97	1,221.87
Copay Plan E	** \$2,500	397.76	743.06	988.84	847.25	1,137.66
VB Copay Plan 2	\$500	473.98	885.10	1,177.87	1,009.62	1,355.68
HDHP-1 w/HSA	\$1,500	367.96	690.24	940.81	786.91	1,082.24
HDHP-2 w/HSA	\$2,500	328.55	616.45	840.20	702.57	966.20

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<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.)	1.21	2.27	3.37	2.54	3.78
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.)	7.87	14.68	21.02	16.73	24.14
HDHP w/HSA Alternative Care Rider	1.80	3.44	4.83	3.89	5.48
Hearing Aid Benefit	1.03	2.02	2.85	2.25	3.19
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
<b><u>Dental Plans:</u></b>					
<b><u>ODS Dental Plans</u></b>					
Dental II	47.69	73.24	125.97	83.26	144.71
Dental III	61.97	95.00	163.87	108.13	188.41
Dental IV	40.10	61.45	105.13	69.78	120.66
Dental V	47.73	73.00	125.22	82.99	143.82
Ortho Option (Plan II, III, IV & V)	1.31	3.08	16.27	3.47	18.66
Willamette Dental Plan	50.52	77.86	134.29	88.50	154.21
<b><u>Kaiser Permanente:</u></b>					
Kaiser Medical w/RX	526.44	968.13	1,306.90	1,104.18	1,504.01
Kaiser Vision	4.91	9.09	12.41	10.33	14.20
Kaiser Medical \$250 Deductible \$10/20 Rx Copay **	468.14	861.15	1,162.48	981.94	1,337.48
Kaiser Alternative Care	4.54	8.38	11.47	9.52	13.13
Kaiser Hearing Aid Benefit	1.30	2.46	3.48	2.76	3.91
Kaiser Dental	64.19	99.56	186.88	113.32	214.90
Kaiser Ortho	4.09	6.44	12.14	7.30	13.90

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