



## Contact PEBB

Contact PEBB Monday-Friday, 8 a.m.-6 p.m. during open enrollment by:

**Phone:** 503-373-1102

**Email:** [pebb.benefits@odhsoha.oregon.gov](mailto:pebb.benefits@odhsoha.oregon.gov)

## Retiree monthly premium rates

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

*Note: All rates include 0.4% commission and 1.5% PEBB administration cost.*

### Medical

| Plan  | Retiree only | Retiree and spouse/<br>domestic partner | Retiree and children | Retiree and family | Children only <sup>5</sup> |
|---|--------------|---|----------------------|--------------------|----------------------------|
| Kaiser Traditional <sup>1</sup>             | \$983.94     | \$1,967.88                              | \$1,672.71           | \$2,656.65         | \$791.13                   |
| Kaiser Deductible <sup>1</sup>              | \$852.64     | \$1,705.27                              | \$1,449.48           | \$2,302.12         | \$690.03                   |
| Moda Synergy <sup>2</sup>                   | \$861.65     | \$1,723.31                              | \$1,464.81           | \$2,326.46         | \$732.41                   |
| Providence Statewide <sup>3</sup>           | \$957.40     | \$1,914.83                              | \$1,627.58           | \$2,585.00         | \$813.81                   |
| Providence Choice <sup>2</sup>              | \$852.87     | \$1,705.75                              | \$1,449.89           | \$2,302.75         | \$724.94                   |
| Kaiser Traditional Part-time <sup>4</sup>   | \$830.52     | \$1,661.05                              | \$1,411.90           | \$2,242.41         | \$667.78                   |
| Kaiser Deductible Part-time <sup>4</sup>    | \$700.72     | \$1,401.43                              | \$1,191.22           | \$1,891.94         | \$605.93                   |
| Moda Synergy Part-time <sup>2</sup>         | \$699.96     | \$1,399.92                              | \$1,189.93           | \$1,889.89         | \$594.96                   |
| Providence Statewide Part-time <sup>3</sup> | \$777.73     | \$1,555.52                              | \$1,322.17           | \$2,099.91         | \$661.07                   |
| Providence Choice Part-time <sup>2</sup>    | \$691.15     | \$1,382.30                              | \$1,174.95           | \$1,866.09         | \$587.46                   |

<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      | Retiree only | Retiree and spouse/<br>domestic partner | Retiree and children | Retiree and family | Children only |
|-----------|--------------|---|----------------------|--------------------|---------------|
| VSP Basic | \$8.39       | \$16.79                                 | \$14.28              | \$22.66            | \$7.14        |
| VSP Plus  | \$15.61      | \$31.25                                 | \$26.55              | \$42.17            | \$13.28       |

## Dental

| Plan  | Retiree only | Retiree and spouse/<br>domestic partner | Retiree and children | Retiree and family | Children only <sup>4</sup> |
|---|--------------|---|----------------------|--------------------|----------------------------|
| Kaiser Permanente <sup>1</sup>              | \$64.34      | \$128.69                                | \$109.40             | \$173.74           | \$51.86                    |
| Delta Dental Premier <sup>2</sup>           | \$64.03      | \$128.05                                | \$108.85             | \$172.88           | \$54.41                    |
| Delta Dental PPO <sup>2</sup>               | \$59.16      | \$118.31                                | \$100.58             | \$159.75           | \$50.29                    |
| Willamette Dental Group <sup>3</sup>        | \$55.49      | \$110.99                                | \$94.40              | \$149.89           | \$47.15                    |
| Delta Dental Premier Part-time <sup>2</sup> | \$46.07      | \$92.16                                 | \$78.34              | \$124.41           | \$39.16                    |
| Kaiser Permanente Part-time <sup>1</sup>    | \$47.99      | \$95.98                                 | \$81.59              | \$129.57           | \$38.63                    |

<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.

