

Medical and Pharmacy Plans and Rates - 2010

See plan comparison for further description of medical benefits.

<http://www.oregon.gov/DAS/OEBB/docs/Summaryofbenefits/2010SOBCombined.pdf>

Kaiser Permanente					
OEBB Rates					
2010 Contract Year (effective October 1, 2010)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
<u>HMO</u>					
Plan 1 w/Pharmacy	\$438.87	\$965.52	\$833.86	\$1,360.49	\$1,044.73
Plan 1A w/ Pharmacy	\$425.40	\$935.90	\$808.29	\$1,318.77	\$1,012.48

Providence Health Plan					
OEBB Rates					
2010 Contract Year (effective October 1, 2010)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
<u>POS</u>					
*Plan 2 w/Pharmacy	\$631.83	\$1,390.03	\$1,200.47	\$1,958.67	\$1,510.07
*Plan 2A w/Pharmacy	\$615.32	\$1,353.71	\$1,169.11	\$1,907.50	\$1,470.62

*Revised - All Providence Plans 2 and 2a were slightly reduced on May 6, 2010

ODS Health Plans					
OEBB Rates					
2010 Contract Year (effective October 1, 2010)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
<u>PPO</u>					
Plan 3/w Pharmacy Plan A	*\$599.13	\$1,318.09	\$1,138.36	*\$1,857.30	\$1,425.95
Plan 3/w Pharmacy Plan B	*\$597.41	\$1,314.31	\$1,135.09	*\$1,851.99	\$1,421.86
Plan 3/w Pharmacy Plan C	*\$593.59	\$1,305.90	\$1,127.84	*\$1,840.14	\$1,412.75
Plan 4/w Pharmacy Plan A	\$554.66	\$1,220.27	\$1,053.86	*\$1,719.44	\$1,320.10
Plan 4/w Pharmacy Plan B	\$552.94	\$1,216.49	\$1,050.59	*\$1,714.13	\$1,316.01
Plan 4/w Pharmacy Plan C	*\$549.12	\$1,208.08	\$1,043.34	*\$1,702.28	*\$1,306.90
Plan 5/w Pharmacy Plan A	\$504.64	*\$1,110.24	\$958.85	*\$1,564.39	\$1,201.08
Plan 5/w Pharmacy Plan B	\$502.92	*\$1,106.46	*\$955.58	*\$1,559.08	*\$1,196.99
Plan 5/w Pharmacy Plan C	*\$499.10	\$1,098.05	\$948.33	*\$1,547.23	*\$1,187.88
Plan 6/w Pharmacy Plan A	\$453.31	*\$997.29	*\$861.30	\$1,405.26	\$1,078.88
Plan 6/w Pharmacy Plan B	\$451.59	\$993.51	*\$858.03	\$1,399.95	*\$1,074.79
Plan 6/w Pharmacy Plan C	\$447.77	\$985.10	*\$850.78	\$1,388.10	*\$1,065.68
Plan 7/w Pharmacy Plan A	\$414.92	*\$912.84	\$788.36	\$1,286.26	\$987.53
Plan 7/w Pharmacy Plan B	*\$413.20	\$909.06	*\$785.09	\$1,280.95	\$983.44
Plan 7/w Pharmacy Plan C	*\$409.38	*\$900.65	\$777.84	\$1,269.10	*\$974.33
Plan 8/w Pharmacy Plan A	*\$373.41	*\$821.54	\$709.51	*\$1,157.60	\$888.76
Plan 8/w Pharmacy Plan B	*\$371.69	*\$817.76	*\$706.24	*\$1,152.29	*\$884.67
Plan 8/w Pharmacy Plan C	*\$367.87	*\$809.35	\$698.99	\$1,140.44	*\$875.56
Plan 9**	\$283.01	\$622.65	\$537.75	\$877.37	\$673.59

*Revised - ODS Plans were slightly reduced on May 25, 2010

**Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible and then once the deductible is met they are paid at the same level as other covered medical expenses.

Dental and Orthodontia Plans and Rates - 2010

See plan comparison for further description of dental benefits.

<http://www.oregon.gov/DAS/OEBB/docs/Rates/2010/2010DentalSOB.pdf>

Dental Plan Rates					
Oregon Dental Service					
OEBB Rates					
2010 Contract Year (effective October 1, 2010)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
Plan 1	\$59.53	\$117.89	\$119.67	\$182.78	\$136.88
Plan 2	\$52.99	\$104.91	\$106.50	\$162.67	\$121.83
Plan 3	\$51.83	\$102.63	\$104.18	\$159.12	\$119.15
Plan 4	\$48.73	\$96.49	\$97.95	\$149.60	\$112.04
Plan 5	\$44.52	\$88.16	\$89.48	\$136.69	\$102.36
Plan 6	\$37.19	\$73.63	\$74.74	\$114.16	\$85.49

Orthodontia Plan Rates					
Oregon Dental Service					
OEBB Rates					
2010 Contract Year (effective October 1, 2010)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
ODS Ortho Option	\$1.10	\$2.19	\$14.82	\$15.92	\$11.22

Dental Plan Rates					
Kaiser Permanente					
OEBB Rates					
2010 Contract Year (effective October 1, 2010)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
<u>DHMO</u>					
Plan 7	\$65.81	\$144.80	\$125.05	\$204.03	\$156.63
Plan 8	\$65.55	\$144.22	\$124.55	\$203.21	\$156.02

Orthodontia Plan Rates					
Kaiser Permanente					
OEBB Rates					
2010 Contract Year (effective October 1, 2010)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
<u>DHMO</u>					
Kaiser Ortho Plan 1	\$3.15	\$6.94	\$5.99	\$9.76	\$7.50
Kaiser Ortho Plan 2	\$4.44	\$9.78	\$8.44	\$13.78	\$10.58

Dental Plan Rates					
Willamette Dental					
OEBB Rates					
2010 Contract Year (effective October 1, 2010)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
<u>DHMO</u>					
Plan 7 w/Ortho	\$42.90	\$84.95	\$90.30	\$135.78	\$109.08
Plan 8 w/ Ortho	\$42.30	\$83.74	\$89.09	\$133.91	\$107.56

Vision Plans and Rates - 2010

See plan comparison for further description of vision benefits.

<http://www.oregon.gov/DAS/OEBB/docs/Rates/2010/2010VisionSOB.pdf>

ODS Health Plans					
OEBB Rates					
2010 Contract Year (effective October 1, 2010)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
Plan 1	\$9.39	\$20.67	\$17.85	\$29.11	\$21.45
Plan 2	\$12.34	\$27.16	\$23.44	\$38.26	\$28.19
Plan 3	\$13.91	\$30.61	\$26.44	\$43.12	\$31.78
Plan 4	\$16.27	\$35.81	\$30.92	\$50.45	\$37.17
Plan 5	\$8.90	\$19.60	\$16.93	\$27.62	\$20.35

Kaiser Permanente					
OEBB Rates					
2010 Contract Year (effective October 1, 2010)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
Vision Plan 5	\$7.59	\$16.71	\$14.43	\$23.53	\$18.07