



Moda Health 2015-16 Plan Year Medical & Pharmacy - Statewide Plans Plans and Imputed Income Amounts

Medical Plan Rates			
Moda Health Plans OEBB Imputed Income Amounts 2015 Contract 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	\$1,052.38	\$789.32	\$1,841.70
Plan B w/Pharmacy	\$843.23	\$632.45	\$1,475.68
Plan C w/Pharmacy	\$703.73	\$527.81	\$1,231.54
Plan D w/Pharmacy	\$653.20	\$489.93	\$1,143.13
Plan E w/Pharmacy	\$611.19	\$458.41	\$1,069.60
Plan F w/Pharmacy	\$563.10	\$422.35	\$985.45
Plan G w/Pharmacy	\$510.03	\$382.55	\$892.58
Plan H*	\$458.62	\$343.99	\$802.61

*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.



Moda Health 2015-16 Plan Year Medical & Pharmacy - Synergy/Summit Plans and Imputed Income Amounts

Medical Plan Rates			
Moda Health Plans OEBB Imputed Income Amounts 2015 Contract 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	\$975.17	\$731.42	\$1,706.59
Plan Bs w/Pharmacy	\$781.37	\$586.05	\$1,367.42
Plan Cs w/Pharmacy	\$652.12	\$489.09	\$1,141.21
Plan Ds w/Pharmacy	\$605.28	\$453.98	\$1,059.26
Plan Es w/Pharmacy	\$566.36	\$424.79	\$991.15
Plan Fs w/Pharmacy	\$521.56	\$391.19	\$912.75
Plan Gs w/Pharmacy	\$472.24	\$354.21	\$826.45
Plan Hs*	\$424.97	\$318.74	\$743.71

*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.



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

Dental Plan Rates			
Moda Health Plans/Oregon Dental Service OEBB Imputed Income Amounts 2015 Contract 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	\$61.94	\$75.96	\$137.90
Plan 2 w/Ortho	\$55.19	\$69.03	\$124.22
Plan 3 w/Ortho	\$54.03	\$67.82	\$121.85
Plan 4 w/Ortho	\$50.88	\$64.57	\$115.45
Plan 6 (excl. Ortho)	\$40.85	\$42.09	\$82.94



Moda Health 2015-16 Plan Year Vision Plans and Imputed Income Amounts

Vision Plan Rates			
Moda Health			
OEBB Imputed Income Amounts			
2015 Contract 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	\$14.68	\$10.99	\$25.67
Plan 2	\$19.27	\$14.45	\$33.72
Plan 3	\$21.71	\$16.28	\$37.99
Plan 4	\$25.37	\$19.02	\$44.39



Kaiser Permanente 2015-16 Plan Year Medical and Pharmacy Plans and Imputed Income Amounts

Medical Plan Rates			
Kaiser Permanente OEBB Imputed Income Amounts 2015 Contract Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
<u>HMO</u>			
Plan 1 w/Pharmacy	\$703.32	\$527.49	\$1,230.81
Plan 2 w/Pharmacy	\$643.81	\$482.91	\$1,126.72
Plan 3 w/Pharmacy	\$431.39	\$323.54	\$754.93



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

Dental Plan Rates			
Kaiser Permanente			
OEBB Imputed Income Amounts			
2015 Contract Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
DHMO Plan 8 w/Ortho	\$80.20	\$60.15	\$140.35



Kaiser Permanente 2015-16 Plan Year Vision Plans and Imputed Income Amounts

Vision Plan Rates			
Kaiser Permanente OEBB Imputed Income Amounts 2015 Contract 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	\$9.19	\$6.89	\$16.08



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

Dental Plan Rates			
Willamette Dental Group OEBB Imputed Income Amounts 2015 Contract 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	\$39.34	\$44.43	\$83.77