

League of Oregon Cities Employee Benefits Services Trust

Monthly Medical & Dental Premium Rates

Effective January 1, 2022 to December 31, 2022

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.

Monthly Medical & Dental Premium Rates

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
▼ Regence						
Regence	REGENCE COPAY E RX7 Replaces COPAY A RX4	\$727.91	\$1,357.05	\$1,805.69	\$1,550.98	\$2,082.67
Regence	REGENCE COPAY F RX7 Replaces COPAY B RX4	\$683.90	\$1,274.84	\$1,696.27	\$1,457.02	\$1,956.46
Regence	REGENCE COPAY G RX8 Replaces COPAY C RX5	\$638.97	\$1,191.06	\$1,584.82	\$1,361.31	\$1,827.91
Regence	REGENCE COPAY H RX9 Replaces COPAY D RX6	\$609.47	\$1,136.09	\$1,511.69	\$1,298.47	\$1,743.57
Regence	REGENCE HDHP-4 W/HRA REGENCE HDHP-4 W/HRA	\$575.82	\$1,077.59	\$1,468.04	\$1,231.63	\$1,693.22
Regence	REGENCE HDHP-4 W/HSA Replaces HDHP-1 w/HSA	\$575.82	\$1,077.59	\$1,468.04	\$1,231.63	\$1,693.22
Regence	REGENCE HDHP-5 W/HSA Replaces HDHP-2 w/HSA	\$540.39	\$1,011.33	\$1,377.65	\$1,155.89	\$1,588.97
Regence	COPAY ALT CARE	\$11.45	\$21.28	\$30.20	\$24.33	\$34.85
Regence	HDHP ALT CARE	\$2.94	\$5.52	\$7.48	\$6.31	\$8.64
Regence	REGENCE HEARING AID BENEFIT	\$1.87	\$3.52	\$4.70	\$4.03	\$5.41
▼ VSP						
VSP	VSP-A (12/12/24) Replaces VSP-1 & VSP-3	\$8.49	\$10.35	\$18.46	\$11.85	\$21.34
▼ Delta						
Delta	DELTA DENTAL II	\$48.66	\$74.16	\$129.07	\$84.75	\$148.88
Delta	DELTA DENTAL III	\$62.40	\$95.08	\$165.56	\$108.68	\$190.98
Delta	DELTA DENTAL V	\$48.70	\$73.92	\$128.37	\$84.47	\$148.06
Delta	DELTA ORTHO	\$1.72	\$3.51	\$16.44	\$4.03	\$18.96
▼ Willamette						
Willamette	WILLAMETTE DENTAL-A Replaces Willamette Dental	\$55.31	\$84.53	\$147.48	\$96.62	\$170.10
▼ Kaiser						
Kaiser	KAISER COPAY B	\$721.23	\$1,322.56	\$1,783.78	\$1,510.88	\$2,056.56
Kaiser	KAISER DED A	\$674.65	\$1,236.80	\$1,668.04	\$1,412.98	\$1,923.57
Kaiser	KAISER DENTAL I	\$78.03	\$120.28	\$227.15	\$137.45	\$261.97
Kaiser	KAISER DENTAL II Replaces Kaiser Dental I	\$68.99	\$106.33	\$200.69	\$121.50	\$231.44
Kaiser	KAISER ALT CARE	\$9.03	\$16.61	\$22.40	\$18.97	\$25.84
Kaiser	KAISER HEARING AID BENEFIT	\$2.31	\$4.30	\$5.79	\$4.91	\$6.68
Kaiser	KAISER ORTHO	\$4.55	\$7.02	\$13.16	\$8.03	\$15.18
Kaiser	KAISER VISION	\$6.82	\$12.56	\$16.94	\$14.36	\$19.55

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.