

Providence medical plans

Plan Option	OEBB Med Plan 1	OEBB Med Plan 2
	POS	
Preventive Services		
In Network (no deductible)	100%	100%
Out of Network	50%	50%
Deductible (Individual/Family)		
In Network	None	None
Out of Network	\$300/\$900	\$300/\$900
Annual Coinsurance Maximum (Individual/Family)		
In Network	\$1,000	\$600/\$1,200
Out of Network	\$2,000/\$4,000	\$2,000/\$4,000
Benefit Maximum		
In Network	\$2,000,000	\$2,000,000
Out of Network		
Coinsurance		
In Network	100%	100%
Out of Network	50%	50%
Office Visit Copay ⁽³⁾		
In Network	\$10	\$5
Out of Network	50%	50%
Hospital Copay		
In Network	\$100 per day	No charge
Out of Network	50%	50%
Emergency Room Copay		
In Network / Out of Network (waived if admitted)	\$100	\$100

OEBB Rx Plan 1	
In Network Only	
Deductible	None
Annual Copay/Coinsurance	\$1,000
Retail	
Generic	\$5
Preferred	\$15
Non Preferred	N/A
Mail	
Generic	\$10
Preferred	\$30
Non Preferred	N/A



Medical						
Providence Health Plan						
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	
POS						
Plan 1 w/Pharmacy	\$ 400.12	\$ 880.24	\$ 760.21	\$ 1,240.34	\$	956.27
Plan 2 w/Pharmacy	\$ 403.21	\$ 887.06	\$ 766.10	\$ 1,249.96	\$	963.68