



Moda Health 2024-25 Plan Year
Plans and Monthly Rates
(Effective October 1, 2024)



Medical & Pharmacy					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Moda Medical Plans	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Moda Medical Plan 2	\$735.94	\$1,619.06	\$1,398.31	\$2,281.45	\$1,751.51
Moda Medical Plan 5	\$602.23	\$1,324.91	\$1,144.26	\$1,866.96	\$1,433.28
Moda Medical Plan 6*	\$614.29	\$1,351.45	\$1,167.19	\$1,904.35	\$1,462.01

* 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.

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	\$21.83	\$47.99	\$41.40	\$67.60	\$49.80
Quartz Plan	\$12.58	\$27.71	\$23.91	\$38.99	\$28.74



Moda Health/Delta Dental 2024-25 Plan Year
Plans and Monthly Rates
 (Effective October 1, 2024)



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	\$67.54	\$133.80	\$148.78	\$220.33	\$164.26
Premier Plan 5 - Delta Dental Premier Network	\$59.66	\$118.17	\$131.41	\$194.60	\$145.08
Premier Plan 6* - Delta Dental Premier Network	\$45.54	\$90.16	\$91.51	\$139.81	\$104.70

* This plan has no orthodontia coverage



Kaiser Permanente 2024-25 Plan Year
Plans and Monthly Rates
(Effective October 1, 2024)



Medical and Pharmacy					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Must use Kaiser Permanente 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
Kaiser Medical Plan 1	\$721.66	\$1,587.65	\$1,371.16	\$2,237.15	\$1,714.80
Kaiser Medical Plan 2B	\$576.47	\$1,269.05	\$1,095.24	\$1,787.92	\$1,383.06
Kaiser Medical Plan 3*	\$439.75	\$968.02	\$835.18	\$1,363.49	\$1,055.35

* 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
Must use Kaiser Permanente 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
Kaiser Dental Plan	\$73.48	\$161.68	\$139.63	\$227.81	\$175.02

Vision					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Must use Kaiser Permanente 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
Kaiser Vision Plan	\$8.49	\$18.67	\$16.12	\$26.31	\$20.19



Willamette Dental Group 2024-25 Plan Year
Plans and Monthly Rates
(Effective October 1, 2024)



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	\$46.99	\$93.99	\$100.11	\$150.18	\$120.55



VSP Vision 2024-25 Plan Year
Plans and Monthly Rates
(Effective October 1, 2024)



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	\$14.15	\$31.14	\$26.90	\$43.87	\$33.97