

Association of Oregon Counties Insurance Trust (AOCIT)

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
Regence Medical Plans						
COPAY A RX4	\$250	715.79	1,334.48	1,775.61	1,525.17	2,047.99
COPAY B RX4	\$500	672.11	1,252.93	1,667.06	1,431.96	1,922.78
COPAY C RX5	\$1,000	627.54	1,169.85	1,556.55	1,337.04	1,795.32
COPAY D RX6	\$1,500	598.29	1,115.33	1,484.00	1,274.72	1,711.65
HDHP-1 W/HSA	\$1,500	582.95	1,091.12	1,486.91	1,247.06	1,715.00
HDHP-2 W/HSA	\$2,500	538.44	1,007.79	1,373.29	1,151.81	1,583.94
HDHP-3 W/HSA	\$1,500	536.02	1,003.27	1,367.12	1,146.64	1,576.84
HDHP-4 W/HSA	\$2,500	478.83	896.21	1,221.17	1,024.29	1,408.49
Plan V-A PPP RX4 **	\$100	855.36	1,594.85	2,122.33	1,822.75	2,447.90
Plan V-B PPP RX4 **	\$200	840.19	1,566.55	2,084.63	1,790.40	2,404.41
Plan V-C PPP RX4 **	\$300	826.03	1,540.13	2,049.45	1,760.21	2,363.83
Plan V-E PPP RX4 **	\$500	797.47	1,486.84	1,978.46	1,699.29	2,281.96
Plan V-F PPP RX4 **	\$1,000	736.84	1,373.71	1,827.81	1,570.01	2,108.19
Optional Riders						
Alternative Care - Plans I and V		1.67	3.01	4.27	3.44	4.92
Alternative Care - Copay Plan		10.11	18.78	26.66	21.46	30.75
HDHP w/HSA Alternative Care Rider		2.66	4.96	6.75	5.67	7.77
Hearing Aid Benefit		1.43	2.71	3.60	3.10	4.15
VSP-1 (12/12/24) ***		10.42	12.82	22.84	14.67	26.36
VSP-3 (24/24/24) ***		8.45	10.35	18.48	11.87	21.35

*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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Delta Dental Plans						
DENTAL II		49.47	76.07	130.93	86.68	150.40
DENTAL III		64.07	98.24	169.61	112.01	195.41
DENTAL V		49.51	75.82	130.15	86.38	149.51
Ortho Option (Plan II, III & V)		1.19	3.00	15.78	3.20	18.15
Willamette Dental						
WILLAMETTE DENTAL		50.42	77.64	134.05	88.48	154.23
Kaiser Permanente						
KAISER COPAY A **		684.23	1,257.54	1,693.94	1,435.05	1,953.19
KAISER COPAY B		650.43	1,192.57	1,608.70	1,362.42	1,854.70
KAISER DED A		607.85	1,114.41	1,503.19	1,273.16	1,733.49
KAISER ALT CARE		6.58	11.95	16.28	13.79	18.67
KAISER HEARING AID BENEFIT		1.87	3.43	4.62	3.92	5.32
KAISER VISION		5.50	10.07	13.64	11.54	15.64
KAISER DENTAL I		76.19	118.07	221.84	134.65	255.61
KAISER ORTHO		4.60	7.17	13.31	8.15	15.33

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