Member Services
1-888-469-6322
OEBB.Benefits@odhsoha.oregon.gov

Medical Plan Monthly Rates
ACA Group Bronze Plans
2025-26 Plan Year

(Effective October 1, 2025)

OEBB Bronze Plan w/Pharmacy	Tier-Rated Groups	
OEBB Rates	**Employee Only**	**Employee + Child(ren)**
Moda Health	$514.95	$978.46
Kaiser Permanente	$334.83	$636.17
COBRA	**Employee Only**	**Employee + Child(ren)**
Moda Health	$525.24	$998.02
Kaiser Permanente	$341.52	$648.89