

ODS Medical and Pharmacy Plans with Rates

Plan Option	OEBS Med Plan 3 PPO	OEBS Med Plan 4 PPO	OEBS Med Plan 5 PPO	OEBS Med Plan 6 PPO	OEBS Med Plan 7 PPO	OEBS Med Plan 8 PPO	OEBS Med Plan 9 HSA
Preventive Services							
In Network (no deductible)	100%	100%	100%	100%	100%	100%	100%
Out of Network	70%	60%	60%	60%	60%	60%	60%
Deductible (Individual/Family)							
In Network / Out of Network	\$100/\$300	\$100/\$300	\$200/\$600	\$300/\$900	\$500/\$1,500	\$1,000/\$3,000	\$1,500/\$3,000
Annual Coinsurance Maximum (Individual/Family)							
In Network	\$500	\$1,000	\$1,000	\$1,500	\$2,000	\$2,000	\$5,000/\$10,000
Out of Network	\$1,500	\$2,000	\$2,000	\$3,000	\$4,000	\$4,000	\$5,000/\$10,000
Benefit Maximum							
In Network	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Out of Network	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Coinsurance							
In Network	90%	80%	80%	80%	80%	80%	80%
Out of Network	70%	60%	60%	60%	60%	60%	60%
Office Visit Copay							
In Network	\$10	\$15	\$20	\$20	20%	20%	20%
Out of Network	30%	40%	40%	40%	40%	40%	40%
Hospital Copay							
In Network	10%	20%	20%	20%	20%	20%	20%
Out of Network	30%	40%	40%	40%	40%	40%	40%
Emergency Room Copay							
In Network / Out of Network (waived if admitted)	\$100 per visit then 10%	\$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%

OEBS Pharmacy Plans			
	OEBS Option A	OEBS Option B	OEBS Option C
Deductible	None	None	None
Annual Copay/ Coinsurance Maximum	\$1,000	\$1,000	\$1,000
Retail	0	0	0
Generic	\$5	\$5	50%
Preferred	20%	\$25	50%
Non Preferred	50%	50%, \$50 max	50%
Mail	0	0	0
Generic	\$10	\$10	50%
Preferred	20%	\$50	50%
Non Preferred	50%	50%, \$100 max	50%



For rates, see page 2.

ODS Medical and Pharmacy Plans with Rates

Medical							
ODS Health Plans							
OEBB Rates							
2008 Contract Year (effective October 1, 2008)							
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		\$ 418.89	\$ 921.58	\$ 795.90	\$ 1,298.57		\$ 996.97
Plan 3/w Pharmacy Plan B		\$ 418.25	\$ 920.17	\$ 794.68	\$ 1,296.59		\$ 995.45
Plan 3/w Pharmacy Plan C		\$ 409.87	\$ 901.72	\$ 778.76	\$ 1,270.61		\$ 975.50
Plan 4/w Pharmacy Plan A		\$ 402.32	\$ 885.12	\$ 764.41	\$ 1,247.21		\$ 957.53
Plan 4/w Pharmacy Plan B		\$ 401.68	\$ 883.71	\$ 763.19	\$ 1,245.23		\$ 956.01
Plan 4/w Pharmacy Plan C		\$ 393.30	\$ 865.26	\$ 747.27	\$ 1,219.25		\$ 936.06
Plan 5/w Pharmacy Plan A		\$ 382.80	\$ 842.16	\$ 727.32	\$ 1,186.67		\$ 911.06
Plan 5/w Pharmacy Plan B		\$ 382.16	\$ 840.75	\$ 726.10	\$ 1,184.69		\$ 909.54
Plan 5/w Pharmacy Plan C		\$ 373.78	\$ 822.30	\$ 710.18	\$ 1,158.71		\$ 889.59
Plan 6/w Pharmacy Plan A		\$ 366.75	\$ 806.87	\$ 696.84	\$ 1,136.95		\$ 872.87
Plan 6/w Pharmacy Plan B		\$ 366.11	\$ 805.46	\$ 695.62	\$ 1,134.97		\$ 871.35
Plan 6/w Pharmacy Plan C		\$ 357.73	\$ 787.01	\$ 679.70	\$ 1,108.99		\$ 851.40
Plan 7/w Pharmacy Plan A		\$ 339.88	\$ 747.75	\$ 645.78	\$ 1,053.63		\$ 808.92
Plan 7/w Pharmacy Plan B		\$ 339.24	\$ 746.34	\$ 644.56	\$ 1,051.65		\$ 807.40
Plan 7/w Pharmacy Plan C		\$ 330.86	\$ 727.89	\$ 628.64	\$ 1,025.67		\$ 787.45
Plan 8/w Pharmacy Plan A		\$ 307.47	\$ 676.45	\$ 584.20	\$ 953.16		\$ 731.78
Plan 8/w Pharmacy Plan B		\$ 306.83	\$ 675.04	\$ 582.98	\$ 951.18		\$ 730.26
Plan 8/w Pharmacy Plan C		\$ 298.45	\$ 656.59	\$ 567.06	\$ 925.20		\$ 710.31
Plan 9		\$ 232.61	\$ 511.75	\$ 441.97	\$ 721.11		\$ 553.62