

League of Oregon Cities Employee Benefits Services Trust (EBS)

Monthly Medical & Dental Premiums (Pooled Groups Only)*

Effective January 01, 2017 to December 31, 2017

Active Employee & Non-Medicare Eligible Retirees

Benefits Plans	Deductible	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence Medical Plans						
Plan V-A PPP RX4 **	\$100	719.34	1,343.04	1,787.33	1,532.68	2,058.32
Plan V-B PPP RX4 **	\$200	706.54	1,319.13	1,755.50	1,505.37	2,021.62
Plan V-C PPP RX4 **	\$300	694.59	1,296.84	1,725.82	1,479.88	1,987.38
Plan V-E PPP RX4 **	\$500	670.46	1,251.82	1,665.89	1,428.45	1,918.27
Plan V-F PPP RX4 **	\$1,000	619.32	1,156.36	1,538.73	1,319.36	1,771.59
COPAY A RX4	\$250	601.53	1,123.25	1,494.68	1,281.50	1,720.77
COPAY B RX4	\$500	564.68	1,054.41	1,403.05	1,202.83	1,615.10
COPAY C RX5	\$1,000	527.05	984.29	1,309.77	1,122.68	1,507.50
COPAY D RX6	\$1,500	502.37	938.27	1,248.53	1,070.09	1,436.88
HDHP-1 W/HSA	\$1,500	487.56	914.46	1,246.38	1,042.70	1,434.11
HDHP-2 W/HSA	\$2,500	449.74	843.74	1,149.93	961.80	1,322.74
HDHP-3 W/HSA	\$1,500	449.22	842.56	1,148.37	960.70	1,321.35
HDHP-4 W/HSA	\$2,500	401.01	752.32	1,025.33	857.59	1,179.43
Optional Riders						
Alternative Care - Plan V		1.38	2.59	3.85	2.90	4.32
Alternative Care - Copay Plan		9.06	16.92	24.21	19.27	27.81
HDHP w/HSA Alternative Care Rider		2.07	3.95	5.54	4.46	6.27
Hearing Aid Benefit		1.19	2.30	3.25	2.58	3.63
VSP-1 (12/12/24) ***		10.42	13.06	23.22	14.85	26.67
VSP-3 (24/24/24) ***		8.41	10.58	18.81	12.02	21.57

* Pooled groups are those with less than 100 employees. For groups with 100 or over, rates will be provided directly to you.

** Plan V & Kaiser Copay A medical options are not available to new groups, and may not be continued by current members after the 2017 plan year.

*** The vision plans have been consolidated into two options and both options include safety glass coverage.

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Delta Dental Plans						
DENTAL II		52.09	79.99	137.62	90.95	158.10
DENTAL III		67.71	103.78	179.09	118.13	205.92
DENTAL V		52.14	79.72	136.80	90.64	157.15
Ortho Option (Plan II, III & V)		1.42	3.35	17.77	3.77	20.38
Willamette Dental						
WILLAMETTE DENTAL		50.53	77.85	134.29	88.50	154.23
Kaiser Permanente						
KAISER COPAY A **		663.78	1,221.92	1,649.21	1,392.23	1,896.02
KAISER COPAY B		630.34	1,160.55	1,566.36	1,322.10	1,800.49
KAISER DED A		589.01	1,084.72	1,463.95	1,235.48	1,682.78
KAISER ALT CARE		6.32	11.62	16.13	13.30	18.31
KAISER HEARING AID BENEFIT		1.84	3.52	5.04	3.91	5.60
KAISER VISION		5.78	10.73	14.83	12.18	16.81
KAISER DENTAL I		76.89	119.67	223.03	135.86	256.01
KAISER ORTHO		4.60	7.34	13.78	8.27	15.70

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