

Medical Plan Monthly Rates ACA Group Bronze Plans 2020-21 Plan Year

(Effective October 1, 2020)

OEBB Bronze Plan w/Pharmacy	Tier-Rated Groups	
OEBB Rates	Employee Only	Employee + Child(ren)
Moda Health	\$441.88	\$839.60
Kaiser Permanente	\$266.80	\$506.94
COBRA	Employee Only	Employee + Child(ren)
Moda Health	\$450.72	\$856.39
Kaiser Permanente	\$272.14	\$517.08

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