

Association of Oregon Counties Insurance Trust (AOCIT)

Monthly Medical & Dental Premium Rates

Effective January 1, 2019 to December 31, 2019

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. For groups with more than 100 employees (or groups with commissions), rates will be provided on the Monthly Billing page

Benefits Plans	Deductible	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence Medical Plans						
COPAY A RX4	\$250	756.44	1,410.27	1,876.47	1,611.80	2,164.32
COPAY B RX4	\$500	710.28	1,324.08	1,761.75	1,513.30	2,031.99
COPAY C RX5	\$1,000	663.18	1,236.29	1,644.96	1,412.99	1,897.31
COPAY D RX6	\$1,500	632.27	1,178.68	1,568.29	1,347.13	1,808.87
HDHP-1 W/HSA	\$1,500	616.06	1,153.09	1,571.36	1,317.90	1,812.42
HDHP-2 W/HSA	\$2,500	569.02	1,065.03	1,451.29	1,217.24	1,673.91
HDHP-3 W/HSA	\$1,500	566.46	1,060.25	1,444.77	1,211.77	1,666.40
HDHP-4 W/HSA	\$2,500	506.04	947.11	1,290.53	1,082.49	1,488.51
Optional Riders						
Alternative Care - Copay Plan		10.69	19.84	28.18	22.68	32.50
HDHP w/HSA Alternative Care Rider		2.81	5.24	7.12	6.01	8.22
Hearing Aid Benefit		1.51	2.86	3.82	3.28	4.39
VSP-1 (12/12/24)		10.49	12.90	22.99	14.76	26.54
VSP-3 (24/24/24)		8.51	10.43	18.60	11.95	21.49
Delta Dental Plans						
DENTAL II		49.21	75.62	130.10	86.14	149.84
DENTAL III		63.61	97.57	168.35	111.23	193.95
DENTAL V		49.25	75.36	129.33	85.85	148.96
Ortho Option (Plan II, III & V)		1.45	3.20	15.88	3.63	18.27
Willamette Dental						
WILLAMETTE DENTAL		54.46	83.85	144.82	95.57	166.73

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Kaiser Permanente						
KAISER COPAY B		650.53	1,192.77	1,608.95	1,362.66	1,854.99
KAISER DED A		607.99	1,114.68	1,503.53	1,273.48	1,733.89
KAISER ALT CARE		6.97	12.82	17.28	14.64	19.91
KAISER HEARING AID BENEFIT		1.88	3.45	4.67	3.95	5.37
KAISER VISION		5.33	9.81	13.22	11.20	15.24
KAISER DENTAL I		76.34	118.33	222.21	134.93	256.03
KAISER ORTHO		4.62	7.20	13.36	8.19	15.38