

Association of Oregon Counties Insurance Trust
2010-2011 Monthly Medical & Dental Premium Rates (Pooled Groups Only)*

Effective August 1, 2010

Active Employee & Non-Medicare Eligible Retiree Rates

Regence BlueCross BlueShield:

(NOTE: All Active Medical Plan Rates include the Well Baby Care rider)

<u>Medical Plans:</u>	<u>Deductible</u>	<u>One Party</u>	<u>Two Party</u>	<u>Family</u>
Plan I-A Rx1	\$100	533.19	1,125.70	1,520.81
Plan I-B Rx1	\$200	524.35	1,107.06	1,495.85
Plan I-C Rx1	\$300	513.56	1,084.34	1,465.41
Plan I-E Rx1	\$500	495.42	1,046.09	1,414.14
Plan I-F Rx1	\$1,000	459.60	970.54	1,313.00
Plan I-A PPP Rx1	\$100	489.09	1,032.75	1,396.30
Plan I-B PPP Rx1	\$200	481.14	1,015.96	1,373.83
Plan I-C PPP Rx1	\$300	471.42	995.49	1,346.41
Plan I-E PPP Rx1	\$500	455.09	961.06	1,300.29
Plan I-F PPP Rx1	\$1,000	422.85	893.11	1,209.27
Plan I-A Rx2	\$100	542.45	1,145.17	1,546.74
Plan I-B Rx2	\$200	533.62	1,126.52	1,521.79
Plan I-C Rx2	\$300	522.84	1,103.82	1,491.37
Plan I-E Rx2	\$500	504.68	1,065.53	1,440.09
Plan I-F Rx2	\$1,000	468.87	990.01	1,338.95
Plan I-A PPP Rx2	\$100	498.37	1,052.23	1,422.26
Plan I-B PPP Rx2	\$200	490.42	1,035.45	1,399.77
Plan I-C PPP Rx2	\$300	480.70	1,014.97	1,372.37
Plan I-E PPP Rx2	\$500	464.36	980.52	1,326.23
Plan I-F PPP Rx2	\$1,000	432.12	912.58	1,235.22
Plan V-A Rx4	\$100	614.38	1,296.77	1,749.60
Plan V-B Rx4	\$200	603.27	1,273.31	1,718.20
Plan V-C Rx4	\$300	592.90	1,251.47	1,689.00
Plan V-E Rx4	\$500	571.95	1,207.29	1,629.82
Plan V-F Rx4	\$1,000	527.52	1,113.62	1,504.40
Plan V-A PPP Rx4	\$100	563.82	1,190.15	1,606.86
Plan V-B PPP Rx4	\$200	553.80	1,169.03	1,578.57
Plan V-C PPP Rx4	\$300	544.48	1,149.39	1,552.30
Plan V-E PPP Rx4	\$500	525.63	1,109.64	1,499.07
Plan V-F PPP Rx4	\$1,000	485.65	1,025.34	1,386.18
Copay Plan A	\$250	471.77	993.73	1,329.73
Copay Plan B	\$500	442.96	932.94	1,248.39
Copay Plan C	\$1,000	413.41	870.73	1,165.06
HDHP-1 with HSA	\$1,500	339.78	718.50	984.63
HDHP-2 with HSA	\$2,500	303.53	641.82	879.47

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

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

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Regence Riders:	<u>One Party</u>	<u>Two Party</u>	<u>Family</u>
Well Baby Care ¹	0.00	(2.38)	(17.31)
Alternative Care - Plans I and V (includes Naturopathic & Acupuncture, \$500 annual max.)	1.05	2.19	3.26
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.)	6.76	14.21	20.44
Hearing Aid Benefit	0.90	1.95	2.75
<u>Vision Service Plans:</u>			
VSP Vision (24/24/24)	7.13	10.09	18.04
VSP Vision (24/24/24) Safety Glasses	8.03	10.99	18.94
VSP Vision (12/12/24)	8.83	12.46	22.28
VSP Vision (12/12/24) Safety Glasses	9.95	13.58	23.40
<u>ODS Dental Plans:</u>			
Dental II	45.96	79.67	137.68
Dental III	59.73	103.39	179.22
Dental IV	38.65	66.81	114.84
Dental Plan V	46.00	79.41	136.85
Ortho Option: (for Plan II, Plan III, Plan IV, Plan V)	1.21	3.16	16.93
Willamette Dental Plan:	50.43	87.36	151.44
<u>Kaiser Permanente:</u>			
Medical Plan with Rx	447.67	926.93	1,258.07
Vision Plan	4.59	9.54	13.07
Alternative Care	4.24	8.81	12.10
Hearing Aid Benefit	1.17	2.46	3.47
Dental Plan	60.24	105.33	198.65
Ortho Option:	1.48	2.66	5.00

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 Option. If they do so, the above rates should be deleted from the medical rates on page 1.

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