

ODS Traditional Plan Part-time Benefit Summary

This document is on the Web at http://www.odscompanies.com/pdfs/pebb/summaries/part_time.pdf. The summary of orthodontia benefits is on the Web at: www.odscompanies.com/pdfs/pebb/summaries/ortho.pdf. They are incorporated here by reference.

Note: Late enrollees have a 12 month waiting period for Basic and Major services.

Willamette Dental Benefit Summary

This document is on the Web at:

https://www.willamettedental.com/literature_112853/OR_PEBB_Enrollment_Booklet_2012. It is incorporated here by reference.

Premium Rates

The state, as the employer, provides a monthly benefit amount for employees. Payroll 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, which 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.

2012 Employee Dental Plan Monthly Premium Rates				
	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
ODS Preferred ¹	\$75.08	\$100.60	\$86.33	\$102.86
ODS Traditional ²	81.27	108.91	93.47	111.35
Kaiser Permanente ³	75.61	101.31	86.96	103.58
Willamette Dental Group	75.08	100.61	86.34	102.86
ODS Part-time⁵	58.48	78.36	67.26	80.13
Kaiser Permanente Part-time⁶	56.35	75.50	64.80	77.21
¹ Available to PEBB eligible full-time and part-time employees.				
² Available to PEBB eligible full-time and part-time employees.				
³ Available to PEBB eligible full-time and part-time employees in plan service area.				
⁵ Additional option available to eligible part-time employees in plan service area.				
⁶ Additional option available to eligible part-time employees; in plan facilities.				

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2012 Retiree Dental Plan Monthly Premium Rates					
	Retiree	Retiree & Spouse/Partner	Retiree & Children	Retiree & Family	Child(ren) Only ⁷
ODS Preferred ¹	\$75.53	\$101.20	\$86.85	\$103.47	\$39.29
ODS Traditional ²	81.76	109.56	94.03	112.02	42.50
Kaiser Permanente ³	76.06	101.92	87.48	104.20	39.56
Willamette Dental Group ⁴	75.53	101.21	86.86	103.47	39.28
ODS Part-time ⁵	58.83	78.83	67.66	80.61	30.59
Kaiser Permanente Part-time ⁶	56.69	75.95	65.19	77.67	29.48

¹ Available to PEBB eligible retirees.
² Available to PEBB eligible retirees.
³ Available to PEBB eligible retirees in plan service area.
⁴ Additional option available to eligible retirees; in plan facilities.
⁵ Additional option available to eligible retirees.
⁶ Additional option available to eligible retirees in plan service area.
⁷ Child(ren) Only coverage is available only to COBRA & Retiree participants.

2012 COBRA Dental Plan Monthly Premium Rates					
	Self	Self & Spouse/Partner	Self & Children	Self & Family	Child(ren) Only ⁷
ODS Preferred ¹	\$76.57	\$102.60	\$88.05	\$104.91	\$39.83
ODS Traditional ²	82.89	111.08	95.33	113.57	43.09
Kaiser Permanente ³	77.12	103.33	88.69	105.65	40.11
Willamette Dental Group ⁴	76.57	102.62	88.06	104.91	39.82
ODS Part-time ⁵	59.65	79.92	68.60	81.73	31.02
Kaiser Permanente Part-time ⁶	57.48	77.00	66.09	78.75	29.89

¹ Available to eligible individuals.
² Available to eligible individuals.
³ Available to eligible individuals in plan service area.
⁴ Available to eligible individuals; in plan facilities.
⁵ Additional option available to eligible individuals.
⁶ Additional option available to eligible individuals in plan service area.
⁷ Child(ren) Only coverage is available only to COBRA & Retiree participants.

2011 Self-pay Participant Dental Plan Monthly Premium Rates				
	Self	Self & Spouse/Partner	Self & Children	Self & Family
ODS Preferred ¹	\$75.08	\$100.60	\$86.33	\$102.86
ODS Traditional ²	81.27	108.91	93.47	111.35
Kaiser Permanente ³	75.61	101.31	86.96	103.58
Willamette Dental Group ⁴	75.08	100.61	86.34	102.86

¹ Available to eligible individuals.
² Available to eligible individuals.
³ Available to eligible individuals in plan service area.
⁴ Available to eligible individuals; in plan facilities.