

Association of Oregon Counties Insurance Trust (AOCIT)

Monthly Medical & Dental Premiums (Pooled Groups Only)*

Effective January 01, 2017 to December 31, 2017

Active Employee & Non-Medicare Eligible Retirees

Benefits Plans	Deductible	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence Medical Plans						
Plan V-A PPP RX4 **	\$100	787.63	1,470.46	1,956.76	1,678.16	2,253.54
Plan V-B PPP RX4 **	\$200	773.61	1,444.31	1,921.91	1,648.26	2,213.33
Plan V-C PPP RX4 **	\$300	760.51	1,419.89	1,889.39	1,620.35	2,175.82
Plan V-E PPP RX4 **	\$500	734.11	1,370.62	1,823.78	1,564.03	2,100.14
Plan V-F PPP RX4 **	\$1,000	678.08	1,266.04	1,684.50	1,444.54	1,939.52
COPAY A RX4	\$250	658.61	1,229.77	1,636.27	1,403.08	1,883.87
COPAY B RX4	\$500	618.24	1,154.39	1,535.92	1,316.93	1,768.14
COPAY C RX5	\$1,000	577.04	1,077.62	1,433.75	1,229.17	1,650.31
COPAY D RX6	\$1,500	550.01	1,027.21	1,366.71	1,171.58	1,572.97
HDHP-1 W/HSA	\$1,500	535.54	1,004.49	1,368.89	1,145.39	1,575.18
HDHP-2 W/HSA	\$2,500	494.35	927.42	1,263.78	1,057.23	1,453.82
HDHP-3 W/HSA	\$1,500	492.43	923.62	1,258.68	1,053.17	1,448.36
HDHP-4 W/HSA	\$2,500	439.57	824.65	1,123.75	940.09	1,292.75
Optional Riders						
Alternative Care - Plan V		1.42	2.62	3.89	2.93	4.39
Alternative Care - Copay Plan		9.32	17.35	24.82	19.77	28.52
HDHP w/HSA Alternative Care Rider		2.34	4.46	6.21	5.02	7.04
Hearing Aid Benefit		1.20	2.35	3.26	2.63	3.66
VSP-1 (12/12/24) ***		10.28	12.88	22.92	14.66	26.31
VSP-3 (24/24/24) ***		8.31	10.41	18.56	11.86	21.30

* Pooled groups are those with less than 100 employees. For groups with 100 or over, rates will be provided directly to you.

** Plan V & Kaiser Copay A medical options are not available to new groups, and may not be continued by current members after the 2017 plan year.

*** The vision plans have been consolidated into two options and both options include safety glass coverage.

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Delta Dental Plans						
DENTAL II		48.51	74.78	128.38	85.00	147.48
DENTAL III		63.07	96.96	167.03	110.35	192.06
DENTAL V		48.55	74.52	127.61	84.70	146.59
Ortho Option (Plan II, III & V)		1.17	2.76	15.45	3.13	17.78
Willamette Dental						
WILLAMETTE DENTAL		50.44	77.99	134.28	88.64	154.22
Kaiser Permanente						
KAISER COPAY A **		661.28	1,216.66	1,641.92	1,386.97	1,888.73
KAISER COPAY B		627.84	1,155.29	1,559.07	1,316.84	1,793.20
KAISER DED A		586.51	1,079.46	1,456.66	1,230.22	1,675.49
KAISER ALT CARE		6.23	11.39	15.73	13.07	17.91
KAISER HEARING AID BENEFIT		1.75	3.29	4.64	3.68	5.20
KAISER VISION		5.69	10.50	14.43	11.95	16.41
KAISER DENTAL I		76.02	118.54	221.33	134.73	254.31
KAISER ORTHO		4.51	7.11	13.38	8.04	15.30

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