

| 2008 Part-time & Retiree Medical Plans Comparison     |                                     |                     |             |             |                   |             |                         |                         |                         |                         |
|---|-------------------------------------|---------------------|-------------|-------------|-------------------|-------------|-------------------------|-------------------------|-------------------------|-------------------------|
|   | Kaiser                              | Kaiser Added Choice |             |             | Providence Choice |             | Regence BCBSO           |                         | Samaritan Select        |                         |
| Provider Type   | HMO                                 | HMO                 | Network     | OON*        | Network           | OON*        | Network                 | OON*                    | Network                 | OON*                    |
| Deductible  | \$0                                 | \$250               | \$750       | \$1,000     | \$0               | \$0         | 50% of \$1,000 then 20% | 50% of \$1,000 then 50% | 50% of \$1,000 then 20% | 50% of \$1,000 then 50% |
| Ind. OOP** Max  | \$1,500                             | \$2,000             | \$3,000     | \$4,500     | \$2,000           | \$4,000     | \$2,000                 | \$4,000                 | \$2,000                 | \$4,000                 |
| Family OOP Max  | \$3,000                             | \$6,000             | \$9,000     | \$13,500    | \$6,000           | \$12,000    | \$6,000                 | \$12,000                | \$6,000                 | \$12,000                |
| Ind. lifetime max                                     | No limit                            | No limit            | \$2 million | \$2 million | \$2 million       | \$2 million | \$2 million             | \$2 million             | \$2 million             | \$2 million             |
| <b>Type of Service — You pay</b>                      |                                     |                     |             |             |                   |             |                         |                         |                         |                         |
| Primary care office                                   | \$30                                | \$30                | 30%         | 50%         | \$30              | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| Specialist office                                     | \$30                                | \$30                | 30%         | 50%         | \$30              | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| X-ray and lab   | \$10                                | 20%                 | 30%         | 50%         | 20%               | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| <b>Preventive Care<sup>1</sup></b>                    |                                     |                     |             |             |                   |             |                         |                         |                         |                         |
| Health appraisal                                      | \$0                                 | \$30                | 30%         | 50%         | \$0               | 50%         | \$0                     | 50%                     | \$0                     | 50%                     |
| Well-child exam                                       | \$0                                 | \$30                | 30%         | 50%         | \$0               | 50%         | \$0                     | 50%                     | \$0                     | 50%                     |
| Women's exam  | \$30                                | \$30                | 30%         | 50%         | \$0               | 50%         | \$10                    | 50%                     | \$0                     | 50%                     |
| Immunizations   | \$0                                 | \$0                 | 30%         | 50%         | \$0               | 50%         | \$0                     | 50%                     | \$0                     | 50%                     |
| Hearing exams   | \$30                                | \$30                | 30%         | 50%         | \$30              | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| Cancer screens  | \$10                                | 20%                 | 30%         | 50%         | \$0               | 50%         | \$0                     | 50%                     | \$0                     | 50%                     |
| <b>Hospital<sup>2</sup></b>                           |                                     |                     |             |             |                   |             |                         |                         |                         |                         |
| Ambulance   | \$75                                | 20%                 | 50%         | 50%         | \$75              | \$75        | 20%                     | 50%                     | 20%                     | 50%                     |
| Inpatient   | \$500/admit                         | 20%                 | 30%         | 50%         | \$500/admit       | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| Outpatient  | \$30                                | 20%                 | 30%         | 50%         | \$30              | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| Emergency dept  | \$100                               | 20%                 | 20%         | 20%         | \$100             | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| <b>Surgery<sup>2</sup></b>                            |                                     |                     |             |             |                   |             |                         |                         |                         |                         |
| Inpatient   | \$0                                 | 20%                 | 30%         | 50%         | \$30              | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| Outpatient, Office                                    | \$30                                | 20%                 | 30%         | 50%         | \$30              | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| <b>Maternity Care</b>                                 |                                     |                     |             |             |                   |             |                         |                         |                         |                         |
| Prenatal, delivery, postpartum                        | \$0                                 | \$30                | 30%         | 50%         | \$0               | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| <b>Mental Health, Chemical Dependency<sup>2</sup></b> |                                     |                     |             |             |                   |             |                         |                         |                         |                         |
| Inpatient   | \$500/admit                         | 20%                 | 30%         | 50%         | \$500/admit       | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| Residential   | \$50/day, \$250/admit               | 20%                 | 30%         | 50%         | \$500/admit       | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| Outpatient  | \$30                                | \$30                | 30%         | 50%         | \$30              | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| <b>Other<sup>3</sup></b>                              |                                     |                     |             |             |                   |             |                         |                         |                         |                         |
| Routine vision  | \$30 - exam only                    |                     |             |             |                   | Not Covered |                         |                         |                         |                         |
| Hearing aids  | 10%                                 | 10%                 | 10%         | 10%         | 10%               | 10%         | 10%                     | 10%                     | 10%                     | 10%                     |
| Diabetic supplies, insulin                            | Covered as DME & prescription drugs |                     |             |             |                   | \$0         | \$0                     | \$0                     | \$0                     | \$0                     |
| Durable medical equipment                             | 50%                                 | 50%                 | 50%         | 50%         | 50%               | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |
| Alternative Care                                      | Not Covered                         |                     |             |             | 50%               |             | 50%                     |                         | 50%                     |                         |
| Physical Therapy                                      | \$30                                | \$30                | 30%         | 50%         | \$30              | 50%         | 20%                     | 50%                     | 20%                     | 50%                     |

<sup>1</sup> Plans cover preventive services, including screenings, on schedules and in age ranges determined by the plan.

<sup>2</sup> Plans may require prior authorization, pre-certification or a treatment plan.

<sup>3</sup> Plans may place limits on type, number, frequency, source or maximum coverage of services or devices. Plans may also limit the benefit to (or offer a better benefit for) use of plan or network facilities or resources.

\* OOP = Out of Pocket

\*\* OON = Out of Network