



Moda Health 2016-17 Plan Year
Special Rate Category for Local Governments
2016-17 Plan Year (Effective October 1, 2016)



Medical & Pharmacy - PPO					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
PPO	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Alder*	\$810.49	\$1,783.07	\$1,539.97	\$2,512.56	\$1,928.95
Birch	\$717.24	\$1,577.91	\$1,362.76	\$2,223.46	\$1,707.01
Cedar	\$646.43	\$1,422.15	\$1,228.23	\$2,004.00	\$1,538.51
Dogwood	\$563.17	\$1,239.01	\$1,070.07	\$1,745.92	\$1,340.39
Evergreen**	\$498.01	\$1,095.62	\$946.24	\$1,543.86	\$1,185.26

Medical & Pharmacy - Synergy/Summit					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Synergy/Summit	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Alder	\$729.44	\$1,604.78	\$1,385.96	\$2,261.31	\$1,736.06
Birch	\$645.51	\$1,420.12	\$1,226.47	\$2,001.10	\$1,536.29
Cedar	\$581.78	\$1,279.95	\$1,105.42	\$1,803.60	\$1,384.66
Dogwood	\$506.87	\$1,115.12	\$963.08	\$1,571.34	\$1,206.35
Evergreen**	\$448.21	\$986.07	\$851.62	\$1,389.48	\$1,066.72

* Alder PPO only available in Coos, Curry, and Douglas counties.

** Pharmacy is included in this plan as any other covered medical expense. RX's are applied to the deductible. Once the deductible is met they are paid at the same level as other covered medical expenses.



**Moda Health/Delta Dental 2016-17 Plan Year
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Dental and Orthodontia					
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	\$63.46	\$125.71	\$139.80	\$207.02	\$154.35
Plan 2 w/ Ortho	\$56.62	\$112.09	\$125.99	\$185.94	\$138.57
Plan 3 w/ Ortho	\$55.40	\$109.70	\$123.56	\$182.22	\$135.77
Plan 4 w/ Ortho	\$52.14	\$103.27	\$117.03	\$172.24	\$128.32
Plan 6 (excl. Ortho)	\$41.90	\$82.95	\$84.19	\$128.61	\$96.31

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Vision					
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
Opal	\$21.92	\$48.20	\$41.62	\$67.92	\$50.04
Pearl	\$17.89	\$39.41	\$34.03	\$55.53	\$40.89
Quartz	\$12.64	\$27.83	\$24.01	\$39.19	\$28.87



**Kaiser Permanente 2016-17 Plan Year
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Medical and Pharmacy					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
HMO	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Plan 1	\$689.11	\$1,516.06	\$1,309.32	\$2,136.26	\$1,640.48
Plan 2	\$568.48	\$1,251.44	\$1,080.06	\$1,763.16	\$1,354.67
Plan 3	\$415.09	\$913.74	\$788.38	\$1,287.07	\$985.94

Dental and Orthodontia					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
DHMO	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Plan 8 w/ Ortho	\$71.91	\$158.23	\$136.65	\$222.94	\$171.20

Vision					
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
Kaiser Vision Plan	\$8.27	\$18.20	\$15.72	\$25.65	\$19.69



Willamette Dental Group 2016-17 Plan Year
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Dental and Orthodontia					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
DHMO	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Plan 8 w/ Ortho	\$41.93	\$83.03	\$88.35	\$132.77	\$106.67