

2022 rates

2022 Employee medical plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
Kaiser Traditional ¹	\$834.87	\$1,669.75	\$1,419.29	\$2,254.16
Kaiser Deductible ¹	\$766.36	\$1,532.74	\$1,302.83	\$2,069.19
Moda Synergy ²	\$769.09	\$1,538.16	\$1,307.43	\$2,076.52
Providence Statewide ³	\$897.36	\$1,794.74	\$1,525.52	\$2,422.89
Providence Choice ⁴	\$769.37	\$1,538.73	\$1,307.93	\$2,077.29
Kaiser Traditional Part-Time ⁵	\$704.12	\$1,408.24	\$1,196.98	\$1,901.11
Kaiser Deductible Part-Time ⁵	\$629.59	\$1,259.18	\$1,070.30	\$1,699.89
Moda Synergy Part-Time ⁶	\$626.14	\$1,252.27	\$1,064.44	\$1,690.59
Providence Statewide Part-time ⁷	\$728.97	\$1,457.96	\$1,239.26	\$1,968.23
Providence Choice Part-time ⁸	\$623.49	\$1,246.95	\$1,059.92	\$1,683.39

¹ Available to PEBB eligible full-time and part-time employees in plan service area. Kaiser routine vision services.

² Available to PEBB eligible full-time and part-time employees in plan service area.

³ Available to PEBB eligible full-time and part-time employees.

⁴ Available to PEBB eligible full-time and part-time employees in plan service area.

⁵ Additional option available to eligible part-time employees in plan service area. Vision exam only.

⁶ Additional option available to eligible part-time employees in plan service area.

⁷ Additional option available to eligible part-time employees.

⁸ Additional option available to eligible part-time employees in plan service area. Vision exam only.

2022 Employee vision plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
VSP	\$8.69	\$17.39	\$14.79	\$23.47
VSP Plus	\$15.21	\$30.44	\$25.86	\$41.08

2022 Employee dental plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
Kaiser Permanente ¹	\$65.18	\$130.35	\$110.80	\$175.98
Delta Dental Premier ²	\$62.55	\$125.07	\$106.31	\$168.86
Delta Dental PPO ³	\$57.79	\$115.57	\$98.24	\$156.03
Willamette Dental Group ⁴	\$56.49	\$112.99	\$96.10	\$152.59
Delta Dental ⁵	\$45.01	\$90.02	\$76.51	\$121.51
Kaiser Permanente Part-time ⁶	\$48.60	\$97.20	\$82.64	\$131.24

¹ Available to PEBB eligible full-time and part-time employees in plan service area.

² Available to PEBB eligible full-time and part-time employees.

³ Available to PEBB eligible full-time and part-time employees.

⁴ Available to PEBB eligible full-time and part-time employees in plan facilities.

⁵ Additional option available to eligible part-time employees; in plan facilities.

⁶ Additional option available to eligible part-time employees; in plan service area.

Note: All rates include 0.4% commission and 0.75% PEBB administration cost.