OEBB Medical and Pharmacy Plan Designs
Approved: November 8, 2007

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
Plan Type	HMO	HMO	PPO	PPO	PPO	PPO	PPO	PPO	HSA
MEDICAL									
Preventive Services [1]									
In Network (no deductible)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Out of Network (deductible applies)			70%	60%	60%	60%	60%	60%	60%
Annual Deductible (applies in or out-of-network)									
Individual / Family Limit	None	None	$100/$300	$100/$300	$200/$600	$300/$900	$500/$1500	$1000/$3000	$1500/$3000
Coinsurance (plan pays after deductible)									
In Network	100%	100%	90%	80%	80%	80%	80%	80%	80%
Out of Network			70%	60%	60%	60%	60%	60%	60%
Annual Coinsurance Maximum (Individual/ Family)									
In Network	$1,000	$600/$1200	$500	$1,000	$1,000	$1,500	$2,000	$2,000	$5000/$10000
Out of Network			$1,500	$2,000	$2,000	$3,000	$4,000	$4,000	$5000/$10000
Lifetime 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
Office Visit Copay [2]									
In Network	$10	$5	$10	$15	$20	$20	deductible and coinsurance applies (see above)		
Out of Network	not applicable		deductible and coinsurance applies (see above)						
Hospital Copay	$100 per day	no charge	deductible and coinsurance applies (see above)						
Emergency Room Copay (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%	20%
PHARMACY									
Deductible	None		None						Deductible and coinsurance applies (see above)
Annual Copay/Coinsurance Maximum	$1,000		$1,000						
Copay (generic/preferred brand/non-preferred)[3]	HMO Option		Option A		Option B		Option C		
At Retail	$5 / $15 / NA		$5 / 20% / 50%		$5 / $25 / 50%, $50 max		50% / 50% / 50%		
At Mail	$10 / $30 / NA		$10 / 20% / 50%		$10 / $50 / 50%, $100 max		50% / 50% / 50%		

(1) Preventive services covered based on USPSTF guidelines.
(2) For in-network visits under plans 3 - 6, only the copay applies, no deductible.
(3) A group in a district may select Options A, B or C for each non-HMO medical plan, but cannot select both Option A and Option