

Employee Benefits Services Trust
2009-2010 Monthly Medical & Dental Premium Rates (Pooled Groups Only)*

Effective August 1, 2009

Active Employee & Non-Medicare Eligible Retiree Rates

Regence BlueCross BlueShield:

(NOTE: All Active Medical Plan Rates include Well Baby Care and Physical Exam riders)

Medical Plans:	Deductible	One Party	Two Party	Family
Plan I-A Rx1	\$100	476.12	998.03	1,357.60
Plan I-B Rx1	\$200	468.50	981.97	1,336.11
Plan I-C Rx1	\$300	459.20	962.37	1,309.85
Plan I-E Rx1	\$500	443.56	929.39	1,265.65
Plan I-F Rx1	\$1,000	412.68	864.30	1,178.46
Plan I-A PPP Rx1	\$100	438.11	917.89	1,250.27
Plan I-B PPP Rx1	\$200	431.25	903.45	1,230.89
Plan I-C PPP Rx1	\$300	422.88	885.80	1,207.26
Plan I-E PPP Rx1	\$500	408.79	856.11	1,167.49
Plan I-F PPP Rx1	\$1,000	381.00	797.53	1,089.04
Plan I-A Rx2	\$100	484.11	1,014.81	1,379.97
Plan I-B Rx2	\$200	476.49	998.75	1,358.47
Plan I-C Rx2	\$300	467.20	979.15	1,332.22
Plan I-E Rx2	\$500	451.55	946.17	1,288.01
Plan I-F Rx2	\$1,000	420.68	881.08	1,200.83
Plan I-A PPP Rx2	\$100	446.10	934.66	1,272.64
Plan I-B PPP Rx2	\$200	439.25	920.23	1,253.26
Plan I-C PPP Rx2	\$300	430.87	902.58	1,229.64
Plan I-E PPP Rx2	\$500	416.79	872.90	1,189.86
Plan I-F PPP Rx2	\$1,000	388.99	814.31	1,111.41
Plan V-A Rx3 (terms 07/31/10)	\$100	565.95	1,179.22	1,593.48
Plan V-B Rx3 "	\$200	551.31	1,148.59	1,552.67
Plan V-C Rx3 "	\$300	533.18	1,110.62	1,502.07
Plan V-E Rx3 "	\$500	497.10	1,035.24	1,401.59
Plan V-F Rx3 "	\$1,000	455.84	948.83	1,286.47
Plan V-A PPP Rx3 (terms 07/31/10)	\$100	511.72	1,065.74	1,442.00
Plan V-B PPP Rx3 "	\$200	498.58	1,038.25	1,405.63
Plan V-C PPP Rx3 "	\$300	482.36	1,004.36	1,360.45
Plan V-E PPP Rx3 "	\$500	449.90	936.46	1,269.98
Plan V-F PPP Rx3 "	\$1,000	413.35	859.93	1,168.02
Plan V-A Rx4	\$100	546.12	1,145.49	1,554.91
Plan V-B Rx4	\$200	536.53	1,125.27	1,527.84
Plan V-C Rx4	\$300	527.58	1,106.41	1,502.58
Plan V-E Rx4	\$500	509.53	1,068.36	1,451.61
Plan V-F Rx4	\$1,000	471.23	987.62	1,343.46
Plan V-A PPP Rx4	\$100	502.53	1,053.60	1,431.85
Plan V-B PPP Rx4	\$200	493.90	1,035.41	1,407.47
Plan V-C PPP Rx4	\$300	485.86	1,018.44	1,384.75
Plan V-E PPP Rx4	\$500	469.61	984.20	1,338.87
Plan V-F PPP Rx4	\$1,000	435.14	911.52	1,241.54
Copay Plan A	\$250	406.92	857.15	1,147.06
Copay Plan B	\$500	382.09	804.76	1,076.94
HSA 1	\$1,500	293.15	619.89	849.57
HSA 2	\$2,500	261.89	553.78	758.92

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

Rx3 - This is the current Plan V with the prescription subject to the deductible.

Rx4 - New Copay prescription plan, not subject to the deductible: \$5 generic / \$25 preferred brand / \$50 non-preferred brand.

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Options:	One Party	Two Party	Family
Well Baby Care ¹	0.00	(2.28)	(16.62)
Physical Examination ¹	(16.25)	(26.89)	(44.13)
Alternative Care - Plans I and V (includes Naturopathic & Acupuncture, \$500 annual max.)	1.02	2.14	3.19
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.)	6.51	13.68	19.69
Hearing Aid Benefit	1.06	2.28	3.21
Current (VSP) Vision (24/24/24)	7.14	10.11	18.08
Current (VSP) Vision (24/24/24) Safety Glasses	8.04	11.01	18.98
New (VSP) Vision (12/12/24)	8.84	12.48	22.32
New (VSP) Vision (12/12/24) Safety Glasses	9.96	13.60	23.44
ODS Dental Plans:			
Dental II	40.71	70.33	121.57
Dental II-A (terms 07/31/10)	46.89	81.06	140.18
Dental III	52.81	91.18	158.10
Dental IV	34.27	59.01	101.48
Dental V	40.74	70.09	120.83
Ortho Option: (for Plan II, Plan II-A, Plan III, Plan IV, Plan V)	1.15	3.00	15.90
Willamette Dental Plan	42.47	73.37	127.15
Kaiser Permanente:			
Medical Plan B (\$10 Co Pay)	339.03	701.99	952.73
Vision Plan	4.56	9.47	12.99
Drug Plan B (\$10 Co Pay)	49.01	101.50	137.93
Alternative Care	4.14	8.60	11.82
Hearing Aid Benefit	1.11	2.33	3.31
Dental Plan	56.53	98.58	186.04
Ortho Option:	1.41	2.54	4.78

¹ Rates for Medical Plans I, V and Copay include the Well-Baby Care and Physical Exam Options. **For Plans I and V only**, the employer can delete the Well-Baby Care and/or Physical Exam Options. If they do so, the above rates should be deleted from the medical rates on page 1.

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