



COBRA monthly premium rates

Important!

As a COBRA participant, you'll pay the full cost of coverage, as shown in the tables below.

Note: All rates include 0.4% commission and 2.9% PEBB administration cost.

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only ⁵
Kaiser Traditional ¹	\$1,092.36	\$2,184.73	\$1,857.04	\$2,949.41	\$873.89
Kaiser Deductible ¹	\$951.24	\$1,902.48	\$1,617.10	\$2,568.38	\$808.59
Moda Synergy ²	\$951.24	\$1,902.48	\$1,617.10	\$2,568.38	\$808.59
Providence Statewide ³	\$1,056.93	\$2,113.86	\$1,796.79	\$2,853.76	\$898.42
Providence Choice ²	\$951.24	\$1,902.48	\$1,617.10	\$2,568.38	\$808.59
Kaiser Traditional Part-time ⁴	\$922.13	\$1,844.26	\$1,567.63	\$2,489.78	\$737.71
Kaiser Deductible Part-time ⁴	\$772.74	\$1,545.48	\$1,313.68	\$2,086.43	\$656.81
Moda Synergy Part-time ²	\$772.74	\$1,545.48	\$1,313.68	\$2,086.43	\$656.81
Providence Statewide Part-time ³	\$858.59	\$1,717.19	\$1,459.64	\$2,318.24	\$729.81
Providence Choice Part-time ²	\$772.74	\$1,545.48	\$1,313.68	\$2,086.43	\$656.81

1 Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

2 Available to PEBB eligible participants in plan service area.

3 Available to PEBB eligible participants.

4 Available to eligible participants in plan service area. Includes vision exam only.

5 Children only coverage is available only to COBRA and retiree participants.





Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only
VSP Basic	\$8.23	\$16.45	\$13.99	\$22.23	\$6.99
VSP Plus	\$15.52	\$31.09	\$26.42	\$41.94	\$13.21

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only ⁴
Kaiser Permanente ¹	\$73.98	\$147.95	\$125.78	\$199.75	\$59.62
Delta Dental Premier ²	\$70.60	\$141.21	\$120.03	\$190.66	\$60.01
Delta Dental PPO ²	\$65.24	\$130.48	\$110.91	\$176.16	\$55.45
Willamette Dental ³	\$61.04	\$122.08	\$103.83	\$164.87	\$51.85
Delta Dental Premier Part-time ²	\$50.81	\$101.63	\$86.38	\$137.19	\$43.18
Kaiser Permanente Part-time ¹	\$54.34	\$108.68	\$92.39	\$146.73	\$43.74

1 Available to PEBB eligible participants in plan service area.

2 Available to PEBB eligible participants.

3 Available to PEBB eligible participants; in plan facilities.

4 Children only coverage is available only to COBRA and retiree participants.

