

Employee Benefits Services 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:

| Medical Plans: | Deductible | One Party | Two Party | Family |
|------------------|------------|-----------|-----------|----------|
| Plan I-A PPP Rx1 | \$100 | 473.60 | 997.75 | 1,335.45 |
| Plan I-B PPP Rx1 | \$200 | 465.91 | 981.51 | 1,313.65 |
| Plan I-C PPP Rx1 | \$300 | 456.48 | 961.66 | 1,287.08 |
| Plan I-E PPP Rx1 | \$500 | 440.65 | 928.28 | 1,242.35 |
| Plan I-F PPP Rx1 | \$1,000 | 409.38 | 862.39 | 1,154.13 |
| Plan I-A PPP Rx2 | \$100 | 482.59 | 1,016.62 | 1,360.59 |
| Plan I-B PPP Rx2 | \$200 | 474.90 | 1,000.39 | 1,338.81 |
| Plan I-C PPP Rx2 | \$300 | 465.47 | 980.54 | 1,312.24 |
| Plan I-E PPP Rx2 | \$500 | 449.64 | 947.14 | 1,267.51 |
| Plan I-F PPP Rx2 | \$1,000 | 418.37 | 881.26 | 1,179.29 |
| Plan V-A PPP Rx4 | \$100 | 546.07 | 1,150.38 | 1,539.66 |
| Plan V-B PPP Rx4 | \$200 | 536.37 | 1,129.92 | 1,512.25 |
| Plan V-C PPP Rx4 | \$300 | 527.31 | 1,110.84 | 1,486.69 |
| Plan V-E PPP Rx4 | \$500 | 509.05 | 1,072.32 | 1,435.10 |
| Plan V-F PPP Rx4 | \$1,000 | 470.28 | 990.59 | 1,325.63 |
| Copay Plan A | \$250 | 456.82 | 962.24 | 1,287.70 |
| Copay Plan B | \$500 | 428.89 | 903.32 | 1,208.82 |
| Copay Plan C | \$1,000 | 400.38 | 843.30 | 1,128.50 |
| VB Copay Plan 2 | \$500 | 423.40 | 891.76 | 1,193.36 |
| HDHP-1 w/HSA | \$1,500 | 328.85 | 695.41 | 953.12 |
| HDHP-2 w/HSA | \$2,500 | 293.70 | 621.06 | 851.18 |

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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| Regence Riders: | <u>One Party</u> | <u>Two Party</u> | <u>Family</u> |
|--|------------------|------------------|---------------|
| Alternative Care - Plans I and V (includes Naturopathic & Acupuncture, \$500 annual max.) | 1.10 | 2.29 | 3.42 |
| Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, \$1000 annual max.) | 7.07 | 14.85 | 21.37 |
| HDHP w/HSA Alternative Care Rider | 1.63 | 3.48 | 4.91 |
| Hearing Aid Benefit | 0.94 | 2.04 | 2.89 |
| Vision Service Plans: | | | |
| 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 |
| ODS Dental Plans: | | | |
| Dental II | 46.41 | 80.14 | 138.75 |
| Dental III | 60.28 | 104.04 | 180.61 |
| Dental IV | 39.03 | 67.18 | 115.60 |
| Dental V | 46.45 | 79.87 | 137.91 |
| Ortho Option: (for Plan II, Plan III, Plan IV, Plan V) | 1.28 | 3.35 | 17.95 |
| Willamette Dental Plan: | 50.52 | 87.22 | 151.45 |
| Kaiser Permanente: | | | |
| Medical Plan with Rx | 492.87 | 1,020.47 | 1,385.25 |
| Vision Plan | 4.60 | 9.56 | 13.11 |
| Alternative Care | 4.25 | 8.83 | 12.14 |
| Hearing Aid Benefit | 1.23 | 2.58 | 3.65 |
| Dental Plan | 62.91 | 109.68 | 207.23 |
| Ortho Option: | 1.68 | 3.01 | 5.67 |

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