



COBRA Moda Health 2015-16 Plan Year Medical & Pharmacy - Statewide Plans Special Rate Category for Local Govts.

Medical Plan Rates					
Moda Health Plans					
COBRA OEBB Special Rate Category for Local Governments					
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	\$1,046.56	\$2,302.47	\$1,988.52	\$3,244.43	\$2,490.88
Plan B w/Pharmacy	\$838.58	\$1,844.89	\$1,593.36	\$2,599.67	\$1,995.82
Plan C w/Pharmacy	\$699.87	\$1,539.72	\$1,329.77	\$2,169.64	\$1,665.69
Plan D w/Pharmacy	\$649.59	\$1,429.10	\$1,234.26	\$2,013.79	\$1,546.03
Plan E w/Pharmacy	\$607.83	\$1,337.22	\$1,154.90	\$1,884.31	\$1,446.63
Plan F w/Pharmacy	\$560.00	\$1,232.01	\$1,064.03	\$1,736.06	\$1,332.82
Plan G w/Pharmacy	\$507.22	\$1,115.88	\$963.76	\$1,572.43	\$1,207.20
Plan H*	\$456.10	\$1,003.41	\$866.61	\$1,413.92	\$1,085.51

*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.



COBRA Moda Health 2015-16 Plan Year Medical & Pharmacy - Synergy/Summit Networks Special Rate Category for Local Govts.

Medical Plan Rates					
Moda Health Plans					
COBRA OEBB Special Rate Category for Local Governments					
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	\$969.78	\$2,133.55	\$1,842.66	\$3,006.41	\$2,308.15
Plan Bs w/Pharmacy	\$777.07	\$1,709.56	\$1,476.46	\$2,408.96	\$1,849.41
Plan Cs w/Pharmacy	\$648.54	\$1,426.77	\$1,232.21	\$2,010.48	\$1,543.48
Plan Ds w/Pharmacy	\$601.93	\$1,324.26	\$1,143.71	\$1,866.05	\$1,432.63
Plan Es w/Pharmacy	\$563.23	\$1,239.13	\$1,070.17	\$1,746.09	\$1,340.49
Plan Fs w/Pharmacy	\$518.67	\$1,141.10	\$985.52	\$1,607.96	\$1,234.46
Plan Gs w/Pharmacy	\$469.64	\$1,033.21	\$892.36	\$1,455.92	\$1,117.77
Plan Hs*	\$422.64	\$929.81	\$803.03	\$1,310.20	\$1,005.86

*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.



COBRA Moda Health/ODS 2015-16 Plan Year Dental and Orthodontia

Dental Plan Rates					
Moda Health Plans/Oregon Dental Service COBRA 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	\$64.41	\$127.59	\$141.89	\$210.12	\$156.66
Plan 2 w/Ortho	\$57.47	\$113.76	\$127.88	\$188.72	\$140.65
Plan 3 w/Ortho	\$56.23	\$111.34	\$125.41	\$184.96	\$137.80
Plan 4 w/Ortho	\$52.92	\$104.82	\$118.78	\$174.82	\$130.23
Plan 6 (excl. Ortho)	\$42.52	\$84.19	\$85.46	\$130.54	\$97.76



COBRA Moda Health 2015-16 Plan Year Vision

Vision Plan Rates					
Moda Health COBRA 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	\$12.44	\$27.42	\$23.65	\$38.60	\$28.44
Plan 2	\$16.35	\$36.01	\$31.09	\$50.72	\$37.35
Plan 3	\$18.44	\$40.59	\$35.05	\$57.16	\$42.14
Plan 4	\$21.59	\$47.47	\$40.99	\$66.90	\$49.29



COBRA Kaiser Permanente 2015-16 Plan Year Medical and Pharmacy Special Rate Category for Local Govts.

Medical Plan Rates					
Kaiser Permanente					
COBRA OEBB Special Rate Category for Local Governments					
2015 Plan Year (effective October 1, 2015)					
	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	\$699.43	\$1,538.77	\$1,328.93	\$2,168.25	\$1,665.05
Plan 2 w/Pharmacy	\$640.27	\$1,408.59	\$1,216.58	\$1,984.90	\$1,523.85
Plan 3 w/Pharmacy	\$429.01	\$943.84	\$815.13	\$1,329.94	\$1,021.05



CORBA Kaiser Permanente 2015-16 Plan Year Dental and Orthodontia

Dental Plan Rates					
Kaiser Permanente COBRA 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	\$68.15	\$149.95	\$129.50	\$211.27	\$162.23



COBRA Kaiser Permanente 2015-16 Plan Year Vision

Vision Plan Rates					
Kaiser Permanente COBRA 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	\$7.82	\$17.20	\$14.85	\$24.24	\$18.60



COBRA Willamette Dental Group 2015-16 Plan Year Dental and Orthodontia

Dental Plan Rates					
Willamette Dental Group					
COBRA					
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
DHMO Plan 8 w/ Ortho	\$40.94	\$81.07	\$86.26	\$129.65	\$104.15