League of Oregon Cities Employee Benefits Services Trust (EBS)

Monthly Medical & Dental Premium Rates - Effective 1/1/26 - 12/31/26 - 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.

Benefits Pans	Deductible	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence Medical Plans						
CIS COPAY E RX7	$250	931.55	1736.69	2310.88	1984.92	2665.35
CIS COPAY F RX7	$500	875.46	1631.89	2171.38	1865.14	2504.45
CIS COPAY G RX8	$1,000	818.18	1525.10	2029.30	1743.11	2340.59
CIS COPAY H RX9	$1,500	780.57	1455.02	1936.08	1663.01	2233.04
CIS HDHP-4 W/HSA	$1,700	737.67	1380.44	1880.41	1577.79	2168.88
CIS HDHP-5 W/HSA	$2,500	692.50	1295.98	1765.18	1481.25	2035.98
CIS HDHP-6 W/HSA	$1,800	732.01	1369.84	1865.95	1565.66	2152.19
Optional Riders						
CIS COPAY ALT CARE		14.72	27.35	38.79	31.28	44.74
CIS HDHP ALT CARE		3.86	7.24	9.83	8.30	11.35
CIS HEARING AID BENEFIT		2.50	4.70	6.29	5.39	7.23
CIS Vision-A (VSP)		11.17	13.61	24.29	15.59	28.07
CIS Vision-Ind1 (VSP)		24.49	29.87	53.24	34.19	61.58
United Healthcare Medical Plan						
CIS Surest		827.45	1540.07	2048.32	1759.81	2362.10
Delta Dental Plans						
CIS DENTAL II		53.78	81.93	142.61	93.64	164.49
CIS DENTAL III		68.48	104.32	181.68	119.24	209.56
CIS DENTAL V		53.81	81.69	141.87	93.34	163.63
CIS DENTAL VI - CIS Dental II w/ a maximum annual benefit of $2,000		56.03	85.38	148.60	97.57	171.40
CIS DENTAL VII - CIS Dental III w/ a maximum annual benefit of $2,000		71.44	108.83	189.53	124.39	218.61
CIS ORTHO $1,000		2.10	4.11	18.24	4.75	21.01
CIS ORTHO $2,000		2.76	5.67	27.35	6.54	31.52
Willamette Dental						
WILLAMETTE DENTAL-A		62.78	95.92	167.33	109.64	193.01
Kaiser Permanente						
KAISER COPAY B		1002.60	1838.96	2480.39	2100.89	2859.80
KAISER DED A	$250	936.86	1718.27	2317.50	1963.02	2671.97
KAISER DED B	$500	888.65	1629.79	2198.06	1861.90	2534.22
KAISER HDHP-2	$1,800	665.95	1220.98	1646.26	1394.80	1897.93
KAISER ALT CARE		9.60	17.68	23.83	20.21	27.47
KAISER HEARING AID BENEFIT		3.24	5.98	8.05	6.84	9.27
KAISER VISION		7.18	13.25	17.85	15.14	20.58
KAISER DENTAL II		69.25	106.70	200.91	121.93	231.69
KAISER ORTHO		6.81	10.45	19.67	11.98	22.68