

League of Oregon Cities Employee Benefits Services Trust (EBS)

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	\$760.67	\$1,418.11	\$1,886.97	\$1,620.79	\$2,176.41
Regence	CIS COPAY F RX7 Replaced COPAY B RX4	\$714.96	\$1,332.72	\$1,773.30	\$1,523.20	\$2,045.31
Regence	CIS COPAY G RX8 Replaced COPAY C RX5	\$668.30	\$1,245.70	\$1,657.55	\$1,423.78	\$1,911.80
Regence	CIS COPAY H RX9 Replaced COPAY D RX6	\$637.65	\$1,188.61	\$1,581.59	\$1,358.51	\$1,824.19
Regence	CIS HDHP-4 W/HSA Replaced HDHP-1 w/HSA	\$602.70	\$1,127.84	\$1,536.25	\$1,289.08	\$1,771.90
Regence	CIS HDHP-5 W/HSA Replaced HDHP-2 w/HSA	\$565.90	\$1,059.02	\$1,442.36	\$1,210.43	\$1,663.61
Regence	CIS COPAY ALT CARE	\$12.04	\$22.39	\$31.74	\$25.59	\$36.61

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Regence	CIS HDHP ALT CARE	\$3.20	\$6.01	\$8.14	\$6.87	\$9.40
Regence	CIS HEARING AID BENEFIT Available with Copay plans only	\$2.09	\$3.94	\$5.25	\$4.50	\$6.04
VSP						
VSP	CIS Vision-A Replaced VSP-1 & VSP-3	\$10.07	\$12.28	\$21.90	\$14.06	\$25.32
VSP	CIS Vision-IND1 VSP Indemnity plan	\$22.13	\$27.00	\$48.11	\$30.91	\$55.65
Delta						
Delta	CIS DENTAL II	\$48.51	\$73.89	\$128.62	\$84.45	\$148.36
Delta	CIS DENTAL III	\$61.82	\$94.17	\$164.01	\$107.65	\$189.18
Delta	CIS DENTAL V	\$48.54	\$73.66	\$127.94	\$84.18	\$147.57
Delta	CIS ORTHO	\$1.87	\$3.69	\$16.47	\$4.25	\$18.98
Willamette						
Willamette	WILLAMETTE DENTAL-A	\$58.68	\$89.65	\$156.40	\$102.47	\$180.40

Carrier	Plan	Employee	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
	Replaced Willamette Dental					
Kaiser						
Kaiser	KAISER COPAY B	\$818.53	\$1,501.09	\$2,024.51	\$1,714.86	\$2,334.13
Kaiser	KAISER DED A Current \$250 deductible plan	\$764.99	\$1,402.81	\$1,891.86	\$1,602.57	\$2,181.16
Kaiser	KAISER DED B New \$500 deductible plan	\$725.73	\$1,330.75	\$1,794.58	\$1,520.23	\$2,068.96
Kaiser	KAISER HDHP-1 New Kaiser High Deductible (\$1,700) plan	\$548.10	\$1,004.66	\$1,354.44	\$1,147.65	\$1,561.45
Kaiser	KAISER DENTAL II Replaced Kaiser Dental I	\$71.83	\$110.67	\$208.67	\$126.47	\$240.65
Kaiser	KAISER ALT CARE	\$8.70	\$16.03	\$21.60	\$18.31	\$24.91
Kaiser	KAISER HEARING AID BENEFIT Not available with the Kaiser HDHP-1 plan	\$2.68	\$4.98	\$6.69	\$5.68	\$7.71
Kaiser	KAISER VISION	\$6.62	\$12.21	\$16.45	\$13.95	\$18.97
Kaiser	KAISER ORTHO	\$4.82	\$7.39	\$13.87	\$8.47	\$15.99