League of Oregon Cities Employee Benefits Services Trust (EBS)

Monthly Medical & Dental Premium Rates Effective January 1, 2019 to December 31, 2019

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. For groups with more than 100 employees (or groups with commissions), rates will be provided on the Monthly Billing page

Benefits Plans	Deductible	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family			
Regence Medical Plans									
COPAY A RX4	\$250	678.68	1,265.28	1,683.57	1,446.11	1,941.81			
COPAY B RX4	\$500	637.52	1,188.40	1,581.24	1,358.23	1,823.78			
COPAY C RX5	\$1,000	595.49	1,110.06	1,477.02	1,268.71	1,703.58			
COPAY D RX6	\$1,500	567.91	1,058.67	1,408.63	1,209.97	1,624.69			
HDHP-1 W/HSA	\$1,500	551.63	1,032.41	1,406.70	1,179.96	1,622.46			
HDHP-2 W/HSA	\$2,500	509.50	953.54	1,299.14	1,089.83	1,498.43			
HDHP-3 W/HSA	\$1,500	508.55	951.77	1,296.75	1,087.79	1,495.66			
HDHP-4 W/HSA	\$2,500	454.70	850.97	1,159.33	972.59	1,337.13			
Optional Riders									
Alternative Care - Copay Plan		10.39	19.32	27.43	22.08	31.63			
HDHP w/HSA Alternative Care Rider		2.60	4.86	6.59	5.56	7.61			
Hearing Aid Benefit		1.62	3.02	4.04	3.46	4.66			
VSP-1 (12/12/24)		10.66	13.00	23.16	14.90	26.80			
VSP-3 (24/24/24)		8.65	10.52	18.75	12.07	21.70			
Delta Dental Plans									
DENTAL II		53.03	80.82	140.70	92.38	162.29			
DENTAL III		68.46	104.35	181.68	119.26	209.56			
DENTAL V		53.08	80.56	139.87	92.08	161.35			
Ortho Option (Plan II, III & V)		1.72	3.65	18.17	4.17	20.95			
Willamette Dental									
WILLAMETTE DENTAL		54.96	83.99	146.59	96.02	169.01			

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Kaiser Permanente									
KAISER COPAY B		652.37	1,196.19	1,613.50	1,366.57	1,860.22			
KAISER DED A		609.87	1,118.18	1,508.19	1,277.48	1,739.25			
KAISER ALT CARE		7.10	13.07	17.61	14.92	20.30			
KAISER HEARING AID BENEFIT		2.01	3.71	5.01	4.24	5.77			
KAISER VISION		5.46	10.05	13.55	11.48	15.63			
KAISER DENTAL I		76.84	118.47	223.98	135.38	258.30			
KAISER ORTHO		4.75	7.31	13.75	8.35	15.87			