



Moda Health 2018-19 Plan Year
Special Rate Category for Local Governments
(Effective October 1, 2018)



Medical & Pharmacy - PPO

OEGB Plan	Tier-Rated Groups				Composite-Rated Groups
PPO (Preferred Provider Organization) Plans using the Connexus Network	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Birch PPO - Connexus Network	\$749.34	\$1,648.52	\$1,423.74	\$2,322.96	\$1,783.40
Cedar PPO - Connexus Network	\$694.39	\$1,527.64	\$1,319.35	\$2,152.65	\$1,652.63
Dogwood PPO - Connexus Network	\$644.40	\$1,417.69	\$1,224.40	\$1,997.72	\$1,533.68
Evergreen* PPO - Connexus Network	\$578.01	\$1,271.60	\$1,098.21	\$1,791.81	\$1,375.63
Fir * PPO - Connexus Network	\$566.44	\$1,246.17	\$1,076.25	\$1,755.98	\$1,348.12

Medical & Pharmacy - Synergy/Summit

OEGB Plan	Tier-Rated Groups				Composite-Rated Groups
CCM (Coordinated Care Model) Plans using the Synergy/Summit Networks	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Alder CCM - Synergy or Summit Network	\$762.09	\$1,676.59	\$1,447.99	\$2,362.52	\$1,813.75
Birch CCM - Synergy or Summit Network	\$674.39	\$1,483.67	\$1,281.34	\$2,090.65	\$1,605.05
Cedar CCM - Synergy or Summit Network	\$624.95	\$1,374.90	\$1,187.44	\$1,937.42	\$1,487.39
Dogwood CCM - Synergy or Summit Network	\$579.96	\$1,275.90	\$1,101.94	\$1,797.89	\$1,380.28
Evergreen* CCM - Synergy or Summit Network	\$520.20	\$1,144.43	\$988.38	\$1,612.63	\$1,238.04
Fir * CCM - Synergy or Summit Network	\$509.79	\$1,121.54	\$968.61	\$1,580.37	\$1,213.28

* 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/Delta Dental 2018-19 Plan Year
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Dental and Orthodontia

OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Provider network noted in plan name below	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Premier Plan 1 - Delta Dental Premier Network	\$66.09	\$130.91	\$145.58	\$215.59	\$160.73
Premier Plan 5 - Delta Dental Premier Network	\$58.32	\$115.53	\$128.48	\$190.26	\$141.85
Premier Plan 6 - Delta Dental Premier Network (this plan has no orthodontia coverage)	\$43.63	\$86.38	\$87.68	\$133.94	\$100.31
Exclusive PPO Plan* - Delta Dental PPO Network	\$38.99	\$77.23	\$85.88	\$127.20	\$94.83

* 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				Composite-Rated Groups
May use any licensed provider	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Opal Plan	\$23.07	\$50.71	\$43.77	\$71.45	\$52.64
Pearl Plan	\$18.82	\$41.46	\$35.80	\$58.41	\$43.02
Quartz Plan	\$13.29	\$29.28	\$25.26	\$41.22	\$30.37



Kaiser Permanente 2018-19 Plan Year
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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
HMO (Health Maintenance Organization) Plans - Must use Kaiser Permanente facilities and providers for all non-emergency services					
Medical Plan 1 HMO - Kaiser Permanente Network	\$738.82	\$1,625.41	\$1,403.76	\$2,290.33	\$1,757.36
Medical Plan 2 HMO - Kaiser Permanente Network	\$610.64	\$1,344.24	\$1,160.14	\$1,893.87	\$1,455.65
Medical Plan 3* HMO - Kaiser Permanente Network	\$446.45	\$982.75	\$847.87	\$1,384.23	\$1,061.97

* 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	\$70.45	\$155.02	\$133.88	\$218.42	\$167.79

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	\$8.15	\$17.95	\$15.50	\$25.29	\$19.42



Willamette Dental Group 2018-19 Plan Year
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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	\$45.53	\$90.21	\$95.98	\$144.20	\$115.89



VSP Vision 2018-19 Plan Year
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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	\$18.80	\$41.37	\$35.73	\$58.29	\$45.13
VSP Choice Plan	\$9.15	\$20.12	\$17.37	\$28.34	\$21.94