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Research + Bargaining, MEA-MFT

## **OREGON EDUCATORS BENEFITS BOARD STATEWIDE K12 HEALTH INSURANCE PROGRAM -- 2008**

The Oregon Educators Benefit Board (OEBB) was created by Senate Bill 426 in 2007 with the intent of pooling the insurance of school district and education service district employees throughout Oregon.

Since coming together in July 2007, the Board has accomplished much and has maintained its mission under the charge of providing high-quality benefits to school employees at comparable prices with an ultimate goal of helping districts save money administratively on the cost of health insurance.

When fully implemented in 2010, OEBB will be the largest provider of health benefits in Oregon, serving 197 school districts and 20 ESDs that currently purchase plans for their employees independently or through one of three health plan purchasers.

The Board has spent the last year designing plans and contracting with carriers. The carrier selection process alone lasted nearly three months, beginning in January when the Board's selection committee set to work on the request for proposal process, followed by dozens of interviews and hours of negotiation to make sure plan design and cost comparability requirements were met.

Now, with the negotiation process nearing its end and plan rates available, OEBB looks forward to moving into a new phase of operation that includes offering health benefits to district employees and working directly with the people who are required to enter OEBB beginning Oct. 1, 2008 through the coverage selection process, open enrollment and beyond.

As of today, it is estimated that about 22,000 district employees will enter OEBB in 2008, with the remaining 40,000 plus coming in 2009 and 2010.

From this point forward, OEBB will be focusing on working even more closely with member districts and recipients of OEBB benefit plans. Many school staff have come to know OEBB since development work began last July 2007. With the release of the plan rates in May 2008, communicating with future OEBB members about what's to come is more crucial now than ever before.

More information from OEGB about plans and coverage will be forwarded to schools and members over the summer, with open enrollment provided by OEGB's online system from August 15 through September 15, and the beginning of the benefits program on Oct. 1, 2008.

OEGB realizes that carrier information, optional plan and benefit designs and rates, as well as provider availability is of key importance to members approaching enrollment day. Specific information and future updates may be found on the OEGB website.

Plan design comparison and rates, click here:  
<http://www.oregon.gov/DAS/OEGB/rates.shtml>

Selected carriers, click here:  
<http://www.oregon.gov/DAS/OEGB/carriers.shtml>

Carrier provider directories, click here:  
<http://www.oregon.gov/DAS/OEGB/providerlistings.shtml>

Summary of Benefits, Covered Services and Excluded Services, click here: <http://www.oregon.gov/DAS/OEGB/summaryofbenefits.shtml>

For questions or comments about the information included in this message, you may e-mail OEGB at [OEGB.info@state.or.us](mailto:OEGB.info@state.or.us) or call (503) 378-5353.

For additional information about the Oregon Educators Benefit Board, visit [www.oregon.gov/das/oebb](http://www.oregon.gov/das/oebb).

## Timeline of Benefits Program Inception

### March 21, 2007

- Senate Bill 426 signed by Governor Theodore Kulongoski creating the Oregon Educators Benefit Board

### July 2007

- OEBB established with the appointment of the 10 board members
- Temporary rules established for powers of the Board and procurement and contracting for benefit plans and services
- Consultant selected to assist the OEBB with both pre-implementation and ongoing activities

### September - December 2007

- Study comparability
- Define program eligibility
- Study administrative model and eligibility needs and options for filling those needs
- Gathers and analyze data from the school districts. Prepare request for proposals (RFPs) for new benefit plans
- Approve eligibility criteria of school district employees.
- Develop permanent Oregon Administrative Rules (OARs) for all divisions
- Develop and approve benefit plan designs
- Release all request for proposals (RFPs) for health, dental, life/disability, vision and long-term care plans
- Approve administrative and operational model

### January 2008

- Approve Oregon Administrative Rules (OARs) making the temporary operating rules permanent

### February - April 2008

- Request for proposal process closes; benefits plan selection begins.
- Review submitted proposals for benefit plans

### April - June 2008

- Approve all benefit plans for October 1, 2008
- Review benefit plan documents

**May - August 2008**

- Districts participating in the OEGB plans as of October 1, 2008, trained to deliver benefits to receiving members

**August - September 2008**

- Participating district employees enroll in the OEGB offered benefit plans for October 1, 2008 effective date

**October 1, 2008**

- Participating district employees begin receiving benefits provided through OEGB

## Current District Medical Plans and Comparable OEGB Medical Plans

OEGB Plan	OSBA	OEA Choice	OSEA	Survey District
<b>Med Plans 1 and 2</b> (.98/.99) <sup>1</sup>				
		Kaiser \$5 Kaiser \$10 Kaiser \$15 MCP 5	(1099) \$10/\$100 (1599) \$15/\$100	<b>Bend LaPine</b> Choice 25/100D VAR Package 1 Prime 20/100D VAR Package 1 Preferred 30/500A VAR Package 1
				<b>Beaverton</b> Kaiser \$10
				<b>Clackamas ESD</b> HMO Plan 055*/P
				<b>Centennial</b> Kaiser \$10
				<b>High Desert ESD</b> \$0 DED POS High Option
				<b>Hillsboro</b> Kaiser \$5 Kaiser \$10
				<b>Northwest Regional ESD</b> Kaiser \$15
				<b>Springfield</b> Choice 25/200D
				<b>Salem Keizer PS 24J</b> Kaiser \$10
				<b>Three Rivers</b> Prime 10/0
<b>Med Plan 3</b>				
(-.90)	Preferred Provider Plan Preferred Provider Plan w/ IMD	PPO Copay - 1 PPO 100	(P101907) 90/70 (200985) \$200	<b>Bethel</b> Choice 200
				<b>Bend LaPine</b> Prime 25/500A VAR Package 2
				<b>Junction City</b> \$10/20%/\$1,200
<b>Med Plan 4</b>				
(-.85)	Plan B - 100 w/IMD Plan A - 100 Plan B - 200 w/IMD Plan A - 200	PPO DED - 1 PPO Copay - 2	(P151587A) 80/70 (300971) \$300	<b>Beaverton</b> \$250 DED PPO Blue
				<b>Clackamas ESD</b> 200975/P

<sup>1</sup> Relative actuarial value of plan where Kaiser - \$5 plan has value of 1.0.

## Current District Medical Plans and Comparable OEGB Medical Plans

OEGB Plan	OSBA	OEA Choice	OSEA	Survey District
<b>Med Plan 5</b> (.81)	Plan B - 300 w/IMD PPP Copay Plan 100 Plan A - 300 Plan B - 500 w/IMD PPP Copay Plan 100 w/ IMD PPP Copay Plan 200 w/ IMD	SEA MCP 15 PPO Ded -2	(P202087) 80/70 (500975) \$500	<b>Bend LaPine</b> Clear Choice POS 200 <b>Three Rivers</b> Preferred 200 +20
<b>Med Plan 6</b> (.77)	PPP Copay Plan 200 PPP Copay Plan 300 Plan A - 500 PPP Copay Plan 300 w/ IMD PPP Copay Plan 500 w/ IMD	\$15 Copay Plan PPO Ded -2	(P203V2LX) \$300	<b>Beaverton</b> \$500 DED PPO Orange <b>Bend LaPine</b> Preferred 80 + 300 VAR Package 2 <b>Three Rivers</b> Preferred 500 + 20 <b>Springfield</b> Preferred 300 + 25
<b>Med Plan 7</b> (.72)	Plan C - 500 PPP Copay Plan 500	PPO 500 PPO Ded - 2A SEA PPO - 2 500 DED PLAN	PPO 40-50/50-2500	<b>Bend LaPine</b> Clear Choice POS 500 Preferred 500 + 10 VAR Package 2 Basic Health Plan VAR Package 3 <b>Clackamas ESD</b> FA50010008060 <b>High Desert ESD</b> Standard Option \$500 DED POS Half Plan Option for Double Covered Half Plan POS <b>McKenzie</b> Preferred 500 + 25
<b>Med Plan 8</b> (.64)	Plan C - 1000	PPO Ded - 3 SEA PPO 3	PPO A25-100-2-2500 (P201V2LX) \$1000	<b>Bend LaPine</b> Clear Choice Select POS Basic Preferred 1000 + 25 VAR Package 4 <b>High Desert ESD</b> \$1000 DED POS Low Option
<b>Med Plan 9</b> (.58)	HSA Plan	MAJOR MED		

# OEBB

## Plan Design Comparison - Medical

Plan Option	Med Plan 1	Med Plan 2	Med Plan 3	Med Plan 4	Med Plan 5	Med Plan 6	Med Plan 7	Med Plan 8	Med Plan 9	Trust Subtotal
	HMO - POS <sup>(1)</sup>								HSA	
Trust	OEBB	OEBB	OEBB	OEBB	OEBB	OEBB	OEBB	OEBB	OEBB	OEBB
Enrollment	14,448		16,063	16,714	2,458	3,808	5,358	1,424	109	60,382
Actuarial Value	0.98	0.99	0.90	0.85	0.81	0.77	0.72	0.64	0.58	
Preventive Services <sup>(2)</sup>										
In Network (no deductible)	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Out of Network	-	-	70%	60%	60%	60%	60%	60%	60%	
Deductible (Individual/Family)										
In Network / Out of Network	None	None	\$100/\$300	\$100/\$300	\$200/\$600	\$300/\$900	\$500/\$1,500	\$1,000/\$3,000	\$1,500/\$3,000	
Annual Coinsurance Maximum (Individual/Family)										
In Network	\$1,000	\$600/\$1,200	\$500	\$1,000	\$1,000	\$1,500	\$2,000	\$2,000	\$5,000/\$10,000	
Out of Network	-	-	\$1,500	\$2,000	\$2,000	\$3,000	\$4,000	\$4,000	\$5,000/\$10,000	
Benefit Maximum										
In Network	unlimited	unlimited	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	
Out of Network	-	-	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	
Coinsurance										
In Network	100%	100%	90%	80%	80%	80%	80%	80%	80%	
Out of Network	-	-	70%	60%	60%	60%	60%	60%	60%	
Office Visit Copay <sup>(3)</sup>										
In Network	\$10	\$5	\$10	\$15	\$20	\$20	\$20	\$20	\$20	
Out of Network	-	-	30%	40%	40%	40%	40%	40%	40%	
Hospital Copay										
In Network	\$100 per day	No charge	10%	20%	20%	20%	20%	20%	20%	
Out of Network	-	-	30%	40%	40%	40%	40%	40%	40%	
Emergency Room Copay										
In Network / Out of Network (waived if admitted)	\$100	\$100	\$100 per visit then 10%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	

<sup>(1)</sup> In regions where there are no HMO arrangements, for plans 1 and 2, OEBB may substitute the same benefit designs either as an Exclusive Provider Option (EPO) model, or as a Point of Service plan (POS) model. If the POS model is used, out of network benefits are subject to a \$300 deductible, 50% coinsurance and a \$2,000 out of pocket maximum. Emergency room services are subject to a \$100 deductible and 20% coinsurance.

<sup>(2)</sup> Preventive services covered based on USPSTF guidelines.

<sup>(3)</sup> Plans 3 - 6, only the copay applies to in-network visits, no deductible.

**OEBB**  
**Plan Design Comparison - Pharmacy**

Recommended OEBB Plan Options

	Rx Plan 1 HMO	Option A PPO	Option B PPO	Option C PPO
<b>Trust</b>	OEBB	OEBB	OEBB	OEBB
Enrollment	13,000	48,511	729	
<b>Actuarial Value</b>	0.93	0.90	0.89	0.76
Deductible	None	None	None	None
Annual Copay/ Coinsurance Maximum	\$1,000	\$1,000	\$1,000	\$1,000
<b>Retail</b>				
Generic	\$5	\$5	\$5	50%
Preferred	\$15	20%	\$25	50%
Non Preferred	N/A	50%	50%, \$50 max	50%
<b>Mail</b>				
Generic	\$10	\$10	\$10	50%
Preferred	\$30	20%	\$50	50%
Non Preferred	N/A	50%	50%, \$100 max	50%
<b>Total</b>				62,240

Note: a group/district may *not* offer both options A and B



OE  
BB  
Plan Design Comparison - Dental and Orthodontia

Trust/District	Dental Plan 1	Dental Plan 2	Dental Plan 3	Dental Plan 4	Dental Plan 5	Dental Plan 6	Dental Plan 7	Dental Plan 8	Subtotal
Enrollment	TBD	12,527	7,980	17,665	5,989	1,052	3,271		48,484
Actuarial Value	1.00	0.90	0.88	0.81	0.74	0.64	N/A	N/A	
Deductible	None	None	None	\$25	\$50	\$50	None	None	
Annual Maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000	None	None	
Preventive Care	70%+10% year	70%+10% year	70%+10% year	100%	100%	100%	100% (\$5 per visit)	100% (\$10 per visit)	
Restorative Services	70%+10% year	70%+10% year	70%+10% year	80%	80%	80%	100% (\$5 per visit)	100% (\$10 per visit)	
Major Services	70%+10% year	70%+10% year	70%+10% year	80%	50%	50%	\$45	100%	
Prosthodontics	70%+10% year	70%+10% year	50%	50%	50%	50%	\$95 partial denture, \$65 full denture, \$25 reline	100%	
Orthodontics	No Coverage		OR		80% to \$1,500 lifetime max		No Coverage OR Alternate 1 Alternate 2		
							50% to \$2,000 lifetime max	\$1,500 copay + \$10 per visit	

- 1) For plans with increasing coinsurance, we assumed 2 - 3 years of completed requirements
- 2) For integrated medical/dental plans we assumed 25% of deductible is attributable to dental
- 3) On proposed OE  
BB plans we assumed deductible does not apply to preventive services

**OEBB**  
Plan Design Comparison - Vision

Plan Option	Vision Plan 1	Vision Plan 2	Vision Plan 3	Vision Plan 4	Vision Plan 5
<b>Vision</b>					
<b>Plan Maximum</b>	\$250	\$350	\$450	\$600	See allowances
<b>Routine Eye Exam</b>	\$10 copay	100%	100%	100%	100% up to \$64.50
<b>Exam Frequency</b>	12 months	12 months	12 months	12 months	12 months
<b>Lenses</b>	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts	Either one pair of lenses or contacts
<b>Single Vision</b>	100%	100%	100%	100%	100% up to \$58.50 / year
<b>Bifocal</b>	100%	100%	100%	100%	100% up to \$86.00 / year
<b>Lenticular</b>	100%	100%	100%	100%	100% up to \$86.00 / year
<b>Trifocal</b>	100%	100%	100%	100%	100% up to \$109.00 / year
<b>Contact Lenses</b>	100%	100%	100%	100%	100% up to \$192.50 / year
<b>Lens Frequency</b>	12 months	12 months	12 months	12 months	12 months
<b>Frames</b>	100%	100%	100%	100%	100% up to \$75.00 / year
<b>Frame Frequency</b>	child: 12 months, adult: 24 months	child: 12 months, adult: 24 months	child: 12 months, adult: 24 months	child: 12 months, adult: 24 months	child: 12 months, adult: 24 months

## OEBB Plan Design Comparison - Medical

Plan Option	Med Plan 1	Med Plan 2	Med Plan 3	Med Plan 4	Med Plan 5	Med Plan 6	Med Plan 7	Med Plan 8	Med Plan 9	Trust Subtotal
	HMO <sup>(1)</sup>								HSA	
<b>Trust</b>	OEBB	OEBB	OEBB	OEBB	OEBB	OEBB	OEBB	OEBB	OEBB	OEBB
Enrollment	14,448	16,063	16,714	2,458	3,808	5,358	1,424	109	60,382	
Actuarial Value	0.98	0.99	0.90	0.85	0.81	0.77	0.72	0.64	0.58	
Preventive Services <sup>(2)</sup>										
In Network (no deductible)	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Out of Network	-	-	70%	60%	60%	60%	60%	60%	60%	
Deductible (Individual/Family)										
In Network / Out of Network	None	None	\$100/\$300	\$100/\$300	\$200/\$600	\$300/\$900	\$500/\$1,500	\$1,000/\$3,000	\$1,500/\$3,000	
Annual Coinsurance Maximum (Individual/Family)										
In Network	\$1,000	\$500	\$500	\$1,000	\$1,000	\$1,500	\$2,000	\$2,000	\$5,000/\$10,000	
Out of Network	-	\$1,500	\$1,500	\$2,000	\$2,000	\$3,000	\$4,000	\$4,000	\$5,000/\$10,000	
Benefit Maximum										
In Network	unlimited	unlimited	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	
Out of Network	-	-	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	
Coinsurance										
In Network	100%	100%	90%	80%	80%	80%	80%	80%	80%	
Out of Network	-	-	70%	60%	60%	60%	60%	60%	60%	
Office Visit Copay <sup>(3)</sup>										
In Network	\$10	\$5	\$10	\$15	\$20	\$20	20%	20%	20%	
Out of Network	-	-	30%	40%	40%	40%	40%	40%	40%	
Hospital Copay										
In Network	\$100 per day	No charge	10%	20%	20%	20%	20%	20%	20%	
Out of Network	-	-	30%	40%	40%	40%	40%	40%	40%	
Emergency Room Copay										
In Network / Out of Network (waived if admitted)	\$100	\$100	\$100 per visit then 10%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	

<sup>(1)</sup>In regions where there are no HMO arrangements, for plans 1 and 2, OEBB may substitute the same benefit designs either as an Exclusive Provider Option (EPO) model, or as a Point of Service plan (POS) model. If the POS model is used, out of network benefits are subject to a \$300 deductible.

<sup>(2)</sup> Preventive services covered based on USPSTF guidelines.

<sup>(3)</sup> Plans 3 - 6, only the copay applies to in-network visits, no deductible.

Kaiser Medical and Pharmacy Plans with Rates

Plan Option	OEBC Med Plan 1	HMO	OEBC Med Plan 2
Preventive Services			
In Network (no deductible)	100%		100%
Out of Network	-		-
Deductible (Individual/Family)			
In Network / Out of Network	None		None
Annual Coinsurance Maximum (Individual/Family)			
In Network	\$1,000		\$600/\$1,200
Out of Network	-		-
Benefit Maximum			
In Network	unlimited		unlimited
Out of Network	-		-
Coinsurance			
In Network	100%		100%
Out of Network	-		-
Office Visit Copay			
In Network	\$10		\$5
Out of Network	-		-
Hospital Copay			
In Network	\$100 per day		No charge
Out of Network	-		-
Emergency Room Copay			
In Network / Out of Network (waived if admitted)	\$100		\$100

OEBC Rx Plan 1	
Deductible	None
Annual Copay/Coinsurance Maximum	\$1,000
Retail	
Generic Preferred	\$5
Non Preferred	\$15
Mail	
Generic Preferred	\$10
Non Preferred	\$30
	N/A



Medical			
Kaiser Permanente			
OEBC Rates			
2008 Contract Year (effective October 1, 2008)			
OEBC Plan	Tier-Rated Groups		Composite-Rated Groups
	Employee + Spouse	Employee + Child(ren)	
	Employee Only	Employee + Spouse	Family
	\$ 353.56	\$ 777.86	\$ 726.90
	\$ 369.99	\$ 813.99	\$ 758.11
			\$ 1,040.95
			\$ 1,091.86
			\$ 841.50
			\$ 880.59

ODS Medical and Pharmacy Plans with Rates

Plan Option	OEBS Med Plan 3		OEBS Med Plan 4		OEBS Med Plan 5		OEBS Med Plan 6		OEBS Med Plan 7		OEBS Med Plan 8		OEBS Med Plan 9	
	100%	70%	100%	60%	100%	60%	100%	60%	100%	60%	100%	60%	100%	60%
Preventive Services In Network (no deductible) Out of Network														
Deductible (Individual/Family) In Network / Out of Network	\$100/\$300	\$100/\$300	\$100/\$300	\$100/\$300	\$200/\$600	\$200/\$600	\$300/\$900	\$300/\$900	\$500/\$1,500	\$500/\$1,500	\$1,000/\$3,000	\$1,000/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
Annual Coinsurance Maximum (Individual/Family) In Network Out of Network	\$500 \$1,500	\$500 \$1,500	\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000	\$1,500 \$3,000	\$1,500 \$3,000	\$2,000 \$4,000	\$2,000 \$4,000	\$2,000 \$4,000	\$2,000 \$4,000	\$2,000 \$4,000	\$2,000 \$4,000
Benefit Maximum In Network Out of Network	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000	\$2,000,000 \$2,000,000
Coinurance In Network Out of Network	90% 70%	90% 70%	80% 60%	80% 60%	80% 60%	80% 60%	80% 60%	80% 60%	80% 60%	80% 60%	80% 60%	80% 60%	80% 60%	80% 60%
Office Visit Copay In Network Out of Network	\$10 30%	\$10 30%	\$15 40%	\$15 40%	\$20 40%	\$20 40%	\$20 40%	\$20 40%	\$20 40%	\$20 40%	\$20 40%	\$20 40%	\$20 40%	\$20 40%
Hospital Copay In Network Out of Network	10% 30%	10% 30%	20% 40%	20% 40%	20% 40%	20% 40%	20% 40%	20% 40%	20% 40%	20% 40%	20% 40%	20% 40%	20% 40%	20% 40%
Emergency Room Copay In Network / Out of Network (waived if admitted)	\$100 per visit then 10%	\$100 per visit then 10%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%



OEBS Pharmacy Plans						
	OEBS Option A		OEBS Option B		OEBS Option C	
	None	None	None	None	None	None
Deductible	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Annual Copay/ Coinsurance Maximum	0	0	0	0	0	0
Retail	\$5 20%	\$5 20%	\$5 20%	\$5 20%	\$5 20%	\$5 20%
Preferred	50%	50%	50%	50%	50%	50%
Non Preferred	50%	50%	50%	50%	50%	50%
Mail	0	0	0	0	0	0
Generic	\$10 20%	\$10 20%	\$10 20%	\$10 20%	\$10 20%	\$10 20%
Preferred	50%	50%	50%	50%	50%	50%
Non Preferred	50%	50%	50%	50%	50%	50%

For rates, see page 2.



ODS Medical and Pharmacy Plans with Rates

Medical									
ODS Health Plans									
OEGB Rates									
2008 Contract Year (effective October 1, 2008)									
OEGB Plan	Tier-Rated Groups						Composite-Rated Groups		
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit				
PPO									
Plan 3/w Pharmacy Plan A	\$ 418.89	\$ 921.58	\$ 795.90	\$ 1,298.57	\$				996.97
Plan 3/w Pharmacy Plan B	\$ 418.25	\$ 920.17	\$ 794.68	\$ 1,296.59	\$				995.45
Plan 3/w Pharmacy Plan C	\$ 409.87	\$ 901.72	\$ 778.76	\$ 1,270.61	\$				975.50
Plan 4/w Pharmacy Plan A	\$ 402.32	\$ 885.12	\$ 764.41	\$ 1,247.21	\$				957.53
Plan 4/w Pharmacy Plan B	\$ 401.68	\$ 883.71	\$ 763.19	\$ 1,245.23	\$				956.01
Plan 4/w Pharmacy Plan C	\$ 393.30	\$ 865.26	\$ 747.27	\$ 1,219.25	\$				936.06
Plan 5/w Pharmacy Plan A	\$ 382.80	\$ 842.16	\$ 727.32	\$ 1,186.67	\$				911.06
Plan 5/w Pharmacy Plan B	\$ 382.16	\$ 840.75	\$ 726.10	\$ 1,184.69	\$				909.54
Plan 5/w Pharmacy Plan C	\$ 373.78	\$ 822.30	\$ 710.18	\$ 1,158.71	\$				889.59
Plan 6/w Pharmacy Plan A	\$ 366.75	\$ 806.87	\$ 696.84	\$ 1,136.95	\$				872.87
Plan 6/w Pharmacy Plan B	\$ 366.11	\$ 805.46	\$ 695.62	\$ 1,134.97	\$				871.35
Plan 6/w Pharmacy Plan C	\$ 357.73	\$ 787.01	\$ 679.70	\$ 1,108.99	\$				851.40
Plan 7/w Pharmacy Plan A	\$ 339.88	\$ 747.75	\$ 645.78	\$ 1,053.63	\$				808.92
Plan 7/w Pharmacy Plan B	\$ 339.24	\$ 746.34	\$ 644.56	\$ 1,051.65	\$				807.40
Plan 7/w Pharmacy Plan C	\$ 330.86	\$ 727.89	\$ 628.64	\$ 1,025.67	\$				787.45
Plan 8/w Pharmacy Plan A	\$ 307.47	\$ 676.45	\$ 584.20	\$ 953.16	\$				731.78
Plan 8/w Pharmacy Plan B	\$ 306.83	\$ 675.04	\$ 582.98	\$ 951.18	\$				730.26
Plan 8/w Pharmacy Plan C	\$ 298.45	\$ 656.59	\$ 567.06	\$ 925.20	\$				710.31
Plan 9	\$ 232.61	\$ 511.75	\$ 441.97	\$ 721.11	\$				553.62

Providence Medical and Pharmacy Plans with Rates

Plan Option	OEGB Med Plan 1		OEGB Med Plan 2	
	POS			
Preventive Services				
In Network (no deductible)	100%		100%	
Out of Network	50%		50%	
Deductible (Individual/Family)				
In Network	None	None	None	None
Out of Network	\$300/\$900	\$300/\$900	\$300/\$900	\$300/\$900
Annual Coinsurance Maximum (Individual/Family)				
In Network	\$1,000	\$600/\$1,200		
Out of Network	\$2,000/\$4,000	\$2,000/\$4,000		
Benefit Maximum				
In Network	\$2,000,000	\$2,000,000		
Out of Network				
Coinurance				
In Network	100%	100%	100%	100%
Out of Network	50%	50%	50%	50%
Office Visit Copay <sup>(3)</sup>				
In Network	\$10	\$5	\$5	\$5
Out of Network	50%	50%	50%	50%
Hospital Copay				
In Network	\$100 per day	No charge	No charge	No charge
Out of Network	50%	50%	50%	50%
Emergency Room Copay				
In Network / Out of Network (waived if admitted)	\$100	\$100	\$100	\$100

OEGB Rx Plan 1	
In Network Only	
Deductible	None
Annual Copay/Coinsurance Maximum	\$1,000
Retail	
Generic	\$5
Preferred	\$15
Non Preferred	N/A
Mail	
Generic	\$10
Preferred	\$30
Non Preferred	N/A



Medical					
Providence Health Plan					
OEGB Rates					
2008 Contract Year (effective October 1, 2008)					
OEGB Plan	Tier-Rated Groups			Composite-Rated Groups	
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
HMO/EPO	\$ 400.12	\$ 880.24	\$ 760.21	\$ 1,240.34	\$ 956.27
Plan 1 w/Pharmacy	\$ 403.21	\$ 887.06	\$ 766.10	\$ 1,249.96	\$ 963.68
Plan 2 w/Pharmacy					