COBRA 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 COBRA 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)
PPO			
Plan A w/Pharmacy	$ 1,161.19	$ 870.94	$ 2,032.13
Plan B w/Pharmacy	$ 930.43	$ 697.84	$ 1,628.27
Plan C w/Pharmacy	$ 776.49	$ 582.39	$ 1,358.88
Plan D w/Pharmacy	$ 720.73	$ 540.59	$ 1,261.32
Plan E w/Pharmacy	$ 674.39	$ 505.82	$ 1,180.21
Plan F w/Pharmacy	$ 621.33	$ 466.01	$ 1,087.34
Plan G w/Pharmacy	$ 562.76	$ 422.09	$ 984.85
Plan H*	$ 506.03	$ 379.54	$ 885.57

***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 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 COBRA 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)
PPO			
Plan As w/Pharmacy	$ 1,076.00	$ 807.04	$ 1,883.04
Plan Bs w/Pharmacy	$ 862.16	$ 646.66	$ 1,508.82
Plan Cs w/Pharmacy	$ 719.56	$ 539.67	$ 1,259.23
Plan Ds w/Pharmacy	$ 667.87	$ 500.92	$ 1,168.79
Plan Es w/Pharmacy	$ 624.91	$ 468.70	$ 1,093.61
Plan Fs w/Pharmacy	$ 575.50	$ 431.64	$ 1,007.14
Plan Gs w/Pharmacy	$ 521.08	$ 390.84	$ 911.92
Plan Hs*	$ 468.92	$ 351.69	$ 820.61

*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.

COBRA 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 COBRA 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 w/Ortho	$ 63.12	$ 77.41	$ 140.53
Plan 2 w/Ortho	$ 56.24	$ 70.35	$ 126.59
Plan 3 w/Ortho	$ 55.06	$ 69.12	$ 124.18
Plan 4 w/Ortho	$ 51.84	$ 65.80	$ 117.64
Plan 6 (excl. Ortho)	$ 41.63	$ 42.89	$ 84.52

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

Vision Plan Rates			
Moda Health			
COBRA 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	$ 14.42	$ 10.80	$ 25.22
Plan 2	$ 18.93	$ 14.20	$ 33.13
Plan 3	$ 21.33	$ 16.00	$ 37.33
Plan 4	$ 24.94	$ 18.69	$ 43.63

COBRA Kaiser Permanente 2014-15 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 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)
HMO			
Plan 1 w/Pharmacy	$ 817.39	$ 613.05	$ 1,430.44
Plan 2* w/Pharmacy	$ 748.26	$ 561.25	$ 1,309.51
Plan 3 w/Pharmacy	$ 501.38	$ 376.05	$ 877.43

***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.**

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

Dental Plan Rates			
Kaiser Permanente COBRA 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)
DHMO Plan 8 w/Ortho	$ 78.58	$ 58.94	$ 137.52

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

Vision Plan Rates			
Kaiser Permanente			
COBRA 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)
Vision Plan 5	$ 9.29	$ 6.97	$ 16.26

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

Dental Plan Rates Willamette Dental Group COBRA 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)
DHMO Plan 8 w/ Ortho	$ 39.18	$ 44.26	$ 83.44