

State of Oregon  
Public Employees' Benefit Board Summary Plan Description

**VSP Routine Vision Care  
Summary of Benefits (only in full-time PPO plans)**

This is a summary only. See the plan's Evidence of Coverage for details.

| Routine Vision Services                                     | VSP Provider <sup>1</sup>     | Non-VSP Providers <sup>2</sup>         |
|---|-------------------------------|--|
| Provided once each calendar year                            | <b>You Pay</b>                |  |
| Eye exam  | \$10                          | Full amount;<br>reimbursement to \$42  |
| \$200 for prescription lenses and frames and contact lenses | Charges in excess of<br>\$200 | Full amount;<br>reimbursement to \$200 |

<sup>1</sup> VSP guarantees services from VSP doctors only. VSP Providers also offer discounts.

<sup>2</sup> You pay the provider in full and have six months to submit a claim to VSP for partial reimbursement less copays.

**Premium Rates**

The state, as the employer, provides a monthly benefit amount for employees. The employer's payroll administration applies the amount to premiums for the core benefits of medical, dental and basic life insurance coverage. PEBB does not play a role in determining the benefit amount. The amount is determined through a series of decisions made by the governor, legislature, Department of Administrative Services, other agencies and branches of government, and collective bargaining agreements.

| <b>2010 Employee Medical Plan Monthly Premium Rates</b> |          |                              |                        |                      |
|---|----------|------------------------------|------------------------|----------------------|
|   | Employee | Employee &<br>Spouse/Partner | Employee &<br>Children | Employee &<br>Family |
| <b>PEBB's Statewide Plan<sup>1</sup></b>                | \$892.19 | \$1,195.39                   | \$1,025.95             | \$1,222.17           |
| <b>Kaiser Permanente<sup>2</sup></b>                    | 835.16   | 1,119.11                     | 960.45                 | 1,144.17             |
| <b>Providence Choice<sup>1</sup></b>                    | 771.69   | 1,034.03                     | 887.45                 | 1,057.20             |
| <b>PEBB's Statewide Plan: Part-time<sup>3</sup></b>     | 710.42   | 951.87                       | 816.94                 | 973.21               |
| <b>Kaiser Permanente: Part-time<sup>4</sup></b>         | 707.01   | 947.39                       | 813.05                 | 968.60               |
| <b>Providence Choice: Part-time<sup>3</sup></b>         | 611.04   | 818.78                       | 702.71                 | 837.12               |

<sup>1</sup> Routine vision services through VSP.

<sup>2</sup> Kaiser Permanente routine vision services.

<sup>3</sup> No vision benefit.

<sup>4</sup> Vision exam only.

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| <b>2010 COBRA Medical Plan Monthly Premium Rates</b> |             |                                       |                            |                          |                                    |
|--|-------------|---------------------------------------|----------------------------|--------------------------|------------------------------------|
|  | <b>Self</b> | <b>Self &amp; Spouse/<br/>partner</b> | <b>Self &amp; Children</b> | <b>Self &amp; Family</b> | <b>Child(ren) Only<sup>5</sup></b> |
| <b>PEBB's StatewidePlan<sup>1</sup></b>              | \$909.76    | \$1,218.93                            | \$1,046.15                 | \$1,246.24               | \$468.53                           |
| <b>Kaiser Permanente<sup>2</sup></b>                 | 851.76      | 1,141.36                              | \$979.54                   | 1,166.92                 | 434.39                             |
| <b>Providence Choice<sup>1</sup></b>                 | 786.89      | 1,054.39                              | 904.92                     | 1,078.02                 | 410.15                             |
| <b>PEBB's Statewide Plan Part-time<sup>3</sup></b>   | 724.40      | 970.61                                | 833.02                     | 992.36                   | 372.91                             |
| <b>Kaiser Permanente Part-time<sup>4</sup></b>       | 721.06      | 966.23                                | 829.21                     | 987.85                   | 367.74                             |
| <b>Providence Choice Part-time<sup>3</sup></b>       | 623.07      | 834.90                                | 716.54                     | 853.60                   | 317.76                             |

<sup>1</sup> Routine vision services through VSP.

<sup>2</sup> Kaiser Permanente routine vision services.

<sup>3</sup> No vision benefit.

<sup>4</sup> Vision exam only.

<sup>5</sup> Child(ren) Only coverage is available only to COBRA & Retiree participants.

| <b>2010 Retiree Medical Plan Monthly Premium Rates</b> |                |  |                               |                             |                                    |
|--|----------------|--|-------------------------------|-----------------------------|------------------------------------|
|  | <b>Retiree</b> | <b>Retiree &amp; Spouse/<br/>Partner</b> | <b>Retiree &amp; Children</b> | <b>Retiree &amp; Family</b> | <b>Child(ren) Only<sup>5</sup></b> |
| <b>PEBB's StatewidePlan<sup>1</sup></b>                | \$895.70       | \$1,200.11                               | \$1,029.99                    | \$1,226.98                  | \$461.30                           |
| <b>Kaiser Permanente<sup>2</sup></b>                   | 838.48         | 1,123.56                                 | 964.27                        | 1,148.72                    | 427.61                             |
| <b>Providence Choice<sup>1</sup></b>                   | 774.73         | 1,038.11                                 | 890.94                        | 1,061.36                    | 403.81                             |
| <b>PEBB's Statewide Plan Retiree<sup>3</sup></b>       | 713.21         | 955.62                                   | 820.15                        | 977.04                      | 367.15                             |
| <b>Kaiser Permanente Retiree<sup>4</sup></b>           | 709.82         | 951.16                                   | 816.28                        | 972.45                      | 362.00                             |
| <b>Providence Choice Retiree<sup>3</sup></b>           | 613.45         | 822.01                                   | 705.47                        | 840.42                      | 312.85                             |

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<sup>5</sup> Child(ren) Only coverage is available only to COBRA & Retiree participants.

| <b>2010 Self-pay Medical Plan Monthly Premium Rates</b> |             |                                       |                                |                              |
|---|-------------|---------------------------------------|--------------------------------|------------------------------|
|   | <b>Self</b> | <b>Self &amp; Spouse/<br/>Partner</b> | <b>Self &amp;<br/>Children</b> | <b>Self &amp;<br/>Family</b> |
| <b>PEBB's Statewide Plan<sup>1</sup></b>                | \$902.49    | \$1,205.69                            | \$1,036.25                     | \$1,232.47                   |
| <b>Kaiser Permanente HMO<sup>2</sup></b>                | 845.46      | 1,129.41                              | 970.75                         | 1,154.47                     |
| <b>Providence Choice<sup>1</sup></b>                    | 781.99      | 1,044.33                              | 897.75                         | 1,067.50                     |

<sup>1</sup> Routine vision services through VSP

<sup>2</sup> Kaiser Permanente HMO routine vision services