

Association of Oregon Counties Insurance Trust (AOCIT)

Monthly Medical & Dental Premium Rates - Effective 1/1/25 - 12/31/25 - 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.

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence						
Regence	CIS COPAY E RX7	\$894.98	\$1,668.57	\$2,220.21	\$1,907.07	\$2,560.79
Regence	CIS COPAY F RX7	\$840.80	\$1,567.38	\$2,085.54	\$1,791.41	\$2,405.43
Regence	CIS COPAY G RX8	\$785.49	\$1,464.31	\$1,948.41	\$1,673.64	\$2,247.31
Regence	CIS COPAY H RX9	\$749.21	\$1,396.67	\$1,858.38	\$1,596.31	\$2,143.46
Regence	CIS HDHP-4 W/HSA	\$713.88	\$1,336.06	\$1,820.02	\$1,527.10	\$2,099.22
Regence	CIS HDHP-5 W/HSA	\$670.43	\$1,254.74	\$1,709.13	\$1,434.13	\$1,971.31
Regence	CIS COPAY ALT CARE	\$12.97	\$24.05	\$34.10	\$27.50	\$39.33
Regence	CIS HDHP ALT CARE	\$3.67	\$6.83	\$9.25	\$7.81	\$10.68
Regence	CIS HEARING AID BENEFIT Available with Copay plans only	\$2.15	\$4.03	\$5.37	\$4.61	\$6.17
VSP						

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
VSP	CIS Vision-A	\$11.02	\$13.60	\$24.20	\$15.52	\$27.90
VSP	CIS Vision-IND1 VSP Indemnity plan	\$24.45	\$30.17	\$53.71	\$34.45	\$61.92
Delta						
Delta	CIS DENTAL II	\$46.30	\$71.93	\$121.87	\$81.59	\$140.09
Delta	CIS DENTAL III	\$58.78	\$90.98	\$155.06	\$103.35	\$178.34
Delta	CIS DENTAL V	\$46.32	\$71.73	\$121.20	\$81.35	\$139.33
Delta	CIS DENTAL VI Mirrors CIS Dental II w/ a maximum annual benefit of \$2,000	\$48.18	\$74.81	\$126.88	\$84.88	\$145.88
Delta	CIS DENTAL VII Mirrors CIS Dental III w/ a maximum annual benefit of \$2,000	\$61.25	\$94.75	\$161.64	\$107.67	\$185.92
Delta	CIS ORTHO \$1,000 lifetime maximum benefit	\$1.77	\$3.73	\$15.61	\$4.17	\$17.88
Delta	CIS ORTHO \$2,000 New \$2,000 lifetime maximum benefit	\$2.35	\$5.08	\$23.51	\$5.72	\$26.98

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Willamette						
Willamette	WILLAMETTE DENTAL-A	\$59.36	\$92.10	\$157.32	\$104.65	\$180.96
Kaiser						
Kaiser	KAISER COPAY B	\$890.39	\$1,632.99	\$2,202.45	\$1,865.57	\$2,539.31
Kaiser	KAISER DED A \$250 deductible plan	\$832.13	\$1,526.03	\$2,058.09	\$1,743.37	\$2,372.84
Kaiser	KAISER DED B \$500 deductible plan	\$789.40	\$1,447.61	\$1,952.22	\$1,653.76	\$2,250.76
Kaiser	KAISER HDHP-1 Kaiser High Deductible (\$1,700) plan	\$596.09	\$1,092.74	\$1,473.23	\$1,248.29	\$1,698.42
Kaiser	KAISER DENTAL II Replaced Kaiser Dental I	\$67.91	\$106.04	\$196.17	\$120.55	\$225.73
Kaiser	KAISER ALT CARE	\$9.02	\$16.55	\$22.31	\$18.93	\$25.73
Kaiser	KAISER HEARING AID BENEFIT Not available with the Kaiser HDHP-1 plan	\$2.81	\$5.15	\$6.93	\$5.90	\$7.98
Kaiser	KAISER VISION	\$6.75	\$12.40	\$16.71	\$14.19	\$19.27

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Kaiser	KAISER ORTHO	\$6.80	\$10.69	\$19.63	\$12.11	\$22.52