

# Association of Oregon Counties Insurance Trust (AOCIT)

## 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      | 755.63   | 1,408.77  | 1,874.48     | 1,610.10   | 2,162.03   |
| COPAY B RX4                       | \$500      | 709.62   | 1,322.85  | 1,760.12     | 1,511.90   | 2,030.11   |
| COPAY C RX5                       | \$1,000    | 662.66   | 1,235.33  | 1,643.69     | 1,411.90   | 1,895.85   |
| COPAY D RX6                       | \$1,500    | 631.85   | 1,177.90  | 1,567.25     | 1,346.25   | 1,807.68   |
| HDHP-1 W/HSA                      | \$1,500    | 615.69   | 1,152.39  | 1,570.32     | 1,317.11   | 1,811.21   |
| HDHP-2 W/HSA                      | \$2,500    | 568.79   | 1,064.60  | 1,450.62     | 1,216.76   | 1,673.15   |
| HDHP-3 W/HSA                      | \$1,500    | 566.24   | 1,059.83  | 1,444.13     | 1,211.31   | 1,665.67   |
| HDHP-4 W/HSA                      | \$2,500    | 506.00   | 947.05    | 1,290.36     | 1,082.42   | 1,488.31   |
| <b>Optional Riders</b>            |            |          |           |              |            |            |
| Alternative Care - Copay Plan     |            | 10.70    | 19.86     | 28.20        | 22.70      | 32.51      |
| HDHP w/HSA Alternative Care Rider |            | 2.84     | 5.31      | 7.21         | 6.07       | 8.32       |
| Hearing Aid Benefit               |            | 1.55     | 2.93      | 3.91         | 3.36       | 4.50       |
| VSP-1 (12/12/24)                  |            | 10.31    | 12.69     | 22.61        | 14.52      | 26.09      |
| VSP-A (12/12/24) - NEW            |            | 8.87     | 10.94     | 19.49        | 12.51      | 22.48      |
| VSP-3 (24/24/24) *                |            | 8.51     | 10.42     | 18.61        | 11.95      | 21.50      |
| <b>Delta Dental Plans</b>         |            |          |           |              |            |            |
| DENTAL II                         |            | 49.16    | 75.61     | 129.92       | 86.10      | 149.61     |
| DENTAL III                        |            | 63.44    | 97.39     | 167.86       | 110.99     | 193.35     |
| DENTAL V                          |            | 49.20    | 75.36     | 129.15       | 85.82      | 148.73     |
| Ortho Option (Plan II, III & V)   |            | 1.49     | 3.27      | 15.94        | 3.70       | 18.33      |

\*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          |  | 59.50  | 91.53    | 158.15   | 104.31   | 182.08   |
| WILLAMETTE DENTAL-A - NEW  |  | 55.05  | 84.83    | 146.30   | 96.64    | 168.49   |
| Kaiser Permanente          |  |        |          |          |          |          |
| KAISER COPAY B             |  | 679.32 | 1,245.46 | 1,679.93 | 1,422.84 | 1,936.82 |
| KAISER DED A               |  | 634.97 | 1,164.05 | 1,570.04 | 1,329.87 | 1,810.57 |
| KAISER ALT CARE            |  | 6.99   | 12.85    | 17.31    | 14.68    | 19.96    |
| KAISER HEARING AID BENEFIT |  | 2.00   | 3.66     | 4.93     | 4.18     | 5.68     |
| KAISER VISION              |  | 6.06   | 11.17    | 15.03    | 12.75    | 17.33    |
| KAISER DENTAL I            |  | 77.85  | 120.73   | 226.49   | 137.64   | 260.94   |
| KAISER ORTHO               |  | 4.36   | 6.82     | 12.61    | 7.75     | 14.50    |

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