



Moda Health 2014-15 Plan Year Medical & Pharmacy - Statewide Plans Special Rate Category for Local Govts.

Medical Plan Rates					
Moda Health Plans					
OEBB Special Rate Category for Local Governments					
2014 Plan Year (effective October 1, 2014)					
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	\$ 948.65	\$ 2,087.07	\$ 1,802.51	\$ 2,940.92	\$ 2,257.87
Plan B w/Pharmacy	\$ 760.14	\$ 1,672.32	\$ 1,444.29	\$ 2,356.48	\$ 1,809.13
Plan C w/Pharmacy	\$ 634.41	\$ 1,395.68	\$ 1,205.38	\$ 1,966.67	\$ 1,509.86
Plan D w/Pharmacy	\$ 588.81	\$ 1,295.41	\$ 1,118.80	\$ 1,825.40	\$ 1,401.41
Plan E w/Pharmacy	\$ 550.96	\$ 1,212.13	\$ 1,046.86	\$ 1,708.04	\$ 1,311.30
Plan F w/Pharmacy	\$ 507.62	\$ 1,116.76	\$ 964.49	\$ 1,573.66	\$ 1,208.15
Plan G w/Pharmacy	\$ 459.77	\$ 1,011.50	\$ 873.59	\$ 1,425.33	\$ 1,094.27
Plan H*	\$ 413.44	\$ 909.55	\$ 785.54	\$ 1,281.65	\$ 983.96

*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 Networks Special Rate Category for Local Govts.

Medical Plan Rates						
Moda Health Plans						
OEBB Special Rate Category for Local Governments						
2014 Plan Year (effective October 1, 2014)						
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	\$ 879.06	\$ 1,933.96	\$ 1,670.27	\$ 2,725.17	\$ 2,092.23	
Plan Bs w/Pharmacy	\$ 704.37	\$ 1,549.63	\$ 1,338.35	\$ 2,183.62	\$ 1,676.41	
Plan Cs w/Pharmacy	\$ 587.85	\$ 1,293.30	\$ 1,116.94	\$ 1,822.40	\$ 1,399.11	
Plan Ds w/Pharmacy	\$ 545.62	\$ 1,200.39	\$ 1,036.72	\$ 1,691.49	\$ 1,298.60	
Plan Es w/Pharmacy	\$ 510.54	\$ 1,123.20	\$ 970.05	\$ 1,582.74	\$ 1,215.10	
Plan Fs w/Pharmacy	\$ 470.15	\$ 1,034.36	\$ 893.32	\$ 1,457.53	\$ 1,118.98	
Plan Gs w/Pharmacy	\$ 425.70	\$ 936.56	\$ 808.87	\$ 1,319.72	\$ 1,013.20	
Plan Hs*	\$ 383.11	\$ 842.83	\$ 727.90	\$ 1,187.63	\$ 911.77	

*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 Special Rate Category for Local Govts.

Dental Plan Rates						
Moda Health Plans/Oregon Dental Service OEBB Special Rate Category for Local Governments 2014 Plan Year (effective October 1, 2014)						
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	\$ 63.08	\$ 124.96	\$ 138.97	\$ 205.80	\$	153.44
Plan 2 w/Ortho	\$ 56.28	\$ 111.42	\$ 125.25	\$ 184.84	\$	137.75
Plan 3 w/Ortho	\$ 55.07	\$ 109.05	\$ 122.83	\$ 181.15	\$	134.96
Plan 4 w/Ortho	\$ 51.83	\$ 102.66	\$ 116.34	\$ 171.22	\$	127.56
Plan 6 (excl. Ortho)	\$ 41.65	\$ 82.46	\$ 83.70	\$ 127.85	\$	95.74



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

Vision Plan Rates						
Moda Health Plans						
OEBB Special Rate Category for Local Governments						
2014 Plan Year (effective October 1, 2014)						
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	\$ 11.75	\$ 25.89	\$ 22.34	\$ 36.46	\$	26.86
Plan 2	\$ 15.44	\$ 34.00	\$ 29.36	\$ 47.91	\$	35.28
Plan 3	\$ 17.42	\$ 38.33	\$ 33.11	\$ 53.99	\$	39.79
Plan 4	\$ 20.39	\$ 44.84	\$ 38.72	\$ 63.18	\$	46.55



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

Medical Plan Rates					
Kaiser Permanente OEBB Special Rate Category for Local Governments 2014 Plan Year (effective October 1, 2014)					
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	\$ 667.81	\$ 1,469.18	\$ 1,268.84	\$ 2,070.21	\$ 1,589.76
Plan 2* w/Pharmacy	\$ 611.31	\$ 1,344.90	\$ 1,161.56	\$ 1,895.14	\$ 1,454.96
Plan 3 w/Pharmacy	\$ 409.62	\$ 901.17	\$ 778.29	\$ 1,269.84	\$ 974.89

*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 Special Rate Category for Local Govts.

Dental Plan Rates					
Kaiser Permanente OEBB Special Rate Category for Local Governments 2014 Plan Year (effective October 1, 2014)					
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	\$ 64.18	\$ 141.22	\$ 121.96	\$ 198.98	\$ 152.79



Kaiser Permanente 2014-15 Plan Year Vision Special Rate Category for Local Govts.

Vision Plan Rates					
Kaiser Permanente OEBB Special Rate Category for Local Governments 2014 Plan Year (effective October 1, 2014)					
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	\$ 7.59	\$ 16.70	\$ 14.42	\$ 23.52	\$ 18.06



Willamette Dental Group 2014-15 Plan Year Dental and Orthodontia Special Rate Category for Local Govts.

Dental Plan Rates					
Willamette Dental Group					
OEBB Special Rate Category for Local Governments					
2014 Plan Year (effective October 1, 2014)					
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	\$ 39.20	\$ 77.61	\$ 82.59	\$ 124.13	\$ 99.72