

# Association of Oregon Counties Insurance Trust (AOCIT)

Monthly Medical & Dental Premium Rates - Effective 1/1/24 - 12/31/24 - 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 Replaced COPAY A RX4	\$884.66	\$1,649.33	\$2,194.61	\$1,885.08	\$2,531.27
Regence	CIS COPAY F RX7 Replaced COPAY B RX4	\$831.21	\$1,549.49	\$2,061.75	\$1,770.97	\$2,377.98
Regence	CIS COPAY G RX8 Replaced COPAY C RX5	\$776.63	\$1,447.81	\$1,926.46	\$1,654.78	\$2,222.00
Regence	CIS COPAY H RX9 Replaced COPAY D RX6	\$740.85	\$1,381.07	\$1,837.65	\$1,578.50	\$2,119.54
Regence	CIS HDHP-4 W/HSA Replaced HDHP-1 w/HSA	\$705.99	\$1,321.29	\$1,799.80	\$1,510.22	\$2,075.90
Regence	CIS HDHP-5 W/HSA Replaced HDHP-2 w/HSA	\$663.13	\$1,241.05	\$1,690.40	\$1,418.49	\$1,949.70
Regence	CIS COPAY ALT CARE	\$12.61	\$23.38	\$33.13	\$26.73	\$38.22

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence	CIS HDHP ALT CARE	\$3.61	\$6.72	\$9.10	\$7.69	\$10.51
Regence	CIS HEARING AID BENEFIT Available with Copay plans only	\$2.14	\$4.01	\$5.34	\$4.59	\$6.15
VSP						
VSP	CIS Vision-A Replaced VSP-1 & VSP-3	\$10.53	\$13.01	\$23.14	\$14.84	\$26.67
VSP	CIS Vision-IND1 VSP Indemnity plan	\$23.26	\$28.72	\$51.11	\$32.78	\$58.92
Delta						
Delta	CIS DENTAL II	\$45.66	\$71.03	\$120.13	\$80.52	\$138.06
Delta	CIS DENTAL III	\$57.85	\$89.63	\$152.55	\$101.78	\$175.42
Delta	CIS DENTAL V	\$45.68	\$70.82	\$119.48	\$80.29	\$137.31
Delta	CIS ORTHO	\$1.77	\$3.72	\$15.22	\$4.14	\$17.43
Willamette						
Willamette	WILLAMETTE DENTAL-A	\$59.46	\$92.32	\$157.53	\$104.86	\$181.18

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
	Replaced Willamette Dental					
Kaiser						
Kaiser	KAISER COPAY B	\$821.79	\$1,507.22	\$2,032.70	\$1,721.90	\$2,343.59
Kaiser	KAISER DED A Current \$250 deductible plan	\$768.25	\$1,408.94	\$1,900.05	\$1,609.61	\$2,190.62
Kaiser	KAISER DED B New \$500 deductible plan	\$728.99	\$1,336.88	\$1,802.77	\$1,527.27	\$2,078.42
Kaiser	KAISER HDHP-1 New Kaiser High Deductible (\$1,700) plan	\$551.36	\$1,010.79	\$1,362.63	\$1,154.69	\$1,570.91
Kaiser	KAISER DENTAL II Replaced Kaiser Dental I	\$72.61	\$113.34	\$209.80	\$128.86	\$241.43
Kaiser	KAISER ALT CARE	\$8.70	\$15.97	\$21.52	\$18.26	\$24.82
Kaiser	KAISER HEARING AID BENEFIT Not available with the Kaiser HDHP-1 plan	\$2.68	\$4.92	\$6.61	\$5.63	\$7.62
Kaiser	KAISER VISION	\$6.62	\$12.15	\$16.37	\$13.90	\$18.88
Kaiser	KAISER ORTHO	\$4.80	\$7.63	\$13.76	\$8.59	\$15.76