

State of Oregon
Public Employees' Benefit Board Summary Plan Description

Premium Rates

The state, as the employer, provides a monthly benefit amount for eligible employees. Payroll applies the amount to premiums for the core benefits of medical, dental and basic life insurance coverage. PEBB does not play a role in determining the employer's contribution. That is determined through a series of decisions made by the governor, legislature, Department of Administrative Services, other agencies and branches of government, and collective bargaining agreements.

Table 1. 2012 Employee Medical Plan Monthly Premium Rates				
	Employees	Employee & Spouse/Partner	Employee & Children	Employee & Family
PEBB Statewide PPO¹	\$990.52	\$1,327.15	\$1,139.02	\$1,356.87
Providence Choice²	870.22	1,166.06	1,000.76	1,192.18
Kaiser HMO³	983.01	1,317.23	1,130.49	1,346.73
Kaiser Deductible³	903.83	1,211.11	1,039.40	1,238.24
PEBB Statewide Part-time PPO⁴	793.10	1,062.66	912.03	1,086.46
Providence Choice Part-time⁵	693.57	929.36	797.61	950.17
Kaiser HMO Part-time⁶	832.18	1,115.10	957.00	1,140.06
Kaiser Deductible Part-Time⁶	785.96	1,053.18	903.87	1,076.76

¹ Available to PEBB eligible full-time and part-time employees. VSP routine vision services.

² Available to PEBB eligible full-time and part-time employees in plan service area. VSP routine vision services.

³ Available to PEBB eligible full-time and part-time employees in plan service area. Kaiser routine vision services.

⁴ Additional option available to eligible part-time employees. No vision benefit.

⁵ Additional option available to eligible part-time employees in plan service area. No vision benefit.

⁶ Additional option available to eligible part-time employees in plan service area. Vision exam only.

2012 Retiree Medical Plan Monthly Premium Rates				
	Retiree	Retiree & Spouse/Partner	Retiree & Children	Retiree & Family
PEBB Statewide PPO¹	\$983.37	\$1,317.58	\$1,130.80	\$1,347.08
Providence Choice²	863.80	1,157.46	993.37	1,183.38
Kaiser³	975.97	1,307.80	1,122.39	1,337.09
Kaiser Deductible³	897.35	1,202.44	1,031.96	1,229.37
PEBB Statewide Part-Time PPO⁴	787.38	1,054.99	905.45	1,078.62
Providence Choice Part-Time⁵	688.57	922.65	791.85	943.31
Kaiser Part-Time⁶	826.22	1,107.12	950.15	1,131.90
Kaiser Deductible Part-Time⁶	780.34	1,045.64	897.40	1,069.05

¹ Available to PEBB eligible retirees. VSP routine vision services.

² Available to PEBB eligible retirees in plan service area. VSP routine vision services.

³ Available to PEBB eligible retirees in plan service area. Kaiser routine vision services.

⁴ Additional option available to eligible retirees. No vision benefit.

⁵ Additional option available to eligible retirees in plan service area. No vision benefit.

⁶ Additional option available to eligible retirees in plan service area. Vision exam only.

2012 Retiree Optional Vision Plan Monthly Premium Rates					
	Retiree	Retiree & Spouse/Partner	Retiree & Children	Retiree & Family	Child(ren) Only⁷
VSP Optional Part-time	\$12.90	\$25.80	\$25.80	\$30.31	\$12.90

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2012 COBRA Medical Plan Monthly Premium Rates				
	Self	Self & Spouse/Partner	Self & Children	Self & Family
PEBB Statewide PPO¹	\$996.88	\$1,335.67	\$1,146.33	\$1,365.57
Providence Choice²	875.66	1,173.34	1,007.01	1,199.63
Kaiser³	989.50	1,325.93	1,137.95	1,355.62
Kaiser Deductible³	909.79	1,219.10	1,046.26	1,246.41
PEBB Statewide Part-Time PPO⁴	798.18	1,069.47	917.87	1,093.43
Providence Choice Part-Time⁵	698.02	935.31	802.72	956.26
Kaiser Part-Time⁶	837.67	1,122.47	963.32	1,147.59
Kaiser Deductible Part-Time⁶	791.15	1,060.14	909.83	1,083.87

¹ Available to PEBB eligible individuals. VSP routine vision services.

² Available to PEBB eligible individuals in plan service area. VSP routine vision services.

³ Available to PEBB eligible individuals in plan service area. Kaiser routine vision services.

⁴ Additional option available to PEBB eligible individuals. No vision benefit.

⁵ Additional option available to PEBB eligible individuals; in plan service area. No vision benefit.

⁶ Additional option available to PEBB eligible individuals; in plan service area. Vision exam only.

Medical Plans Comparison, Including Prescription and Vision Coverage

The tables on the following pages allow you to compare PEBB's health care plans on a side-by-side basis. **NOTE:** Full-time employees may not enroll in the part-time plans.