PUBLIC EMPLOYEES' PEBB BENEFIT BOARD

2016 COBRA Participant Health Care Coverage Rates

Oregon Health Authority

2016 COBRA Participant Medical Plan Monthly Premium Rates					
	Self	Self & Spouse/ Partner	Self & Children	Self & Family	Child(ren) Only
AllCare PEBB	$929.57	$1,245.58	$1,069.01	$1,273.49	$474.08
Kaiser	1,119.59	1,500.23	1,287.54	1,533.83	570.96
Kaiser Deductible	1,029.39	1,379.36	1,183.81	1,410.28	524.96
Moda Summit, Synergy	995.69	1,334.23	1,145.05	1,364.10	507.80
PEBB Statewide	1,110.51	1,487.94	1,277.00	1,521.24	561.03
Providence Choice	962.13	1,289.24	1,106.46	1,318.10	490.68
AllCare PEBB Part-Time	744.16	997.12	855.80	1,019.47	379.52
Kaiser Part-time	947.78	1,270.03	1,089.95	1,298.46	483.35
Kaiser Deductible Part-Time	895.17	1,199.51	1,029.45	1,226.36	456.52
Moda Summit, Synergy Part-Time	806.82	1,081.14	927.85	1,105.34	411.48
PEBB Statewide Part-time	902.13	1,208.73	1,037.41	1,235.83	464.41
Providence Choice Part-time	779.70	1,044.77	896.67	1,068.16	397.64

2016 COBRA Monthly Dental Premium Rates					
	Self	Self & Spouse/ Partner	Self & Children	Self & Family	Child(ren) Only
Kaiser Permanente	$93.36	$125.10	$107.37	$127.90	$48.54
MODA Premiere	86.89	116.47	99.95	119.07	45.19
MODA PPO	80.28	107.57	92.31	110.00	41.76
Willamette Dental Group	76.52	102.54	88.00	104.84	39.79
MODA Part-time	62.54	83.80	71.93	85.67	32.52
Kaiser Permanente Part-time	69.55	93.19	79.96	95.30	36.17

2016 COBRA Vision Plan Monthly Premium Rates					
	Employees	Employee & Spouse/Partner	Employee & Children	Employee & Family	Child(ren) Only[7]
VSP	$14.31	$19.15	$16.45	$19.61	$14.31