

State of Oregon
Public Employees' Benefit Board Summary Plan Description

Skilled Nursing Facility Care	You Pay	You Pay
	30%	50%

**VSP Routine Vision Care
Summary of Benefits (only in full-time PPO plans)**

This is a summary only. See the plan's Evidence of Coverage for details.

Routine Vision Services	VSP Provider¹	Non-VSP Providers²
Provided once each calendar year	You Pay	
Eye exam	\$10	Full amount; reimbursement to \$42
\$200 for prescription lenses and frames and contact lenses	Charges in excess of \$200	Full amount; reimbursement to \$200

¹ VSP guarantees services from VSP doctors only. VSP Providers also offer discounts.

² You pay the provider in full and have six months to submit a claim to VSP for partial reimbursement less copays.

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.

2010 Employee Medical Plan Monthly Premium Rates				
	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
PEBB's Statewide Plan¹	\$892.19	\$1,195.39	\$1,025.95	\$1,222.17
Kaiser Permanente²	835.16	1,119.11	960.45	1,144.17
Providence Choice¹	771.69	1,034.03	887.45	1,057.20
PEBB's Statewide Plan: Part-time³	710.42	951.87	816.94	973.21
Kaiser Permanente: Part-time⁴	707.01	947.39	813.05	968.60
Providence Choice: Part-time³	611.04	818.78	702.71	837.12

¹ Routine vision services through VSP.

² Kaiser Permanente routine vision services.