



Kaiser Medical and Pharmacy Plans and Rates - 2011

Medical Plan Rates					
Kaiser Permanente					
OEBB Rates					
2011 Contract Year (effective October 1, 2011)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
HMO					
Plan 1 w/Pharmacy	\$479.30	\$1,054.46	\$910.66	\$1,485.83	\$1,140.97
Plan 1A w/Pharmacy	\$444.23	\$977.33	\$844.06	\$1,377.15	\$1,057.29

ODS Medical and Pharmacy Plans and Rates - 2011

Medical Plan Rates					
ODS Health Plans					
OEBB Rates					
2011 Contract Year (effective October 1, 2011)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
Plan 3 w/Pharmacy Plan A	\$653.80	\$1,438.35	\$1,242.24	\$2,026.77	\$1,556.06
Plan 3 w/Pharmacy Plan B	\$652.10	\$1,434.61	\$1,239.01	\$2,021.52	\$1,552.01
Plan 3 w/Pharmacy Plan C	\$648.31	\$1,426.29	\$1,231.83	\$2,009.78	\$1,542.99
Plan 4 w/Pharmacy Plan A	\$531.42	\$1,169.11	\$1,009.69	\$1,647.36	\$1,264.76
Plan 4 w/Pharmacy Plan B	\$529.72	\$1,165.37	\$1,006.46	\$1,642.11	\$1,260.71
Plan 4 w/Pharmacy Plan C	\$525.93	\$1,157.05	\$999.28	\$1,630.37	\$1,251.69
Plan 5 w/Pharmacy Plan A	\$542.66	\$1,193.89	\$1,031.10	\$1,682.27	\$1,291.57
Plan 5 w/Pharmacy Plan B	\$540.96	\$1,190.15	\$1,027.87	\$1,677.02	\$1,287.52
Plan 5 w/Pharmacy Plan C	\$537.17	\$1,181.83	\$1,020.69	\$1,665.28	\$1,278.50
Plan 6 w/Pharmacy Plan A	\$491.36	\$1,080.99	\$933.59	\$1,523.21	\$1,169.43
Plan 6 w/Pharmacy Plan B	\$489.66	\$1,077.25	\$930.36	\$1,517.96	\$1,165.38
Plan 6 w/Pharmacy Plan C	\$485.87	\$1,068.93	\$923.18	\$1,506.22	\$1,156.36
Plan 7 w/Pharmacy Plan A	\$447.95	\$985.50	\$851.10	\$1,388.62	\$1,066.12
Plan 7 w/Pharmacy Plan B	\$446.25	\$981.76	\$847.87	\$1,383.37	\$1,062.07
Plan 7 w/Pharmacy Plan C	\$442.46	\$973.44	\$840.69	\$1,371.63	\$1,053.05
Plan 8 w/Pharmacy Plan A	\$394.02	\$866.86	\$748.65	\$1,221.44	\$937.78
Plan 8 w/Pharmacy Plan B	\$392.32	\$863.12	\$745.42	\$1,216.19	\$933.73
Plan 8 w/Pharmacy Plan C	\$388.53	\$854.80	\$738.24	\$1,204.45	\$924.71
Plan 9*	\$295.67	\$650.50	\$561.81	\$916.62	\$703.72

*Pharmacy is included in Plan 9 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.

Providence Medical and Pharmacy Plans and Rates - 2011

Medical Plan Rates					
Providence Health Plan					
OEBB Rates					
2011 Contract Year (effective October 1, 2011)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit
POS					
Plan 2 w/Pharmacy	\$647.50	\$1,424.50	\$1,230.25	\$2,007.25	\$1,547.51
Plan 2A w/Pharmacy	\$609.93	\$1,341.85	\$1,158.87	\$1,890.78	\$1,457.72