

Employee Benefits Services 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)

Medical Plans:	Deductible	One Party	Two Party	Family
Plan I-A Rx1	\$100	496.66	1,048.75	1,417.94
Plan I-B Rx1	\$200	488.43	1,031.38	1,394.71
Plan I-C Rx1	\$300	478.39	1,010.23	1,366.40
Plan I-E Rx1	\$500	461.49	974.60	1,318.66
Plan I-F Rx1	\$1,000	428.14	904.28	1,224.49
Plan I-A PPP Rx1	\$100	455.61	962.21	1,302.05
Plan I-B PPP Rx1	\$200	448.20	946.57	1,281.11
Plan I-C PPP Rx1	\$300	439.16	927.53	1,255.59
Plan I-E PPP Rx1	\$500	423.94	895.44	1,212.64
Plan I-F PPP Rx1	\$1,000	393.93	832.20	1,127.91
Plan I-A Rx2	\$100	505.29	1,066.89	1,442.13
Plan I-B Rx2	\$200	497.06	1,049.50	1,418.86
Plan I-C Rx2	\$300	487.03	1,028.37	1,390.56
Plan I-E Rx2	\$500	470.12	992.74	1,342.81
Plan I-F Rx2	\$1,000	436.78	922.43	1,248.65
Plan I-A PPP Rx2	\$100	464.24	980.34	1,326.21
Plan I-B PPP Rx2	\$200	456.84	964.72	1,305.28
Plan I-C PPP Rx2	\$300	447.79	945.66	1,279.76
Plan I-E PPP Rx2	\$500	432.58	913.58	1,236.80
Plan I-F PPP Rx2	\$1,000	402.56	850.31	1,152.07
Plan V-A Rx4	\$100	572.26	1,208.02	1,630.98
Plan V-B Rx4	\$200	561.90	1,186.17	1,601.71
Plan V-C Rx4	\$300	552.25	1,165.84	1,574.53
Plan V-E Rx4	\$500	532.74	1,124.70	1,519.43
Plan V-F Rx4	\$1,000	491.38	1,037.49	1,402.67
Plan V-A PPP Rx4	\$100	525.18	1,108.74	1,498.06
Plan V-B PPP Rx4	\$200	515.85	1,089.08	1,471.71
Plan V-C PPP Rx4	\$300	507.18	1,070.81	1,447.29
Plan V-E PPP Rx4	\$500	489.63	1,033.81	1,397.74
Plan V-F PPP Rx4	\$1,000	452.40	955.30	1,292.62
Copay Plan A	\$250	439.47	925.69	1,238.88
Copay Plan B	\$500	412.66	869.12	1,163.14
Copay Plan C	\$1,000	385.13	811.18	1,085.52
HDHP-1 with HSA	\$1,500	316.60	669.48	917.57
HDHP-2 with HSA	\$2,500	282.84	598.07	819.67

*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.)	1.06	2.21	3.30
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.)	6.77	14.23	20.48
Hearing Aid Benefit	0.91	1.97	2.79
<u>Vision Service Plans:</u>			
VSP Vision (24/24/24)	7.14	10.11	18.08
VSP Vision (24/24/24) Safety Glasses	8.04	11.01	18.98
VSP Vision (12/12/24)	8.84	12.48	22.32
VSP Vision (12/12/24) Safety Glasses	9.96	13.60	23.44
<u>ODS Dental Plans:</u>			
Dental II	43.56	75.25	130.08
Dental III	56.50	97.56	169.17
Dental IV	36.67	63.14	108.58
Dental V	43.59	74.99	129.29
Ortho Option: (for Plan II, Plan III, Plan IV, Plan V)	1.22	3.18	16.97
Willamette Dental Plan:	50.52	87.22	151.45
<u>Kaiser Permanente:</u>			
Medical Plan with Rx	447.43	926.43	1,257.56
Vision Plan	4.60	9.56	13.11
Alternative Care	4.25	8.83	12.14
Hearing Aid Benefit	1.18	2.48	3.51
Dental Plan	60.33	105.19	198.66
Ortho Option:	1.49	2.68	5.04

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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