

OEBB Medical Plan Comparison 2009

	Med Plan 1	Med Plan 1	Med Plan 1A	Med Plan 1A	Med Plan 2	Med Plan 2	Med Plan 3	Med Plan 3	Med Plan 3	Med Plan 4	Med Plan 4	Med Plan 4
Medical Plans	Kaiser (HMO)	Providence (POS)	Kaiser (HMO)	Providence (POS)	Kaiser (HMO)	Providence (POS)	ODS PPO					
Lifetime Benefit Maximum	Unlimited	\$2,000,000	Unlimited	\$2,000,000	Unlimited	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Deductible												
In Network (Individual / Family)	None/None	None/None	None/None	None / None	None/None	None / None	\$100 / \$300	\$100 / \$300	\$100/\$300	\$100/\$300	\$100 / \$300	\$100 / \$300
Out of Network (Individual / Family)	N/A	\$300 / \$900	N/A	\$300 / \$900	N/A	\$300 / \$900	Combined in / out network					
Coinsurance (In network / Out of network)	0%	0% / 50%	0%	0% / 50%	0%	0% / 50%	10% / 30%	10% / 30%	10%/30%	20%/40%	20% / 40%	20% / 40%
Maximum out-of-pocket costs per plan year (Individual/Family)												
In Network	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$600 / \$1,200	\$600 / \$1,200	\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Out of Network	N/A	\$2,000 / \$4,000	N/A	\$3,000 / \$6,000	N/A	\$2,000 / \$4,000	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000
After the maximum out-of-pocket costs have been paid, the plan will pay:	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Preventive Care Services</b>	<b>\$ and % Shown is the Member Cost; \$ Amounts = Copayments</b>											
Routine women's exam / Men's prostate exam (In Network / Out of Network)	\$10 / NA	0% / 50%	\$25 / NA	0% / 50%	\$5 / NA	0% / 50%	0% / 30%	0% / 30%	0% / 30%	0% / 40%	0% / 40%	0% / 40%
Immunizations (In Network / Out of Network)	\$0 / NA	0% / 50%	\$0 / NA	0% / 50%	\$0 / NA	0% / 50%	0% / 30%	0% / 30%	0% / 30%	0% / 40%	0% / 40%	0% / 40%
Office Visit (In Network / Out of Network)	\$10 / NA	0% / 50%	\$25 / NA	\$25 / 50%	\$5 / NA	0% / 50%	N/A	N/A	N/A	N/A	N/A	N/A
Well-baby exam	\$0	0% / 50%	\$0	0% / 50%	\$0	0% / 50%	0% / 30%	0% / 30%	0% / 30%	0% / 40%	0% / 40%	0% / 40%
<b>Provider Services</b>	<b>\$ and % Shown is the Member Cost; \$ Amounts = Copayments</b>											
Office Visits (In Network / Out of Network)	\$10 / NA	\$10 / 50%	\$25 / NA	\$25 / 50%	\$5 / NA	\$5 / 50%	\$10 / 30%	\$10 / 30%	\$10 / 30%	\$15 / 40%	\$15 / 40%	\$15 / 40%
Specialist Visits	\$10	\$10 / 50%	\$25	\$25 / 50%	\$5	\$5 / 50%	\$10 / 30%	\$10 / 30%	\$10 / 30%	\$15 / 40%	\$15 / 40%	\$15 / 40%
Outpatient Surgery (In Network / Out of Network)	\$50 / NA	0% / 50%	\$75 / NA	0% / 50%	\$5 / NA	0% / 50%	10% / 30%	10% / 30%	10% / 30%	20% / 40%	20% / 40%	20% / 40%
Diagnostic X-ray, lab and imaging (In Network/Out of Network)	\$0/NA	0%/50%	\$0/NA	0%/50%	\$0/NA	0%/50%	10%/30%	10%/30%	10%/30%	20%/40%	20%/40%	20%/40%
<b>Maternity</b>	<b>\$ and % shown is the Member Cost; \$ Amounts = Copayments</b>											
Outpatient maternity care (In Network / Out of Network)	\$0 / NA	\$100 / 50%	\$0 / NA	\$200 / 50%	\$0 / NA	\$50 / 50%	10% / 30%	10% / 30%	10% / 30%	20% / 40%	20% / 40%	20% / 40%
Routine newborn nursery care	\$100 per day, up to \$500 admission max	\$100 per day / 50%	\$200 per day, up to \$1,000 admission max	\$200 per day up to \$1,000 per admit / 50%	\$0	0% / 50%	10% / 30%	10% / 30%	10% / 30%	20% / 40%	20% / 40%	20% / 40%
Delivery	\$100 per day, up to \$500 admission max	\$100 / 50%	\$100 per day, up to \$1,000 admission max	\$200 per day up to \$1,000 per admit / 50%	\$0	0% / 50%	10% / 30%	10% / 30%	10% / 30%	20% / 40%	20% / 40%	20% / 40%
<b>Hospital Services</b>	<b>\$ and % shown is the Member Cost; \$ Amounts = Copayments</b>											
Inpatient Care (In Network / Out of Network)	\$100 per day, up to \$500 admission max / NA	\$100 per day / 50%	\$200 per day, up to \$1,000 admission max / N/A	\$200 per day up to \$1,000 per admit / 50%	\$0 / NA	0% / 50%	10% / 30%	10% / 30%	10% / 30%	20% / 40%	20% / 40%	20% / 40%
Ambulance	\$75	\$100	\$100	\$100	\$75	\$100	10%	10%	10%	20%	20%	20%
Emergency Room Copay (Waived if admitted) (In Network / Out of Network)	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit then 10%	\$100 per visit then 10%	\$100 per visit then 10%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%
<b>Urgent Care</b>	<b>\$ and % shown is the Member Cost; \$ Amounts = Copayments</b>											
Urgent Care Visit	\$10	\$25	\$25	\$25	\$5	\$25	\$10	\$10	\$10	\$15	\$15	\$15
<b>Alternative Care Services \$2,500 Combined Max</b>	<b>\$ and % shown is the Member Cost; \$ Amounts = Copayment</b>											
Acupuncture (In Network / Out of Network)	\$10 / NA	\$10 / NA	\$25 / NA	\$25 / NA	\$5 / NA	\$5 / NA	\$10 / 30%	\$10 / 30%	\$10 / 30%	\$15 / 40%	\$15 / 40%	\$15 / 40%
Chiropractic (In Network / Out of Network)	\$10 / NA	\$10 / NA	\$25 / NA	\$25 / NA	\$5 / NA	\$5 / NA	\$10 / 30%	\$10 / 30%	\$10 / 30%	\$15 / 40%	\$15 / 40%	\$15 / 40%
Naturopathic (In Network / Out of Network)	\$10 / NA	\$10 / NA	\$25 / NA	\$25 / NA	\$5 / NA	\$5 / NA	\$10 / 30%	\$10 / 30%	\$10 / 30%	\$15 / 40%	\$15 / 40%	\$15 / 40%
Massage Therapies	\$25 (12 visits/year max)	NA	\$25 (12 visits/year max)	NA	\$25 (12 visits/year max)	NA	N/A	N/A	N/A	N/A	N/A	N/A
Non Office Visit Services (In Network / Out of Network)	NA	NA	N/A	NA	NA	NA	\$10 / 30%	\$10 / 30%	\$10 / 30%	\$15 / 40%	\$15 / 40%	\$15 / 40%
<b>Pharmacy Services</b>	<b>\$ and % shown is the Member Cost; \$ Amounts = Copayment</b>											
	Rx Plan 1	Rx Plan 1 <sup>2</sup>	Rx Plan 1	Rx Plan 1 <sup>2</sup>	Rx Plan 1	Rx Plan 1 <sup>2</sup>	Rx Option A	Rx Option B	Rx Option C	Rx Option A	Rx Option B	Rx Option C
	Kaiser HMO	Providence POS	Kaiser HMO	Providence POS	Kaiser HMO	Providence POS	ODS PPO					
Out of Pocket Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Retail												
Generic	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	50%	\$5	\$5	50%
Preferred	\$15	\$15	\$15	\$15	\$15	\$15	20%	\$25	50%	20%	\$25	50%
Non-preferred	N/A	50%	N/A	50%	N/A	50%	50%	50%, \$50 max	50%	50%	50%, \$50 max	50%
Mail												
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	50%	\$10	\$10	50%
Preferred	\$30	\$30	\$30	\$30	\$30	\$30	20%	\$50	50%	20%	\$50	50%
Non-preferred	N/A	50%	N/A	50%	N/A	50%	50%	50%, \$100 max	50%	50%	50%, \$100 max	50%

<sup>1</sup>Plan 9 individual deductible applies if employee is enrolling in the plan with no other family members. Plan 9 family deductible can be met by one or more family members. This deductible must be met before benefits will be paid. Member pays 20% of prescription drug cost after the deductible has been met.

<sup>2</sup>For Providence pharmacy plans: "Preferred" = "Formulary" and "Non-preferred" = "Non-formulary"

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.

**OEBB Medical Plan Comparison 2009**

Med Plan 5	Med Plan 5	Med Plan 5	Med Plan 6	Med Plan 6	Med Plan 6	Med Plan 7	Med Plan 7	Med Plan 7	Med Plan 8	Med Plan 8	Med Plan 8	Med Plan 9 <sup>1</sup>
ODS PPO	ODS PPO	ODS PPO	ODS PPO	ODS PPO	ODS PPO	ODS MAJOR MED						
\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
\$200 / \$600 Combined in / out network	\$200 / \$600 Combined in / out network	\$200 / \$600 Combined in / out network	\$300 / \$900 Combined in / out network	\$300 / \$900 Combined in / out network	\$300 / \$900 Combined in / out network	\$500 / \$1,500 Combined in / out network	\$500 / \$1,500 Combined in / out network	\$500 / \$1,500 Combined in / out network	\$1,000 / \$3,000 Combined in / out network	\$1,000 / \$3,000 Combined in / out network	\$1,000 / \$3,000 Combined in / out network	\$1,500 / \$3,000 Combined in / out network
20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
\$1,000 \$2,000	\$1,000 \$2,000	\$1,000 \$2,000	\$1,500 \$3,000	\$1,500 \$3,000	\$1,500 \$3,000	\$2,000 \$4,000	\$2,000 \$4,000	\$2,000 \$4,000	\$2,000 \$4,000	\$2,000 \$4,000	\$2,000 \$4,000	\$5,000 / \$10,000 \$5,000 / \$10,000
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%
0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%
N/A	N/A	N/A	N/A	N/A	N/A	N/A						
0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%	0% / 40%
\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
20%/40%	20%/40%	20%/40%	20%/40%	20%/40%	20%/40%	20%/40%	20%/40%	20%/40%	20%/40%	20%/40%	20%/40%	20%/40%
20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	\$100 per visit then 20%	20%						
\$20	\$20	\$20	\$20	\$20	\$20	20%	20%	20%	20%	20%	20%	20%
\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
N/A	N/A	N/A	N/A	N/A	N/A	N/A						
\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	\$20 / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%	20% / 40%
Rx Option A	Rx Option B	Rx Option C	Rx Option A	Rx Option B	Rx Option C	Rx Option A	Rx Option B	Rx Option C	Rx Option A	Rx Option B	Rx Option C	
ODS PPO	ODS PPO	ODS PPO	ODS PPO	ODS PPO	ODS PPO							
\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	
\$5 20% 50%	\$5 \$25 50%, \$50 max	50% 50% 50%	\$5 20% 50%	\$5 \$25 50%, \$50 max	50% 50% 50%	\$5 20% 50%	\$5 \$25 50%, \$50 max	50% 50% 50%	\$5 20% 50%	\$5 \$25 50%, \$50 max	50% 50% 50%	
\$10 20% 50%	\$10 \$50 50%, \$100 max	50% 50% 50%	\$10 20% 50%	\$10 \$50 50%, \$100 max	50% 50% 50%	\$10 20% 50%	\$10 \$50 50%, \$100 max	50% 50% 50%	\$10 20% 50%	\$10 \$50 50%, \$100 max	50% 50% 50%	

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