

PLAN YEAR 2006 CONTRACT AWARDS

Employees Benefits Council



MEDICAL



DENTAL



VISION



Final plan and rate announcements will be available on EBC's website at

www.ebc.state.ok.us

immediately after today's meeting

August 19, 2005



MEDICAL

Health Maintenance Organization Plans

COMMUNITYCARE - 2006

View rates at www.ebc.state.ok.us

Four Tier Structure

Employee Only

CommunityCare HMO High Option Plan	\$	515.24
CommunityCare HMO Low Option Plan	\$	345.02

Spouse

CommunityCare HMO High Option Plan	\$	533.84
CommunityCare HMO Low Option Plan	\$	341.58

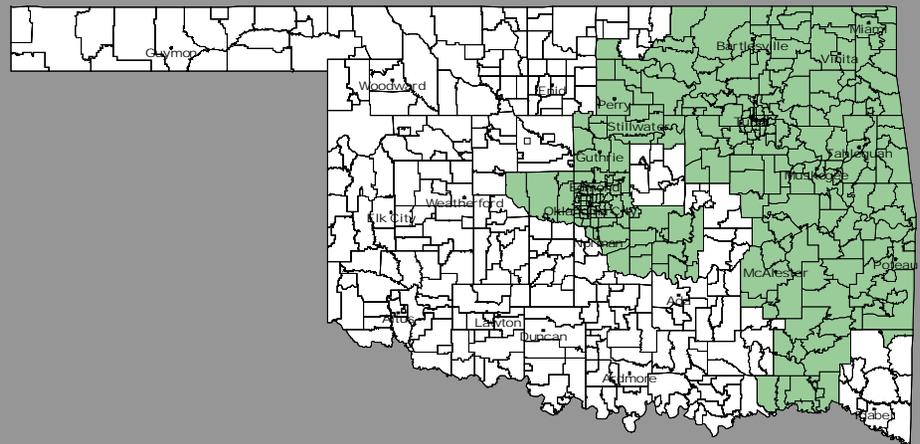
One Child

CommunityCare HMO High Option Plan	\$	323.54
CommunityCare HMO Low Option Plan	\$	207.02

Two or More Children

CommunityCare HMO High Option Plan	\$	431.38
CommunityCare HMO Low Option Plan	\$	276.02

Service Area Oklahoma City & Tulsa



Service Area: 438 Zip Codes

PCP/Specialists: 3,735

Hospitals/Clinics: 45

2006 Low Plan Design Summary: No deductible; \$20/\$40 PCP/Specialist copay; \$10/\$35/\$60 Rx copay; \$250 inpatient hospital copay; \$150 outpatient hospital copay.

Service areas and providers are subject to change.



MEDICAL

Health Maintenance Organization Plans

GLOBALHEALTH - 2006

View rates at www.ebc.state.ok.us

Four Tier Structure

Employee Only

GlobalHealth HMO High Option Plan	\$	327.24
GlobalHealth HMO Low Option Plan	\$	292.02

Spouse

GlobalHealth HMO High Option Plan	\$	490.52
GlobalHealth HMO Low Option Plan	\$	437.76

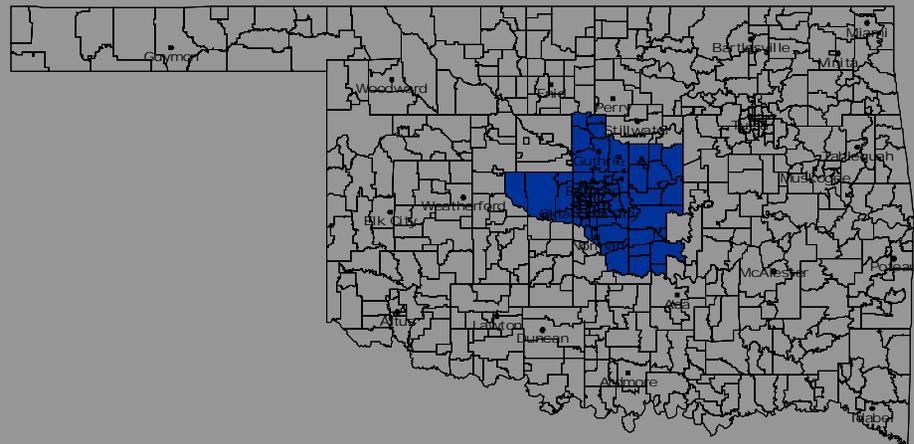
One Child

GlobalHealth HMO High Option Plan	\$	180.28
GlobalHealth HMO Low Option Plan	\$	160.90

Two or More Children

GlobalHealth HMO High Option Plan	\$	286.12
GlobalHealth HMO Low Option Plan	\$	255.34

Service Area Oklahoma City



Service Area: 138 Zip Codes

PCP/Specialists: 325

Hospitals/Clinics: 5

2006 Low Plan Design Summary: No deductible; \$20/\$40 PCP/Specialist copay; \$10/\$35/\$60 Rx copay; \$250 inpatient hospital copay; \$150 outpatient hospital copay.

Service areas and providers are subject to change.



MEDICAL

Health Maintenance Organization Plans

AETNA - 2006

Four Tier Structure

Employee Only

Aetna HMO High Option Plan	\$	381.50
Aetna HMO Low Option Plan	\$	344.72

Spouse

Aetna HMO High Option Plan	\$	507.35
Aetna HMO Low Option Plan	\$	458.44

One Child

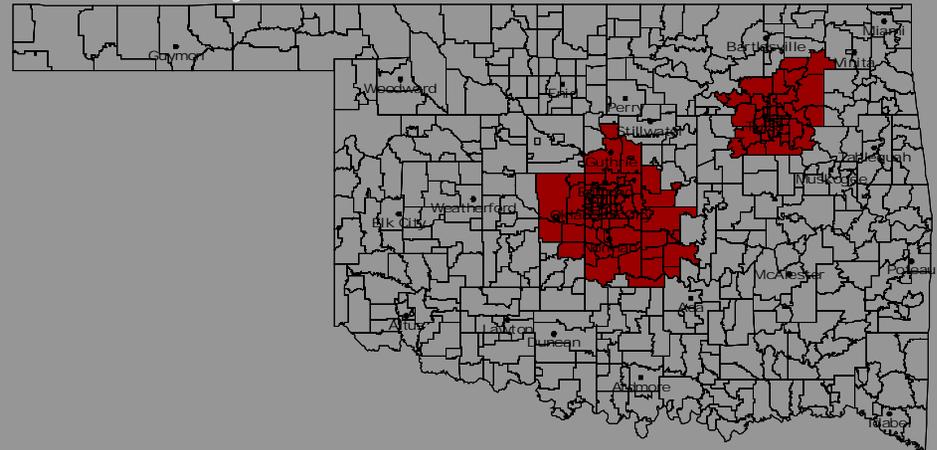
Aetna HMO High Option Plan	\$	373.85
Aetna HMO Low Option Plan	\$	337.80

Two or More Children

Aetna HMO High Option Plan	\$	373.85
Aetna HMO Low Option Plan	\$	337.80

View rates at www.ebc.state.ok.us

Service Area Oklahoma City & Tulsa



Service Area: 218 Zip Codes

PCP/Specialists: 4,975

Hospitals/Clinics: 31

2006 Low Plan Design Summary: No deductible; \$20/\$40 PCP/Specialist copay; \$15/\$35/\$60 Rx copay; \$500 inpatient hospital copay; \$250 outpatient hospital copay.

Service areas and providers are subject to change.



MEDICAL

Health Maintenance Organization Plans

PACIFICARE – 2006

View rates at www.ebc.state.ok.us

Four Tier Structure

Employee Only

PacifiCare HMO High Option Plan	\$	496.52
PacifiCare HMO Low Option Plan	\$	305.00

Spouse

PacifiCare HMO High Option Plan	\$	710.02
PacifiCare HMO Low Option Plan	\$	436.16

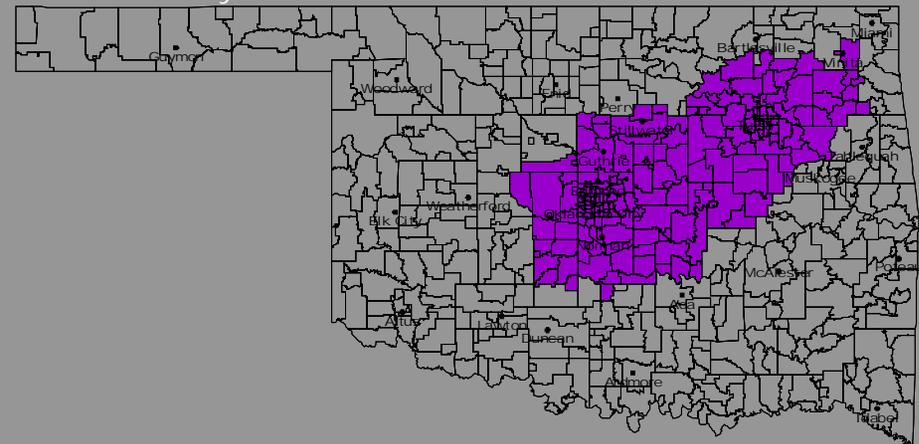
One Child

PacifiCare HMO High Option Plan	\$	248.26
PacifiCare HMO Low Option Plan	\$	152.50

Two or More Children

PacifiCare HMO High Option Plan	\$	397.20
PacifiCare HMO Low Option Plan	\$	244.00

Service Area Oklahoma City & Tulsa



Service Area: 309 Zip Codes

PCP/Specialists: 2,231

Hospitals/Clinics: 24

2006 Low Plan Design Summary: No deductible; \$20/\$50 PCP/Specialist copay; \$5/\$25/\$45 Rx copay; \$500 inpatient hospital copay (3-day max); \$500 outpatient hospital copay.

Service areas and providers are subject to change.

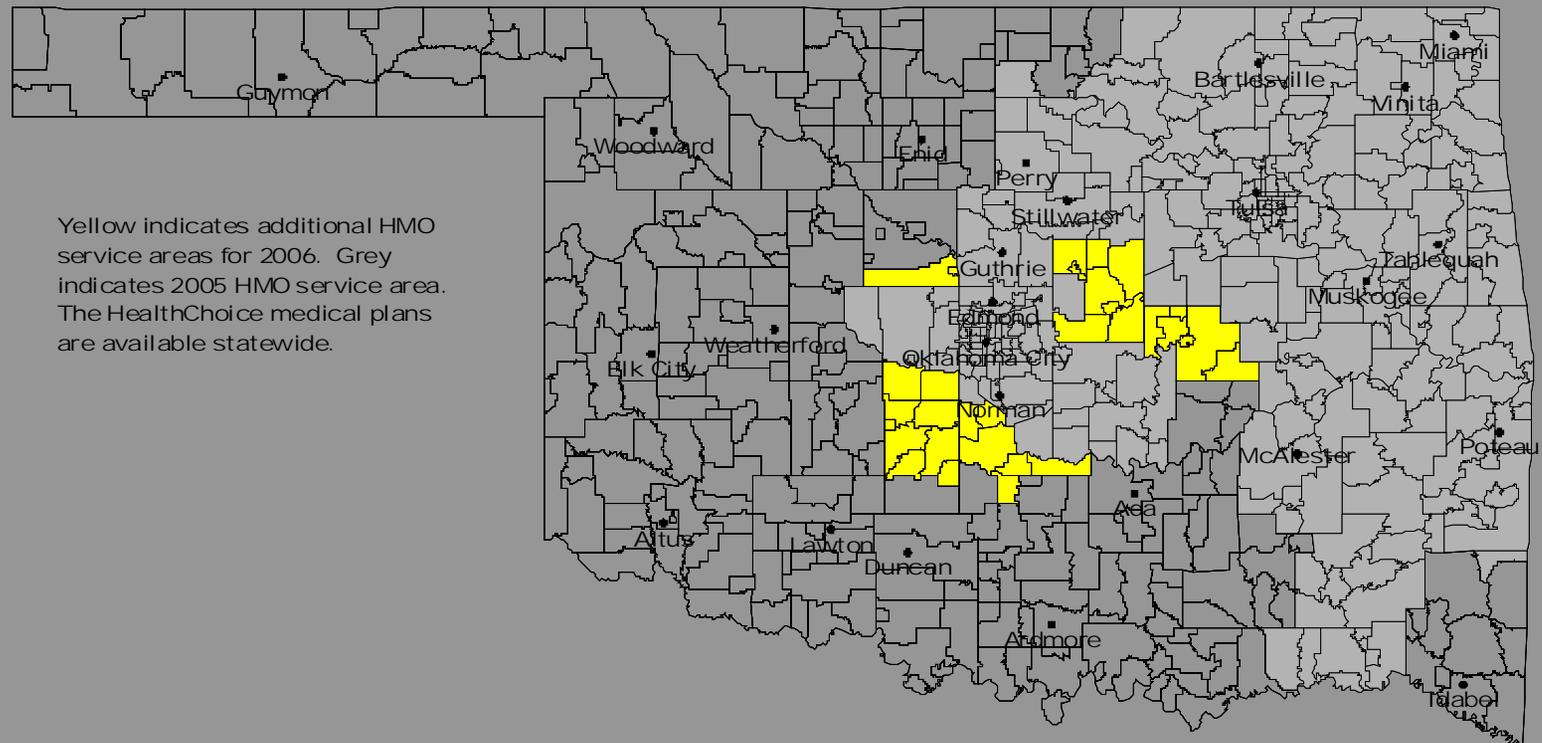


MEDICAL

Health Maintenance Organization Plans

View rates at www.ebc.state.ok.us

Combined Service Areas Plan Year 2005 & 2006



2006
CHOICES

Employees Benefits Council

Service areas are subject to change.



DENTAL

View rates at www.ebc.state.ok.us

ASSURANT BENEFITS INSURANCE- 2006

Four Tier Structure

Employee Only

Assurant Indemnity Dental Plan	\$	22.78
Assurant PrePaid Dental Plan	\$	11.74

Spouse

Assurant Indemnity Dental Plan	\$	22.66
Assurant PrePaid Dental Plan	\$	8.86

One Child

Assurant Indemnity Dental Plan	\$	17.00
Assurant PrePaid Dental Plan	\$	7.60

Two or More Children

Assurant Indemnity Dental Plan	\$	45.70
Assurant PrePaid Dental Plan	\$	15.20

2006
CHOICES

Employees Benefits Council



DENTAL

View rates at www.ebc.state.ok.us

DELTA DENTAL - 2006

Four Tier Structure

Employee Only

Delta Dental: Indemnity - Delta's Choice PPO	\$	8.90
Delta Dental: Indemnity - POS	\$	23.84

Spouse

Delta Dental: Indemnity - Delta's Choice PPO	\$	21.00
Delta Dental: Indemnity - POS	\$	23.84

One Child

Delta Dental: Indemnity - Delta's Choice PPO	\$	20.00
Delta Dental: Indemnity - POS	\$	19.64

Two or More Children

Delta Dental: Indemnity - Delta's Choice PPO	\$	46.00
Delta Dental: Indemnity - POS	\$	51.43

2006
CHOICES

Employees Benefits Council



DENTAL

CIGNA DENTAL - 2006

View rates at www.ebc.state.ok.us

Four Tier Structure

Employee Only

CIGNA Dental \$ 8.99

Spouse

CIGNA Dental \$ 5.88

One Child

CIGNA Dental \$ 6.88

Two or More Children

CIGNA Dental \$ 14.88

2006
CHOICES

Employees Benefits Council



VISION

CompBenefits

Primary Vision Care Services

Spectera

Superior Vision Services

Vision Service Plan

Employee Only

CompBenefits	\$6.76
Primary Vision Care Services	\$9.25
Spectera	\$7.79
Superior Vision Services	\$6.98
Vision Service Plan	\$9.14

Spouse

CompBenefits	\$5.06
Primary Vision Care Services	\$7.75
Spectera	\$5.51
Superior Vision Services	\$6.90
Vision Service Plan	\$5.48

One Child

CompBenefits	\$3.57
Primary Vision Care Services	\$8.25
Spectera	\$4.37
Superior Vision Services	\$6.58
Vision Service Plan	\$5.78

Two or More Children

CompBenefits	\$4.46
Primary Vision Care Services	\$10.25
Spectera	\$6.65
Superior Vision Services	\$6.58
Vision Service Plan	\$11.26



MEDICAL

TRICARE Supplement Plans

ASI - 2006

View rates at www.ebc.state.ok.us

Employee-Only

ASI TRICARE Supplement Plan \$ 59.00

Spouse

ASI TRICARE Supplement Plan \$ 59.00

Child

ASI TRICARE Supplement Plan \$ 59.00

Children

ASI TRICARE Supplement Plan \$ 100.00