



## COBRA monthly premium rates

As a COBRA participant, you'll pay the full cost of coverage, as shown in the tables below.

*Note: All rates include 0.4% commission and 2.9% PEBB administration cost.*

### Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only <sup>5</sup>
Kaiser Traditional <sup>1</sup>	\$997.51	\$1,995.02	\$1,695.78	\$2,693.29	\$802.04
Kaiser Deductible <sup>1</sup>	\$864.40	\$1,728.79	\$1,469.47	\$2,333.87	\$699.54
Moda Synergy <sup>2</sup>	\$873.53	\$1,747.07	\$1,485.01	\$2,358.55	\$742.51
Providence Statewide <sup>3</sup>	\$970.60	\$1,941.23	\$1,650.03	\$2,620.65	\$825.03
Providence Choice <sup>2</sup>	\$864.63	\$1,729.27	\$1,469.88	\$2,334.51	\$734.94
Kaiser Traditional Part-time <sup>4</sup>	\$841.97	\$1,683.95	\$1,431.36	\$2,273.33	\$676.98
Kaiser Deductible Part-time <sup>4</sup>	\$710.38	\$1,420.76	\$1,207.65	\$1,918.03	\$614.29
Moda Synergy Part-time <sup>2</sup>	\$709.61	\$1,419.22	\$1,206.33	\$1,915.95	\$603.16
Providence Statewide Part-time <sup>3</sup>	\$788.46	\$1,576.97	\$1,340.40	\$2,128.87	\$670.18
Providence Choice Part-time <sup>2</sup>	\$700.68	\$1,401.36	\$1,191.16	\$1,891.82	\$595.56

<sup>1</sup> Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

<sup>2</sup> Available to PEBB eligible participants in plan service area.

<sup>3</sup> Available to PEBB eligible participants.

<sup>4</sup> Available to eligible participants in plan service area. Includes vision exam only.

<sup>5</sup> Children only coverage is available only to COBRA and retiree participants.



## Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only
VSP Basic	\$8.50	\$17.01	\$14.47	\$22.97	\$7.23
VSP Plus	\$15.82	\$31.68	\$26.91	\$42.75	\$13.45

## Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only <sup>4</sup>
Kaiser Permanente <sup>1</sup>	\$65.22	\$130.46	\$110.90	\$176.13	\$52.57
Delta Dental Premier <sup>2</sup>	\$64.90	\$129.81	\$110.34	\$175.26	\$55.16
Delta Dental PPO <sup>2</sup>	\$59.98	\$119.94	\$101.96	\$161.95	\$50.98
Willamette Dental Group <sup>3</sup>	\$56.25	\$112.52	\$95.69	\$151.95	\$47.79
Delta Dental Premier Part-time <sup>2</sup>	\$46.70	\$93.43	\$79.41	\$126.12	\$39.69
Kaiser Permanente Part-time <sup>1</sup>	\$48.65	\$97.30	\$82.71	\$131.36	\$39.16

<sup>1</sup> Available to PEBB eligible participants in plan service area.

<sup>2</sup> Available to PEBB eligible participants.

<sup>3</sup> Available to PEBB eligible participants; in plan facilities.

<sup>4</sup> Children only coverage is available only to COBRA and retiree participants.

