## **Choosing your 2016 Benefits (continued)**



The chart below shows the monthly premium rate by tier for each of the medical plans. Part-time employees who choose a part-time plan have a subsidy. The subsidy is not shown in the premium rate. It is included in the cost estimators shown on the Tools page www.oregon.gov/das/pebb.

## 2016 Medical Plan Premium for Full-time plans (available to both full-time and part-time employees)

|                                   | Employee | Employee and<br>Spouse/Partner | Employee and<br>Child(ren) | Employee and<br>Family |
|-----------------------------------|----------|--------------------------------|----------------------------|------------------------|
| AllCare PEBB <sup>1</sup>         | \$911.41 | \$1,221.24                     | \$1,048.12                 | \$1,248.61             |
| Kaiser <sup>2</sup>               | 1,097.72 | 1,470.92                       | 1,262.38                   | 1,503.86               |
| Kaiser Deductible <sup>2</sup>    | 1,009.28 | 1,352.42                       | 1,160.68                   | 1,382.73               |
| Moda Summit, Synergy <sup>1</sup> | \$976.24 | 1,308.16                       | 1,122.68                   | 1,337.45               |
| PEBB Statewide <sup>1</sup>       | 1,088.81 | 1,458.87                       | 1,252.06                   | 1,491.52               |
| Providence Choice <sup>1</sup>    | 943.34   | 1,264.05                       | 1,084.84                   | 1,292.34               |

<sup>1</sup> No in-plan vision coverage

<sup>2</sup> Kaiser routine vision care

## 2016 Medical Plan Premium Rates for Part-time plans (available only to part-time employees)

|                                   | Employee | Employee and Spouse/Partner | Employee and<br>Child(ren) | Employee and<br>Family |
|-----------------------------------|----------|-----------------------------|----------------------------|------------------------|
|                                   | \$729.62 | \$977.64                    | \$839.08                   | \$999.55               |
| Kaiser <sup>2</sup>               | 929.27   | 1,245.22                    | 1,068.66                   | 1,273.09               |
| Kaiser Deductible <sup>2</sup>    | 877.69   | 1,176.08                    | 1,009.34                   | 1,202.40               |
| Moda Summit, Synergy <sup>1</sup> | 791.06   | 1,060.02                    | 909.72                     | 1,083.75               |
| PEBB Statewide <sup>1</sup>       | 884.50   | 1,185.12                    | 1,017.14                   | 1,211.69               |
| Providence Choice <sup>1</sup>    | 764.47   | 1,024.36                    | 879.15                     | 1,047.29               |

<sup>1</sup> No in-plan vision coverage

<sup>2</sup> Vision exam only