

Association of Oregon Counties Insurance Trust (AOCIT)

Monthly Medical & Dental Premium Rates - Effective 1/1/27 - 12/31/27 - Active Employee & Non-Medicare Eligible Retirees

These rates are for pooled groups only - those with less than 100 employees covered by a Regence & Surest Medical or Delta Dental plan.

Benefits Plans	Deductible	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence Medical Plans						
CIS COPAY PLAN 1	\$250	\$1,127.63	\$2,102.32	\$2,797.39	\$2,402.84	\$3,226.50
CIS COPAY PLAN 2	\$500	\$1,059.81	\$1,975.62	\$2,628.77	\$2,258.04	\$3,032.00
CIS COPAY E RX7	\$450	\$1,071.27	\$1,997.26	\$2,657.59	\$2,282.76	\$3,065.26
CIS COPAY F RX7	\$700	\$1,006.84	\$1,876.89	\$2,497.40	\$2,145.19	\$2,880.47
CIS COPAY G RX8	\$1,200	\$940.58	\$1,753.42	\$2,333.14	\$2,004.11	\$2,691.06
CIS COPAY H RX9	\$1,700	\$897.00	\$1,672.18	\$2,225.00	\$1,911.23	\$2,566.33
CIS HDHP-4 W/HSA	\$1,750	\$855.03	\$1,600.17	\$2,179.42	\$1,829.00	\$2,513.78
CIS HDHP-5 W/HSA	\$2,500	\$802.99	\$1,502.80	\$2,046.65	\$1,717.69	\$2,360.61
Optional Riders						
CIS COPAY ALT CARE		\$16.21	\$30.05	\$42.58	\$34.37	\$49.11
CIS HDHP ALT CARE		\$4.70	\$8.74	\$11.82	\$9.99	\$13.65
CIS HEARING AID BENEFIT		\$2.82	\$5.27	\$7.01	\$6.03	\$8.08
CIS Vision-A (VSP)		\$11.91	\$14.70	\$26.17	\$16.77	\$30.16
CIS Vision-Ind1 (VSP)		\$26.18	\$32.32	\$57.54	\$36.90	\$66.32
EAP (For Regence/Kaiser Medical/Surest)		\$2.20	\$2.20	\$2.20	\$2.20	\$2.20
United Healthcare Medical Plan						
CIS Surest	\$0	\$951.11	\$1,770.32	\$2,354.60	\$2,022.96	\$2,715.30
Delta Dental Plans						
CIS DENTAL II		\$51.24	\$79.84	\$134.69	\$90.45	\$154.74
CIS DENTAL III		\$64.71	\$100.42	\$170.51	\$113.95	\$196.03
CIS DENTAL V		\$51.26	\$79.62	\$133.97	\$90.20	\$153.92
CIS DENTAL VI - CIS Dental II w/ a maximum annual benefit of \$2,000		\$53.27	\$82.96	\$140.10	\$94.01	\$160.99
CIS DENTAL VII - CIS Dental III w/ a maximum annual benefit of \$2,000		\$67.38	\$104.49	\$177.62	\$118.62	\$204.22
CIS ORTHO \$1,000		\$2.05	\$4.30	\$17.12	\$4.77	\$19.58
CIS ORTHO \$2,000		\$2.68	\$5.74	\$25.55	\$6.44	\$29.30
Willamette Dental						
WILLAMETTE DENTAL-A		\$64.62	\$100.52	\$171.03	\$114.09	\$196.65
Kaiser Permanente						
KAISER COPAY B	\$0	1060.84	1946.00	2624.62	2223.23	3026.11
KAISER DED A	\$250	991.66	1818.99	2453.21	2078.13	2828.44
KAISER DED B	\$500	940.92	1725.87	2327.49	1971.72	2683.47
KAISER HDHP-2	\$1,800	706.56	1295.63	1746.78	1480.14	2013.84
KAISER ALT CARE		\$10.16	\$18.62	\$25.09	\$21.30	\$28.96
KAISER HEARING AID BENEFIT		\$3.45	\$6.31	\$8.48	\$7.24	\$9.79
KAISER VISION		\$7.60	\$13.96	\$18.80	\$15.98	\$21.70
KAISER DENTAL II		\$71.97	\$112.71	\$207.15	\$127.97	\$238.21
KAISER ORTHO		\$6.81	\$10.80	\$19.61	\$12.20	\$22.47