

Association of Oregon Counties Insurance Trust  
**2011-2012 Monthly Medical & Dental Premium Rates (Pooled Groups Only)\***

Effective August 1, 2011

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

**Regence BlueCross BlueShield:**

<u>Medical Plans:</u>	<u>Deductible</u>	<u>One Party</u>	<u>Two Party</u>	<u>Family</u>
Plan I-A PPP Rx1	\$100	532.49	1,121.82	1,501.36
Plan I-B PPP Rx1	\$200	523.84	1,103.54	1,476.82
Plan I-C PPP Rx1	\$300	513.23	1,081.20	1,446.92
Plan I-E PPP Rx1	\$500	495.40	1,043.62	1,396.58
Plan I-F PPP Rx1	\$1,000	460.21	969.45	1,297.26
Plan I-A PPP Rx2	\$100	542.61	1,143.06	1,529.66
Plan I-B PPP Rx2	\$200	533.95	1,124.78	1,505.14
Plan I-C PPP Rx2	\$300	523.34	1,102.44	1,475.24
Plan I-E PPP Rx2	\$500	505.51	1,064.85	1,424.88
Plan I-F PPP Rx2	\$1,000	470.33	990.70	1,325.58
Plan V-A PPP Rx4	\$100	614.06	1,293.62	1,731.22
Plan V-B PPP Rx4	\$200	603.15	1,270.60	1,700.37
Plan V-C PPP Rx4	\$300	592.95	1,249.11	1,671.60
Plan V-E PPP Rx4	\$500	572.39	1,205.76	1,613.53
Plan V-F PPP Rx4	\$1,000	528.75	1,113.77	1,490.30
Copay Plan A	\$250	513.59	1,081.86	1,447.61
Copay Plan B	\$500	482.16	1,015.53	1,358.83
Copay Plan C	\$1,000	450.08	947.97	1,268.43
VB Copay Plan 2	\$500	475.99	1,002.52	1,341.42
HDHP-1 w/HSA	\$1,500	369.56	781.51	1,071.02
HDHP-2 w/HSA	\$2,500	330.00	697.83	956.27

**All medical/dental plans include preventative 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

(over)

Revised:  
04/14/2011

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<b>Regence Riders:</b>	<u>One Party</u>	<u>Two Party</u>	<u>Family</u>
Alternative Care - Plans I and V (includes Naturopathic & Acupuncture, \$500 annual max.)	1.14	2.37	3.52
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.)	7.42	15.59	22.42
HDHP w/HSA Alternative Care Rider	1.88	4.00	5.61
Hearing Aid Benefit	0.97	2.11	2.96
<b><u>Vision Service Plans:</u></b>			
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
<b><u>ODS Dental Plans:</u></b>			
Dental II	47.82	82.87	143.27
Dental III	62.16	107.57	186.54
Dental IV	40.20	69.47	119.47
Dental Plan V	47.86	82.59	142.40
Ortho Option: (for Plan II, Plan III, Plan IV, Plan V)	1.27	3.33	17.91
<b>Willamette Dental Plan:</b>	50.43	87.36	151.44
<b><u>Kaiser Permanente:</u></b>			
Medical Plan with Rx	493.11	1,020.97	1,385.76
Vision Plan	4.59	9.54	13.07
Alternative Care	4.24	8.81	12.10
Hearing Aid Benefit	1.22	2.56	3.61
Dental Plan	62.82	109.82	207.22
Ortho Option:	1.67	2.99	5.63

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