



**Medical Plan Monthly Rates**  
**ACA Group Bronze Plans**  
**2024-25 Plan Year**  
(Effective October 1, 2024)

<b>OEBB Bronze Plan w/Pharmacy</b>	<b>Tier-Rated Groups</b>	
<b>OEBB Rates</b>	<b>Employee Only</b>	<b>Employee + Child(ren)</b>
Moda Health	\$497.25	\$944.83
Kaiser Permanente	\$299.29	\$568.65
<b>COBRA</b>	<b>Employee Only</b>	<b>Employee + Child(ren)</b>
Moda Health	\$507.19	\$963.72
Kaiser Permanente	\$305.27	\$580.02