

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

## Monthly Medical & Dental Premium Rates

Effective January 1, 2020 to December 31, 2020

### 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
<b>Regence Medical Plans</b>						
COPAY A RX4	\$250	699.70	1,304.48	1,735.73	1,490.89	2,001.96
COPAY B RX4	\$500	657.27	1,225.22	1,630.22	1,400.30	1,880.28
COPAY C RX5	\$1,000	613.95	1,144.45	1,522.78	1,308.01	1,756.34
COPAY D RX6	\$1,500	585.50	1,091.45	1,452.27	1,247.43	1,675.02
HDHP-1 W/HSA	\$1,500	568.72	1,064.38	1,450.27	1,216.50	1,672.72
HDHP-2 W/HSA	\$2,500	525.28	983.09	1,339.39	1,123.59	1,544.84
HDHP-3 W/HSA	\$1,500	524.30	981.24	1,336.92	1,121.49	1,541.99
HDHP-4 W/HSA	\$2,500	468.80	877.32	1,195.22	1,002.71	1,378.54
<b>Optional Riders</b>						
Alternative Care - Copay Plan		10.72	19.91	28.27	22.76	32.62
HDHP w/HSA Alternative Care Rider		2.67	5.01	6.80	5.73	7.84
Hearing Aid Benefit		1.66	3.12	4.17	3.57	4.80
VSP-1 (12/12/24)		10.00	12.20	21.73	13.98	25.14
VSP-A (12/12/24) - NEW		8.51	10.38	18.50	11.89	21.40
VSP-3 (24/24/24) *		8.65	10.52	18.75	12.07	21.70
<b>Delta Dental Plans</b>						
DENTAL II		53.02	80.82	140.67	92.37	162.24
DENTAL III		68.43	104.26	181.56	119.18	209.42
DENTAL V		53.07	80.55	139.85	92.05	161.32
Ortho Option (Plan II, III & V)		1.72	3.66	18.17	4.19	20.96

\*VSP-3 plan option is only available to current members with groups that have collective bargaining contracts in place that don't expire until after Jan. 1, 2020.

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Willamette Dental						
WILLAMETTE DENTAL		59.92	91.51	159.72	104.59	184.13
WILLAMETTE DENTAL-A - NEW		55.32	84.54	147.50	96.63	170.13
Kaiser Permanente						
KAISER COPAY B		680.76	1,248.12	1,683.48	1,425.87	1,940.89
KAISER DED A		636.41	1,166.71	1,573.59	1,332.90	1,814.64
KAISER ALT CARE		7.09	13.06	17.59	14.91	20.29
KAISER HEARING AID BENEFIT		2.10	3.87	5.21	4.41	6.01
KAISER VISION		6.16	11.38	15.31	12.98	17.66
KAISER DENTAL I		78.12	120.44	227.69	137.63	262.58
KAISER ORTHO		4.46	6.87	12.93	7.86	14.92

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