



2024 Member Costs

The following tables display the **full cost** of premiums for each core benefit plan.

- **Your employer pays nearly all** of the premium costs.
- As an active employee, **you pay just a small percentage.**
 - » Learn more about [cost sharing for core benefits](#).
 - » You can also use the [Premium Estimator Tool](#) to calculate what you may pay each month.
 - » Part-time employees may pay more depending on hours worked. Contact your payroll office for a more accurate estimate.

Note: All rates include 0.4% commission and 0.9% PEBB administration cost.

Medical (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
Kaiser Traditional ¹	\$983.15	\$1,966.30	\$1,671.37	\$2,654.53
Kaiser Deductible ¹	\$851.96	\$1,703.92	\$1,448.32	\$2,300.28
Moda Synergy ²	\$860.97	\$1,721.94	\$1,463.64	\$2,324.61
Providence Statewide ³	\$956.64	\$1,913.28	\$1,626.28	\$2,582.94
Providence Choice ²	\$852.19	\$1,704.38	\$1,448.73	\$2,300.91
Kaiser Traditional Part-time ⁴	\$829.86	\$1,659.72	\$1,410.77	\$2,240.62
Kaiser Deductible Part-time ⁴	\$700.15	\$1,400.30	\$1,190.27	\$1,890.43
Moda Synergy Part-time ⁵	\$699.41	\$1,398.82	\$1,188.97	\$1,888.38
Providence Statewide Part-time ⁶	\$777.12	\$1,554.24	\$1,321.11	\$2,098.24
Providence Choice Part-time ⁴	\$690.60	\$1,381.20	\$1,174.02	\$1,864.60

¹ Available to PEBB eligible full-time and part-time employees in plan service area. Includes 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 Additional option available to eligible part-time employees in plan service area. Includes vision exam only.

⁵ Additional option available to eligible part-time employees in plan service area.

⁶ Additional option available to eligible part-time employees.



Vision (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
VSP Basic	\$8.34	\$16.69	\$14.20	\$22.53
VSP Plus	\$15.52	\$31.07	\$26.40	\$41.92

Dental (cost shared by you and your employer)

Plan	Employee only	Employee and spouse/ domestic partner	Employee and children	Employee and family
Kaiser Permanente ¹	\$63.96	\$127.93	\$108.75	\$172.71
Delta Dental Premier ²	\$63.65	\$127.30	\$108.21	\$171.86
Delta Dental PPO ²	\$58.81	\$117.61	\$99.98	\$158.81
Willamette Dental Group ³	\$55.16	\$110.33	\$93.84	\$149.00
Delta Dental Premier Part-time ⁴	\$45.80	\$91.62	\$77.87	\$123.67
Kaiser Permanente Part-time ⁵	\$47.71	\$95.41	\$81.10	\$128.81

¹ Available to PEBB eligible full-time and part-time employees in plan service area.

² Available to PEBB eligible full-time and part-time employees.

³ Available to PEBB eligible full-time and part-time employees; in plan facilities.

⁴ Additional option available to eligible part-time employees; in plan facilities.

⁵ Additional option available to eligible part-time employees in plan service area.

VSP Cost of Coverage

You pay a share of premium if you enroll in the VSP Basic. Your premium share is the same percentage rate as your medical coverage percentage, which includes opt out.

VSP Plus has better coverage for frames, coatings and progressive lenses. For this plan, you pay the employee premium share for the Basic plan plus the difference in premium cost between the Basic and Plus plans.

