



Moda Health 2015-16 Plan Year Medical & Pharmacy - Statewide Plans Plans and Rates

Medical Plan Rates					
Moda Health Plans					
OEBB Rates					
2015 Plan Year (effective October 1, 2015)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
<u>PPO</u>					
Plan A w/Pharmacy	\$876.95	\$1,929.33	\$1,666.27	\$2,718.65	\$2,087.22
Plan B w/Pharmacy	\$702.69	\$1,545.92	\$1,335.14	\$2,178.38	\$1,672.39
Plan C w/Pharmacy	\$586.46	\$1,290.19	\$1,114.27	\$1,818.03	\$1,395.75
Plan D w/Pharmacy	\$544.31	\$1,197.51	\$1,034.24	\$1,687.44	\$1,295.49
Plan E w/Pharmacy	\$509.32	\$1,120.51	\$967.73	\$1,578.94	\$1,212.19
Plan F w/Pharmacy	\$469.25	\$1,032.35	\$891.60	\$1,454.72	\$1,116.83
Plan G w/Pharmacy	\$425.02	\$935.05	\$807.57	\$1,317.61	\$1,011.57
Plan H*	\$382.18	\$840.80	\$726.17	\$1,184.79	\$909.60

*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 Networks Plans and Rates

Medical Plan Rates					
Moda Health Plans					
OEBB Rates					
2015 Plan Year (effective October 1, 2015)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
<u>PPO</u>					
Plan As w/Pharmacy	\$812.62	\$1,787.79	\$1,544.04	\$2,519.20	\$1,934.10
Plan Bs w/Pharmacy	\$651.14	\$1,432.51	\$1,237.19	\$2,018.58	\$1,549.70
Plan Cs w/Pharmacy	\$543.43	\$1,195.55	\$1,032.52	\$1,684.66	\$1,293.36
Plan Ds w/Pharmacy	\$504.38	\$1,109.66	\$958.36	\$1,563.64	\$1,200.46
Plan Es w/Pharmacy	\$471.95	\$1,038.31	\$896.74	\$1,463.12	\$1,123.26
Plan Fs w/Pharmacy	\$434.62	\$956.18	\$825.81	\$1,347.37	\$1,034.40
Plan Gs w/Pharmacy	\$393.53	\$865.77	\$747.74	\$1,219.98	\$936.62
Plan Hs*	\$354.15	\$779.12	\$672.89	\$1,097.87	\$842.86

*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 Rates

Dental Plan Rates					
Moda Health Plans/Oregon Dental Service OEBB Rates 2015 Plan Year (effective October 1, 2015)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Plan 1 w/Ortho	\$63.15	\$125.09	\$139.11	\$206.00	\$153.59
Plan 2 w/Ortho	\$56.34	\$111.53	\$125.37	\$185.02	\$137.89
Plan 3 w/Ortho	\$55.13	\$109.16	\$122.95	\$181.33	\$135.10
Plan 4 w/Ortho	\$51.88	\$102.76	\$116.45	\$171.39	\$127.68
Plan 6 (excl. Ortho)	\$41.69	\$82.54	\$83.78	\$127.98	\$95.84



Moda Health 2015-16 Plan Year Vision Plans and Rates

Vision Plan Rates					
Moda Health Plans					
OEBB Rates					
2015 Plan Year (effective October 1, 2015)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Plan 1	\$12.20	\$26.88	\$23.19	\$37.84	\$27.88
Plan 2	\$16.03	\$35.30	\$30.48	\$49.73	\$36.62
Plan 3	\$18.08	\$39.79	\$34.36	\$56.04	\$41.31
Plan 4	\$21.17	\$46.54	\$40.19	\$65.59	\$48.32



Kaiser Permanente 2015-16 Plan Year Medical and Pharmacy Plans and Rates

Medical Plan Rates					
Kaiser Permanente OEBB Rates 2015 Plan Year (effective October 1, 2015)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
<u>HMO</u>					
Plan 1 w/Pharmacy	\$586.08	\$1,289.40	\$1,113.57	\$1,816.87	\$1,395.21
Plan 2 w/Pharmacy	\$536.51	\$1,180.32	\$1,019.42	\$1,663.23	\$1,276.90
Plan 3 w/Pharmacy	\$359.49	\$790.88	\$683.03	\$1,114.41	\$855.58



Kaiser Permanente 2015-16 Plan Year Dental and Orthodontia Plans and Rates

Dental Plan Rates					
Kaiser Permanente OEBB Rates 2015 Plan Year (effective October 1, 2015)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
<u>DHMO</u> Plan 8 w/Ortho	\$66.81	\$147.01	\$126.96	\$207.13	\$159.05



Kaiser Permanente 2015-16 Plan Year Vision Plans and Rates

Vision Plan Rates					
Kaiser Permanente					
OEBB Rates					
2015 Plan Year (effective October 1, 2015)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Vision Plan 5	\$7.67	\$16.86	\$14.56	\$23.76	\$18.24



Willamette Dental Group 2015-16 Plan Year Dental and Orthodontia Plans and Rates

Dental Plan Rates					
Willamette Dental Group					
OEBB Rates					
2015 Plan Year (effective October 1, 2015)					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
<u>DHMO</u> Plan 8 w/ Ortho	\$40.14	\$79.48	\$84.57	\$127.11	\$102.11