

State of Oregon  
Public Employees' Benefit Board Summary Plan Description

**Premium Rates [Effective Jan. 1, 2010]**

The state, as the employer, provides a monthly benefit amount for employees. The employer's payroll administration 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 benefit amount. The amount 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.

<b>2010 Employee Dental Plan Monthly Premium Rates</b>				
	<b>Employees</b>	<b>Employee &amp; Spouse/Partner</b>	<b>Employee &amp; Children</b>	<b>Employee &amp; Family</b>
<b>Kaiser Permanente</b>	\$72.35	\$96.95	\$83.21	\$99.12
<b>ODS Preferred</b>	71.33	95.58	82.02	97.72
<b>ODS Traditional</b>	77.21	103.48	88.80	105.79
<b>Willamette Dental Group</b>	75.23	100.81	86.52	103.06
<b>Kaiser Permanente Part-time</b>	53.93	72.26	62.02	73.89
<b>ODS Part-time</b>	55.56	74.45	63.90	76.12

<b>2010 COBRA Dental Plan Monthly Premium Rates</b>					
	<b>Self</b>	<b>Self &amp; Spouse/ Partner</b>	<b>Self &amp; Children</b>	<b>Self &amp; Family</b>	<b>Child(ren) Only<sup>1</sup></b>
<b>Kaiser Permanente</b>	\$73.79	\$98.88	\$84.86	\$101.09	\$38.37
<b>ODS Preferred</b>	72.74	97.48	83.65	99.67	37.83
<b>ODS Traditional</b>	78.75	105.53	90.56	107.89	40.95
<b>Willamette Dental Group</b>	76.72	102.82	88.24	105.11	39.90
<b>Kaiser Permanente Part-time</b>	55.00	73.70	63.25	75.36	28.60
<b>ODS Part-time &amp; Retiree</b>	56.67	75.93	65.17	77.64	29.47

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<b>2010 Retiree Dental Plan Monthly Premium Rates</b>					
	<b>Retiree</b>	<b>Retiree &amp; Spouse/ Partner</b>	<b>Retiree &amp; Children</b>	<b>Retiree &amp; Family</b>	<b>Child(ren) Only<sup>1</sup></b>
<b>Kaiser Permanente</b>	\$72.64	\$97.33	\$83.54	\$99.52	\$37.77
<b>ODS Preferred</b>	71.61	95.96	82.35	98.11	37.24
<b>ODS Traditional</b>	77.52	103.89	89.15	106.21	40.31
<b>Willamette Dental Group</b>	75.53	101.21	86.86	103.47	39.28
<b>Kaiser Permanente Retiree</b>	54.15	72.55	62.27	74.18	28.16
<b>ODS Retiree</b>	55.78	74.75	64.16	76.43	29.01

<sup>1</sup> Child(ren) Only coverage is available only to COBRA & Retiree participants.

<b>2010 Self-pay Dental Plan Monthly Premium Rates</b>				
	<b>Self</b>	<b>Self &amp; Spouse/ Partner</b>	<b>Self &amp; Children</b>	<b>Self &amp; Family</b>
<b>Kaiser Permanente</b>	\$72.35	\$96.95	\$83.21	\$99.12
<b>ODS Preferred</b>	71.33	95.58	82.02	97.72
<b>ODS Traditional</b>	77.21	103.48	88.80	105.79
<b>Willamette Dental Group</b>	75.23	100.81	86.52	103.06

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***Premium Rates [Discontinues Jan. 1, 2010]***

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<b>2009 Employee Dental Plan Monthly Premium Rates</b>				
	<b>Employees</b>	<b>Employee &amp; Spouse/Partner</b>	<b>Employee &amp; Children</b>	<b>Employee &amp; Family</b>
<b>Kaiser Permanente</b>	\$69.88	\$93.64	\$80.36	\$95.73
<b>ODS Preferred</b>	68.45	91.73	78.71	93.78
<b>ODS Traditional</b>	74.10	99.30	85.22	101.53
<b>Willamette Dental Group</b>	74.83	100.27	86.05	102.51
<b>Kaiser Permanente Part-time &amp; Retiree</b>	52.09	69.80	59.90	71.37
<b>ODS Part-time &amp; Retiree</b>	53.32	71.46	61.33	73.06