

Self-pay member information — continued**2023 Self-pay participants medical plan monthly premium rates**

	Self	Self and spouse/ partner	Self and children	Self and family
Kaiser Traditional ²	\$890.20	\$1,770.10	\$1,506.13	\$2,386.04
Kaiser Deductible ²	\$818.00	\$1,625.70	\$1,383.39	\$2,191.09
Moda Synergy ¹	\$837.36	\$1,664.42	\$1,416.29	\$2,243.37
Providence Statewide ³	\$939.33	\$1,868.37	\$1,589.65	\$2,518.69
Providence Choice ¹	\$821.05	\$1,631.79	\$1,388.57	\$2,199.32

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals in plan service area. Kaiser routine vision services.

³ Available to PEBB eligible individuals.

2023 Self-pay participants vision plan monthly premium rates

	Self	Self and spouse/ partner	Self and children	Self and family
VSP	\$8.36	\$16.73	\$14.23	\$22.58
VSP Plus	\$15.56	\$31.14	\$26.46	\$42.02

2023 Self-pay participants dental plan monthly premium rates

	Self	Self and spouse/ partner	Self and children	Self and family
Kaiser Permanente ¹	\$65.27	\$130.54	\$110.97	\$176.24
Delta Dental Premier ²	\$62.31	\$124.59	\$105.90	\$168.21
Delta Dental PPO ³	\$57.57	\$115.12	\$97.87	\$155.43
Willamette Dental Group ⁴	\$55.16	\$110.33	\$93.84	\$149.00

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.

Note: All rates include 0.13% commission

