

## Courtney Wilton - Medical Health Insurance Benefit Changes

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**From:** BJ Rinearson  
**To:** Rinearson, BJ  
**Date:** 5/23/2008 4:51:33 PM  
**Subject:** Medical Health Insurance Benefit Changes

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### Important Information about Health Benefits

Changes coming to the health insurance industry will directly impact all of us, and campus feedback is needed. A decision has to be made within the next several weeks whether the campus joins in a statewide benefit pool or continues to independently contract with providers.

The college currently provides medical, dental and vision coverage to full time faculty, classified and exempt staff, with a health trust fund available for part time faculty members. Kaiser coverage is purchased through the Oregon Educators Association (OEA) Trust, and we contract with HealthNet, a private insurer. Employee participation is split roughly 50/50 between the two providers. Much like car or homeowner's insurance, the cost of our coverage is based upon how much we use it.

This past year, the Oregon Legislature passed a law establishing the Oregon Educators Benefits Board, or OEBB. The law mandates that all Oregon K-12 districts join OEBB and purchase their insurance collectively. *Community colleges are eligible, though not mandated, to join.* The purpose of OEBB is to generate economies of scale and buying power to secure the lowest possible prices.

At Clackamas, we have enjoyed the independence and control of designing our own benefit plans, premiums and costs. We also, however, have relatively high usage and our plans are increasingly costly. The news is we may be able to purchase insurance less expensively though the new OEBB pool.

The college's insurance committee has been meeting monthly throughout this year to weigh options and discuss alternatives. **The college is now faced with making a decision on whether or not to join with OEBB, or to continue with our independent benefit purchasing.**

**This is a decision the campus will need to make.** The majority of savings from any change will benefit employees more than the college, since most staff already pay out-of-pocket for medical coverage.

We have listed below some of the pros and cons of a move to OEBB, along with rate charts and weblinks for more information. Representatives of the Insurance Committee will be holding meetings with Association members and others during the next several weeks to answer questions. **Your input is critically important as a decision needs to be made by June 23.**

## PROS AND CONS OF JOINING WITH OEGB

### Pros:

- It will save employees money on benefit costs (1% to 32% lower than next year's quoted premiums depending upon plan)
- ODS, Providence and Kaiser are the providers
- No change in dental providers
- Additional rate structure options

### Cons:

- HealthNet insurance would no longer be an option
- Some doctors who currently treat employees with HealthNet coverage may not be in the OEGB network
- There could well be problems with the transition of large numbers of people (all K-12 employees) changing medical plans
- It's a permanent move for the college - there is no opting out of the pool once joined
- CCC has limited input on OEGB decisions

More information comparing CCC's current plans with the closest matches under OEGB accompanies this message. Also, the OEGB website (<http://www.oregon.gov/DAS/OEGB/index.shtml>) is a great source of information about the different plans provided, provider listings, carriers, and more.

The Insurance Committee has done a wonderful job looking at options for the campus. The committee now needs your feedback by June 6 to pass along recommendations to the college. Please contact any of the following members to give your opinion: Joan Ryan, Nicole Reilly, Debbie Mullins, Beth Hodgkinson, Kim Carey, BJ Rinearson and Courtney Wilton.

Clackamas Community College  
OEBS Plans Versus Current Plans  
Medical Plans

HealthNet Most Comparable Plans

| Plan Name                     | HealthNet HMO                                    |                         | OEBS HMO Plans/Providence |                         | HealthNet PPO Plan  |   | OEBS PPO Med Plan 5   |   |
|-------------------------------|--|-------------------------|---------------------------|-------------------------|---|---|---|---|
|                               | HMO Plan 1599                                    | HMO Plan 1599           | HMO Med Plan 1            | HMO Med Plan 1          | PPO Plan  | PPO Med Plan 5  | PPO Med Plan 5  | PPO Med Plan 5  |
| Annual Deductible             | None   | None                    | None                      | None                    | \$250 individual in or out of network/\$750 family in or out of network         | \$200 individual in or out of network/\$600 family in or out of network   | \$200 individual in or out of network/\$600 family in or out of network   | \$200 individual in or out of network/\$600 family in or out of network   |
| Out of Pocket Limit           | \$1,500 in network (must use HMO providers only) | \$1,000                 | \$1,000                   | \$1,000                 | \$2500 in network/\$5,000 out of network  | \$1,000 in network/\$2,000 out of network                                 | \$1,000 in network/\$2,000 out of network                                 | \$1,000 in network/\$2,000 out of network                                 |
| Coinsurance                   | 100% after copay for most services               | 100%                    | 100%                      | 100%                    | 80% in network/60% out of network   | 80% in network/60% out of network   | 80% in network/60% out of network   | 80% in network/60% out of network   |
| Preventive Services           | \$15 copay                                       | 100%                    | 100%                      | 100%                    | \$15 copay in network (no deductible) / 60% out of network (deductible applies) | 100% in network (no deductible) / 60% out of network (deductible applies) | 100% in network (no deductible) / 60% out of network (deductible applies) | 100% in network (no deductible) / 60% out of network (deductible applies) |
| Lifetime Benefit Maximum      | Unlimited  | Unlimited               | Unlimited                 | Unlimited               | In network-Unlimited/Out of Network-\$1,000,000                                 | \$2,000,000 in or out of network  | \$2,000,000 in or out of network  | \$2,000,000 in or out of network  |
| Hospital copay                | \$100 per day to \$500 max per stay              | \$100 per day           | \$100 per day             | \$100 per day           | 80% after deductible in network/ 60% after deductible out of network            | 80% after deductible in network/ 60% after deductible out of network      | 80% after deductible in network/ 60% after deductible out of network      | 80% after deductible in network/ 60% after deductible out of network      |
| Office Visit copay            | \$15 copay                                       | \$10                    | \$10                      | \$10                    | \$15 copay in network (no deductible) / 60% out of network (deductible applies) | \$20 copay in network/ 60% after deductible out of network                | \$20 copay in network/ 60% after deductible out of network                | \$20 copay in network/ 60% after deductible out of network                |
| Pharmacy                      |  | HMO RX                  | HMO RX                    | HMO RX                  |   | Rx-Option A   | Rx-Option A   | Rx-Option A   |
| Annual copay/Coinsurance Max  | None listed                                      | None listed             | \$1,000                   | \$1,000                 | None listed   | \$1,000   | \$1,000   | \$1,000   |
| Retail                        |  |                         |                           |                         |   |   |   |   |
| Generic                       | \$15   | \$5                     | \$5                       | \$5                     | \$15  | \$5   | \$5   | \$5   |
| Preferred Brand               | \$30   | \$15                    | \$15                      | \$15                    | \$30  | 20%   | 20%   | 20%   |
| Non Preferred Brand           | \$50   | Not Covered             | Not Covered               | Not Covered             | \$50  | 50%   | 50%   | 50%   |
| Mail (90 day supply)          |  |                         |                           |                         |   |   |   |   |
| Generic                       | \$30   | \$10                    | \$10                      | \$10                    | \$30  | \$10  | \$10  | \$10  |
| Preferred Brand               | \$60   | \$30                    | \$30                      | \$30                    | \$60  | 20%   | 20%   | 20%   |
| Non Preferred Brand           | \$100  | Not Covered             | Not Covered               | Not Covered             | \$100   | 50%   | 50%   | 50%   |
| Emergency Room                | \$100 copay                                      | \$100                   | \$100                     | \$100                   | \$100 per visit than 80%  | \$100 per visit than 80%  | \$100 per visit than 80%  | \$100 per visit than 80%  |
|                               |  | % Increase Over Current | % Increase Over Current   | % Increase Over Current | % Increase Over Current   | % Increase Over Current   | % Increase Over Current   | % Increase Over Current   |
| CURRENT RATES                 |  |                         |                           |                         |   |   |   |   |
| EE                            | \$517.70   | \$408.08                | \$408.08                  | \$408.08                | \$490.32  | \$390.76  | \$390.76  | \$390.76  |
| EE+1                          | \$1,037.58                                       | \$897.75                | \$897.75                  | \$897.75                | \$980.89  | \$859.67  | \$859.67  | \$859.67  |
| Family                        | \$1,282.05                                       | \$1,265.00              | \$1,265.00                | \$1,265.00              | \$1,225.55  | \$1,211.33  | \$1,211.33  | \$1,211.33  |
| EE+Child(ren)                 | n/a  | \$775.33                | \$775.33                  | \$775.33                | n/a   | \$742.44  | \$742.44  | \$742.44  |
|                               |  | % Change Over Current   | % Change Over Current     | % Change Over Current   | % Change Over Current   | % Change Over Current   | % Change Over Current   | % Change Over Current   |
| RENEWAL RATES                 |  |                         |                           |                         |   |   |   |   |
| EE                            | \$605.69   | \$408.08                | \$408.08                  | \$408.08                | \$573.71  | \$390.76  | \$390.76  | \$390.76  |
| EE+1 (or EE+ Spouse for OEBS) | \$1,213.78                                       | \$897.75                | \$897.75                  | \$897.75                | \$1,147.64  | \$859.67  | \$859.67  | \$859.67  |
| Family                        | \$1,495.60                                       | \$1,265.00              | \$1,265.00                | \$1,265.00              | \$1,433.77  | \$1,211.33  | \$1,211.33  | \$1,211.33  |
| EE+Child(ren)                 | n/a  | \$775.33                | \$775.33                  | \$775.33                | n/a   | \$742.44  | \$742.44  | \$742.44  |
|                               |  | % Change Over Current   | % Change Over Current     | % Change Over Current   | % Change Over Current   | % Change Over Current   | % Change Over Current   | % Change Over Current   |
|                               |  | 17.0%                   | 17.0%                     | 17.0%                   | 17.0%   | 17.0%   | 17.0%   | 17.0%   |
|                               |  | 17.0%                   | 17.0%                     | 17.0%                   | 17.0%   | 17.0%   | 17.0%   | 17.0%   |
|                               |  | n/a                     | n/a                       | n/a                     | n/a   | n/a   | n/a   | n/a   |
|                               |  | n/a                     | n/a                       | n/a                     | n/a   | n/a   | n/a   | n/a   |

Please Note: This is a brief summary of benefits; please refer to the insurance companies' proposals and plan documents for further details.

Clackamas Community College  
OEBB Plans Versus Current Plans  
Dental Plans

|                                  | OEBB<br>DHMO Dental Plan 8           | Current<br>Willamette Plan (OEA)     | OEBB<br>Dental Plan 3       | Current<br>ODS Dental Plan B |
|----------------------------------|--------------------------------------|--------------------------------------|-----------------------------|------------------------------|
| Plan Name                        | Willamette Dental                    | Willamette Dental                    | ODS                         | ODS Dental Plan B            |
| Annual Deductible                | None                                 | None                                 | None                        | None                         |
| Annual Maximum                   | None                                 | None                                 | \$ 1,500                    | \$ 1,500                     |
| Preventive Care (no deductible)  | 100% (\$10 per visit)                | 100% (\$10 per visit)                | 70%+10% year (up to 100%)   | 70%+10% year (up to 100%)    |
| Restorative Services             | 100% (\$10 per visit)                | 100% (\$10 per visit)                | 70%+10% year (up to 100%)   | 70%+10% year (up to 100%)    |
| Major Services                   | 100% (\$10 per visit)                | 100% (\$10 per visit)                | 70%+10% year (up to 100%)   | 70%+10% year (up to 100%)    |
| Prosthodontics                   | 100% (\$10 per visit)                | 100% (\$10 per visit)                | 50%                         | 50%                          |
| Orthodontic Services             | \$1,500 copay + \$10 copay per visit | \$1,500 copay + \$10 copay per visit | 80% to \$1,500 lifetime max | 80% to \$1,000 max           |
| <b>CURRENT RATES</b>             |                                      |                                      |                             |                              |
| EE                               |                                      | \$39.91                              |                             | \$45.26                      |
| EE+1                             |                                      | \$76.17                              |                             | \$86.33                      |
| Family                           |                                      | \$122.68                             |                             | \$150.53                     |
| <b>RENEWAL RATES (estimated)</b> |                                      |                                      |                             |                              |
| EE                               | \$42.99                              | \$43.90                              | \$46.73                     | \$49.79                      |
| EE+1 (or EE+ Spouse for OE       | \$85.13                              | \$83.79                              | \$92.55                     | \$94.96                      |
| Family                           | \$136.12                             | \$134.95                             | \$154.56                    | \$165.58                     |
| EE+Child(ren)                    | \$90.58                              | n/a                                  | \$105.08                    |                              |
|                                  | % Increase                           | % Increase                           | % Increase                  | % Increase                   |
|                                  | -2.1%                                | 10.00%                               | 3.2%                        | 10.0%                        |
|                                  | 1.6%                                 | 10.00%                               | 7.2%                        | 10.0%                        |
|                                  | 0.9%                                 | 10.00%                               | 2.7%                        | 10.0%                        |
|                                  | n/a                                  | n/a                                  | n/a                         |                              |

Please Note: This is a brief summary of benefits; please refer to the insurance companies' proposals and plan documents for further details.

**From:** BJ Rinearson  
**To:** Rinearson, BJ  
**Date:** 5/29/2008 4:12:27 PM  
**Subject:** **More Important Information about Health Insurance**

#### More Important Health Insurance Information

As you know, the CCC community is in the process of making a very important, far-reaching decision regarding health insurance coverage. A message was sent to all staff Friday, May 23, outlining some of the factors involved in joining the Oregon Education Benefits Board (OEBB) coverage pool or continuing to contract our own health plans. Your input is critical, and we urge you to attend one of the informational forums noted below or contact the individuals noted at the end of this message. The deadline for staff input and feedback is now Thursday, June 12.

Please note the following updates, FAQs and additional information.

#### **Kaiser Rate Correction** More Important Health Insurance Information

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Please note the following updates, FAQs and additional information.

#### Kaiser Rate Correction

The previously published OEBB Kaiser rates are incorrect. The "family" and "employee-plus-children" category rates were inadvertently switched on the OEBB website. Other tiered rates were also recently updated / changed by OEBB. The corrected rates are attached.

#### Forums Scheduled

Open forums are scheduled next week, and you are highly encouraged to attend. Reminders will be published in FYI Today. Forum dates and locations are:

- § Wed., June 4, 2 - 4:, Gregory Forum
- § Thurs., June 5, 12:20 -2 pm, McLoughlin Theatre
- § Fri., June 6, 10 a.m. to noon, Gregory Forum

#### Medical Benefit Contributions

The chart below lists the maximum amount the college provides employees for health benefits, based on collective bargaining agreements. Remember that life and disability insurance costs are also deducted from this total.

#### 08-09 Medical Coverage Caps- (Monthly)

|                  | Employee | Employee + 1 | Employee + family |
|------------------|----------|--------------|-------------------|
| Classified       | \$540.00 | \$605.00     | \$790.00          |
| Faculty & Exempt | \$540.00 | \$570.00     | \$720.00          |

## FAQS

Many of you have already submitted some great questions, so a list of frequently asked questions (FAQs) is presented here. Don't hesitate to keep those questions coming.

Q. Will I be able to see my same doctor with any of the new plans?

A: Probably, though not absolutely. The OEGB medical carriers are ODS, Providence and Kaiser. Go to this web site to see if your doctor is included in one of these plans:  
[www.oregon.gov/DAS/OEGB/index.shtml](http://www.oregon.gov/DAS/OEGB/index.shtml)

Q: If I have pre-existing conditions, will those be covered under the new plans?

A: People transferring from current plans or new employees will have no pre-existing clause. The only time it could become an issue is if someone doesn't enroll when first eligible, doesn't have other coverage, and then wants to come on later. If a member is currently being treated for a specific condition, they should closely review the OEGB choices, talk to their providers, and pay close attention to any plan limitations.

Q: Concerning "alternative care," massage therapy is not specifically listed. Will massage therapy by a licensed (LMT) practitioner be covered under any of the plans?

A: Alternative care, such as chiropractic and acupuncture, is provided at varying levels under all OEGB plans. Massage therapy, specifically, is only offered by selecting one of the OEGB Kaiser plans.

Q: Please explain how the "Family Co-insurance Maximum" per calendar year works.

A: Only one of the OEGB medical plans has a "family" out-of-pocket maximum - MedicalPlan 2 (available through Kaiser in the Kaiser service area and Providence statewide.) On Plans 1 and 3-9, the out-of-pocket maximum would apply to each individual covered under the plan separately.

Q: Once enrolled in OEGB, can groups change their OEGB plan selections every year?

A: Yes. There will be an opportunity for districts/employee groups to select from the plans available on an annual basis. However, there is a limit to the number of plans that can be efficiently administered by the college. Choices will likely be limited to three to four plans.

Q: Is there a full three-year "rate hold" in the recently announced OEGB rates or are there provisions for annual rate adjustments built into the initial OEGB rates? If there are pre-agreed annual OEGB rate escalators what are they, and how will they be administered?

A: OEGB is entering into three-year contracts subject to annual rate renewal negotiations. The Board did require the carriers to agree to limit increases in administrative costs to not more than the CPI for years two and three.

Q: If an employer opts into OEGB, is that employer then prohibited under OEGB rules to purchase outside plans?

A: Once an employer moves to the OEGB plans, it will not be able to offer other medical, dental or vision plans outside of the OEGB benefits program. They could offer optional coverage plans (life, disability,

AD&D and flexible benefit accounts, etc.) unless they too are offered through the OEGB. OEGB will not be offering optional benefits beginning Oct. 1, 2008, but has not made a decision whether optional benefits will be offered beginning Oct. 1, 2009.

Q: With OEGB Providence or ODS plans, do I need to select a preferred provider?

A: No. Participants have direct access to all doctors in their network.

More questions? Please attend the forums listed above or contact any of the Insurance Committee members to seek out information or give feedback. Committee members include: Beth Hodgkinson, Debbie Mullins, Nicole Reilly, Joan Ryan, Kim Carey, Sara Simmons, BJ Rinearson and Courtney Wilton.

The previously published OEGB Kaiser rates are incorrect. The "family" and "employee-plus-children" category rates were inadvertently switched on the OEGB website. Other tiered rates were also recently updated / changed by OEGB. The corrected rates are attached.

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The chart below lists the maximum amount the college provides employees for health benefits, based on collective bargaining agreements. Remember that life and disability insurance costs are also deducted from this total.

#### 08-09 Medical Coverage Caps- (Monthly)

|                  | Employee | Employee + 1 | Employee + family |
|------------------|----------|--------------|-------------------|
| Classified       | \$540.00 | \$605.00     | \$790.00          |
| Faculty & Exempt | \$540.00 | \$570.00     | \$720.00          |

Clackamas Community College  
 OEBB Plans Versus Current Plans  
 Medical Plans

*Kaiser Most Comparable Option*

| Plan Name                    | Kaiser Permanente        |  | OEBB                     |
|------------------------------|--------------------------|--|--------------------------|
|                              | OEA                      |  | HMO Plan / Kaiser        |
|                              | HMO Plan -\$5 copay      |  | HMO Plan 2-Kaiser        |
| Annual Deductible            | None                     |  | None                     |
| Out of Pocket Limit          | \$600 ind/\$1,200 family |  | \$600 ind/\$1,200 family |
| Coinsurance                  | 100%                     |  | 100%                     |
| Preventive Services          | 100%                     |  | 100%                     |
| Lifetime Benefit Maximum     | unlimited                |  | unlimited                |
| Hospital copay               | no charge                |  | no charge                |
| Office Visit copay           | \$5                      |  | \$5                      |
| Pharmacy                     |                          |  | HMO RX                   |
| Annual copay/Coinsurance Max | N/A                      |  | \$1,000                  |
| <i>Retail</i>                |                          |  |                          |
| Generic                      | \$5                      |  | \$5                      |
| Preferred Brand              | \$5                      |  | \$15                     |
| Non Preferred Brand          | Not Covered              |  | Not Covered              |
| <i>Mail (90 day supply)</i>  |                          |  |                          |
| Generic                      | \$10                     |  | \$10                     |
| Preferred Brand              | \$10                     |  | \$30                     |
| Non Preferred Brand          | Not Covered              |  | Not Covered              |
| Emergency Room               | \$50                     |  | \$100                    |

|                               |            | % Increase<br>Over Current |            | % Change<br>Over Current |
|-------------------------------|------------|----------------------------|------------|--------------------------|
| <b>CURRENT RATES</b>          |            |                            |            |                          |
| EE                            | \$415.93   |                            | \$377.55   | -9.2%                    |
| EE+1                          | \$831.86   |                            | \$830.63   | -0.1%                    |
| Family                        | \$1,123.01 |                            | \$1,170.43 | 4.2%                     |
| EE+Child(ren)                 | n/a        |                            | \$717.37   | n/a                      |
| <b>RENEWAL RATES</b>          |            |                            |            |                          |
| EE                            | \$460.20   | 10.6%                      | \$377.55   | -18.0%                   |
| EE+1 (or EE+ Spouse for OEBB) | \$920.39   | 11.4%                      | \$830.63   | -9.8%                    |
| Family                        | \$1,242.53 | 10.6%                      | \$1,170.43 | -5.8%                    |
| EE+Child(ren)                 | n/a        |                            | \$717.37   | n/a                      |

Note: Family and EE+Child(ren) rates for OEBB plan have been corrected based on updated information received from OEBB on 5/27/08

Please Note: This is a brief summary of benefits; please refer to the insurance companies' proposals and plan documents for further details.



Kaiser Vision Plan with Rates



| Plan Option      | OEGBB Vision Plan 5                   |
|------------------|---------------------------------------|
| Plan Maximum     | See allowances                        |
| Routine Eye Exam | 100% up to \$64.50                    |
| Exam Frequency   | 12 months                             |
| Lenses           | Either one pair of lenses or contacts |
| Single Vision    | 100% up to \$58.50 / year             |
| Bifocal          | 100% up to \$86.00 / year             |
| Lenticular       | 100% up to \$86.00 / year             |
| Trifocal         | 100% up to \$109.00 / year            |
| Contact Lenses   | 100% up to \$192.50 / year            |
| Lens Frequency   | 12 months                             |
| Frames           | 100% up to \$75.00 / year             |
| Frame Frequency  | child: 12 months, adult: 24 months    |

| Vision   |                   |                   |                              |
|--|-------------------|-------------------|------------------------------|
| Kaiser Permanente                              |                   |                   |                              |
| OEGBB Rates                                    |                   |                   |                              |
| 2008 Contract Year (effective October 1, 2008) |                   |                   |                              |
| OEGBB Plan                                     | Tier-Rated Groups |                   | Composite-Rated Groups       |
|  | Employee Only     | Employee + Spouse | Employee + Child(ren) Family |
| Vision Plan 5                                  | \$ 7.56           | \$ 16.64          | \$ 23.45                     |
|  |                   | \$ 14.38          | \$ 18.00                     |

There was an error between Kaiser's Employee + Child(ren) rates and Kaiser's Family rates. They have been corrected on May 22, 2008. Please disregard any previous Kaiser rate information.

Kaiser Medical and Pharmacy Plans with Rates

| Plan Option   | OEBB Med Plan 1 | HMO | OEBB Med Plan 2 |
|---|-----------------|-----|-----------------|
| Preventive Services   |                 |     |                 |
| In Network (no deductible)  | 100%            |     | 100%            |
| Out of Network  | -               |     | -               |
| Deductible (Individual/Family)<br>In Network / Out of Network               | None            |     | None            |
| Annual Coinsurance Maximum<br>(Individual/Family)                           | \$1,000         |     | \$600/\$1,200   |
| Benefit Maximum<br>In Network<br>Out of Network                             | unlimited       |     | unlimited       |
| Coinsurance<br>In Network<br>Out of Network                                 | 100%            |     | 100%            |
| Office Visit Copay<br>In Network<br>Out of Network                          | \$10            |     | \$5             |
| Hospital Copay<br>In Network<br>Out of Network                              | \$100 per day   |     | No charge       |
| Emergency Room Copay<br>In Network / Out of Network<br>(waived if admitted) | \$100           |     | \$100           |

| OEBB Rx Plan 1                          |         |
|---|---------|
| Deductible                              | None    |
| Annual Copay/<br>Coinsurance<br>Maximum | \$1,000 |
| Retail                                  |         |
| Generic                                 | \$5     |
| Preferred                               | \$15    |
| Non Preferred                           | N/A     |
| Mail                                    |         |
| Generic                                 | \$10    |
| Preferred                               | \$30    |
| Non Preferred                           | N/A     |



| Medical  |                   |                   |                        |
|--|-------------------|-------------------|------------------------|
| Kaiser Permanente                              |                   |                   |                        |
| OEBB Rates                                     |                   |                   |                        |
| 2008 Contract Year (effective October 1, 2008) |                   |                   |                        |
| OEBB Plan                                      | Tier-Rated Groups |                   | Composite-Rated Groups |
|  | Employee Only     | Employee + Spouse |                        |
|  | \$ 353.56         | \$ 777.86         | \$ 671.78              |
|  | \$ 369.99         | \$ 813.99         | \$ 702.99              |
|  |                   |                   | \$ 1,096.07            |
|  |                   |                   | \$ 1,146.98            |
| HMO/EPO  |                   |                   |                        |
| Plan 1 w/Pharmacy                              |                   |                   | \$ 841.50              |
| Plan 2 w/Pharmacy                              |                   |                   | \$ 880.59              |

There was an error between Kaiser's Employee + Child(ren) rates and Kaiser's Family rates. They have been corrected on May 22, 2008. Please disregard any previous Kaiser rates information.