

League of Oregon Cities Employee Benefits Services Trust (EBS)

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 a Delta Dental plan.

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence						
Regence	CIS COPAY E RX7	\$832.09	\$1,551.38	\$2,064.15	\$1,773.01	\$2,380.79
Regence	CIS COPAY F RX7	\$780.63	\$1,455.23	\$1,936.18	\$1,663.12	\$2,233.18
Regence	CIS COPAY G RX8	\$728.08	\$1,357.25	\$1,805.83	\$1,551.17	\$2,082.85
Regence	CIS COPAY H RX9	\$693.57	\$1,292.96	\$1,720.31	\$1,477.68	\$1,984.19
Regence	CIS HDHP-4 W/HSA	\$654.21	\$1,224.54	\$1,669.24	\$1,399.50	\$1,925.32
Regence	CIS HDHP-5 W/HSA	\$612.77	\$1,147.04	\$1,563.52	\$1,310.94	\$1,803.38
Regence	CIS COPAY ALT CARE	\$12.79	\$23.74	\$33.78	\$27.15	\$38.98
Regence	CIS HDHP ALT CARE	\$2.83	\$5.29	\$7.21	\$6.07	\$8.34
Regence	CIS HEARING AID BENEFIT Available with Copay plans only	\$1.58	\$2.96	\$3.96	\$3.40	\$4.56
VSP						

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
VSP	CIS Vision-A	\$10.53	\$12.85	\$22.91	\$14.71	\$26.49
VSP	CIS Vision-IND1 VSP Indemnity plan	\$23.25	\$28.38	\$50.56	\$32.48	\$58.49
Delta						
Delta	CIS DENTAL II	\$51.19	\$77.97	\$135.72	\$89.11	\$156.55
Delta	CIS DENTAL III	\$65.39	\$99.62	\$173.49	\$113.86	\$200.11
Delta	CIS DENTAL V	\$51.22	\$77.74	\$135.00	\$88.83	\$155.71
Delta	CIS DENTAL VI Mirrors CIS Dental II w/ a maximum annual benefit of \$2,000	\$53.36	\$81.30	\$141.51	\$92.92	\$163.23
Delta	CIS DENTAL VII Mirrors CIS Dental III w/ a maximum annual benefit of \$2,000	\$68.25	\$103.97	\$181.07	\$118.84	\$208.87
Delta	CIS ORTHO \$1,000 lifetime maximum benefit	\$1.91	\$3.81	\$17.35	\$4.39	\$19.99
Delta	CIS ORTHO \$2,000 New \$2,000 lifetime maximum benefit	\$2.55	\$5.32	\$26.18	\$6.13	\$30.17

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Willamette						
Willamette	WILLAMETTE DENTAL-A	\$58.68	\$89.65	\$156.40	\$102.47	\$180.40
Kaiser						
Kaiser	KAISER COPAY B	\$887.55	\$1,627.65	\$2,195.31	\$1,859.43	\$2,531.06
Kaiser	KAISER DED A \$250 deductible plan	\$829.29	\$1,520.69	\$2,050.95	\$1,737.23	\$2,364.59
Kaiser	KAISER DED B \$500 deductible plan	\$786.56	\$1,442.27	\$1,945.08	\$1,647.62	\$2,242.51
Kaiser	KAISER HDHP-1 Kaiser High Deductible (\$1,700) plan	\$593.25	\$1,087.40	\$1,466.09	\$1,242.15	\$1,690.17
Kaiser	KAISER DENTAL II Replaced Kaiser Dental I	\$67.23	\$103.59	\$195.25	\$118.37	\$225.17
Kaiser	KAISER ALT CARE	\$9.03	\$16.62	\$22.41	\$19.00	\$25.85
Kaiser	KAISER HEARING AID BENEFIT Not available with the Kaiser HDHP-1 plan	\$2.82	\$5.22	\$7.03	\$5.97	\$8.10
Kaiser	KAISER VISION	\$6.76	\$12.47	\$16.81	\$14.26	\$19.39

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Kaiser	KAISER ORTHO	\$6.81	\$10.47	\$19.75	\$12.01	\$22.77