

OEGB
Plan Design Comparison - Pharmacy

Recommended OEGB Plan Options

	Rx Plan 1 HMO	Rx Plan 2 PPO	Rx Plan 3 PPO	Rx Plan 4 PPO
Trust	OEGB	OEGB	OEGB	OEGB
Enrollment	13,000	38,842	9,669	729
Actuarial Value	0.94	0.90	0.88	0.76
Deductible	None	None	None	None
Annual Copay/ Coinsurance Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Retail				
Generic	\$10	\$5	\$5	50%
Preferred	\$10	20%	\$25	50%
Non Preferred	N/A	50%	50%	50%
Mail				
Generic	\$20	\$10	\$10	50%
Preferred	\$20	20%	\$50	50%
Non Preferred	N/A	50%	50%	50%

Total
62,240

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	\$5 Copay*	KAISER \$5	\$10 Copay*	KAISER \$10	PDL/06	\$15 Copay*	Rx Plan 1 HMO
Trust	Several	OEA Choice	Several	Several	OSEA	Several	OEBB
Enrollment	1,837	778	5,163	2,224	TBD	2,998	13,000
Actuarial Value	1.00	0.99	0.96	0.93	0.93	0.92	0.94
Deductible	None	None	None	None	None	None	None
Annual Copay/ Coinsurance Maximum	None	None	None	None	None	None	\$1,000
Retail							
Generic	\$5	\$5	\$10	\$10	\$5	\$15	\$10
Preferred	\$5	\$5	\$10	\$10	\$10	\$15	\$10
Non Preferred	\$5	N/A	\$10	N/A	\$25	\$15	N/A
Mail							
Generic	\$5	\$10	\$10	\$20	\$10	\$15	\$20
Preferred	\$5	\$10	\$10	\$20	\$20	\$15	\$20
Non Preferred	\$5	N/A	\$10	N/A	\$50	\$15	N/A

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	PPL/06	KAISER \$15	OSBA	PML/06	Rx Plan 2 PPO
Trust	OSEA	Severl	OSBA	OSEA	OEBB
Enrollment	TBD	848	37,994	TBD	38,842
Actuarial Value	0.89	0.89	0.89	0.88	0.90
Deductible	None	None	None	None	None
Annual Copay/ Coinsurance Maximum	\$1,000	None	\$1,000	None	\$1,000
Retail					
Generic	\$10	\$15	\$10	\$10	\$5
Preferred	\$20	\$15	20%	\$15	20%
Non Preferred	\$40	N/A	50%	\$25	50%
Mail					
Generic	\$20	\$30	\$30	\$20	\$10
Preferred	\$40	\$30	20%	\$30	20%
Non Preferred	\$80	N/A	50%	\$50	50%

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	\$10/\$20/50% Plan* 500 DED PLAN \$15 COPAY PLAN SEA MCP15 SEA PPO-2	PNL/06	\$250 DED PPO Blue	PPO 100	MAJOR MED SEA PPO-3	PPO 500	High Option	Rx Plan 3 PPO
Trust	OEA Choice	OSEA	Beaverton	OEA Choice	Several	OEA Choice	High Desert ESD (Crook County)	OEBB
Enrollment	6,961	TBD	1,233	580	766	22	107	9,669
Actuarial Value	0.88	0.88	0.87	0.87	0.85	0.84	0.83	0.88
Deductible	None	None	\$50	50	None	100	None	None
Annual Copay/ Coinsurance Maximum	None	None	\$1,050	\$1,000	None	\$1,000	\$1,500	\$1,000
Retail								
Generic	\$10	\$10	20%	20%	50%, \$50 max	20%	\$10	\$5
Preferred	\$20	\$15	20%	20%	50%, \$50 max	20%	\$35	\$25
Non Preferred	50%, \$50 max	\$30	20%	50%	50%, \$50 max	50%	\$45	50%
Mail								
Generic	\$10	\$20	20%	20%	50%, \$50 max	20%	\$20	\$10
Preferred	\$20	\$30	20%	20%	50%, \$50 max	20%	\$70	\$50
Non Preferred	50%, \$50 max	\$60	20%	50%	50%, \$50 max	50%	\$90	50%

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	50%*	FA50010008060	P4L/06	Rx Plan 4 PPO
Trust	OEA Choice	Clakamas ESD	OSEA	OEBB
Enrollment	710	19	TBD	729
Actuarial Value	0.80	0.77	0.77	0.76
Deductible	None	None	None	None
Annual Copay/ Coinsurance Maximum	None	None	None	\$1,000
Retail				
Generic	50%, max \$100	\$15	\$15	50%
Preferred	50%, max \$100	\$30	\$30	50%
Non Preferred	50%, max \$100	\$50	\$60	50%
Mail				
Generic	50%, max \$100	\$30	\$30	50%
Preferred	50%, max \$100	\$60	\$60	50%
Non Preferred	50%, max \$100	\$100	\$100	50%

