

# League of Oregon Cities Employee Benefits Services Trust (EBS)

## Monthly Medical & Dental Premium Rates

Effective January 01, 2018 to December 31, 2018

Active Employee & Non-Medicare Eligible Retirees

| Benefits Plans                    | Deductible | Employee | Emp+Child | Emp+Children | Emp+Spouse | Emp+Family |
|-----------------------------------|------------|----------|-----------|--------------|------------|------------|
| <b>Regence Medical Plans</b>      |            |          |           |              |            |            |
| COPAY A RX4                       | \$250      | 622.82   | 1,161.14  | 1,545.00     | 1,327.08   | 1,781.98   |
| COPAY B RX4                       | \$500      | 585.03   | 1,090.54  | 1,451.03     | 1,246.38   | 1,673.60   |
| COPAY C RX5                       | \$1,000    | 546.43   | 1,018.61  | 1,355.33     | 1,164.18   | 1,563.23   |
| COPAY D RX6                       | \$1,500    | 521.11   | 971.40    | 1,292.53     | 1,110.24   | 1,490.78   |
| HDHP-1 W/HSA                      | \$1,500    | 506.16   | 947.29    | 1,290.75     | 1,082.69   | 1,488.74   |
| HDHP-2 W/HSA                      | \$2,500    | 467.47   | 874.88    | 1,191.99     | 999.92     | 1,374.84   |
| HDHP-3 W/HSA                      | \$1,500    | 466.60   | 873.25    | 1,189.79     | 998.05     | 1,372.30   |
| HDHP-4 W/HSA                      | \$2,500    | 417.16   | 780.68    | 1,063.58     | 892.27     | 1,226.73   |
| Plan V-A PPP RX4 **               | \$100      | 743.66   | 1,386.57  | 1,845.16     | 1,584.71   | 2,128.20   |
| Plan V-B PPP RX4 **               | \$200      | 730.53   | 1,362.05  | 1,812.52     | 1,556.69   | 2,090.55   |
| Plan V-C PPP RX4 **               | \$300      | 718.27   | 1,339.18  | 1,782.07     | 1,530.55   | 2,055.44   |
| Plan V-E PPP RX4 **               | \$500      | 693.53   | 1,293.03  | 1,720.61     | 1,477.80   | 1,984.54   |
| Plan V-F PPP RX4 **               | \$1,000    | 641.06   | 1,195.12  | 1,590.19     | 1,365.91   | 1,834.11   |
| <b>Optional Riders</b>            |            |          |           |              |            |            |
| Alternative Care - Plans I and V  |            | 1.66     | 3.05      | 4.29         | 3.50       | 4.95       |
| Alternative Care - Copay Plan     |            | 9.53     | 17.71     | 25.15        | 20.25      | 29.01      |
| HDHP w/HSA Alternative Care Rider |            | 2.37     | 4.44      | 6.03         | 5.08       | 6.95       |
| Hearing Aid Benefit               |            | 1.47     | 2.75      | 3.68         | 3.15       | 4.24       |
| VSP-1 (12/12/24) ***              |            | 10.60    | 12.92     | 23.02        | 14.81      | 26.64      |
| VSP-3 (24/24/24) ***              |            | 8.59     | 10.44     | 18.61        | 11.98      | 21.54      |

\*Pooled groups are those with less than 100 employees. For groups with 100 or over, rates will be provided directly to you.

\*\* Plan V & Kaiser Copay A medical options are not available to new groups, and may not be continued by current members after the 2017 plan year.

\*\*\* The vision plans have been consolidated into two options and both options include safety glass coverage.

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| <b>Delta Dental Plans</b>       |            |          |           |              |            |            |
| DENTAL II                       |            | 53.08    | 80.91     | 140.82       | 92.46      | 162.43     |
| DENTAL III                      |            | 68.65    | 104.60    | 182.14       | 119.55     | 210.09     |
| DENTAL V                        |            | 53.14    | 80.62     | 139.99       | 92.16      | 161.49     |
| Ortho Option (Plan II, III & V) |            | 1.68     | 3.59      | 18.17        | 4.11       | 20.95      |
| <b>Willamette Dental</b>        |            |          |           |              |            |            |
| WILLAMETTE DENTAL               |            | 50.72    | 77.50     | 135.25       | 88.59      | 155.95     |
| <b>Kaiser Permanente</b>        |            |          |           |              |            |            |
| KAISER COPAY A **               |            | 685.77   | 1,260.39  | 1,697.74     | 1,438.31   | 1,957.57   |
| KAISER COPAY B                  |            | 651.97   | 1,195.42  | 1,612.50     | 1,365.68   | 1,859.08   |
| KAISER DED A                    |            | 609.39   | 1,117.26  | 1,506.99     | 1,276.42   | 1,737.87   |
| KAISER ALT CARE                 |            | 6.68     | 12.14     | 16.54        | 14.01      | 18.98      |
| KAISER HEARING AID BENEFIT      |            | 1.97     | 3.62      | 4.88         | 4.14       | 5.63       |
| KAISER VISION                   |            | 5.60     | 10.26     | 13.90        | 11.76      | 15.95      |
| KAISER DENTAL I                 |            | 76.49    | 117.93    | 223.04       | 134.76     | 257.22     |
| KAISER ORTHO                    |            | 4.70     | 7.23      | 13.61        | 8.26       | 15.71      |

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