

# 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 a Delta Dental plan.*

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence						
Regence	CIS COPAY E RX7	\$906.74	\$1,690.42	\$2,249.31	\$1,932.03	\$2,594.34
Regence	CIS COPAY F RX7	\$850.49	\$1,585.35	\$2,109.45	\$1,811.94	\$2,433.03
Regence	CIS COPAY G RX8	\$792.93	\$1,478.03	\$1,966.67	\$1,689.31	\$2,268.35
Regence	CIS COPAY H RX9	\$755.39	\$1,408.09	\$1,873.64	\$1,609.37	\$2,161.03
Regence	CIS HDHP-4 W/HSA	\$712.16	\$1,332.69	\$1,815.32	\$1,523.22	\$2,093.80
Regence	CIS HDHP-5 W/HSA	\$668.62	\$1,251.27	\$1,704.23	\$1,430.16	\$1,965.68
Regence	CIS HDHP-6 W/HSA New! Regence High Deductible (\$1,800) plan	\$706.70	\$1,322.46	\$1,801.37	\$1,511.53	\$2,077.72
Regence	CIS COPAY ALT CARE	\$14.22	\$26.43	\$37.48	\$30.23	\$43.23
Regence	CIS HDHP ALT CARE	\$3.75	\$7.04	\$9.56	\$8.07	\$11.04
Regence	CIS HEARING AID BENEFIT	\$2.44	\$4.59	\$6.15	\$5.27	\$7.07

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Available with Copay plans only						
United Healthcare						
United Healthcare	CIS Surest New for 2026!	\$803.93	\$1,496.22	\$1,989.98	\$1,709.70	\$2,294.81
VSP						
VSP	CIS Vision-A	\$11.17	\$13.61	\$24.29	\$15.59	\$28.07
VSP	CIS Vision-IND1 VSP Indemnity plan	\$24.49	\$29.87	\$53.24	\$34.19	\$61.58
Delta						
Delta	CIS DENTAL II	\$53.78	\$81.93	\$142.61	\$93.64	\$164.49
Delta	CIS DENTAL III	\$68.48	\$104.32	\$181.68	\$119.24	\$209.56
Delta	CIS DENTAL V	\$53.81	\$81.69	\$141.87	\$93.34	\$163.63
Delta	CIS DENTAL VI Mirrors CIS Dental II w/ a maximum annual benefit of \$2,000	\$56.03	\$85.38	\$148.60	\$97.57	\$171.40

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Delta	CIS DENTAL VII Mirrors CIS Dental III w/ a maximum annual benefit of \$2,000	\$71.44	\$108.83	\$189.53	\$124.39	\$218.61
Delta	CIS ORTHO \$1,000 lifetime maximum benefit	\$2.10	\$4.11	\$18.24	\$4.75	\$21.01
Delta	CIS ORTHO \$2,000 \$2,000 lifetime maximum benefit	\$2.76	\$5.67	\$27.35	\$6.54	\$31.52
Willamette						
Willamette	WILLAMETTE DENTAL-A	\$62.78	\$95.92	\$167.33	\$109.64	\$193.01
Kaiser						
Kaiser	KAISER COPAY B	\$1,002.60	\$1,838.96	\$2,480.39	\$2,100.89	\$2,859.80
Kaiser	KAISER DED A \$250 deductible plan	\$936.86	\$1,718.27	\$2,317.50	\$1,963.02	\$2,671.97
Kaiser	KAISER DED B \$500 deductible plan	\$888.65	\$1,629.79	\$2,198.06	\$1,861.90	\$2,534.22
Kaiser	KAISER HDHP-1 Kaiser High Deductible (\$1,700) plan	\$670.54	\$1,229.38	\$1,657.60	\$1,404.41	\$1,911.01

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Kaiser	KAISER HDHP-2 New! Kaiser High Deductible (\$1,800) plan	\$665.95	\$1,220.98	\$1,646.26	\$1,394.80	\$1,897.93
Kaiser	KAISER DENTAL II Replaced Kaiser Dental I	\$69.25	\$106.70	\$200.91	\$121.93	\$231.69
Kaiser	KAISER ALT CARE	\$9.60	\$17.68	\$23.83	\$20.21	\$27.47
Kaiser	KAISER HEARING AID BENEFIT Not available with the Kaiser HDHP plans	\$3.24	\$5.98	\$8.05	\$6.84	\$9.27
Kaiser	KAISER VISION	\$7.18	\$13.25	\$17.85	\$15.14	\$20.58
Kaiser	KAISER ORTHO	\$6.81	\$10.45	\$19.67	\$11.98	\$22.68