League of Oregon Cities Employee Benefits Services Trust (EBS)
Monthly Medical & Dental Premium Rates (Pooled Groups Only)*
EFFECTIVE January 1, 2014 to December 31, 2014
Active Employee & Non-Medicare Eligible Retiree Rates

Regence BlueCross BlueShield of Oregon:

Medical Plans		Deductible	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Plan I-A PPP Rx1		$100	537.64	1,004.10	1,336.36	1,145.54	1,538.47
Plan I-B PPP Rx1		$200	528.90	987.74	1,314.54	1,126.85	1,513.31
Plan I-C PPP Rx1		$300	518.16	967.77	1,287.96	1,104.01	1,482.65
Plan I-E PPP Rx1		$500	500.17	934.17	1,243.20	1,065.62	1,431.03
Plan I-F PPP Rx1		$1,000	464.60	867.86	1,154.91	989.83	1,329.19
Plan I-A PPP Rx2		$100	547.86	1023.09	1361.53	1167.24	1567.51
Plan I-B PPP Rx2		$200	539.11	1,006.74	1,339.73	1,148.56	1,542.35
Plan I-C PPP Rx2		$300	528.39	986.76	1,313.14	1,125.72	1,511.69
Plan I-E PPP Rx2		$500	510.39	953.15	1,268.37	1,087.32	1,460.05
Plan I-F PPP Rx2		$1,000	474.84	886.85	1,180.10	1,011.54	1,358.24
Plan V-A PPP Rx4		$100	620.04	1,157.70	1,540.71	1,321.09	1,774.17
Plan V-B PPP Rx4		$200	609.01	1,137.12	1,513.28	1,297.56	1,742.54
Plan V-C PPP Rx4		$300	598.72	1,117.91	1,487.71	1,275.61	1,713.05
Plan V-E PPP Rx4		$500	577.94	1,079.13	1,436.08	1,231.29	1,653.50
Plan V-F PPP Rx4		$1,000	533.86	996.89	1,326.54	1,137.30	1,527.14
Copay Plan A		$250	518.55	968.35	1,288.58	1,104.69	1,483.37
Copay Plan B		$500	486.80	909.05	1,209.64	1,036.92	1,392.33
Copay Plan C		$1,000	454.38	848.64	1,129.27	967.88	1,299.62
Copay Plan D	**	$1,500	433.11	809.00	1,076.53	922.56	1,238.78
Copay Plan E	**	$2,500	403.25	753.35	1,002.49	858.97	1,153.39
VB Copay Plan 2		$500	480.55	897.42	1,194.17	1,023.61	1,374.47
HDHP-1 w/HSA		$1,500	380.15	713.10	971.91	812.97	1,118.12
HDHP-2 w/HSA		$2,500	339.40	636.83	867.90	725.80	998.16

All medical/dental plans include preventative care and well baby care as required by federal healthcare reform.

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**Available January 1, 2013

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Optional Riders	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Alternative Care - Plans I and V (includes Naturopathic & Acupuncture, $500 annual max.)	1.22	2.29	3.41	2.57	3.82
Alternative Care - Copay Plan (includes Chiropractic, Naturopathic & Acupuncture, $1000 annual max.)	7.97	14.88	21.29	16.95	24.46
HDHP w/HSA Alternative Care Rider	1.82	3.48	4.89	3.93	5.54
Hearing Aid Benefit	1.05	2.04	2.88	2.28	3.22
VSP Vision (24/24/24)	7.54	9.49	16.88	10.79	19.36
VSP Vision (24/24/24) Safety Glasses	8.49	10.34	17.72	11.75	20.32
VSP Vision (12/12/24)	9.34	11.71	20.84	13.33	23.92
VSP Vision (12/12/24) Safety Glasses	10.52	12.76	21.88	14.53	25.12
Dental Plans:					
ODS Dental Plans					
Dental II	47.59	73.09	125.70	83.09	144.39
Dental II-A	54.86	84.27	144.97	95.87	166.61
Dental III	61.83	94.79	163.51	107.89	188.01
Dental IV	40.02	61.31	104.91	69.63	120.40
Dental V	47.63	72.84	124.95	82.81	143.51
Ortho Option (Plan II, III, IV & V)	1.30	3.08	16.24	3.46	18.62
WILLAMETTE DENTAL:					
Willamette Dental Plan	50.53	77.85	134.29	88.50	154.23
Kaiser Permanente:					
Kaiser Medical w/ RX	567.83	1,044.13	1,409.50	1,191.03	1,622.31
Kaiser Medical $250 Deductible $10/20 Rx Copay **	504.93	928.69	1,253.66	1,059.11	1,442.62
Kaiser Alternative Care	4.88	9.01	12.32	10.25	14.11
Kaiser Hearing Aid Benefit	1.39	2.62	3.70	2.94	4.16
Kaiser Vision	5.29	9.77	13.33	11.12	15.27
Kaiser Dental	70.57	109.39	205.52	124.55	236.40
Kaiser Ortho	4.51	7.09	13.38	8.04	15.31

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