



COBRA Moda Health 2015-16 Plan Year Medical & Pharmacy - Statewide Plans Plans and Imputed Income Amounts Special Rate Category for Local Govts.

Medical Plan Rates			
Moda Health Plans			
COBRA OEBB Special Rate Category for Local Govts. Imputed Income Amounts			
2015 Plan Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
<u>PPO</u>			
Plan A w/Pharmacy	\$1,255.91	\$941.96	\$2,197.87
Plan B w/Pharmacy	\$1,006.31	\$754.78	\$1,761.09
Plan C w/Pharmacy	\$839.85	\$629.90	\$1,469.75
Plan D w/Pharmacy	\$779.51	\$584.67	\$1,364.18
Plan E w/Pharmacy	\$729.39	\$547.07	\$1,276.46
Plan F w/Pharmacy	\$672.01	\$504.03	\$1,176.04
Plan G w/Pharmacy	\$608.66	\$456.54	\$1,065.20
Plan H*	\$547.31	\$410.51	\$957.82

*Pharmacy is included in this plan as any other covered medical expense.
Rx's are applied to the deductible and then once the deductible
is met they are paid at the same level as other covered medical expenses.



COBRA Moda Health 2015-16 Plan Year Medical & Pharmacy - Synergy/Summit Plans and Imputed Income Amounts Special Rate Category for Local Govts.

Medical Plan Rates			
Moda Health Plans			
COBRA OEBB Special Rate Category for Local Govts. Imputed Income Amounts 2015 Plan Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
<u>PPO</u>			
Plan As w/Pharmacy	\$1,163.77	\$872.88	\$2,036.65
Plan Bs w/Pharmacy	\$932.49	\$699.39	\$1,631.88
Plan Cs w/Pharmacy	\$778.23	\$583.67	\$1,361.90
Plan Ds w/Pharmacy	\$722.33	\$541.78	\$1,264.11
Plan Es w/Pharmacy	\$675.90	\$506.94	\$1,182.84
Plan Fs w/Pharmacy	\$622.43	\$466.85	\$1,089.28
Plan Gs w/Pharmacy	\$563.57	\$422.72	\$986.29
Plan Hs*	\$507.17	\$380.39	\$887.56

*Pharmacy is included in this plan as any other covered medical expense.
Rx's are applied to the deductible and then once the deductible
is met they are paid at the same level as other covered medical expenses.



COBRA Moda Health/ODS 2015-16 Plan Year Dental and Orthodontia Imputed Income Amounts

Dental Plan Rates			
Moda Health Plans/Oregon Dental Service COBRA Imputed Income Amounts 2015 Plan Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Plan 1 w/Ortho	\$63.18	\$77.48	\$140.66
Plan 2 w/Ortho	\$56.29	\$70.41	\$126.70
Plan 3 w/Ortho	\$55.11	\$69.18	\$124.29
Plan 4 w/Ortho	\$51.90	\$65.86	\$117.76
Plan 6 (excl. Ortho)	\$41.67	\$42.94	\$84.61



COBRA Moda Health 2015-16 Plan Year Vision Imputed Income Amounts

Vision Plan Rates			
Moda Health			
COBRA Imputed Income Amounts			
2015 Plan Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Plan 1	\$14.98	\$11.21	\$26.19
Plan 2	\$19.66	\$14.74	\$34.40
Plan 3	\$22.15	\$16.61	\$38.76
Plan 4	\$25.88	\$19.40	\$45.28



COBRA Kaiser Permanente 2015-16 Plan Year Medical and Pharmacy Imputed Income Amounts Special Rate Category for Local Govts.

Medical Plan Rates			
Kaiser Permanente			
COBRA OEBB Special Rate Category for Local Govts. Imputed Income Amounts 2015 Plan Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
HMO			
Plan 1 w/Pharmacy	\$839.34	\$629.50	\$1,468.84
Plan 2 w/Pharmacy	\$768.32	\$576.31	\$1,344.63
Plan 3 w/Pharmacy	\$514.83	\$386.12	\$900.95



COBRA Kaiser Permanente 2015-16 Plan Year Dental and Orthodontia Imputed Income Amounts

Dental Plan Rates			
Kaiser Permanente COBRA Imputed Income Amounts 2015 Plan Year (effective October 1, 2015)			
	Tier-Rated Groups		
OEBB Plan	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
<u>DHMO</u> Plan 8 w/Ortho	\$81.80	\$61.35	\$143.15



COBRA Kaiser Permanente 2015-16 Plan Year Vision Imputed Income Amounts

Vision Plan Rates			
Kaiser Permanente			
COBRA Imputed Income Amounts			
2015 Plan Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Vision Plan 5	\$9.38	\$7.03	\$16.41



COBRA Willamette Dental 2015-16 Plan Year Dental and Orthodontia Imputed Income Amounts

Dental Plan Rates			
Willamette Dental Group			
COBRA Imputed Income Amounts			
2015 Plan Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
<u>DHMO</u> Plan 8 w/ Ortho	\$40.13	\$45.32	\$85.45