

Association of Oregon Counties Insurance Trust (AOCIT)

Monthly Medical & Dental Premium Rates

Effective January 1, 2021 to December 31, 2021

Active Employee & Non-Medicare Eligible Retirees

These rates are for pooled groups only - those with less than 100 employees covered by a Regence medical or Delta Dental plan.

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
▼ Regence						
Regence	REGENCE COPAY A RX4	\$755.30	\$1408.15	\$1873.67	\$1609.40	\$2161.09
Regence	REGENCE COPAY B RX4	\$709.35	\$1322.34	\$1759.46	\$1511.32	\$2029.34
Regence	REGENCE COPAY C RX5	\$662.45	\$1234.94	\$1643.18	\$1411.45	\$1895.26
Regence	REGENCE COPAY D RX6	\$631.68	\$1177.58	\$1566.84	\$1345.89	\$1807.20
Regence	REGENCE COPAY E RX7 - Replaces COPAY A RX4	\$750.46	\$1399.14	\$1861.66	\$1599.08	\$2147.24
Regence	REGENCE COPAY F RX7 - Replaces COPAY B RX4	\$704.51	\$1313.33	\$1747.45	\$1501.00	\$2015.49
Regence	REGENCE COPAY G RX8 - Replaces COPAY C RX5	\$657.61	\$1225.93	\$1631.17	\$1401.13	\$1881.41
Regence	REGENCE COPAY H RX9 - Replaces COPAY D RX6	\$626.84	\$1168.57	\$1554.83	\$1335.57	\$1793.35
Regence	REGENCE HDHP-1 W/HSA	\$615.54	\$1152.11	\$1569.90	\$1316.79	\$1810.72
Regence	REGENCE HDHP-2 W/HSA	\$568.70	\$1064.43	\$1450.36	\$1216.57	\$1672.85
Regence	REGENCE HDHP-4 W/HSA - Replaces HDHP-1 w/HSA	\$596.89	\$1117.19	\$1522.30	\$1276.88	\$1755.82
Regence	REGENCE HDHP-5 W/HSA - Replaces HDHP-2 w/HSA	\$560.04	\$1048.22	\$1428.26	\$1198.04	\$1647.36
Regence	COPAY ALT CARE	\$10.71	\$19.87	\$28.20	\$22.71	\$32.52
Regence	HDHP ALT CARE	\$2.86	\$5.33	\$7.24	\$6.10	\$8.36
Regence	REGENCE HEARING AID BENEFIT	\$1.57	\$2.96	\$3.95	\$3.40	\$4.55
▼ VSP						
VSP	VSP-1 (12/12/24)	\$10.30	\$12.68	\$22.58	\$14.50	\$26.05
VSP	VSP-3 (24/24/24)	\$8.50	\$10.42	\$18.60	\$11.94	\$21.48
VSP	VSP-A (12/12/24) - Replaces VSP-1 & VSP-3	\$8.86	\$10.93	\$19.46	\$12.49	\$22.44
▼ Delta						
Delta	DELTA DENTAL II	\$46.58	\$71.72	\$123.06	\$81.64	\$141.68
Delta	DELTA DENTAL III	\$60.02	\$92.22	\$158.76	\$105.06	\$182.84
Delta	DELTA DENTAL V	\$46.61	\$71.49	\$122.34	\$81.37	\$140.85
Delta	DELTA ORTHO	\$1.47	\$3.20	\$15.39	\$3.61	\$17.69
▼ Willamette						
Willamette	WILLAMETTE DENTAL	\$63.19	\$97.23	\$167.90	\$110.81	\$193.28
Willamette	WILLAMETTE DENTAL-A - Replaces Willamette Dental	\$55.19	\$85.08	\$146.65	\$96.91	\$168.88
▼ Kaiser						
Kaiser	KAISER COPAY B	\$699.36	\$1282.33	\$1729.64	\$1464.90	\$1994.15
Kaiser	KAISER DED A	\$653.89	\$1198.60	\$1616.64	\$1369.31	\$1864.30
Kaiser	KAISER DENTAL I	\$77.82	\$120.71	\$226.34	\$137.61	\$260.75
Kaiser	KAISER ALT CARE	\$7.31	\$13.41	\$18.08	\$15.34	\$20.85
Kaiser	KAISER HEARING AID BENEFIT	\$2.06	\$3.78	\$5.09	\$4.33	\$5.87
Kaiser	KAISER ORTHO	\$4.38	\$6.85	\$12.65	\$7.77	\$14.53
Kaiser	KAISER VISION	\$6.85	\$12.58	\$16.97	\$14.38	\$19.56

Additional Information

If you currently offer any of the following plans, they are terminating 12/31/20. You must move to one of the replacement plans unless you had a collective bargaining contract in place as of February 2019 that requires continuation beyond 1/1/21.

- Regence Copay A, B, C, & D
- HDHP-1 & HDHP-2
- VSP-1 & VSP-3
- Willamette Dental

If you have agents associated with any of these benefits, the rates include the agent commission.