



Moda Health 2018-19 Plan Year
Plans and Imputed Income Amounts
Special Rate Category for Local Governments
 (Effective October 1, 2018)



Medical & Pharmacy - PPO			
OEBB Plan	Tier-Rated Groups		
PPO (Preferred Provider Organization) Plans using the Connexus Network	Domestic Partner	Domestic Partner's Child(ren) Only	Domestic Partner + Domestic Partner's Child(ren)
Birch PPO - Connexus Network	\$899.18	\$674.40	\$1,573.58
Cedar PPO - Connexus Network	\$833.25	\$624.96	\$1,458.21
Dogwood PPO - Connexus Network	\$773.29	\$580.00	\$1,353.29
Evergreen* PPO - Connexus Network	\$693.59	\$520.20	\$1,213.79
Fir * PPO - Connexus Network	\$679.73	\$509.81	\$1,189.54

Medical & Pharmacy - Synergy/Summit			
OEBB Plan	Tier-Rated Groups		
CCM (Coordinated Care Model) Plans using the Synergy/Summit Networks	Domestic Partner	Domestic Partner's Child(ren) Only	Domestic Partner + Domestic Partner's Child(ren)
Alder CCM - Synergy or Summit Network	\$914.50	\$685.90	\$1,600.40
Birch CCM - Synergy or Summit Network	\$809.28	\$606.95	\$1,416.23
Cedar CCM - Synergy or Summit Network	\$749.95	\$562.49	\$1,312.44
Dogwood CCM - Synergy or Summit Network	\$695.94	\$521.98	\$1,217.92
Evergreen* CCM - Synergy or Summit Network	\$624.23	\$468.18	\$1,092.41
Fir * CCM - Synergy or Summit Network	\$611.75	\$458.82	\$1,070.57

* 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.



Moda Health/ODS 2018-19 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's Child(ren) Only	Domestic Partner + Domestic Partner's Child(ren)
Premier Plan 1 - Delta Dental Premier Network	\$64.82	\$79.49	\$144.31
Premier Plan 5 - Delta Dental Premier Network	\$57.21	\$70.16	\$127.37
Premier Plan 6 - Delta Dental Premier Network <i>(this plan has no orthodontia coverage)</i>	\$42.75	\$44.05	\$86.80
Exclusive PPO Plan* - Delta Dental PPO Network	\$38.24	\$46.89	\$85.13

* 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's Child(ren) Only	Domestic Partner + Domestic Partner's Child(ren)
Opal Plan	\$27.64	\$20.70	\$48.34
Pearl Plan	\$22.64	\$16.98	\$39.62
Quartz Plan	\$15.99	\$11.97	\$27.96



**Kaiser Permanente 2018-19 Plan Year
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Medical and Pharmacy			
OEBB Plan	Tier-Rated Groups		
HMO (Health Maintenance Organization) Plans - Must use Kaiser Permanente facilities and providers for all non-emergency services	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Medical Plan 1 HMO - Kaiser Permanente Network	\$886.59	\$664.94	\$1,551.53
Medical Plan 2 HMO - Kaiser Permanente Network	\$733.60	\$549.50	\$1,283.10
Medical Plan 3* HMO - Kaiser Permanente Network	\$536.30	\$401.42	\$937.72

* 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		
Must use Kaiser Permanente facilities and providers for all non-emergency services	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Kaiser Dental Plan	\$84.57	\$63.43	\$148.00

Vision			
OEBB Plan	Tier-Rated Groups		
Must use Kaiser Permanente facilities and providers for all non-emergency services	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Kaiser Vision Plan	\$9.80	\$7.35	\$17.15



Willamette Dental Group 2018-19 Plan Year
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Dental and Orthodontia			
OEBB Plan	Tier-Rated Groups		
Must use Willamette Dental Group facilities and providers for all non-emergency services	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
Willamette Dental Plan	\$44.68	\$50.45	\$95.13



VSP Vision 2018-19 Plan Year
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Vision			
OEBB Plan	Tier-Rated Groups		
Vision plans using the VSP Choice network	Domestic Partner	Domestic Partner Child(ren) Only	Domestic Partner + Domestic Partner Child(ren)
VSP Choice Plus Plan	\$22.57	\$16.93	\$39.50
VSP Choice Plan	\$10.97	\$8.22	\$19.19