

**Association of Oregon Counties Insurance Trust (AOCIT)**  
**Monthly Medical & Dental Premium Rates (Pooled Groups Only)\***  
**EFFECTIVE January 1, 2014 to December 31, 2014**

**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	596.59	1,114.09	1,482.60	1,271.17	1,707.06
Plan I-B PPP Rx1	\$200	586.89	1,095.94	1,458.37	1,250.43	1,679.12
Plan I-C PPP Rx1	\$300	574.98	1,073.76	1,428.85	1,225.07	1,645.07
Plan I-E PPP Rx1	\$500	554.98	1,036.44	1,379.15	1,182.42	1,587.75
Plan I-F PPP Rx1	\$1,000	515.49	962.79	1,281.09	1,098.25	1,474.64
Plan I-A PPP Rx2	\$100	607.95	1,135.18	1,510.55	1,295.27	1,739.30
Plan I-B PPP Rx2	\$200	598.24	1,117.03	1,486.34	1,274.53	1,711.38
Plan I-C PPP Rx2	\$300	586.33	1,094.85	1,456.81	1,249.18	1,677.32
Plan I-E PPP Rx2	\$500	566.33	1,057.52	1,407.09	1,206.52	1,619.97
Plan I-F PPP Rx2	\$1,000	526.85	983.89	1,309.05	1,122.37	1,506.89
Plan V-A PPP Rx4	\$100	688.12	1,284.69	1,709.55	1,466.14	1,968.83
Plan V-B PPP Rx4	\$200	675.87	1,261.83	1,679.10	1,440.01	1,933.70
Plan V-C PPP Rx4	\$300	664.43	1,240.50	1,650.68	1,415.63	1,900.93
Plan V-E PPP Rx4	\$500	641.36	1,197.45	1,593.36	1,366.43	1,834.81
Plan V-F PPP Rx4	\$1,000	592.41	1,106.09	1,471.69	1,262.03	1,694.48
Copay Plan A	\$250	575.40	1,074.40	1,429.54	1,225.81	1,645.86
Copay Plan B	\$500	540.13	1,008.55	1,341.87	1,150.55	1,544.75
Copay Plan C	\$1,000	504.14	941.47	1,252.62	1,073.88	1,441.81
Copay Plan D	** \$1,500	480.52	897.43	1,194.04	1,023.56	1,374.24
Copay Plan E	** \$2,500	447.36	835.63	1,111.82	952.92	1,279.40
VB Copay Plan 2	\$500	533.20	995.62	1,324.69	1,135.77	1,524.93
HDHP-1 w/HSA	\$1,500	421.93	791.38	1,078.47	902.36	1,240.94
HDHP-2 w/HSA	\$2,500	376.65	706.63	962.91	805.50	1,107.65

**All medical/dental plans include preventative care and well baby care as required by federal healthcare reform.**

\*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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<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.)	1.24	2.29	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	3.89	5.42	4.39	6.16
Hearing Aid Benefit	1.05	2.05	2.85	2.29	3.20
VSP Vision (24/24/24)	7.53	9.45	16.81	10.75	19.29
VSP Vision (24/24/24) Safety Glasses	8.48	10.30	17.65	11.71	20.25
VSP Vision (12/12/24)	9.33	11.67	20.77	13.29	23.85
VSP Vision (12/12/24) Safety Glasses	10.51	12.72	21.81	14.49	25.05
<b><u>Dental Plans:</u></b>					
<b><u>ODS Dental Plans</u></b>					
Dental II	48.98	75.48	129.61	85.80	148.90
Dental II-A	56.49	87.02	149.50	98.98	171.84
Dental III	63.67	97.89	168.64	111.41	193.91
Dental IV	41.17	63.33	108.14	71.90	124.13
Dental V	49.02	75.23	128.83	85.51	147.99
Ortho Option (Plan II, III, IV & V)	1.27	2.97	15.81	3.34	18.14
<b><u>WILLAMETTE DENTAL:</u></b>					
Willamette Dental Plan	50.44	77.99	134.28	88.64	154.22
<b><u>Kaiser Permanente:</u></b>					
Kaiser Medical w/ RX	568.07	1,044.61	1,409.98	1,191.51	1,622.79
Kaiser Medical \$250 Deductible \$10/20 Rx Copay **	505.17	929.17	1,254.14	1,059.59	1,443.10
Kaiser Alternative Care	4.87	8.97	12.25	10.21	14.04
Kaiser Hearing Aid Benefit	1.38	2.58	3.63	2.90	4.09
Kaiser Vision	5.28	9.73	13.26	11.08	15.20
Kaiser Dental	70.48	109.53	205.51	124.69	236.39
Kaiser Ortho	4.50	7.05	13.31	8.00	15.24

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