





**Moda Health 2017-18 Plan Year**  
**Plans and Rates**  
(Effective October 1, 2017)



<b>Medical &amp; Pharmacy - PPO</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>PPO (Preferred Provider Organization) Plans using the Connexus Network</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
Birch PPO - Connexus Network	\$628.29	\$1,382.22	\$1,193.75	\$1,947.71	\$1,495.30
Cedar PPO - Connexus Network	\$580.73	\$1,277.60	\$1,103.40	\$1,800.31	\$1,382.13
Dogwood PPO - Connexus Network	\$523.93	\$1,152.66	\$995.51	\$1,624.26	\$1,246.97
Evergreen* PPO - Connexus Network	\$466.03	\$1,025.26	\$885.47	\$1,444.70	\$1,109.14

<b>Medical &amp; Pharmacy - Synergy/Summit</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>CCM (Coordinated Care Model) Plans using the Synergy/Summit Networks</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
Alder CCM - Synergy or Summit Network	\$638.97	\$1,405.74	\$1,214.07	\$1,980.86	\$1,520.75
Birch CCM - Synergy or Summit Network	\$565.45	\$1,243.99	\$1,074.36	\$1,752.92	\$1,345.76
Cedar CCM - Synergy or Summit Network	\$522.65	\$1,149.84	\$993.06	\$1,620.29	\$1,243.92
Dogwood CCM - Synergy or Summit Network	\$471.55	\$1,037.41	\$895.97	\$1,461.83	\$1,122.28
Evergreen* CCM - Synergy or Summit Network	\$419.43	\$922.74	\$796.92	\$1,300.24	\$998.22

\* 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/Delta Dental 2017-18 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	\$64.09	\$126.95	\$141.18	\$209.07	\$155.88
Premier Plan 5 - Delta Dental Premier Network	\$56.56	\$112.04	\$124.59	\$184.51	\$137.57
Premier Plan 6 - Delta Dental Premier Network <i>(this plan has no orthodontia coverage)</i>	\$42.31	\$83.77	\$85.03	\$129.89	\$97.27
Exclusive PPO Plan* - Delta Dental PPO Network	\$37.81	\$74.90	\$83.29	\$123.35	\$91.96

\* 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.

**Moda Health 2017-18 Plan Year**  
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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	\$22.39	\$49.23	\$42.50	\$69.37	\$51.10
Pearl Plan	\$18.27	\$40.26	\$34.76	\$56.71	\$41.77
Quartz Plan	\$12.90	\$28.43	\$24.53	\$40.02	\$29.48



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



<b>Medical and Pharmacy</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>HMO (Health Maintenance Organization) Plans - Must use Kaiser Permanente facilities and providers for all non-emergency services</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
Medical Plan 1 HMO - Kaiser Permanente Network	\$608.75	\$1,339.26	\$1,156.63	\$1,887.13	\$1,449.17
Medical Plan 2 HMO - Kaiser Permanente Network	\$502.19	\$1,105.50	\$954.11	\$1,557.54	\$1,196.69
Medical Plan 3* HMO - Kaiser Permanente Network	\$366.69	\$807.19	\$696.43	\$1,136.97	\$870.96

\* 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>Composite-Rated Groups</b>
<b>Must use Kaiser Permanente facilities and providers for all non-emergency services</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
Kaiser Dental Plan	\$74.92	\$164.85	\$142.36	\$232.27	\$178.36

<b>Vision</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>Must use Kaiser Permanente facilities and providers for all non-emergency services</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
Kaiser Vision Plan	\$8.27	\$18.19	\$15.71	\$25.64	\$19.68



**Willamette Dental Group 2017-18 Plan Year**  
**Plans and Rates**  
 (Effective October 1, 2017)



<b>Dental and Orthodontia</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>Must use Willamette Dental Group facilities and providers for all non-emergency services</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
Willamette Dental Plan	\$42.75	\$84.65	\$90.07	\$135.36	\$108.75



**VSP Vision 2017-18 Plan Year**  
**Plans and Rates**  
**(Effective October 1, 2017)**



<b>Vision</b>					
<b>OEBB Plan</b>	<b>Tier-Rated Groups</b>				<b>Composite-Rated Groups</b>
<b>Vision plans using the VSP Choice network</b>	<b>Employee Only</b>	<b>Employee + Spouse or Domestic Partner</b>	<b>Employee + Child(ren)</b>	<b>Employee + Spouse or Domestic Partner + Child(ren)</b>	<b>Unit</b>
VSP Choice Plus Plan	\$18.83	\$41.43	\$35.78	\$58.37	\$45.20
VSP Choice Plan	\$9.16	\$20.15	\$17.40	\$28.39	\$21.97