



**Moda Health 2017-18 Plan Year**  
**Plans and Imputed Income Amounts**  
**Special Rate Category for Local Governments**  
 (Effective October 1, 2017)



<b>Medical &amp; Pharmacy - PPO</b>			
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>		
<b>PPO (Preferred Provider Organization) Plans using the Connexus Network</b>	<b>Domestic Partner</b>	<b>Domestic Partner Child(ren) Only</b>	<b>Domestic Partner + Domestic Partner Child(ren)</b>
Birch PPO - Connexus Network	\$882.09	\$661.59	\$1,543.68
Cedar PPO - Connexus Network	\$815.34	\$611.53	\$1,426.87
Dogwood PPO - Connexus Network	\$735.63	\$551.76	\$1,287.39
Evergreen* PPO - Connexus Network	\$654.30	\$490.75	\$1,145.05

<b>Medical &amp; Pharmacy - Synergy/Summit</b>			
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>		
<b>CCM (Coordinated Care Model) Plans using the Synergy/Summit Networks</b>	<b>Domestic Partner</b>	<b>Domestic Partner Child(ren) Only</b>	<b>Domestic Partner + Domestic Partner Child(ren)</b>
Alder CCM - Synergy or Summit Network	\$897.12	\$672.86	\$1,569.98
Birch CCM - Synergy or Summit Network	\$793.89	\$595.42	\$1,389.31
Cedar CCM - Synergy or Summit Network	\$733.82	\$550.39	\$1,284.21
Dogwood CCM - Synergy or Summit Network	\$662.05	\$496.56	\$1,158.61
Evergreen* CCM - Synergy or Summit Network	\$588.87	\$441.67	\$1,030.54

\* This plan MUST be paired with an HSA (Health Savings Account). 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.



**Moda Health/ODS 2017-18 Plan Year  
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Dental and Orthodontia			
OEBB Plan	Tier-Rated Groups		
Provider network noted in plan name below	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Premier Plan 1 - Delta Dental Premier Network	\$62.86	\$77.09	\$139.95
Premier Plan 5 - Delta Dental Premier Network	\$55.48	\$68.03	\$123.51
Premier Plan 6 - Delta Dental Premier Network <i>(this plan has no orthodontia coverage)</i>	\$41.46	\$42.72	\$84.18
Exclusive PPO Plan* - Delta Dental PPO Network	\$37.09	\$45.48	\$82.57

\* 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.

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Vision			
OEBB Plan	Tier-Rated Groups		
May use any licensed provider	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Opal Plan	\$26.84	\$20.11	\$46.95
Pearl Plan	\$21.99	\$16.49	\$38.48
Quartz Plan	\$15.53	\$11.63	\$27.16



**Kaiser Permanente 2017-18 Plan Year  
Plans and Imputed Income Amounts  
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(Effective October 1, 2017)**



<b>Medical and Pharmacy</b>			
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>		
<b>HMO (Health Maintenance Organization) Plans - Must use Kaiser Permanente facilities and providers for all non-emergency services</b>	<b>Domestic Partner</b>	<b>Domestic Partner Child(ren) Only</b>	<b>Domestic Partner + Domestic Partner Child(ren)</b>
Medical Plan 1 HMO - Kaiser Permanente Network	\$854.70	\$641.02	\$1,495.72
Medical Plan 2 HMO - Kaiser Permanente Network	\$705.88	\$528.75	\$1,234.63
Medical Plan 3* HMO - Kaiser Permanente Network	\$515.38	\$385.80	\$901.18

\* 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.

<b>Dental and Orthodontia</b>			
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>		
<b>Must use Kaiser Permanente facilities and providers for all non-emergency services</b>	<b>Domestic Partner</b>	<b>Domestic Partner Child(ren) Only</b>	<b>Domestic Partner + Domestic Partner Child(ren)</b>
Kaiser Dental Plan	\$89.93	\$67.44	\$157.37

<b>Vision</b>			
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>		
<b>Must use Kaiser Permanente facilities and providers for all non-emergency services</b>	<b>Domestic Partner</b>	<b>Domestic Partner Child(ren) Only</b>	<b>Domestic Partner + Domestic Partner Child(ren)</b>
Kaiser Vision Plan	\$9.92	\$7.44	\$17.36



**Willamette Dental Group 2017-18 Plan Year**  
**Plans and Imputed Income Amounts**  
**Special Rate Category for Local Governments**  
**(Effective October 1, 2017)**



<b>Dental and Orthodontia</b>			
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>		
<b>Must use Willamette Dental Group facilities and providers for all non-emergency services</b>	<b>Domestic Partner</b>	<b>Domestic Partner Child(ren) Only</b>	<b>Domestic Partner + Domestic Partner Child(ren)</b>
Willamette Dental Plan	\$41.90	\$47.32	\$89.22



**VSP Vision 2017-18 Plan Year**  
**Plans and Imputed Income Amounts**  
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<b>Vision</b>			
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>		
<b>Vision plans using the VSP Choice network</b>	<b>Domestic Partner</b>	<b>Domestic Partner Child(ren) Only</b>	<b>Domestic Partner + Domestic Partner Child(ren)</b>
VSP Choice Plus Plan	\$22.60	\$16.95	\$39.55
VSP Choice Plan	\$10.99	\$8.24	\$19.23