



April 21, 2009

Oregon Public Employees' Benefit Board

Potential Options for Savings
Plan Design Changes

Confidential- Do not distribute

Additional Considerations for PEBB (continued)

Description of Option for Savings	Estimated Savings	Cost Impact to Member	Difficulty to Implement
\$100 In-Network/\$200 Out-of-Network Deductible	(\$8,700,000)	Low	Low
\$250 In-Network/\$500 Out-of-Network Deductible	(\$20,800,000)	Medium	Low
\$500 In-Network/\$1,000 Out-of-Network Deductible	(\$38,300,000)	Medium	Low
\$100/\$200 Deductible, 4 Office Visits not subject to Deductible	(\$8,000,000)	Low	Low
\$250/\$500 Deductible, 4 Office Visits not subject to Deductible	(\$17,900,000)	Medium	Low
\$500/\$1,000 Deductible, 4 Office Visits not subject to Deductible	(\$31,500,000)	Medium	Low
\$1,250 Out-of-Pocket Max	(\$3,200,000)	Low	Low
\$1,500 Out-of-Pocket Max	(\$5,800,000)	Low	Low
20% Emergency Room Coinsurance	(\$200,000)	Low	Low
\$100 Emergency Room Copayment	(\$4,700,000)	Low	Low
Remove non-formulary brand tier exception	(\$2,700,000)	Low	Low
20% PCP, 35% Specialist Office Visit Coinsurance	(\$1,700,000)	Low	Medium
25% Medically Necessary, 50% Elective Surgery Coinsurance	(\$1,000,000)	Low	Medium
\$2,000 Out-of-Pocket Max	(\$9,800,000)	Medium	Low
\$50 Deductible for Rx only	(\$2,300,000)	Low	Low
Retail: \$10 Generic, \$30 Brand, Higher of 50% or \$60 Brand non-Formulary Mail Order: 2.5x Retail	(\$11,700,000)	Medium	Low

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