

Association of Oregon Counties Insurance Trust (AOCIT)

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.

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence						
Regence	CIS COPAY E RX7	\$939.22	\$1,751.06	\$2,329.99	\$2,001.37	\$2,687.41
Regence	CIS COPAY F RX7	\$882.73	\$1,645.53	\$2,189.55	\$1,880.76	\$2,525.40
Regence	CIS COPAY G RX8	\$824.64	\$1,537.28	\$2,045.54	\$1,757.07	\$2,359.34
Regence	CIS COPAY H RX9	\$786.43	\$1,466.05	\$1,950.73	\$1,675.64	\$2,249.98
Regence	CIS HDHP-4 W/HSA	\$749.63	\$1,402.92	\$1,910.77	\$1,603.54	\$2,203.91
Regence	CIS HDHP-5 W/HSA	\$704.01	\$1,317.55	\$1,794.36	\$1,505.95	\$2,069.62
Regence	CIS HDHP-6 W/HSA New! Regence High Deductible (\$1,800) plan	\$743.90	\$1,392.21	\$1,896.17	\$1,591.30	\$2,187.06
Regence	CIS COPAY ALT CARE	\$14.21	\$26.35	\$37.33	\$30.13	\$43.06
Regence	CIS HDHP ALT CARE	\$4.12	\$7.66	\$10.36	\$8.76	\$11.97
Regence	CIS HEARING AID BENEFIT	\$2.47	\$4.62	\$6.15	\$5.29	\$7.08

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!	\$834.31	\$1,552.91	\$2,065.44	\$1,774.53	\$2,381.84
VSP						
VSP	CIS Vision-A	\$11.68	\$14.42	\$25.66	\$16.45	\$29.57
VSP	CIS Vision-IND1 VSP Indemnity plan	\$25.67	\$31.69	\$56.41	\$36.18	\$65.02
Delta						
Delta	CIS DENTAL II	\$50.24	\$78.27	\$132.05	\$88.68	\$151.71
Delta	CIS DENTAL III	\$63.44	\$98.45	\$167.17	\$111.72	\$192.19
Delta	CIS DENTAL V	\$50.25	\$78.06	\$131.34	\$88.43	\$150.90
Delta	CIS DENTAL VI Mirrors CIS Dental II w/ a maximum annual benefit of \$2,000	\$52.23	\$81.33	\$137.35	\$92.17	\$157.83

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	\$66.06	\$102.44	\$174.14	\$116.29	\$200.22
Delta	CIS ORTHO \$1,000 lifetime maximum benefit	\$2.01	\$4.22	\$16.78	\$4.68	\$19.20
Delta	CIS ORTHO \$2,000 \$2,000 lifetime maximum benefit	\$2.63	\$5.63	\$25.05	\$6.31	\$28.73
Willamette						
Willamette	WILLAMETTE DENTAL-A	\$63.35	\$98.55	\$167.68	\$111.85	\$192.79
Kaiser						
Kaiser	KAISER COPAY B	\$1,005.53	\$1,844.56	\$2,487.79	\$2,107.34	\$2,868.35
Kaiser	KAISER DED A \$250 deductible plan	\$939.96	\$1,724.16	\$2,325.31	\$1,969.80	\$2,680.99
Kaiser	KAISER DED B \$500 deductible plan	\$891.86	\$1,635.91	\$2,206.15	\$1,868.93	\$2,543.58
Kaiser	KAISER HDHP-1 Kaiser High Deductible (\$1,700) plan	\$674.29	\$1,236.48	\$1,667.03	\$1,412.56	\$1,921.90

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Kaiser	KAISER HDHP-2 New! Kaiser High Deductible (\$1,800) plan	\$669.71	\$1,228.09	\$1,655.71	\$1,402.98	\$1,908.86
Kaiser	KAISER DENTAL II Replaced Kaiser Dental I	\$69.77	\$109.24	\$200.94	\$124.05	\$231.10
Kaiser	KAISER ALT CARE	\$9.62	\$17.66	\$23.79	\$20.19	\$27.43
Kaiser	KAISER HEARING AID BENEFIT Not available with the Kaiser HDHP plans	\$3.27	\$5.99	\$8.05	\$6.86	\$9.27
Kaiser	KAISER VISION	\$7.21	\$13.24	\$17.82	\$15.14	\$20.56
Kaiser	KAISER ORTHO	\$6.76	\$10.71	\$19.46	\$12.09	\$22.31