

OSBA INSURANCE TRUST PLANS VS OEGB PLANS

OSBA Plan	OEGB Plan	Composite	OEGB Rates			
			Employee Only	Employee & Spouse/ Domestic Partner	Employee & Child(ren)	Employee & Family
Preferred Provider Plan	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
Preferred Provider Copay \$100	Plan 5 w/ Pharmacy Plan A	\$911.06	\$382.80	\$842.16	\$727.32	\$1,186.67
	Plan 5 w/ Pharmacy Plan B	\$909.54	\$382.16	\$840.75	\$726.10	\$1,184.69
	Plan 5 w/ Pharmacy Plan C	\$889.59	\$373.78	\$822.30	\$710.18	\$1,158.71
Preferred Provider Copay \$200	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
Preferred Provider Copay \$300	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
Preferred Provider Copay \$500	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
Plan A-100	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
Plan A-200	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
Plan A-300	Plan 5 w/ Pharmacy Plan A	\$911.06	\$382.80	\$842.16	\$727.32	\$1,186.67
	Plan 5 w/ Pharmacy Plan B	\$909.54	\$382.16	\$840.75	\$726.10	\$1,184.69
	Plan 5 w/ Pharmacy Plan C	\$889.59	\$373.78	\$822.30	\$710.18	\$1,158.71

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OSBA Plan	OEGB Plan	Composite	OEGB Rates			
			Employee Only	Employee & Spouse/ Domestic Partner	Employee & Child(ren)	Employee & Family
Plan A-500	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
Plan B-100	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
Plan B-200	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
Plan B-300	Plan 5 w/ Pharmacy Plan A	\$911.06	\$382.80	\$842.16	\$727.32	\$1,186.67
	Plan 5 w/ Pharmacy Plan B	\$909.54	\$382.16	\$840.75	\$726.10	\$1,184.69
	Plan 5 w/ Pharmacy Plan C	\$889.59	\$373.78	\$822.30	\$710.18	\$1,158.71
Plan B-500	Plan 5 w/ Pharmacy Plan A	\$911.06	\$382.80	\$842.16	\$727.32	\$1,186.67
	Plan 5 w/ Pharmacy Plan B	\$909.54	\$382.16	\$840.75	\$726.10	\$1,184.69
	Plan 5 w/ Pharmacy Plan C	\$889.59	\$373.78	\$822.30	\$710.18	\$1,158.71
Plan C-500	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
Plan C-1000	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
HSA-Qualified Plan	Plan 9	\$553.62	\$232.61	\$511.75	\$441.97	\$721.11