

League of Oregon Cities Employee Benefits Services Trust (EBS)

Monthly Medical & Dental Premium Rates - Effective 1/1/23 to 12/31/23 - Active Employee & Non-Medicare Eligible Retirees

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Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence						
Regence	CIS COPAY E RX7 Replaces COPAY A RX4	\$727.90	\$1,357.06	\$1,805.68	\$1,550.98	\$2,082.67
Regence	CIS COPAY F RX7 Replaces COPAY B RX4	\$683.66	\$1,274.41	\$1,695.66	\$1,456.50	\$1,955.76
Regence	CIS COPAY G RX8 Replaces COPAY C RX5	\$638.47	\$1,190.17	\$1,583.60	\$1,360.27	\$1,826.52
Regence	CIS COPAY H RX9 Replaces COPAY D RX6	\$608.80	\$1,134.90	\$1,510.06	\$1,297.08	\$1,741.70
Regence	CIS HDHP-4 W/HRA REGENCE HDHP-4 W/HRA	\$574.97	\$1,076.07	\$1,466.17	\$1,229.87	\$1,691.08
Regence	CIS HDHP-4 W/HSA Replaces HDHP-1 w/HSA	\$574.97	\$1,076.07	\$1,466.17	\$1,229.87	\$1,691.08
Regence	CIS HDHP-5 W/HSA Replaces HDHP-2 w/HSA	\$539.35	\$1,009.45	\$1,375.28	\$1,153.72	\$1,586.25
Regence	CIS COPAY ALT CARE	\$11.38	\$21.16	\$30.04	\$24.19	\$34.67

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence	CIS HDHP ALT CARE	\$2.82	\$5.31	\$7.19	\$6.07	\$8.32
Regence	CIS HEARING AID BENEFIT	\$1.75	\$3.30	\$4.40	\$3.77	\$5.07
VSP						
VSP	CIS Vision-A Replaces VSP-1 & VSP-3	\$9.26	\$11.29	\$20.14	\$12.93	\$23.28
Delta						
Delta	CIS DENTAL II	\$48.55	\$73.97	\$128.76	\$84.55	\$148.52
Delta	CIS DENTAL III	\$61.99	\$94.43	\$164.45	\$107.94	\$189.69
Delta	CIS DENTAL V	\$48.58	\$73.74	\$128.07	\$84.27	\$147.72
Delta	CIS ORTHO	\$1.83	\$3.64	\$16.46	\$4.19	\$18.98
Willamette						
Willamette	WILLAMETTE DENTAL-A Replaces Willamette Dental	\$56.18	\$85.83	\$149.75	\$98.11	\$172.72
Kaiser						

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Kaiser	KAISER COPAY B	\$737.85	\$1,352.95	\$1,824.59	\$1,545.59	\$2,103.60
Kaiser	KAISER DED A	\$690.44	\$1,265.67	\$1,706.79	\$1,445.94	\$1,968.24
Kaiser	KAISER DENTAL II Replaces Kaiser Dental I	\$72.05	\$111.03	\$209.41	\$126.87	\$241.50
Kaiser	KAISER ALT CARE	\$9.04	\$16.65	\$22.44	\$19.02	\$25.88
Kaiser	KAISER HEARING AID BENEFIT	\$2.45	\$4.55	\$6.11	\$5.21	\$7.08
Kaiser	KAISER ORTHO	\$4.77	\$7.32	\$13.74	\$8.39	\$15.85
Kaiser	KAISER VISION	\$6.86	\$12.65	\$17.05	\$14.45	\$19.66