

ODS Non-Medicare PPO Plan

Summary of Benefits

	<i>Non-Medicare</i>	
	In-Plan	Out-of-Plan
SERVICE AREA	See service information on pages 22 and 23	
PROVIDERS	Preferred physicians and providers	Non-preferred physicians and providers
LIFETIME MAXIMUM	\$2,000,000	
CALENDAR YEAR MEDICAL OUT-OF-POCKET MAXIMUM	\$2,000 per Individual Does not include deductible	\$6,000 per Individual Does not include deductible
CALENDAR YEAR DEDUCTIBLE	\$200 per Individual deductible	
OFFICE VISIT	\$20 co-pay (no deductible)	30% co-insurance after deductible
PREVENTIVE CARE	\$20 co-pay (no deductible)	30% co-insurance after deductible
LAB, X-RAY & DIAGNOSTIC PROCEDURES	20% co-insurance after deductible	30% co-insurance after deductible
HOSPITAL CARE	20% co-insurance after deductible	30% co-insurance after deductible
EMERGENCY <ul style="list-style-type: none"> • Urgent Care • Ambulance • Emergency Room 	<ul style="list-style-type: none"> • \$20 co-pay (no deductible) • 20% co-insurance after deductible • \$100 co-pay, then 20%; co-pay waived if admitted 	<ul style="list-style-type: none"> • 30% co-insurance after deductible • 30% co-insurance after deductible • \$100 co-pay, then 30%; co-pay waived if admitted
SKILLED NURSING	20% co-insurance after deductible	30% co-insurance after deductible
ALTERNATIVE CARE	Out-of-pocket costs vary by type of services received. Contact ODS Customer Service.	
PRESCRIPTION DRUGS	See pages 28 and 29	

This is a summary of benefits only for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this handbook and the plan document, the information in the plan document shall prevail.

Revised Premium Rates (include ODS Medicare Supplement Plan described on page 34)

RHIA Contribution Premium Rates

The monthly premiums shown below are after the \$60 Retirement Health Insurance Account (RHIA) contribution. More information on the RHIA contribution and eligibility can be found on page 11 of this handbook.

	ODS NON-MEDICARE PPO MEDICARE SUPPLEMENT	ODS NON-MEDICARE PPO MEDICARE ADVANTAGE PPO
RETIREE WITH MEDICARE	\$96.52	\$83.91
RETIREE WITH MEDICARE FAMILY* WITH MEDICARE	\$242.12	\$224.87
RETIREE WITH MEDICARE FAMILY* WITHOUT MEDICARE	\$761.54	\$731.01

Rates are effective January 1, 2006 through December 31, 2006.

* Family includes spouse and/or dependents enrolled in the PERS plan.

Non-Contribution Premium Rates

The monthly premiums shown below are without the contribution from RHIA or Retiree Health Insurance Premium Account (RHIPA). More information on RHIA and RHIPA contributions and eligibility can be found on page 11 and 12 of this handbook.

RETIREE WITHOUT MEDICARE	\$696.89	\$696.89
RETIREE WITHOUT MEDICARE FAMILY* WITHOUT MEDICARE	\$1,255.66	\$1,255.66
RETIREE WITHOUT MEDICARE FAMILY* WITH MEDICARE	\$833.67	\$737.33
RETIREE WITH MEDICARE	\$156.52	\$143.91
RETIREE WITH MEDICARE FAMILY* WITH MEDICARE	\$302.12	\$284.87
RETIREE WITH MEDICARE FAMILY* WITHOUT MEDICARE	\$821.54	\$791.01

Rates are effective January 1, 2006 through December 31, 2006.

* Family includes spouse and/or dependents enrolled in the PERS plan.