

Association of Oregon Counties Insurance Trust (AOCIT)

Monthly Medical & Dental Premium Rates

Effective January 1, 2022 to December 31, 2022

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.

Monthly Medical & Dental Premium Rates

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
▼ Regence						
Regence	REGENGE COPAY E RX7 Replaces COPAY A RX4	\$777.50	\$1,449.56	\$1,928.73	\$1,656.70	\$2,224.60
Regence	REGENGE COPAY F RX7 Replaces COPAY B RX4	\$729.74	\$1,360.37	\$1,810.02	\$1,554.75	\$2,087.66
Regence	REGENGE COPAY G RX8 Replaces COPAY C RX5	\$680.99	\$1,269.53	\$1,689.16	\$1,450.95	\$1,948.30
Regence	REGENGE COPAY H RX9 Replaces COPAY D RX6	\$649.01	\$1,209.91	\$1,609.81	\$1,382.80	\$1,856.77
Regence	REGENGE HDHP-4 W/HSA Replaces HDHP-1 w/HSA	\$617.88	\$1,156.50	\$1,576.00	\$1,321.80	\$1,817.77
Regence	REGENGE HDHP-5 W/HSA Replaces HDHP-2 w/HSA	\$579.58	\$1,084.81	\$1,478.26	\$1,239.85	\$1,705.03
Regence	COPAY ALT CARE	\$11.07	\$20.52	\$29.14	\$23.45	\$33.61
Regence	HDHP ALT CARE	\$2.91	\$5.41	\$7.36	\$6.19	\$8.49
Regence	REGENGE HEARING AID BENEFIT	\$1.57	\$2.95	\$3.94	\$3.38	\$4.53
▼ VSP						
VSP	VSP-A (12/12/24) Replaces VSP-1 & VSP-3	\$8.84	\$10.92	\$19.43	\$12.46	\$22.39
▼ Delta						
Delta	DELTA DENTAL II	\$46.07	\$71.29	\$121.48	\$80.99	\$139.74
Delta	DELTA DENTAL III	\$58.89	\$90.84	\$155.54	\$103.33	\$179.00
Delta	DELTA DENTAL V	\$46.10	\$71.07	\$120.79	\$80.74	\$138.94
Delta	DELTA ORTHO	\$1.63	\$3.47	\$15.50	\$3.91	\$17.79
▼ Willamette						
Willamette	WILLAMETTE DENTAL-A Replaces Willamette Dental	\$55.69	\$86.18	\$147.75	\$98.02	\$170.03
▼ Kaiser						
Kaiser	KAISER COPAY B	\$722.34	\$1,324.67	\$1,786.59	\$1,513.32	\$2,059.83
Kaiser	KAISER DED A	\$675.78	\$1,238.96	\$1,670.91	\$1,415.47	\$1,926.90
Kaiser	KAISER DENTAL I	\$77.48	\$120.51	\$224.72	\$137.23	\$258.77
Kaiser	KAISER DENTAL II Replaces Kaiser Dental I	\$69.36	\$107.99	\$200.96	\$122.91	\$231.36
Kaiser	KAISER ALT CARE	\$8.99	\$16.51	\$22.26	\$18.86	\$25.66
Kaiser	KAISER HEARING AID BENEFIT	\$2.28	\$4.20	\$5.65	\$4.81	\$6.50
Kaiser	KAISER ORTHO	\$4.48	\$7.06	\$12.89	\$8.00	\$14.78
Kaiser	KAISER VISION	\$6.79	\$12.45	\$16.78	\$14.25	\$19.36

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.