

Association of Oregon Counties Insurance Trust (AOCIT)

Monthly Medical & Dental Premium Rates - Effective 1/1/23 to 12/31/23 - 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.

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence						
Regence	CIS COPAY E RX7 Replaces COPAY A RX4	\$859.47	\$1,602.40	\$2,132.04	\$1,831.34	\$2,459.10
Regence	CIS COPAY F RX7 Replaces COPAY B RX4	\$806.13	\$1,502.78	\$1,999.46	\$1,717.48	\$2,306.14
Regence	CIS COPAY G RX8 Replaces COPAY C RX5	\$751.68	\$1,401.32	\$1,864.46	\$1,601.54	\$2,150.48
Regence	CIS COPAY H RX9 Replaces COPAY D RX6	\$715.96	\$1,334.73	\$1,775.83	\$1,525.41	\$2,048.25
Regence	CIS HDHP-4 W/HSA Replaces HDHP-1 w/HSA	\$681.19	\$1,275.07	\$1,738.06	\$1,457.28	\$2,004.70
Regence	CIS HDHP-5 W/HSA Replaces HDHP-2 w/HSA	\$638.41	\$1,195.00	\$1,628.90	\$1,365.75	\$1,878.77
Regence	CIS COPAY ALT CARE	\$11.82	\$21.92	\$31.17	\$25.05	\$35.96
Regence	CIS HDHP ALT CARE	\$2.93	\$5.46	\$7.43	\$6.24	\$8.58

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence	CIS HEARING AID BENEFIT	\$1.47	\$2.78	\$3.71	\$3.18	\$4.27
VSP						
VSP	CIS Vision-A Replaces VSP-1 & VSP-3	\$9.67	\$11.95	\$21.25	\$13.63	\$24.49
Delta						
Delta	CIS DENTAL II	\$45.76	\$71.08	\$120.46	\$80.63	\$138.47
Delta	CIS DENTAL III	\$58.11	\$89.93	\$153.30	\$102.17	\$176.32
Delta	CIS DENTAL V	\$45.78	\$70.87	\$119.80	\$80.39	\$137.70
Delta	CIS ORTHO	\$1.74	\$3.67	\$15.39	\$4.10	\$17.64
Willamette						
Willamette	WILLAMETTE DENTAL-A Replaces Willamette Dental	\$56.86	\$88.25	\$150.68	\$100.26	\$173.30
Kaiser						
Kaiser	KAISER COPAY B	\$740.67	\$1,358.26	\$1,831.68	\$1,551.68	\$2,111.79

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Kaiser	KAISER DED A	\$693.26	\$1,270.98	\$1,713.88	\$1,452.03	\$1,976.43
Kaiser	KAISER DENTAL II Replaces Kaiser Dental I	\$72.73	\$113.45	\$210.34	\$129.02	\$242.08
Kaiser	KAISER ALT CARE	\$9.04	\$16.58	\$22.35	\$18.96	\$25.77
Kaiser	KAISER HEARING AID BENEFIT	\$2.45	\$4.48	\$6.02	\$5.15	\$6.97
Kaiser	KAISER ORTHO	\$4.75	\$7.53	\$13.62	\$8.49	\$15.61
Kaiser	KAISER VISION	\$6.86	\$12.58	\$16.96	\$14.39	\$19.55