



**Moda Health 2018-19 Plan Year**  
**Plans and Rates**  
**(Effective October 1, 2018)**



| <b>Medical &amp; Pharmacy - PPO</b>   |                               |            |
|---|-------------------------------|------------|
| <b>OEBB Plan</b>  | <b>Composite-Rated Groups</b> |            |
| <b>PPO (Preferred Provider Organization) Plans using the Connexus Network</b> | <b>Unit</b>                   |            |
| Birch PPO - Connexus Network  |                               | \$1,524.27 |
| Cedar PPO - Connexus Network  |                               | \$1,412.51 |
| Dogwood PPO - Connexus Network  |                               | \$1,310.84 |
| Evergreen* PPO - Connexus Network   |                               | \$1,175.76 |
| Fir * PPO - Connexus Network  |                               | \$1,152.24 |

| <b>Medical &amp; Pharmacy - Synergy/Summit</b>                              |                               |            |
|---|-------------------------------|------------|
| <b>OEBB Plan</b>  | <b>Composite-Rated Groups</b> |            |
| <b>CCM (Coordinated Care Model) Plans using the Synergy/Summit Networks</b> | <b>Unit</b>                   |            |
| Alder CCM - Synergy or Summit Network                                       |                               | \$1,550.21 |
| Birch CCM - Synergy or Summit Network                                       |                               | \$1,371.83 |
| Cedar CCM - Synergy or Summit Network                                       |                               | \$1,271.27 |
| Dogwood CCM - Synergy or Summit Network                                     |                               | \$1,179.73 |
| Evergreen* CCM - Synergy or Summit Network                                  |                               | \$1,058.15 |
| Fir * CCM - Synergy or Summit Network                                       |                               | \$1,036.99 |

\* 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  | Composite-Rated Groups |          |
| Provider network noted in plan name below  |                        | Unit     |
| Premier Plan 1 - Delta Dental Premier Network  |                        | \$160.73 |
| Premier Plan 5 - Delta Dental Premier Network  |                        | \$141.85 |
| Premier Plan 6 - Delta Dental Premier Network<br>(this plan has no orthodontia coverage) |                        | \$100.31 |
| Exclusive PPO Plan* - Delta Dental PPO Network   |                        | \$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                     | Composite-Rated Groups |         |
| May use any licensed provider |                        | Unit    |
| Opal Plan                     |                        | \$52.64 |
| Pearl Plan                    |                        | \$43.02 |
| Quartz Plan                   |                        | \$30.37 |



**Kaiser Permanente 2018-19 Plan Year**  
**Plans and Rates**  
**(Effective October 1, 2018)**



| Medical and Pharmacy   |                        |            |
|--|------------------------|------------|
| OEBB Plan  | Composite-Rated Groups |            |
| HMO (Health Maintenance Organization) Plans -<br>Must use Kaiser Permanente facilities and providers<br>for all non-emergency services | Unit                   |            |
| Medical Plan 1 HMO - Kaiser Permanente Network   |                        | \$1,502.02 |
| Medical Plan 2 HMO - Kaiser Permanente Network   |                        | \$1,244.15 |
| Medical Plan 3* HMO - Kaiser Permanente Network  |                        | \$907.67   |

\* 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   | Composite-Rated Groups |          |
| Must use Kaiser Permanente facilities and providers<br>for all non-emergency services | Unit                   |          |
| Kaiser Dental Plan  |                        | \$167.79 |

| Vision  |                        |         |
|---|------------------------|---------|
| OEBB Plan   | Composite-Rated Groups |         |
| Must use Kaiser Permanente facilities and providers<br>for all non-emergency services | Unit                   |         |
| Kaiser Vision Plan  |                        | \$19.42 |



**Willamette Dental Group 2018-19 Plan Year**  
**Plans and Rates**  
**(Effective October 1, 2018)**



| Dental and Orthodontia   |                        |
|--|------------------------|
| OEBB Plan  | Composite-Rated Groups |
| Must use Willamette Dental Group facilities and providers for all non-emergency services | Unit                   |
| Willamette Dental Plan   | \$115.89               |



**VSP Vision 2018-19 Plan Year**  
**Plans and Rates**  
**(Effective October 1, 2018)**



| Vision                                    |                        |         |
|---|------------------------|---------|
| OEBB Plan                                 | Composite-Rated Groups |         |
| Vision plans using the VSP Choice network | Unit                   |         |
| VSP Choice Plus Plan                      |                        | \$45.13 |
| VSP Choice Plan                           |                        | \$21.94 |