

# League of Oregon Cities Employee Benefits Services Trust

## Monthly Medical & Dental Premium Rates

Effective January 1, 2021 to December 31, 2021

### 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	REGENCE COPAY A RX4	\$730.34	\$1361.57	\$1811.70	\$1556.15	\$2089.60
Regence	REGENCE COPAY B RX4	\$686.18	\$1279.08	\$1701.91	\$1461.87	\$1962.96
Regence	REGENCE COPAY C RX5	\$641.09	\$1195.03	\$1590.09	\$1365.83	\$1833.98
Regence	REGENCE COPAY D RX6	\$611.49	\$1139.87	\$1516.71	\$1302.78	\$1749.35
Regence	REGENCE COPAY E RX7 - Replaces COPAY A RX4	\$728.59	\$1358.31	\$1807.35	\$1552.41	\$2084.58
Regence	REGENCE COPAY F RX7 - Replaces COPAY B RX4	\$684.43	\$1275.82	\$1697.56	\$1458.13	\$1957.94
Regence	REGENCE COPAY G RX8 - Replaces COPAY C RX5	\$639.34	\$1191.77	\$1585.74	\$1362.09	\$1828.96
Regence	REGENCE COPAY H RX9 - Replaces COPAY D RX6	\$609.74	\$1136.61	\$1512.36	\$1299.04	\$1744.33
Regence	REGENCE HDHP-1 W/HSA	\$594.02	\$1111.70	\$1514.63	\$1270.59	\$1746.96
Regence	REGENCE HDHP-2 W/HSA	\$548.81	\$1027.10	\$1399.24	\$1173.90	\$1613.87
Regence	REGENCE HDHP-4 W/HSA - Replaces HDHP-1 w/HSA	\$575.97	\$1077.91	\$1468.56	\$1231.97	\$1693.83
Regence	REGENCE HDHP-5 W/HSA - Replaces HDHP-2 w/HSA	\$540.43	\$1011.42	\$1377.86	\$1155.98	\$1589.22
Regence	COPAY ALT CARE	\$11.33	\$21.05	\$29.87	\$24.06	\$34.47
Regence	HDHP ALT CARE	\$2.87	\$5.39	\$7.30	\$6.16	\$8.43
Regence	REGENCE HEARING AID BENEFIT	\$1.81	\$3.40	\$4.54	\$3.89	\$5.23
▼ VSP						
VSP	VSP-1 (12/12/24)	\$9.98	\$12.18	\$21.69	\$13.95	\$25.09
VSP	VSP-3 (24/24/24)	\$8.65	\$10.52	\$18.75	\$12.07	\$21.70
VSP	VSP-A (12/12/24) - Replaces VSP-1 & VSP-3	\$8.49	\$10.36	\$18.46	\$11.86	\$21.35
▼ Delta						
Delta	DELTA DENTAL II	\$48.69	\$74.20	\$129.14	\$84.80	\$148.96
Delta	DELTA DENTAL III	\$62.55	\$95.31	\$165.96	\$108.95	\$191.44
Delta	DELTA DENTAL V	\$48.73	\$73.96	\$128.42	\$84.52	\$148.13
Delta	DELTA ORTHO	\$1.69	\$3.51	\$16.73	\$4.02	\$19.30
▼ Willamette						
Willamette	WILLAMETTE DENTAL	\$63.92	\$97.61	\$170.36	\$111.59	\$196.39
Willamette	WILLAMETTE DENTAL-A - Replaces Willamette Dental	\$55.92	\$85.46	\$149.11	\$97.69	\$171.99
▼ Kaiser						
Kaiser	KAISER COPAY B	\$702.63	\$1288.37	\$1737.69	\$1471.81	\$2003.42
Kaiser	KAISER DED A	\$657.18	\$1204.69	\$1624.75	\$1376.27	\$1873.63
Kaiser	KAISER DENTAL I	\$78.06	\$120.33	\$227.33	\$137.50	\$262.17
Kaiser	KAISER ALT CARE	\$7.47	\$13.76	\$18.54	\$15.71	\$21.38
Kaiser	KAISER HEARING AID BENEFIT	\$2.23	\$4.13	\$5.55	\$4.71	\$6.40
Kaiser	KAISER ORTHO	\$4.52	\$6.97	\$13.08	\$7.97	\$15.09
Kaiser	KAISER VISION	\$7.02	\$12.92	\$17.43	\$14.77	\$20.11

## Additional Information

If you currently offer any of the following plans, they are terminating 12/31/20. You must move to one of the replacement plans unless you had a collective bargaining contract in place as of February 2019 that requires continuation beyond 1/1/21.

- Regence Copay A, B, C, & D
- HDHP-1 & HDHP-2
- VSP-1 & VSP-3
- Willamette Dental

If you have agents associated with any of these benefits, the rates include the agent commission.