

OEA CHOICE TRUST PLANS VS OEGB PLANS

OEAChoice Plan	OEGB Plan	Composite	OEGB Rates			
			Employee Only	Employee & Spouse/ Domestic Partner	Employee & Child(ren)	Employee & Family
PPO-Copay #1	Plan 3 w/ Pharmacy Plan A	\$996.97	\$418.89	\$921.58	\$795.90	\$1,298.57
	Plan 3 w/ Pharmacy Plan B	\$995.45	\$418.25	\$920.17	\$794.68	\$1,296.59
	Plan 3 w/ Pharmacy Plan C	\$975.50	\$409.87	\$901.72	\$778.76	\$1,270.61
PPO-Copay #2	Plan 4 w/ Pharmacy Plan A	\$957.53	\$402.32	\$885.12	\$764.41	\$1,247.21
	Plan 4 w/ Pharmacy Plan B	\$956.01	\$401.68	\$883.71	\$763.19	\$1,245.23
	Plan 4 w/ Pharmacy Plan C	\$936.06	\$393.30	\$865.26	\$747.27	\$1,219.25
MCP5	Kaiser Plan 2 w/ Pharmacy Plan 1	\$880.59	\$369.99	\$813.99	\$702.99	\$1,146.98
	Providence Plan 2 w/ Pharmacy Plan 1	\$963.68	\$403.21	\$887.06	\$766.10	\$1,249.96
PPO-Ded #1	Plan 4 w/ Pharmacy Plan A	\$957.53	\$402.32	\$885.12	\$764.41	\$1,247.21
	Plan 4 w/ Pharmacy Plan B	\$956.01	\$401.68	\$883.71	\$763.19	\$1,245.23
	Plan 4 w/ Pharmacy Plan C	\$936.06	\$393.30	\$865.26	\$747.27	\$1,219.25
PPO-Ded #2	Plan 6 w/ Pharmacy Plan A	\$872.87	\$366.75	\$806.87	\$696.84	\$1,136.95
	Plan 6 w/ Pharmacy Plan B	\$871.35	\$366.11	\$805.46	\$695.62	\$1,134.97
	Plan 6 w/ Pharmacy Plan C	\$851.40	\$357.73	\$787.01	\$679.70	\$1,108.99
PPO-Ded #2A	Plan 7 w/ Pharmacy Plan A	\$808.92	\$339.88	\$747.75	\$645.78	\$1,053.63
	Plan 7 w/ Pharmacy Plan B	\$807.40	\$339.24	\$746.34	\$644.56	\$1,051.65
	Plan 7 w/ Pharmacy Plan C	\$787.45	\$330.86	\$727.89	\$628.64	\$1,025.67
PPO-Ded #3	Plan 8 w/ Pharmacy Plan A	\$731.78	\$307.47	\$676.45	\$584.20	\$953.16
	Plan 8 w/ Pharmacy Plan B	\$730.26	\$306.83	\$675.04	\$582.98	\$951.18
	Plan 8 w/ Pharmacy Plan C	\$710.31	\$298.45	\$656.59	\$567.06	\$925.20