## **Association of Oregon Counties Insurance Trust (AOCIT)**

## **Monthly Medical & Dental Premium Rates**

Effective January 1, 2022 to December 31, 2022

**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.

## **Monthly Medical & Dental Premium Rates**

Regence REGENCE COPAY FRX7 replaces CORN 5704 \$1,360,37 \$1,810,02 \$1,554,75 \$2,08 Regence REGENCE COPAY FRX7 replaces CORN 5704 \$1,360,37 \$1,810,02 \$1,554,75 \$2,08 Regence COPAY GRX8 replaces CORN 6708 \$680,99 \$1,269,53 \$1,699,16 \$1,450,95 \$1,346 Regence COPAY HRX9 replaces CORN 6708 \$649,01 \$1,209,91 \$1,609,81 \$1,382,80 \$1,856 Regence COPAY HRX9 replaces CORN 6708 \$677,88 \$1,156,50 \$1,576,00 \$1,321,80 \$1,817, replaces MUHP-1 which a replaces MUHP-2 whish a replace MUHP-3 whish a replaces MUHP-2 whish a replaces MUHP-3 whish a r		Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence   Replaces CORMY A RIVA   S77730   \$1,4749.56   \$1,3228.73   \$1,656.70   \$2,225     Regence   RECENCE COPAY F RIV7   8729.74   \$1,360.37   \$1,810.02   \$1,554.75   \$2,08     Regence   RECENCE COPAY G RIV8   \$680.99   \$1,269.53   \$1,689.16   \$1,450.95   \$1,944     Regence   RECENCE COPAY H RIV9   \$649.01   \$1,209.91   \$1,609.81   \$1,382.80   \$1,885     Regence   RECENCE COPAY H RIV9   \$649.01   \$1,209.91   \$1,609.81   \$1,382.80   \$1,885     Regence   RECENCE HDHP-4 WINSA   \$617.88   \$1,156.50   \$1,576.00   \$1,371.80   \$1,817     Regence   RECENCE HDHP-5 WINSA   \$617.88   \$1,156.50   \$1,576.00   \$1,371.80   \$1,817     Regence   RECENCE HDHP-5 WINSA   \$617.88   \$1,106.50   \$1,478.26   \$1,239.85   \$1,705     Regence   COPAY ALT CARE   \$1,07   \$20.52   \$23.14   \$23.46   \$33.61     Regence   HDHP ALT CARE   \$1,07   \$20.52   \$23.14   \$23.46   \$33.61     Regence   RECENCE HEARING AID BENEFIT   \$1,57   \$2.96   \$3.94   \$3.38   \$4.53    V VSP	~	Regence						
Regence		Regence		\$777.50	\$1,449.56	\$1,928.73	\$1,656.70	\$2,224.60
Regence   Replaces COPAY C RISS   \$680.99   \$1,266.53   \$1,689.16   \$1,450.95   \$1,344.65   \$1,345.80   \$1,475.80   \$1,475.8		Regence		\$729.74	\$1,360.37	\$1,810.02	\$1,554.75	\$2,087.66
Regence         Replaces CORAY D RVIS         \$649.01         \$1,209.91         \$1,609.81         \$1,382.80         \$1,856.80           Regence         REGENCE HDHP-4 W/HSA Replaces HDHP-2 w/HSA Replaces REPL		Regence		\$680.99	\$1,269.53	\$1,689.16	\$1,450.95	\$1,948.30
Regence   Reglaces HDHP1-wh/HSA   S617.88   S1,156.50   S1,576.00   S1,321.80   S1,817.00		Regence		\$649.01	\$1,209.91	\$1,609.81	\$1,382.80	\$1,856.77
Regence		Regence		\$617.88	\$1,156.50	\$1,576.00	\$1,321.80	\$1,817.77
Regence HDHP ALT CARE \$2.91 \$5.41 \$7.36 \$6.19 \$8.49  Regence REGENCE HEARING AID BENEFIT \$1.57 \$2.95 \$3.94 \$3.38 \$4.53  V VSP  VSP VSP VSP SB.84 \$10.92 \$19.43 \$12.46 \$22.35  V Delta  Delta DELTA DENTAL II \$46.07 \$71.29 \$121.48 \$80.99 \$139.75  Delta DELTA DENTAL III \$58.89 \$90.84 \$155.54 \$103.33 \$179.05  Delta DELTA DENTAL V \$46.10 \$71.07 \$120.79 \$80.74 \$138.55  Delta DELTA ORTHO \$1.63 \$3.47 \$15.50 \$3.91 \$177.95  V Willamette  Willamette WILLAMETTE DENTAL-A Replaces Willsmette Dental ARGENCE Willsmette Dental Raiser Kaiser KAISER OED A \$675.78 \$1,238.96 \$1,670.91 \$1,415.47 \$1,926 \$1.24 \$1.24 \$1.24 \$1.25 \$1		Regence		\$579.58	\$1,084.81	\$1,478.26	\$1,239.85	\$1,705.03
Regence RECENCE HEARING AID BENEFIT \$1.57 \$2.95 \$3.94 \$3.38 \$4.53  ✓ VSP  VSP VSP.4 (12/12/24) Replaces VSP-1.8 VSP-3 \$8.84 \$10.92 \$19.43 \$12.46 \$22.35  ✓ Delta  Delta DELTA DENTAL II \$46.07 \$71.29 \$121.48 \$80.99 \$139.7  Delta DELTA DENTAL III \$58.89 \$90.84 \$155.54 \$103.33 \$179.00  Delta DELTA DENTAL V \$46.10 \$71.07 \$120.79 \$80.74 \$138.9  Delta DELTA ORTHO \$1.63 \$3.47 \$15.50 \$3.91 \$177.99  ✓ Willamette  Willamette  Willamette  Willamette Willamette Dental \$55.69 \$86.18 \$147.75 \$98.02 \$170.00  ✓ Kaiser  Kaiser KAISER COPAY B \$722.34 \$1,324.67 \$1,786.59 \$1,513.32 \$2,055  Kaiser KAISER DED A \$675.78 \$1,238.96 \$1,670.91 \$1,415.47 \$1,926  Kaiser KAISER DED A \$675.78 \$1,238.96 \$1,670.91 \$1,415.47 \$1,926  Kaiser KAISER DENTAL II \$77.48 \$120.51 \$224.72 \$137.23 \$258.10  Kaiser KAISER DENTAL II \$69.36 \$107.99 \$200.96 \$122.91 \$231.30  Kaiser KAISER DENTAL II \$69.36 \$107.99 \$200.96 \$122.91 \$231.30  Kaiser KAISER ALT CARE \$8.99 \$16.51 \$22.26 \$18.86 \$25.66  Kaiser KAISER ALT CARE \$8.99 \$16.51 \$22.26 \$18.86 \$25.66  Kaiser KAISER ORTHO \$4.48 \$7.06 \$12.89 \$8.00 \$14.76		Regence	COPAY ALT CARE	\$11.07	\$20.52	\$29.14	\$23.45	\$33.61
V VSP         VSP-A (12/12/24) Replaces VSP-18 VSP-3         \$8.84         \$10.92         \$19.43         \$12.46         \$22.35           V Delta         Delta DELTA DENTAL III         \$46.07         \$71.29         \$121.48         \$80.099         \$139.75           Delta DELTA DENTAL III         \$58.89         \$90.84         \$155.54         \$103.33         \$179.05           Delta DELTA DENTAL V         \$46.10         \$71.07         \$120.79         \$80.74         \$138.95           Delta DELTA ORTHO         \$1.63         \$3.47         \$15.50         \$3.91         \$17.79           Willamette         Willamette Poental         \$55.69         \$86.18         \$147.75         \$98.02         \$170.05           Kaiser         KAISER COPAY B         \$722.34         \$1,324.67         \$1,786.59         \$1,513.32         \$2.055           Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL I         \$77.48         \$120.51         \$224.72         \$137.23         \$258.72           Kaiser         KAISER DENTAL II         \$69.36         \$107.99         \$200.96         \$122.91         \$231.3           Kaiser         KAISER ALT CARE </td <td></td> <td>Regence</td> <td>HDHP ALT CARE</td> <td>\$2.91</td> <td>\$5.41</td> <td>\$7.36</td> <td>\$6.19</td> <td>\$8.49</td>		Regence	HDHP ALT CARE	\$2.91	\$5.41	\$7.36	\$6.19	\$8.49
VSP         VSP-A (IZ/IZ/Z4) Replaces VSP-18 VSIP-3         \$8.84         \$10.92         \$19.43         \$12.46         \$22.35           ✓ Delta           Delta         DELTA DENTAL III         \$46.07         \$71.29         \$121.48         \$80.99         \$139.7           Delta         DELTA DENTAL III         \$58.89         \$90.84         \$155.54         \$103.33         \$179.00           Delta         DELTA DENTAL II         \$58.89         \$90.84         \$155.54         \$103.33         \$179.00           Delta         DELTA DENTAL II         \$46.10         \$71.07         \$120.79         \$80.74         \$138.93           Delta         DELTA ORTHO         \$1.63         \$3.47         \$15.50         \$3.91         \$177.79           Willamette         Willamette         Willamette         Willamette Dental Arapeates Willamette Dental         \$55.69         \$86.18         \$147.75         \$98.02         \$170.00           V         Kaiser         KAISER COPAY B         \$722.34         \$1,324.67         \$1,786.59         \$1,513.32         \$2,055           Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL II         \$77.48 <td></td> <td>Regence</td> <td>REGENCE HEARING AID BENEFIT</td> <td>\$1.57</td> <td>\$2.95</td> <td>\$3.94</td> <td>\$3.38</td> <td>\$4.53</td>		Regence	REGENCE HEARING AID BENEFIT	\$1.57	\$2.95	\$3.94	\$3.38	\$4.53
VSP         Replaces VSP-1 & VSP-3         \$8.94         \$10.92         \$19.43         \$12.46         \$22.56           ✓ Delta         Delta DELTA DENTAL III         \$46.07         \$71.29         \$121.48         \$80.99         \$139.7           Delta         DELTA DENTAL III         \$58.89         \$90.84         \$155.54         \$103.33         \$179.0           Delta         DELTA DENTAL IV         \$46.10         \$71.07         \$120.79         \$80.74         \$138.9           Delta         DELTA ORTHO         \$1.63         \$3.47         \$15.50         \$3.91         \$177.90           Villamette         WILLAMETTE DENTAL-A Replaces Willamette Dental         \$55.69         \$86.18         \$147.75         \$98.02         \$170.0           V Kaiser         Kaiser         KAISER COPAY B         \$722.34         \$1,324.67         \$1,786.59         \$1,513.32         \$2,055           Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL II Replaces Kaiser Dental I         \$69.36         \$107.99         \$200.96         \$122.91         \$231.3           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.	~	VSP						
Delta         DELTA DENTAL III         \$46.07         \$71.29         \$121.48         \$80.99         \$139.77           Delta         DELTA DENTAL III         \$58.89         \$90.84         \$155.54         \$103.33         \$179.02           Delta         DELTA DENTAL V         \$46.10         \$71.07         \$120.79         \$80.74         \$138.93           Delta         DELTA ORTHO         \$1.63         \$3.47         \$15.50         \$3.91         \$177.79           V         Willamette         WILLAMETTE DENTAL-A Replaces Willamette Dental         \$55.69         \$86.18         \$147.75         \$98.02         \$170.02           V         Kaiser         KAISER COPAY B         \$722.34         \$1,324.67         \$1,786.59         \$1,513.32         \$2.051           Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL I         \$77.48         \$120.51         \$224.72         \$137.23         \$258.72           Kaiser         KAISER DENTAL II         \$69.36         \$107.99         \$200.96         \$122.91         \$231.32           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.86         \$25.66 </td <td></td> <td>VSP</td> <td></td> <td>\$8.84</td> <td>\$10.92</td> <td>\$19.43</td> <td>\$12.46</td> <td>\$22.39</td>		VSP		\$8.84	\$10.92	\$19.43	\$12.46	\$22.39
Delta         DELTA DENTAL III         \$58.89         \$90.84         \$155.54         \$103.33         \$179.05           Delta         DELTA DENTAL V         \$46.10         \$71.07         \$120.79         \$80.74         \$138.9           Delta         DELTA ORTHO         \$1.63         \$3.47         \$15.50         \$3.91         \$17.79           ✓ Willamette         Willamette Dental         \$55.69         \$86.18         \$147.75         \$98.02         \$170.05           ✓ Kaiser         Kaiser COPAY B         \$55.69         \$86.18         \$147.75         \$98.02         \$170.05           Kaiser         KAISER COPAY B         \$722.34         \$1,324.67         \$1,786.59         \$1,513.32         \$2,059           Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL II         \$77.48         \$120.51         \$224.72         \$137.23         \$258.3           Kaiser         KAISER DENTAL II         \$69.36         \$107.99         \$200.96         \$122.91         \$231.3           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.86         \$25.66      <	<b>~</b>	Delta						
Delta         DELTA DENTAL V         \$46.10         \$71.07         \$120.79         \$80.74         \$188.9           Delta         DELTA ORTHO         \$1.63         \$3.47         \$15.50         \$3.91         \$17.79           ✓ Willamette         WILLAMETTE DENTAL-A Replaces Willamette Dental         \$55.69         \$86.18         \$147.75         \$98.02         \$170.00           ✓ Kaiser         KAISER COPAY B         \$722.34         \$1,324.67         \$1,786.59         \$1,513.32         \$2,053           Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL II Replaces Kaiser Dental II Replaces Kaiser Dental II         \$69.36         \$107.99         \$200.96         \$122.91         \$231.3           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.86         \$25.66           Kaiser         KAISER HEARING AID BENEFIT         \$2.28         \$4.20         \$5.65         \$4.81         \$6.50           Kaiser         KAISER ORTHO         \$4.48         \$7.06         \$12.89         \$8.00         \$14.78		Delta	DELTA DENTAL II	\$46.07	\$71.29	\$121.48	\$80.99	\$139.74
Delta         DELTA ORTHO         \$1.63         \$3.47         \$15.50         \$3.91         \$17.79           ✓ Willamette         WILLAMETTE DENTAL-A Replaces Willamette Dental         \$55.69         \$86.18         \$147.75         \$98.02         \$170.00           ✓ Kaiser         KAISER COPAY B         \$722.34         \$1,324.67         \$1,786.59         \$1,513.32         \$2,053           Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL II Replaces Kaiser Dental I         \$69.36         \$107.99         \$200.96         \$122.91         \$231.3           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.86         \$25.66           Kaiser         KAISER HEARING AID BENEFIT         \$2.28         \$4.20         \$5.65         \$4.81         \$6.50           Kaiser         KAISER ORTHO         \$4.48         \$7.06         \$12.89         \$8.00         \$14.78		Delta	DELTA DENTAL III	\$58.89	\$90.84	\$155.54	\$103.33	\$179.00
✓ Willamette         WILLAMETTE DENTAL-A Replaces Willamette Dental         \$55.69         \$86.18         \$147.75         \$98.02         \$170.00           ✓ Kaiser         Kaiser KAISER COPAY B         \$722.34         \$1,324.67         \$1,786.59         \$1,513.32         \$2,059           Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL I         \$77.48         \$120.51         \$224.72         \$137.23         \$258.33           Kaiser         KAISER DENTAL II Replaces Kaiser Dental I         \$69.36         \$107.99         \$200.96         \$122.91         \$231.33           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.86         \$25.66           Kaiser         KAISER HEARING AID BENEFIT         \$2.28         \$4.20         \$5.65         \$4.81         \$6.50           Kaiser         KAISER ORTHO         \$4.48         \$7.06         \$12.89         \$8.00         \$14.78		Delta	DELTA DENTAL V	\$46.10	\$71.07	\$120.79	\$80.74	\$138.94
Willamette       WILLAMETTE DENTAL-A Replaces Willamette Dental       \$55.69       \$86.18       \$147.75       \$98.02       \$170.00         ✔       Kaiser       KAISER COPAY B       \$722.34       \$1,324.67       \$1,786.59       \$1,513.32       \$2,058         Kaiser       KAISER DED A       \$675.78       \$1,238.96       \$1,670.91       \$1,415.47       \$1,926         Kaiser       KAISER DENTAL I       \$77.48       \$120.51       \$224.72       \$137.23       \$258.3         Kaiser       KAISER DENTAL II       \$69.36       \$107.99       \$200.96       \$122.91       \$231.3         Kaiser       KAISER ALT CARE       \$8.99       \$16.51       \$22.26       \$18.86       \$25.66         Kaiser       KAISER HEARING AID BENEFIT       \$2.28       \$4.20       \$5.65       \$4.81       \$6.50         Kaiser       KAISER ORTHO       \$4.48       \$7.06       \$12.89       \$8.00       \$14.78		Delta	DELTA ORTHO	\$1.63	\$3.47	\$15.50	\$3.91	\$17.79
Willamette         Replaces Willamette Dental         \$55.69         \$86.18         \$147.75         \$98.02         \$170.00           ✔         Kaiser         KAISER COPAY B         \$722.34         \$1,324.67         \$1,786.59         \$1,513.32         \$2,058           Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL I         \$77.48         \$120.51         \$224.72         \$137.23         \$258.7           Kaiser         KAISER DENTAL II         \$69.36         \$107.99         \$200.96         \$122.91         \$231.3           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.86         \$25.66           Kaiser         KAISER HEARING AID BENEFIT         \$2.28         \$4.20         \$5.65         \$4.81         \$6.50           Kaiser         KAISER ORTHO         \$4.48         \$7.06         \$12.89         \$8.00         \$14.78	~	Willamette						
Kaiser         KAISER COPAY B         \$722.34         \$1,324.67         \$1,786.59         \$1,513.32         \$2,055           Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL II         \$77.48         \$120.51         \$224.72         \$137.23         \$258.3           Kaiser         KAISER DENTAL II         \$69.36         \$107.99         \$200.96         \$122.91         \$231.3           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.86         \$25.66           Kaiser         KAISER HEARING AID BENEFIT         \$2.28         \$4.20         \$5.65         \$4.81         \$6.50           Kaiser         KAISER ORTHO         \$4.48         \$7.06         \$12.89         \$8.00         \$14.78		Willamette		\$55.69	\$86.18	\$147.75	\$98.02	\$170.03
Kaiser         KAISER DED A         \$675.78         \$1,238.96         \$1,670.91         \$1,415.47         \$1,926           Kaiser         KAISER DENTAL I         \$77.48         \$120.51         \$224.72         \$137.23         \$258.3           Kaiser         KAISER DENTAL II Replaces Kaiser Dental I         \$69.36         \$107.99         \$200.96         \$122.91         \$231.3           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.86         \$25.66           Kaiser         KAISER HEARING AID BENEFIT         \$2.28         \$4.20         \$5.65         \$4.81         \$6.50           Kaiser         KAISER ORTHO         \$4.48         \$7.06         \$12.89         \$8.00         \$14.78	~	Kaiser						
Kaiser         KAISER DENTAL I         \$77.48         \$120.51         \$224.72         \$137.23         \$258.53           Kaiser         KAISER DENTAL II Replaces Kaiser Dental I         \$69.36         \$107.99         \$200.96         \$122.91         \$231.3           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.86         \$25.66           Kaiser         KAISER HEARING AID BENEFIT         \$2.28         \$4.20         \$5.65         \$4.81         \$6.50           Kaiser         KAISER ORTHO         \$4.48         \$7.06         \$12.89         \$8.00         \$14.78		Kaiser	KAISER COPAY B	\$722.34	\$1,324.67	\$1,786.59	\$1,513.32	\$2,059.83
Kaiser         KAISER DENTAL II Replaces Kaiser Dental I         \$69.36         \$107.99         \$200.96         \$122.91         \$231.3           Kaiser         KAISER ALT CARE         \$8.99         \$16.51         \$22.26         \$18.86         \$25.66           Kaiser         KAISER HEARING AID BENEFIT         \$2.28         \$4.20         \$5.65         \$4.81         \$6.50           Kaiser         KAISER ORTHO         \$4.48         \$7.06         \$12.89         \$8.00         \$14.78		Kaiser	KAISER DED A	\$675.78	\$1,238.96	\$1,670.91	\$1,415.47	\$1,926.90
Kaiser       Replaces Kaiser Dental I       \$69.36       \$107.99       \$200.96       \$122.91       \$231.3         Kaiser       KAISER ALT CARE       \$8.99       \$16.51       \$22.26       \$18.86       \$25.66         Kaiser       KAISER HEARING AID BENEFIT       \$2.28       \$4.20       \$5.65       \$4.81       \$6.50         Kaiser       KAISER ORTHO       \$4.48       \$7.06       \$12.89       \$8.00       \$14.78		Kaiser	KAISER DENTAL I	\$77.48	\$120.51	\$224.72	\$137.23	\$258.77
Kaiser         KAISER HEARING AID BENEFIT         \$2.28         \$4.20         \$5.65         \$4.81         \$6.50           Kaiser         KAISER ORTHO         \$4.48         \$7.06         \$12.89         \$8.00         \$14.78		Kaiser		\$69.36	\$107.99	\$200.96	\$122.91	\$231.36
Kaiser KAISER ORTHO \$4.48 \$7.06 \$12.89 \$8.00 \$14.78		Kaiser	KAISER ALT CARE	\$8.99	\$16.51	\$22.26	\$18.86	\$25.66
		Kaiser	KAISER HEARING AID BENEFIT	\$2.28	\$4.20	\$5.65	\$4.81	\$6.50
Kaiser KAISER VISION \$6.79 \$12.45 \$16.78 \$14.25 \$19.36		Kaiser	KAISER ORTHO	\$4.48	\$7.06	\$12.89	\$8.00	\$14.78
		Kaiser	KAISER VISION	\$6.79	\$12.45	\$16.78	\$14.25	\$19.36

## **Additional Information**

If you currently offer any of the following plans, they are terminating 12/31/20. You must move to one of the replacement plans unless you had a collective bargaining contract in place as of February 2019 that requires continuation beyond 1/1/21.

- Regence Copay A, B, C, & D
- HDHP-1 & HDHP-2
- VSP-1 & VSP-3
- Willamette Dental

If you have agents associated with any of these benefits, the rates include the agent commission.