COBRA Moda Health 2015-16 Plan Year
Medical & Pharmacy - Statewide Plans
Plans and Imputed Income Amounts

Medical Plan Rates Moda Health Plans COBRA OEBB Imputed Income Amounts 2015 Contract Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
PPO			
Plan A w/Pharmacy	$1,073.43	$805.11	$1,878.54
Plan B w/Pharmacy	$860.10	$645.10	$1,505.20
Plan C w/Pharmacy	$717.80	$538.37	$1,256.17
Plan D w/Pharmacy	$666.26	$499.72	$1,165.98
Plan E w/Pharmacy	$623.41	$467.57	$1,090.98
Plan F w/Pharmacy	$574.36	$430.79	$1,005.15
Plan G w/Pharmacy	$520.23	$390.20	$910.43
Plan H*	$467.80	$350.87	$818.67

***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 Plans and Imputed Income Amounts

Medical Plan Rates Moda Health Plans COBRA OEBB Imputed Income Amounts 2015 Contract Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
PPO			
Plan As w/Pharmacy	$994.68	$746.05	$1,740.73
Plan Bs w/Pharmacy	$797.00	$597.77	$1,394.77
Plan Cs w/Pharmacy	$665.16	$498.87	$1,164.03
Plan Ds w/Pharmacy	$617.38	$463.06	$1,080.44
Plan Es w/Pharmacy	$577.69	$433.28	$1,010.97
Plan Fs w/Pharmacy	$531.99	$399.02	$931.01
Plan Gs w/Pharmacy	$481.69	$361.29	$842.98
Plan Hs*	$433.47	$325.12	$758.59

*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 Plans and Imputed Income Amounts

Dental Plan Rates			
Moda Health Plans/Oregon Dental Service COBRA OEBB Imputed Income Amounts 2015 Contract Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Plan 1 w/Ortho	$63.18	$77.48	$140.66
Plan 2 w/Ortho	$56.29	$70.41	$126.70
Plan 3 w/Ortho	$55.11	$69.18	$124.29
Plan 4 w/Ortho	$51.90	$65.86	$117.76
Plan 6 (excl. Ortho)	$41.67	$42.94	$84.61

COBRA Moda Health
2015-16 Plan Year
Vision Plans and Imputed Income Amounts

Vision Plan Rates Moda Health COBRA OEBB Imputed Income Amounts 2015 Contract Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Plan 1	$14.98	$11.21	$26.19
Plan 2	$19.66	$14.74	$34.40
Plan 3	$22.15	$16.61	$38.76
Plan 4	$25.88	$19.40	$45.28

COBRA Kaiser Permanente
2015-16 Plan Year
Medical and Pharmacy Plans and Imputed Income Amounts

Medical Plan Rates Kaiser Permanente COBRA OEBB Imputed Income Amounts 2015 Contract Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
HMO			
Plan 1 w/Pharmacy	$717.39	$538.04	$1,255.43
Plan 2 w/Pharmacy	$656.69	$492.57	$1,149.26
Plan 3 w/Pharmacy	$440.02	$330.01	$770.03

CORBA Kaiser Permanente
2015-16 Plan Year
Dental and Orthodontia Plans and Imputed Income Amounts

Dental Plan Rates Kaiser Permanente COBRA OEBB Imputed Income Amounts 2015 Contract Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
DHMO Plan 8 w/Ortho	$81.80	$61.35	$143.15

COBRA Kaiser Permanente
2015-16 Plan Year
Vision Plans and Imputed Income Amounts

Vision Plan Rates Kaiser Permanente COBRA OEBB Imputed Income Amounts 2015 Contract Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Vision Plan 5	$9.38	$7.03	$16.41

COBRA Willamette Dental Group
2015-16 Plan Year
Dental and Orthodontia Plans and Imputed Income Amounts

Dental Plan Rates Willamette Dental Group COBRA OEBB Imputed Income Amounts 2015 Contract Year (effective October 1, 2015)			
OEBB Plan	Tier-Rated Groups		
	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
DHMO Plan 8 w/ Ortho	$40.13	$45.32	$85.45