

| <b>2016 Self-pay Participant Medical Plan Monthly Premium Rates</b> |             |   |                                |                          |
|---|-------------|---|--------------------------------|--------------------------|
|   | <b>Self</b> | <b>Self &amp;<br/>Spouse/<br/>Partner</b> | <b>Self &amp;<br/>Children</b> | <b>Self &amp; Family</b> |
| <b>AllCare PEBB</b>   | \$921.71    | \$1,231.54                                | \$1,058.42                     | \$1,258.91               |
| <b>Kaiser HMO</b>   | 1,108.02    | 1,481.22                                  | 1,272.68                       | 1,514.16                 |
| <b>Kaiser Deductible</b>  | 1,019.58    | 1,362.72                                  | 1,170.98                       | 1,393.03                 |
| <b>Moda Summit, Synergy</b>   | 986.54      | 1,318.46                                  | 1,132.98                       | 1,347.75                 |
| <b>PEBB Statewide</b>   | 1,099.11    | 1,469.17                                  | 1,262.36                       | 1,501.82                 |
| <b>Providence Choice</b>  | 953.64      | 1,274.35                                  | 1,095.14                       | 1,302.64                 |

| <b>2016 Self-pay Participant Dental Plan Monthly Premium Rates</b> |             |   |                                |                          |
|--|-------------|---|--------------------------------|--------------------------|
|  | <b>Self</b> | <b>Self &amp;<br/>Spouse/<br/>Partner</b> | <b>Self &amp;<br/>Children</b> | <b>Self &amp; Family</b> |
| <b>Kaiser Permanente</b>   | \$91.54     | \$122.65                                  | \$105.27                       | \$125.40                 |
| <b>MODA Premiere</b>   | 85.19       | 114.19                                    | 98.00                          | 116.74                   |
| <b>MODA PPO</b>  | 78.71       | 105.47                                    | 90.50                          | 107.85                   |
| <b>Willamette Dental<br/>Group</b>                                 | 75.03       | 100.54                                    | 86.28                          | 102.79                   |

| <b>2016 Self-pay Participant Vision Plan Monthly Premium Rates</b> |             |                                  |                            |                          |
|--|-------------|----------------------------------|----------------------------|--------------------------|
|  | <b>Self</b> | <b>Self &amp; Spouse/Partner</b> | <b>Self &amp; Children</b> | <b>Self &amp; Family</b> |
| <b>VSP</b>   | \$14.03     | \$18.78                          | \$16.13                    | \$19.23                  |