

## League of Oregon Cities Employee Benefits Services Trust (EBS)

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
<b>Regence Medical Plans</b>						
CIS COPAY PLAN 1	\$250	\$1,084.73	\$2,022.25	\$2,690.85	\$2,311.29	\$3,103.61
CIS COPAY PLAN 2	\$500	\$1,017.44	\$1,896.55	\$2,523.54	\$2,167.62	\$2,910.63
CIS COPAY E RX7	\$450	\$1,030.33	\$1,920.82	\$2,555.89	\$2,195.37	\$2,947.95
CIS COPAY F RX7	\$700	\$966.41	\$1,801.43	\$2,396.97	\$2,058.91	\$2,764.65
CIS COPAY G RX8	\$1,200	\$901.01	\$1,679.49	\$2,234.73	\$1,919.56	\$2,577.53
CIS COPAY H RX9	\$1,700	\$858.35	\$1,600.01	\$2,129.02	\$1,828.73	\$2,455.58
CIS HDHP-4 W/HSA	\$1,750	\$809.23	\$1,514.34	\$2,062.75	\$1,730.83	\$2,379.18
CIS HDHP-5 W/HSA	\$2,500	\$759.75	\$1,421.82	\$1,936.52	\$1,625.09	\$2,233.60
<b>Optional Riders</b>						
CIS COPAY ALT CARE		\$16.16	\$30.03	\$42.59	\$34.35	\$49.12
CIS HDHP ALT CARE		\$4.26	\$8.00	\$10.86	\$9.17	\$12.54
CIS HEARING AID BENEFIT		\$2.77	\$5.22	\$6.99	\$5.99	\$8.03
CIS Vision-A (VSP)		\$11.39	\$13.89	\$24.77	\$15.91	\$28.63
CIS Vision-Ind1 (VSP)		\$24.98	\$30.48	\$54.30	\$34.88	\$62.81
EAP (For Regence/Kaiser Medical/Surest)		\$2.20	\$2.20	\$2.20	\$2.20	\$2.20
<b>United Healthcare Medical Plan</b>						
CIS Surest	\$0	\$916.48	\$1,705.69	\$2,268.58	\$1,949.06	\$2,616.08
<b>Delta Dental Plans</b>						
CIS DENTAL II		\$54.86	\$83.57	\$145.46	\$95.51	\$167.78
CIS DENTAL III		\$69.85	\$106.41	\$185.31	\$121.62	\$213.75
CIS DENTAL V		\$54.89	\$83.32	\$144.71	\$95.21	\$166.90
CIS DENTAL VI - CIS Dental II w/ a maximum annual benefit of \$2,000		\$57.15	\$87.09	\$151.57	\$99.52	\$174.83
CIS DENTAL VII - CIS Dental III w/ a maximum annual benefit of \$2,000		\$72.87	\$111.01	\$193.32	\$126.88	\$222.98
CIS ORTHO \$1,000		\$2.14	\$4.19	\$18.60	\$4.85	\$21.43
CIS ORTHO \$2,000		\$2.82	\$5.78	\$27.90	\$6.67	\$32.15
<b>Willamette Dental</b>						
WILLAMETTE DENTAL-A		\$64.04	\$97.84	\$170.68	\$111.83	\$196.87
<b>Kaiser Permanente</b>						
KAISER COPAY B	\$0	\$1,057.75	\$1,940.10	\$2,616.81	\$2,216.44	\$3,017.09
KAISER DED A	\$250	\$988.40	\$1,812.78	\$2,444.97	\$2,070.98	\$2,818.93
KAISER DED B	\$500	\$937.53	\$1,719.43	\$2,318.95	\$1,964.31	\$2,673.60
KAISER HDHP-2	\$1,800	\$702.59	\$1,288.13	\$1,736.80	\$1,471.52	\$2,002.32
KAISER ALT CARE		\$10.13	\$18.65	\$25.14	\$21.32	\$28.99
KAISER HEARING AID BENEFIT		\$3.41	\$6.31	\$8.49	\$7.22	\$9.78
KAISER VISION		\$7.57	\$13.98	\$18.83	\$15.98	\$21.71
KAISER DENTAL II		\$70.64	\$108.82	\$204.85	\$124.35	\$236.22
KAISER ORTHO		\$6.80	\$10.42	\$19.62	\$11.95	\$22.62