



COBRA Moda Health 2014-15 Plan Year Medical & Pharmacy - Statewide Plans Plans and Rates

Medical Plan Rates					
Moda Health Plans					
COBRA OEBB Rates					
2014 Plan Year (effective October 1, 2014)					
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	\$ 827.03	\$ 1,819.50	\$ 1,571.41	\$ 2,563.88	\$ 1,968.40
Plan B w/Pharmacy	\$ 662.69	\$ 1,457.92	\$ 1,259.13	\$ 2,054.37	\$ 1,577.19
Plan C w/Pharmacy	\$ 553.07	\$ 1,216.75	\$ 1,050.84	\$ 1,714.53	\$ 1,316.29
Plan D w/Pharmacy	\$ 513.33	\$ 1,129.34	\$ 975.36	\$ 1,591.38	\$ 1,221.74
Plan E w/Pharmacy	\$ 480.33	\$ 1,056.73	\$ 912.65	\$ 1,489.06	\$ 1,143.19
Plan F w/Pharmacy	\$ 442.54	\$ 973.58	\$ 840.84	\$ 1,371.91	\$ 1,053.25
Plan G w/Pharmacy	\$ 400.83	\$ 881.82	\$ 761.59	\$ 1,242.60	\$ 953.98
Plan H*	\$ 360.43	\$ 792.94	\$ 684.83	\$ 1,117.34	\$ 857.81

*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 Networks Plans and Rates

Medical Plan Rates					
Moda Health Plans					
COBRA OEBB Rates					
2014 Plan Year (effective October 1, 2014)					
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	\$ 766.36	\$ 1,686.01	\$ 1,456.13	\$ 2,375.79	\$ 1,823.99
Plan Bs w/Pharmacy	\$ 614.07	\$ 1,350.96	\$ 1,166.76	\$ 1,903.67	\$ 1,461.49
Plan Cs w/Pharmacy	\$ 512.49	\$ 1,127.49	\$ 973.75	\$ 1,588.75	\$ 1,219.74
Plan Ds w/Pharmacy	\$ 475.67	\$ 1,046.49	\$ 903.80	\$ 1,474.63	\$ 1,132.12
Plan Es w/Pharmacy	\$ 445.09	\$ 979.20	\$ 845.69	\$ 1,379.83	\$ 1,059.31
Plan Fs w/Pharmacy	\$ 409.88	\$ 901.75	\$ 778.79	\$ 1,270.67	\$ 975.52
Plan Gs w/Pharmacy	\$ 371.13	\$ 816.49	\$ 705.18	\$ 1,150.53	\$ 883.30
Plan Hs*	\$ 333.99	\$ 734.78	\$ 634.58	\$ 1,035.37	\$ 794.88

*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 Plans and Rates

Dental Plan Rates					
Moda Health Plans/Oregon Dental Service COBRA OEBB Rates 2014 Plan Year (effective October 1, 2014)					
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	\$ 64.34	\$ 127.46	\$ 141.75	\$ 209.92	\$ 156.51
Plan 2 w/Ortho	\$ 57.41	\$ 113.65	\$ 127.76	\$ 188.54	\$ 140.51
Plan 3 w/Ortho	\$ 56.17	\$ 111.23	\$ 125.29	\$ 184.77	\$ 137.66
Plan 4 w/Ortho	\$ 52.87	\$ 104.71	\$ 118.67	\$ 174.64	\$ 130.11
Plan 6 (excl. Ortho)	\$ 42.48	\$ 84.11	\$ 85.37	\$ 130.41	\$ 97.65



COBRA Moda Health 2014-15 Plan Year Vision Plans and Rates

Vision Plan Rates						
Moda Health						
COBRA OEBB Rates						
2014 Plan Year (effective October 1, 2014)						
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	\$ 11.99	\$ 26.41	\$ 22.79	\$ 37.19	\$	27.40
Plan 2	\$ 15.75	\$ 34.68	\$ 29.95	\$ 48.87	\$	35.99
Plan 3	\$ 17.77	\$ 39.10	\$ 33.77	\$ 55.07	\$	40.59
Plan 4	\$ 20.80	\$ 45.74	\$ 39.49	\$ 64.44	\$	47.48



COBRA Kaiser Permanente 2014-15 Plan Year Medical and Pharmacy Plans and Rates

Medical Plan Rates						
Kaiser Permanente COBRA OEBB Rates 2014 Plan Year (effective October 1, 2014)						
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>HMO</u>						
Plan 1 w/Pharmacy	\$ 582.19	\$ 1,280.82	\$ 1,106.16	\$ 1,804.79	\$	1,385.95
Plan 2* w/Pharmacy	\$ 532.94	\$ 1,172.47	\$ 1,012.65	\$ 1,652.18	\$	1,268.42
Plan 3 w/Pharmacy	\$ 357.10	\$ 785.63	\$ 678.50	\$ 1,107.04	\$	849.89

*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.



CORBA Kaiser Permanente 2014-15 Plan Year Dental and Orthodontia Plans and Rates

Dental Plan Rates					
Kaiser Permanente COBRA OEBB Rates 2014 Plan Year (effective October 1, 2014)					
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	\$ 65.46	\$ 144.04	\$ 124.40	\$ 202.96	\$ 155.85



COBRA Kaiser Permanente 2014-15 Plan Year Vision Plans and Rates

Vision Plan Rates					
Kaiser Permanente COBRA OEBB Rates 2014 Plan Year (effective October 1, 2014)					
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	\$ 7.74	\$ 17.03	\$ 14.71	\$ 23.99	\$ 18.42



COBRA Willamette Dental Group 2014-15 Plan Year Dental and Orthodontia Plans and Rates

Dental Plan Rates					
Willamette Dental Group COBRA OEBB Rates 2014 Plan Year (effective October 1, 2014)					
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	\$ 39.98	\$ 79.16	\$ 84.24	\$ 126.61	\$ 101.71