

## Oregon Educators Benefit Board 2011-2012 Rates

### MEDICAL PLANS

|                                  |                         |             |
|----------------------------------|-------------------------|-------------|
| Providence POS Plan 2 w/Pharmacy | <i>Employee Only</i>    | \$ 647.50   |
|                                  | <i>Emp + Spouse</i>     | \$ 1,424.50 |
|                                  | <i>Emp + Child(ren)</i> | \$ 1,230.25 |
|                                  | <i>Family</i>           | \$ 2,007.25 |
| Kaiser HMO Plan 1 w/Pharmacy     | <i>Employee Only</i>    | \$ 479.30   |
|                                  | <i>Emp + Spouse</i>     | \$ 1,054.46 |
|                                  | <i>Emp + Child(ren)</i> | \$ 910.66   |
|                                  | <i>Family</i>           | \$ 1,485.83 |
| ODS PPO Plan 5 w/Pharmacy B      | <i>Employee Only</i>    | \$ 540.96   |
|                                  | <i>Emp + Spouse</i>     | \$ 1,190.15 |
|                                  | <i>Emp + Child(ren)</i> | \$ 1,027.87 |
|                                  | <i>Family</i>           | \$ 1,677.02 |
| ODS PPO Plan 7 w/Pharmacy B      | <i>Employee Only</i>    | \$ 446.25   |
|                                  | <i>Emp + Spouse</i>     | \$ 981.76   |
|                                  | <i>Emp + Child(ren)</i> | \$ 847.87   |
|                                  | <i>Family</i>           | \$ 1,383.37 |

### VISION PLANS

|   |                         |          |
|---|-------------------------|----------|
| ODS Vision Plan 4<br><i>(available with all medical plans)</i>      | <i>Employee Only</i>    | \$ 17.06 |
|   | <i>Emp + Spouse</i>     | \$ 37.54 |
|   | <i>Emp + Child(ren)</i> | \$ 32.41 |
|   | <i>Family</i>           | \$ 52.90 |
| Kaiser Vision Plan 5<br><i>(only available with Kaiser medical)</i> | <i>Employee Only</i>    | \$ 7.58  |
|   | <i>Emp + Spouse</i>     | \$ 16.69 |
|   | <i>Emp + Child(ren)</i> | \$ 14.41 |
|   | <i>Family</i>           | \$ 23.51 |

### DENTAL PLANS incl ortho

|   |                         |           |
|---|-------------------------|-----------|
| ODS Dental Plan 1   | <i>Employee Only</i>    | \$ 60.46  |
|   | <i>Emp + Spouse</i>     | \$ 119.75 |
|   | <i>Emp + Child(ren)</i> | \$ 134.14 |
|   | <i>Family</i>           | \$ 198.17 |
| Kaiser Dental Plan 8<br><i>(only available with Kaiser medical)</i> | <i>Employee Only</i>    | \$ 69.92  |
|   | <i>Emp + Spouse</i>     | \$ 153.84 |
|   | <i>Emp + Child(ren)</i> | \$ 132.86 |
|   | <i>Family</i>           | \$ 216.78 |
| Willamette Dental Plan 8  | <i>Employee Only</i>    | \$ 40.49  |
|   | <i>Emp + Spouse</i>     | \$ 80.18  |
|   | <i>Emp + Child(ren)</i> | \$ 85.32  |
|   | <i>Family</i>           | \$ 128.23 |

### OTHER PLANS (LICENSED)

|                               |         |
|-------------------------------|---------|
| Long-term Disability Plan 11* | \$ 9.06 |
| Life/AD&D Plan 3              | \$ 1.14 |

\* estimated premium

revised 6/1/11