

2008 Employee Medical Plans Monthly Premium Rates				
	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente HMO ¹	\$734.29	\$983.95	\$844.44	\$1,005.98
Kaiser Permanente Added Choice POS ²	776.78	1,040.90	893.31	1,064.21
Providence Choice PPO ³	741.84	994.05	853.12	1,016.32
Regence BCBSO PPO ³	792.84	1,062.31	911.72	1,086.09
Samaritan Select PPO ³	733.66	983.10	843.71	1,005.13
Kaiser Permanente Part-time & Retiree HMO ⁴	621.61	832.96	714.85	851.60
Kaiser Permanente Added Choice Part-time & Retiree POS ⁴	628.47	842.15	722.74	861.01
Providence Choice Part-time & Retiree PPO ⁵	592.35	793.75	681.21	811.53
Regence BCBSO Part-time & Retiree PPO ⁵	635.24	851.14	730.49	870.22
Samaritan Select Part-time & Retiree PPO ⁵	590.69	791.53	679.30	809.26

¹ Kaiser Permanente HMO routine vision services.

² Routine vision services only through Kaiser Permanente HMO.

³ Routine vision services through VSP.

⁴ Vision exam only.

⁵ No vision benefit.

2008 Retiree Medical Plans Monthly Premium Rates				
	Retiree	Retiree & Spouse/Partner	Retiree & Children	Retiree & Family
Kaiser Permanente HMO ¹	\$737.94	\$988.84	\$848.63	\$1,010.98
Kaiser Permanente Added Choice POS ²	780.64	1,046.07	897.75	1,069.50
Providence Choice PPO ³	745.53	998.99	857.37	1,021.37
Regence BCBSO PPO ³	796.79	1,067.59	916.26	1,091.48
Samaritan Select PPO ³	737.31	987.98	847.91	1,010.12
Kaiser Permanente Part-time & Retiree HMO ⁴	624.70	837.10	718.41	855.83
Kaiser Permanente Added Choice Part-time & Retiree POS ⁴	631.59	846.34	726.33	865.28
Providence Choice Part-time & Retiree PPO ⁵	595.30	797.70	684.60	815.56
Regence BCBSO Part-time & Retiree PPO ⁵	638.40	855.37	734.12	874.55
Samaritan Select Part-time & Retiree PPO ⁵	593.63	795.46	682.68	813.28

See footnotes above.

2008 COBRA Participant Medical Plans Monthly Premium Rates

	Participant	Participant & Spouse/Partner	Participant & Children	Participant & Family
Kaiser Permanente HMO ¹	\$748.89	\$1,003.51	\$861.22	\$1,025.98
Kaiser Permanente Added Choice POS ²	792.23	1,061.59	911.07	1,085.36
Providence Choice PPO ³	756.59	1,013.81	870.09	1,036.53
Regence BCBSO PPO ³	808.61	1,083.43	929.85	1,107.68
Samaritan Select PPO ³	748.25	1,002.64	860.48	1,025.11
Kaiser Permanente Part-time & Retiree HMO ^{4 *}	633.97	849.52	729.07	868.53
Kaiser Permanente Added Choice Part-time & Retiree POS ^{4 *}	640.96	858.90	737.11	878.12
Providence Choice Part-time & Retiree PPO ^{5 *}	604.13	809.53	694.76	827.66
Regence BCBSO Part-time & Retiree PPO ^{5 *}	647.87	868.06	745.01	887.52
Samaritan Select Part-time & Retiree PPO ^{5 *}	602.44	807.27	692.81	825.35

See footnotes on page 25

* Available only to COBRA participants who were part-time employees when they moved to COBRA status.

2008 Other Self-pay Participant Medical Plans Monthly Premium Rates

	Participant	Participant & Spouse/Partner	Participant & Children	Participant & Family
Kaiser Permanente HMO ¹	\$744.59	\$994.25	\$854.74	\$1,016.28
Kaiser Permanente Added Choice POS ²	787.08	1,051.20	903.61	1,074.51
Providence Choice PPO ³	752.14	1,004.35	863.42	1,026.62
Regence BCBSO PPO ³	803.14	1,072.61	922.02	1,096.39
Samaritan Select PPO ³	743.96	993.40	854.01	1,015.43

See footnotes on page 25

Calculation Worksheet for Employees Who Choose to Opt Out of PEBB Medical Coverage

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|---|-------------|
| 1. Full-time Employees: Enter \$233.00
Part-time Employees: Multiply \$233.00 by the percentage of hours you work compared with full time. For example, if you work 75 percent of full time, your contribution amount is \$174.75 (\$233.00 x 0.75= \$174.75). Enter the result. | 1. _____ \$ |
| 2. Enter \$1.10. This is the monthly premium for mandatory basic life insurance. | 2. _____ \$ |
| 3. Enter the monthly premium amount for your choice of dental plan from page 27. You are required to be enrolled in at least the employee-only tier for dental coverage. You may also choose to cover eligible dependents. | 3. _____ \$ |
| 4. Add lines 2 and 3, and enter the total. | 4. _____ \$ |
| 5. Subtract the amount on line 4 from the amount on line 1, and enter the balance on line 5. This is the estimated amount of opt-out cash you will receive as monthly taxable income. | 5. _____ \$ |

2008 Employee Dental Plans Monthly Premium Rates

	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente Traditional Dental Plan Design	\$61.30	\$82.14	\$70.49	\$83.97
ODS Preferred	68.45	91.73	78.71	93.78
ODS Traditional	74.10	99.30	85.22	101.53
Willamette Dental Group	68.20	91.39	78.43	93.43
Kaiser Permanente Part-time & Retiree	45.69	61.23	52.54	62.60
ODS Part-time & Retiree	53.32	71.46	61.33	73.06

2008 Retiree Dental Plans Monthly Premium Rates

	Retiree	Retiree & Spouse/Partner	Retiree & Children	Retiree & Family
Kaiser Permanente Traditional Dental Plan Design	\$61.60	\$82.55	\$70.84	\$84.39
ODS Preferred	68.79	92.18	79.10	94.25
ODS Traditional	74.47	99.80	85.64	102.03
Willamette Dental Group	68.54	91.84	78.82	93.89
Kaiser Permanente Part-time & Retiree	45.92	61.53	52.80	62.91
ODS Part-time & Retiree	53.58	71.81	61.63	73.42

2008 COBRA Participant Dental Plans Monthly Premium Rates

	Participant	Participant & Spouse/Partner	Participant & Children	Participant & Family
Kaiser Permanente	\$62.51	\$83.77	\$71.89	\$85.64
ODS Preferred	69.81	93.55	80.27	95.64
ODS Traditional	75.58	101.28	86.91	103.54
Willamette Dental Group	69.55	93.20	79.99	95.28
Kaiser Permanente Part-time & Retiree*	46.60	62.44	53.59	63.85
ODS Part-time & Retiree*	54.38	72.88	62.54	74.51

* Available only to COBRA participants who were part-time employees when they moved to COBRA status.

2008 Other Self-pay Participant Dental Plans Monthly Premium Rates

	Participant	Participant & Spouse/Partner	Participant & Children	Participant & Family
Kaiser Permanente Traditional Dental Plan Design	\$61.30	\$82.14	\$70.49	\$83.97
ODS Preferred	68.45	91.73	78.71	93.78
ODS Traditional	74.10	99.30	85.22	101.53
Willamette Dental Group	68.20	91.39	78.43	93.43