



COBRA Moda Health 2019-20 Plan Year
Special Monthly Rate Category for Local Governments
(Effective October 1, 2019)



Medical & Pharmacy

| OEBB Plan | Tier-Rated Groups | | | | Composite-Rated Groups |
|----------------------|-------------------|---------------------------------------|-----------------------|--|------------------------|
| Moda Medical Plans | Employee Only | Employee + Spouse or Domestic Partner | Employee + Child(ren) | Employee + Spouse or Domestic Partner + Child(ren) | Unit |
| Moda Medical Plan 1 | \$809.49 | \$1,780.88 | \$1,538.07 | \$2,509.48 | \$1,926.58 |
| Moda Medical Plan 2 | \$753.10 | \$1,656.79 | \$1,430.90 | \$2,334.62 | \$1,792.33 |
| Moda Medical Plan 3 | \$707.97 | \$1,557.51 | \$1,345.16 | \$2,194.72 | \$1,684.94 |
| Moda Medical Plan 4 | \$671.84 | \$1,478.06 | \$1,276.53 | \$2,082.75 | \$1,598.98 |
| Moda Medical Plan 5 | \$621.23 | \$1,366.70 | \$1,180.34 | \$1,925.82 | \$1,478.49 |
| Moda Medical Plan 6* | \$636.18 | \$1,399.61 | \$1,208.78 | \$1,972.22 | \$1,514.12 |
| Moda Medical Plan 7* | \$593.76 | \$1,306.25 | \$1,128.15 | \$1,840.68 | \$1,413.13 |

Medical & Pharmacy - Select¹

| OEBB Plan | Tier-Rated Groups | | | | Composite-Rated Groups |
|--|-------------------|---------------------------------------|-----------------------|--|------------------------|
| Moda Medical Plans Select | Employee Only | Employee + Spouse or Domestic Partner | Employee + Child(ren) | Employee + Spouse or Domestic Partner + Child(ren) | Unit |
| Moda Medical Plan 1 Select ¹ | \$809.49 | \$1,780.88 | \$1,538.07 | \$2,509.48 | \$1,926.58 |
| Moda Medical Plan 2 Select ¹ | \$753.10 | \$1,656.79 | \$1,430.90 | \$2,334.62 | \$1,792.33 |
| Moda Medical Plan 3 Select ¹ | \$701.52 | \$1,543.33 | \$1,332.89 | \$2,174.74 | \$1,669.59 |
| Moda Medical Plan 4 Select ¹ | \$654.72 | \$1,440.36 | \$1,243.97 | \$2,029.65 | \$1,558.20 |
| Moda Medical Plan 5 Select ¹ | \$621.23 | \$1,366.70 | \$1,180.34 | \$1,925.82 | \$1,478.49 |
| Moda Medical Plan 6 Select* ¹ | \$595.64 | \$1,310.40 | \$1,131.74 | \$1,846.51 | \$1,417.61 |
| Moda Medical Plan 7 Select* ¹ | \$576.30 | \$1,267.86 | \$1,094.99 | \$1,786.56 | \$1,371.57 |

* This plan MAY be paired with an HSA (Health Savings Account), but the HSA is not required. Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible. Once the deductible is met Rx's are paid at the same level as other covered medical expenses.

¹ Select rates apply only to members whose most recent OEbb medical plan enrollment between June 30, 2019 and September 30, 2019 was in a Moda CCM Synergy/Summit Plan.



COBRA Moda Health/Delta Dental 2019-20 Plan Year
Special Monthly Rate Category for Local Governments
 (Effective October 1, 2019)



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 |
| Provider network noted in plan name below | | | | | |
| Premier Plan 1 - Delta Dental Premier Network | \$67.81 | \$134.33 | \$149.38 | \$221.22 | \$164.93 |
| Premier Plan 5 - Delta Dental Premier Network | \$59.84 | \$118.54 | \$131.84 | \$195.24 | \$145.55 |
| Premier Plan 6* - Delta Dental Premier Network | \$44.77 | \$88.64 | \$89.96 | \$137.43 | \$102.92 |
| Exclusive PPO Plan** - Delta Dental PPO Network | \$40.00 | \$79.25 | \$88.13 | \$130.52 | \$97.30 |

* This plan has no orthodontia coverage

** This plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and x-rays. All other services are considered non-covered.

COBRA Moda Health 2019-20 Plan Year
Special Monthly Rate Category for Local Governments
 (Effective October 1, 2019)



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 |
| May use any licensed provider | | | | | |
| Opal Plan | \$24.75 | \$54.40 | \$46.95 | \$76.64 | \$56.47 |
| Pearl Plan | \$20.19 | \$44.48 | \$38.40 | \$62.66 | \$46.16 |
| Quartz Plan | \$14.26 | \$31.41 | \$27.10 | \$44.22 | \$32.58 |



**COBRA Kaiser Permanente 2019-20 Plan Year
Special Rate Category for Local Governments
(Effective October 1, 2019)**



Medical and Pharmacy

| 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 |
| Must use Kaiser Permanente facilities and providers for all non-emergency services | | | | | |
| Kaiser Medical Plan 1 | \$786.95 | \$1,731.30 | \$1,495.21 | \$2,439.54 | \$1,871.76 |
| Kaiser Medical Plan 2 | \$650.37 | \$1,431.72 | \$1,235.65 | \$2,017.12 | \$1,550.41 |
| Kaiser Medical Plan 3* | \$474.88 | \$1,045.37 | \$901.91 | \$1,472.45 | \$1,129.73 |

* This plan MAY be paired with an HSA (Health Savings Account), but the HSA is not required. Pharmacy is included in this plan as any other covered medical expense. Rx's are applied to the deductible. Once the deductible is met Rx's are paid at the same level as other covered medical expenses.

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 |
| Must use Kaiser Permanente facilities and providers for all non-emergency services | | | | | |
| Kaiser Dental Plan | \$74.53 | \$163.99 | \$141.62 | \$231.06 | \$177.51 |

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 |
| Must use Kaiser Permanente facilities and providers for all non-emergency services | | | | | |
| Kaiser Vision Plan | \$8.51 | \$18.71 | \$16.15 | \$26.35 | \$20.23 |



COBRA Willamette Dental Group 2019-20 Plan Year
Special Monthly Rate Category for Local Governments
 (Effective October 1, 2019)



Dental and Orthodontia

| OEBB Plan | Tier-Rated Groups | | | | Composite-Rated Groups |
|--|-------------------|---------------------------------------|-----------------------|--|------------------------|
| Must use Willamette Dental Group facilities and providers for all non-emergency services | Employee Only | Employee + Spouse or Domestic Partner | Employee + Child(ren) | Employee + Spouse or Domestic Partner + Child(ren) | Unit |
| Willamette Dental Plan | \$48.34 | \$95.76 | \$101.90 | \$153.09 | \$123.03 |



COBRA VSP Vision 2019-20 Plan Year
Special Monthly Rate Category for Local Governments
 (Effective October 1, 2019)



| Vision | | | | | |
|---|-------------------|---------------------------------------|-----------------------|--|------------------------|
| OEBB Plan | Tier-Rated Groups | | | | Composite-Rated Groups |
| Vision plans using the VSP Choice network | Employee Only | Employee + Spouse or Domestic Partner | Employee + Child(ren) | Employee + Spouse or Domestic Partner + Child(ren) | Unit |
| VSP Choice Plus Plan | \$19.18 | \$42.20 | \$36.44 | \$59.46 | \$46.03 |
| VSP Choice Plan | \$9.33 | \$20.52 | \$17.72 | \$28.91 | \$22.38 |