Association of Oregon Counties Insurance Trust (AOCIT)
Monthly Medical & Dental Premium Rates (Pooled Groups Only)*
EFFECTIVE January 1, 2016 to December 31, 2016
Active Employee & Non-Medicare Eligible Retiree Rates

Regence BlueCross BlueShield of Oregon:

Medical Plans			Deductible	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Plan I-A PPP Rx1	**		$100	628.21	1,173.14	1,561.17	1,338.55	1,797.54
Plan I-B PPP Rx1	**		$200	618.00	1,154.02	1,535.66	1,316.70	1,768.11
Plan I-C PPP Rx1	**		$300	605.45	1,130.67	1,504.58	1,289.99	1,732.26
Plan I-E PPP Rx1	**		$500	584.39	1,091.37	1,452.24	1,245.09	1,671.90
Plan I-F PPP Rx1	**		$1,000	542.81	1,013.82	1,348.99	1,156.46	1,552.79
Plan I-A PPP Rx2	**		$100	640.17	1,195.34	1,590.61	1,363.92	1,831.48
Plan I-B PPP Rx2	**		$200	629.95	1,176.23	1,565.12	1,342.08	1,802.08
Plan I-C PPP Rx2	**		$300	617.41	1,152.87	1,534.02	1,315.39	1,766.22
Plan I-E PPP Rx2	**		$500	596.35	1,113.57	1,481.67	1,270.47	1,705.83
Plan I-F PPP Rx2	**		$1,000	554.77	1,036.03	1,378.43	1,181.86	1,586.76
Plan V-A PPP Rx4	***		$100	724.59	1,352.77	1,800.15	1,543.85	2,073.17
Plan V-B PPP Rx4			$200	711.69	1,328.71	1,768.09	1,516.34	2,036.18
Plan V-C PPP Rx4			$300	699.64	1,306.25	1,738.17	1,490.66	2,001.67
Plan V-E PPP Rx4			$500	675.35	1,260.92	1,677.81	1,438.85	1,932.05
Plan V-F PPP Rx4			$1,000	623.81	1,164.71	1,549.68	1,328.92	1,784.29
Copay Plan A			$250	605.90	1,131.34	1,505.31	1,290.78	1,733.09
Copay Plan B			$500	568.76	1,062.00	1,412.99	1,211.53	1,626.62
Copay Plan C			$1,000	530.86	991.37	1,319.00	1,130.79	1,518.22
Copay Plan D			$1,500	505.99	945.00	1,257.32	1,077.81	1,447.07
HDHP-1 w/HSA			$1,500	492.68	924.09	1,259.33	1,053.72	1,449.11
HDHP-2 w/HSA			$2,500	454.78	853.19	1,162.63	972.61	1,337.46
HDHP-3 w/HSA		NEW†	$1,500	453.02	849.70	1,157.94	968.88	1,332.44
HDHP-4 w/HSA		NEW†	$2,500	404.39	758.65	1,033.81	864.85	1,189.28

*Pooled groups are those with less than 100 employees. For groups with 100 or over, rates will be provided directly to you.
** Plan I medical options are no longer available for selection by new groups.
*** Not available as a selection for new groups.
†New Higher Out-of-Pocket maximums

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Optional Riders	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Alternative Care - Plans I and V (includes Naturopathic & Acupuncture, $500 annual max.)	1.31	2.41	3.58	2.70	4.04
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, $1000 annual max.)	8.57	15.96	22.83	18.19	26.24
HDHP w/HSA Alternative Care Rider	2.15	4.10	5.71	4.62	6.48
Hearing Aid Benefit	1.10	2.16	3.00	2.42	3.37
VSP-1 (12/12/24)	9.92	12.41	22.09	14.13	25.36
VSP-2 (12/12/24 SG)	11.17	13.53	23.19	15.40	26.64
VSP-3 (24/24/24)	8.01	10.04	17.88	11.43	20.52
VSP-4 (24/24/24 SG)	9.02	10.95	18.77	12.45	21.53
Dental Plans:					
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 IV ‡	40.78	62.74	107.13	71.23	122.96
Dental V	48.55	74.52	127.61	84.70	146.59
Ortho Option (Plan II, III, IV & V)	1.27	2.97	15.81	3.34	18.14
WILLAMETTE DENTAL:					
Willamette Dental Plan	50.44	77.99	134.28	88.64	154.22
Kaiser Permanente:					
Kaiser Copay A	632.42	1,163.54	1,570.23	1,326.44	1,806.31
Kaiser Deductible A	560.91	1,032.30	1,393.03	1,176.51	1,602.34
Kaiser Alternative Care	5.47	10.01	13.83	11.48	15.74
Kaiser Hearing Aid Benefit	1.67	3.14	4.43	3.51	4.96
Kaiser Vision	5.68	10.47	14.38	11.92	16.36
Kaiser Dental	70.48	109.53	205.51	124.69	236.39
Kaiser Ortho	4.50	7.05	13.31	8.00	15.24

‡ No Longer Available 1/1/2016