

Retiree member information — continued**2023 Retiree medical plan monthly premium rates**

	Retiree	Retiree and spouse/ partner	Retiree and children	Retiree and family	Children only ⁹
Kaiser Traditional ¹	\$869.04	\$1,738.09	\$1,477.37	\$2,346.43	\$698.75
Kaiser Deductible ¹	\$797.74	\$1,595.47	\$1,356.15	\$2,153.88	\$645.59
Moda Synergy ²	\$816.86	\$1,633.70	\$1,388.64	\$2,205.51	\$694.34
Providence Statewide ³	\$917.56	\$1,835.15	\$1,559.86	\$2,477.44	\$779.95
Providence Choice ⁴	\$800.74	\$1,601.49	\$1,361.27	\$2,162.01	\$680.63
Kaiser Traditional Part-time ⁵	\$732.94	\$1,465.87	\$1,245.97	\$1,978.93	\$589.32
Kaiser Deductible Part-Time ⁵	\$655.36	\$1,310.72	\$1,114.10	\$1,769.48	\$566.70
Moda Synergy Part-Time ⁶	\$665.03	\$1,330.06	\$1,130.57	\$1,795.60	\$565.26
Providence Statewide part-time ⁷	\$745.39	\$1,490.79	\$1,267.16	\$2,012.55	\$633.57
Providence Choice Part-time ⁸	\$648.92	\$1,297.80	\$1,103.14	\$1,752.04	\$551.55

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.

⁹ Children only coverage is available only to COBRA and retiree participants.

2023 Retiree vision plan monthly premium rates

	Retiree	Retiree and spouse/ partner	Retiree and children	Retiree and family	Children only
VSP	\$8.41	\$16.83	\$14.31	\$22.72	\$7.16
VSP Plus	\$15.65	\$31.32	\$26.61	\$42.27	\$13.31

2023 Retiree dental plan monthly premium rates

	Retiree	Retiree and spouse/ partner	Retiree and children	Retiree and family	Children only
Kaiser Permanente ¹	\$65.66	\$131.32	\$111.63	\$177.29	\$52.92
Delta Dental ²	\$62.68	\$125.33	\$106.53	\$169.21	\$53.27
Delta Dental PPO ³	\$57.92	\$115.80	\$98.46	\$156.35	\$49.22
Willamette Dental Group ⁴	\$55.49	\$110.99	\$94.40	\$149.89	\$47.15
Delta Dental Part-time ⁵	\$45.10	\$90.20	\$76.67	\$121.77	\$38.33
Kaiser Permanente Part-Time ⁶	\$48.96	\$97.93	\$83.25	\$132.21	\$39.41

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

⁵ Additional option available to PEBB eligible individuals.

⁶ Additional option available to PEBB eligible individuals; in plan service area.

⁷ Children only coverage is available only to COBRA and retiree participants.

Note: All rates include 0.4% commission and 1.35% PEBB administration cost