

Kaiser Medical and Pharmacy Plans with Rates

Plan Option	OEBB Med Plan 1	OEBB Med Plan 2
	HMO	
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

OEBB Rx Plan 1	
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						
Kaiser Permanente						
OEBB Rates						
2008 Contract Year (effective October 1, 2008)						
OEBB Plan		Tier-Rated Groups				Composite-Rated Groups
		Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
HMO/EPO						
Plan 1 w/Pharmacy		\$ 353.56	\$ 777.86	\$ 671.78	\$ 1,096.07	\$ 841.50
Plan 2 w/Pharmacy		\$ 369.99	\$ 813.99	\$ 702.99	\$ 1,146.98	\$ 880.59

There was an error between Kaiser's Employee + Child(ren) rates and Kaiser's Family rates. They have been corrected on May 22, 2008. Please disregard any previous Kaiser rate information.