



COBRA ODS Medical and Pharmacy Plans and Rates 2010-11 Plan Year

| Medical Plan Rates | | | | | |
|------------------------------------------------|-------------------|-------------------|-----------------------|------------|------------------------|
| 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 | \$611.11 | \$1,344.45 | \$1,161.13 | \$1,894.45 | \$1,454.47 |
| Plan 3/w Pharmacy Plan B | \$609.36 | \$1,340.60 | \$1,157.79 | \$1,889.03 | \$1,450.30 |
| Plan 3/w Pharmacy Plan C | \$605.46 | \$1,332.02 | \$1,150.40 | \$1,876.94 | \$1,441.01 |
| Plan 4/w Pharmacy Plan A | \$565.75 | \$1,244.68 | \$1,074.94 | \$1,753.83 | \$1,346.50 |
| Plan 4/w Pharmacy Plan B | \$564.00 | \$1,240.82 | \$1,071.60 | \$1,748.41 | \$1,342.33 |
| Plan 4/w Pharmacy Plan C | \$560.10 | \$1,232.24 | \$1,064.21 | \$1,736.33 | \$1,333.04 |
| Plan 5/w Pharmacy Plan A | \$514.73 | \$1,132.44 | \$978.03 | \$1,595.68 | \$1,225.10 |
| Plan 5/w Pharmacy Plan B | \$512.98 | \$1,128.59 | \$974.69 | \$1,590.26 | \$1,220.93 |
| Plan 5/w Pharmacy Plan C | \$509.08 | \$1,120.01 | \$967.30 | \$1,578.17 | \$1,211.64 |
| Plan 6/w Pharmacy Plan A | \$462.38 | \$1,017.24 | \$878.53 | \$1,433.37 | \$1,100.46 |
| Plan 6/w Pharmacy Plan B | \$460.62 | \$1,013.38 | \$875.19 | \$1,427.95 | \$1,096.29 |
| Plan 6/w Pharmacy Plan C | \$456.73 | \$1,004.80 | \$867.80 | \$1,415.86 | \$1,086.99 |
| Plan 7/w Pharmacy Plan A | \$423.22 | \$931.10 | \$804.13 | \$1,311.99 | \$1,007.28 |
| Plan 7/w Pharmacy Plan B | \$421.46 | \$927.24 | \$800.79 | \$1,306.57 | \$1,003.11 |
| Plan 7/w Pharmacy Plan C | \$417.57 | \$918.66 | \$793.40 | \$1,294.48 | \$993.82 |
| Plan 8/w Pharmacy Plan A | \$380.88 | \$837.97 | \$723.70 | \$1,180.75 | \$906.54 |
| Plan 8/w Pharmacy Plan B | \$379.12 | \$834.12 | \$720.36 | \$1,175.34 | \$902.36 |
| Plan 8/w Pharmacy Plan C | \$375.23 | \$825.54 | \$712.97 | \$1,163.25 | \$893.07 |
| Plan 9* | \$288.67 | \$635.10 | \$548.51 | \$894.92 | \$687.06 |

*Updated 5/25/10 - New COBRA rates eff 10/1/10

*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.



COBRA ODS Dental and Orthodontia Plans and Rates 2010-11 Plan Year

| 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 | \$60.72 | \$120.25 | \$122.06 | \$186.44 | \$139.62 |
| Plan 2 | \$54.05 | \$107.01 | \$108.63 | \$165.92 | \$124.27 |
| Plan 3 | \$52.87 | \$104.68 | \$106.26 | \$162.30 | \$121.53 |
| Plan 4 | \$49.70 | \$98.42 | \$99.91 | \$152.59 | \$114.28 |
| Plan 5 | \$45.41 | \$89.92 | \$91.27 | \$139.42 | \$104.41 |
| Plan 6 | \$37.93 | \$75.10 | \$76.23 | \$116.44 | \$87.20 |

*Updated 5/25/10 - New COBRA rates eff 10/1/10

| 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 | \$1.12 | \$2.23 | \$15.12 | \$16.24 | \$11.44 |

*Updated 5/25/10 - New COBRA rates eff 10/1/10



COBRA ODS Vision Plans and Rates 2010-11 Plan Year

| Vision Plan Rates | | | | | |
|------------------------------------------------|-------------------|-------------------|-----------------------|---------|------------------------|
| 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 | \$9.58 | \$21.08 | \$18.21 | \$29.69 | \$21.88 |
| Plan 2 | \$12.59 | \$27.70 | \$23.91 | \$39.03 | \$28.75 |
| Plan 3 | \$14.19 | \$31.22 | \$26.97 | \$43.98 | \$32.42 |
| Plan 4 | \$16.60 | \$36.53 | \$31.54 | \$51.46 | \$37.91 |
| Plan 5 | \$9.08 | \$19.99 | \$17.27 | \$28.17 | \$20.76 |

*Updated 5/25/10 - New COBRA rates eff 10/1/10



COBRA Providence Medical and Pharmacy Plans and Rates 2010-11 Plan Year

| Medical Plan Rates | | | | | |
|------------------------------------------------|-------------------|-------------------|-----------------------|------------|------------------------|
| 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 | \$644.47 | \$1,417.83 | \$1,224.48 | \$1,997.84 | \$1,540.27 |
| Plan 2A w/Pharmacy | \$627.63 | \$1,380.78 | \$1,192.49 | \$1,945.65 | \$1,500.03 |

*Updated 5/25/10 - New COBRA rates eff 10/1/10



COBRA Kaiser Medical and Pharmacy Plans and Rates 2010-11 Plan Year

| Medical 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>HMO</u> | | | | | |
| Plan 1 w/Pharmacy | \$447.65 | \$984.83 | \$850.54 | \$1,387.70 | \$1,065.62 |
| Plan 1A w/ Pharmacy | \$433.91 | \$954.62 | \$824.46 | \$1,345.15 | \$1,032.73 |

*Updated 5/25/10 - New COBRA rates eff 10/1/10



COBRA Kaiser Dental and Orthodontia Plans and Rates 2010-11 Plan Year

| 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 | \$67.13 | \$147.70 | \$127.55 | \$208.11 | \$159.76 |
| Plan 8 | \$66.86 | \$147.10 | \$127.04 | \$207.27 | \$159.14 |

*Updated 5/25/10 - New COBRA rates eff 10/1/10

| 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 | \$3.21 | \$7.08 | \$6.11 | \$9.96 | \$7.65 |
| Kaiser Ortho Plan 2 | \$4.53 | \$9.98 | \$8.61 | \$14.06 | \$10.79 |

*Updated 5/25/10 - New COBRA rates eff 10/1/10



COBRA Kaiser Vision Plan and Rates 2010-11 Plan Year

| Vision 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 |
| Vision Plan 5 | \$7.74 | \$17.04 | \$14.72 | \$24.00 | \$18.43 |

*Updated 5/25/10 - New COBRA rates eff 10/1/10



COBRA Willamette Dental Plans and Rates 2010-11 Plan Year

| 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 | \$43.76 | \$86.65 | \$92.11 | \$138.50 | \$111.26 |
| Plan 8 w/ Ortho | \$43.15 | \$85.41 | \$90.87 | \$136.59 | \$109.71 |

*Updated 5/25/10 - New COBRA rates eff 10/1/10