



## Moda Health 2014-15 Plan Year Medical & Pharmacy - Statewide Plans Plans and Imputed Income Amounts Special Rate Category for Local Govts.

Medical Plan Rates			
Moda Health Plans			
OEBB Special Rate Category for Local Govts. Imputed Income Amounts			
2014 Plan Year (effective October 1, 2014)			
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	\$ 1,138.42	\$ 853.86	\$ 1,992.28
Plan B w/Pharmacy	\$ 912.18	\$ 684.15	\$ 1,596.33
Plan C w/Pharmacy	\$ 761.27	\$ 570.97	\$ 1,332.24
Plan D w/Pharmacy	\$ 706.60	\$ 529.99	\$ 1,236.59
Plan E w/Pharmacy	\$ 661.17	\$ 495.90	\$ 1,157.07
Plan F w/Pharmacy	\$ 609.14	\$ 456.87	\$ 1,066.01
Plan G w/Pharmacy	\$ 551.73	\$ 413.82	\$ 965.55
Plan H*	\$ 496.11	\$ 372.10	\$ 868.21

\*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 2014-15 Plan Year Medical & Pharmacy - Synergy/Summit Plans and Imputed Income Amounts Special Rate Category for Local Govts.

Medical Plan Rates			
Moda Health Plans			
OEBB Special Rate Category for Local Govts. Imputed Income Amounts			
2014 Plan Year (effective October 1, 2014)			
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	\$ 1,054.90	\$ 791.21	\$ 1,846.11
Plan Bs w/Pharmacy	\$ 845.26	\$ 633.98	\$ 1,479.24
Plan Cs w/Pharmacy	\$ 705.45	\$ 529.09	\$ 1,234.54
Plan Ds w/Pharmacy	\$ 654.77	\$ 491.10	\$ 1,145.87
Plan Es w/Pharmacy	\$ 612.66	\$ 459.51	\$ 1,072.17
Plan Fs w/Pharmacy	\$ 564.21	\$ 423.17	\$ 987.38
Plan Gs w/Pharmacy	\$ 510.86	\$ 383.17	\$ 894.03
Plan Hs*	\$ 459.72	\$ 344.79	\$ 804.51

\*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 2014-15 Plan Year Dental and Orthodontia Imputed Income Amounts Special Rate Category for Local Govts.

Dental Plan Rates				
Moda Health Plans/Oregon Dental Service OEBC Special Rate Category for Local Govts. Imputed Income Amounts 2014 Plan Year (effective October 1, 2014)				
OEBC Plan	Tier-Rated Groups			
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)	
Plan 1 w/Ortho	\$ 61.88	\$ 75.89	\$ 137.77	
Plan 2 w/Ortho	\$ 55.14	\$ 68.97	\$ 124.11	
Plan 3 w/Ortho	\$ 53.98	\$ 67.76	\$ 121.74	
Plan 4 w/Ortho	\$ 50.83	\$ 64.51	\$ 115.34	
Plan 6 (excl. Ortho)	\$ 40.81	\$ 42.05	\$ 82.86	



**Moda Health/ODS 2014-15 Plan Year  
Vision  
Imputed Income Amounts  
Special Rate Category for Local Govts.**

Vision Plan Rates			
Moda Health			
OEBB Special Rate Category for Local Govts. Imputed Income Amounts			
2014 Plan Year (effective October 1, 2014)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Plan 1	\$ 14.14	\$ 10.59	\$ 24.73
Plan 2	\$ 18.56	\$ 13.92	\$ 32.48
Plan 3	\$ 20.91	\$ 15.69	\$ 36.60
Plan 4	\$ 24.45	\$ 18.33	\$ 42.78



# Kaiser Permanente 2014-15 Plan Year Medical and Pharmacy Imputed Income Amounts Special Rate Category for Local Govts.

Medical Plan Rates				
Kaiser Permanente				
OEBC Special Rate Category for Local Govts. Imputed Income Amounts				
2014 Plan Year (effective October 1, 2014)				
OEBC Plan	Tier-Rated Groups			
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)	
<b>HMO</b>				
Plan 1 w/Pharmacy	\$ 801.37	\$ 601.03	\$	1,402.40
Plan 2* w/Pharmacy	\$ 733.59	\$ 550.25	\$	1,283.84
Plan 3 w/Pharmacy	\$ 491.55	\$ 368.67	\$	860.22

\*Plan 2 includes an Out-of-Pocket Maximum change and other changes and clarifications as noted in the 2014 EOC and Summary of Changes and Clarifications.



## Kaiser Permanente 2014-15 Plan Year Dental and Orthodontia Imputed Income Amounts Special Rate Category for Local Govts.

Dental Plan Rates Kaiser Permanente OEBC Special Rate Category for Local Govts. Imputed Income Amounts 2014 Plan Year (effective October 1, 2014)			
OEBC Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
DHMO Plan 8 w/Ortho	\$ 77.04	\$ 57.78	\$ 134.82

## Kaiser Permanente 2014-15 Plan Year Vision Imputed Income Amounts Special Rate Category for Local Govts.

Vision Plan Rates Kaiser Permanente OEBC Special Rate Category for Local Govts. Imputed Income Amounts 2014 Plan Year (effective October 1, 2014)			
OEBC Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Vision Plan 5	\$ 9.11	\$ 6.83	\$ 15.94



# Willamette Dental 2014-15 Plan Year Dental and Orthodontia Imputed Income Amounts Special Rate Category for Local Govts.

Dental Plan Rates			
Willamette Dental Group			
OEBC Special Rate Category for Local Govts. Imputed Income Amounts			
2014 Plan Year (effective October 1, 2014)			
OEBC Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
<u>DHMO</u> Plan 8 w/ Ortho	\$ 38.41	\$ 43.39	\$ 81.80