

COBRA ODS Medical and Pharmacy Plans and Rates 2011-12 Plan Year



| 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 |
| <u>PPO</u> | | | | | |
| Plan 3/w Pharmacy Plan A | \$666.87 | \$1,467.12 | \$1,267.09 | \$2,067.31 | \$1,587.18 |
| Plan 3/w Pharmacy Plan B | \$665.14 | \$1,463.31 | \$1,263.79 | \$2,061.95 | \$1,583.05 |
| Plan 3/w Pharmacy Plan C | \$661.27 | \$1,454.82 | \$1,256.47 | \$2,049.98 | \$1,573.85 |
| Plan 4/w Pharmacy Plan A | \$542.05 | \$1,192.49 | \$1,029.89 | \$1,680.31 | \$1,290.05 |
| Plan 4/w Pharmacy Plan B | \$540.32 | \$1,188.68 | \$1,026.59 | \$1,674.95 | \$1,285.92 |
| Plan 4/w Pharmacy Plan C | \$536.45 | \$1,180.19 | \$1,019.27 | \$1,662.98 | \$1,276.72 |
| Plan 5/w Pharmacy Plan A | \$553.51 | \$1,217.77 | \$1,051.72 | \$1,715.92 | \$1,317.40 |
| Plan 5/w Pharmacy Plan B | \$551.78 | \$1,213.96 | \$1,048.42 | \$1,710.56 | \$1,313.27 |
| Plan 5/w Pharmacy Plan C | \$547.91 | \$1,205.47 | \$1,041.10 | \$1,698.59 | \$1,304.07 |
| Plan 6/w Pharmacy Plan A | \$501.19 | \$1,102.61 | \$952.26 | \$1,553.68 | \$1,192.81 |
| Plan 6/w Pharmacy Plan B | \$499.46 | \$1,098.80 | \$948.96 | \$1,548.32 | \$1,188.68 |
| Plan 6/w Pharmacy Plan C | \$495.59 | \$1,090.31 | \$941.64 | \$1,536.35 | \$1,179.48 |
| Plan 7/w Pharmacy Plan A | \$456.91 | \$1,005.21 | \$868.12 | \$1,416.40 | \$1,087.44 |
| Plan 7/w Pharmacy Plan B | \$455.18 | \$1,001.40 | \$864.82 | \$1,411.04 | \$1,083.31 |
| Plan 7/w Pharmacy Plan C | \$451.31 | \$992.91 | \$857.50 | \$1,399.07 | \$1,074.11 |
| Plan 8/w Pharmacy Plan A | \$401.90 | \$884.20 | \$763.62 | \$1,245.87 | \$956.53 |
| Plan 8/w Pharmacy Plan B | \$400.17 | \$880.39 | \$760.32 | \$1,240.51 | \$952.40 |
| Plan 8/w Pharmacy Plan C | \$396.30 | \$871.90 | \$753.00 | \$1,228.54 | \$943.20 |
| Plan 9* | \$301.58 | \$663.51 | \$573.05 | \$934.95 | \$717.79 |

*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 2011-12 Plan Year

| Dental Plan Rates | | | | | |
|--|-------------------|-------------------|-----------------------|----------|------------------------|
| Oregon Dental Service | | | | | |
| 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 1 | \$60.55 | \$119.91 | \$121.73 | \$185.92 | \$139.23 |
| Plan 2 | \$53.91 | \$106.70 | \$108.33 | \$165.46 | \$123.91 |
| Plan 3 | \$52.72 | \$104.39 | \$105.97 | \$161.85 | \$121.20 |
| Plan 4 | \$49.56 | \$98.14 | \$99.63 | \$152.16 | \$113.96 |
| Plan 6 | \$40.66 | \$80.49 | \$81.70 | \$124.79 | \$93.45 |

| Orthodontia Plan Rates | | | | | |
|--|-------------------|-------------------|-----------------------|---------|------------------------|
| Oregon Dental Service | | | | | |
| 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 |
| ODS Ortho Option | \$1.12 | \$2.23 | \$15.10 | \$16.22 | \$11.42 |



COBRA ODS Vision Plans and Rates 2011-12 Plan Year

| Vision 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 1 | \$10.04 | \$22.10 | \$19.08 | \$31.13 | \$22.94 |
| Plan 2 | \$13.19 | \$29.04 | \$25.07 | \$40.91 | \$30.14 |
| Plan 3 | \$14.87 | \$32.73 | \$28.26 | \$46.10 | \$33.99 |
| Plan 4 | \$17.40 | \$38.29 | \$33.06 | \$53.96 | \$39.75 |



COBRA Providence Medical and Pharmacy Plans and Rates 2011-12 Plan Year

| 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 |
| <u>POS</u> | | | | | |
| Plan 2 w/Pharmacy | \$660.45 | \$1,452.99 | \$1,254.85 | \$2,047.39 | \$1,578.46 |
| Plan 2A w/Pharmacy | \$622.13 | \$1,368.69 | \$1,182.04 | \$1,928.59 | \$1,486.87 |



COBRA Kaiser Medical and Pharmacy Plans and Rates 2011-12 Plan Year

| 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 |
| <u>HMO</u> | | | | | |
| Plan 1 w/Pharmacy | \$488.88 | \$1,075.55 | \$928.88 | \$1,515.54 | \$1,163.79 |
| Plan 1A w/ Pharmacy | \$453.11 | \$996.88 | \$860.95 | \$1,404.69 | \$1,078.44 |



COBRA Kaiser Dental and Orthodontia Plans and Rates 2011-12 Plan Year

| Dental 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 |
| <u>DHMO</u> Plan 8 | \$66.79 | \$146.95 | \$126.92 | \$207.07 | \$158.98 |

| Orthodontia 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 |
| <u>DHMO</u> Kaiser Ortho Plan 2 | \$4.53 | \$9.97 | \$8.60 | \$14.05 | \$10.78 |



COBRA Kaiser Vision Plan and Rates 2011-12 Plan Year

| Vision 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 |
| Vision Plan 5 | \$7.73 | \$17.02 | \$14.70 | \$23.98 | \$18.41 |



COBRA Willamette Dental Plans and Rates 2011-12 Plan Year

| Dental Plan Rates | | | | | |
|--|-------------------|-------------------|-----------------------|----------|------------------------|
| Willamette Dental | | | | | |
| 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 |
| <u>DHMO</u> Plan 8 w/ Ortho | \$41.30 | \$81.78 | \$87.03 | \$130.79 | \$105.08 |