



## Retiree monthly premium rates

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

**Note:** All rates include 0.4% commission and 1.5% PEBB administration cost.

### Medical

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only <sup>5</sup>
Kaiser Traditional <sup>1</sup>	\$1,090.43	\$2,180.87	\$1,853.76	\$2,944.19	\$872.34
Kaiser Deductible <sup>1</sup>	\$949.56	\$1,899.15	\$1,614.26	\$2,563.85	\$807.16
Moda Synergy <sup>2</sup>	\$949.56	\$1,899.15	\$1,614.26	\$2,563.85	\$807.16
Providence Statewide <sup>3</sup>	\$1,055.06	\$2,110.16	\$1,793.62	\$2,848.72	\$896.84
Providence Choice <sup>2</sup>	\$949.56	\$1,899.15	\$1,614.26	\$2,563.85	\$807.16
Kaiser Traditional Part-time <sup>4</sup>	\$920.50	\$1,841.03	\$1,564.87	\$2,485.39	\$736.41
Kaiser Deductible Part-time <sup>4</sup>	\$771.38	\$1,542.79	\$1,311.36	\$2,082.74	\$655.66
Moda Synergy Part-time <sup>2</sup>	\$771.38	\$1,542.79	\$1,311.36	\$2,082.74	\$655.66
Providence Statewide Part-time <sup>3</sup>	\$857.08	\$1,714.20	\$1,457.06	\$2,314.15	\$728.52
Providence Choice Part-time <sup>2</sup>	\$771.38	\$1,542.79	\$1,311.36	\$2,082.74	\$655.66

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	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only
VSP Basic	\$8.12	\$16.23	\$13.80	\$21.93	\$6.90
VSP Plus	\$15.32	\$30.67	\$26.07	\$41.37	\$13.03

## Dental

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only <sup>4</sup>
Kaiser Permanente <sup>1</sup>	\$72.98	\$145.95	\$124.07	\$197.04	\$58.81
Delta Dental Premier <sup>2</sup>	\$69.65	\$139.30	\$118.40	\$188.07	\$59.19
Delta Dental PPO <sup>2</sup>	\$64.36	\$128.71	\$109.41	\$173.77	\$54.70
Willamette Dental <sup>3</sup>	\$60.21	\$120.42	\$102.42	\$162.63	\$51.15
Delta Dental Premier Part-time <sup>2</sup>	\$50.12	\$100.25	\$85.21	\$135.33	\$42.60
Kaiser Permanente Part-time <sup>1</sup>	\$53.60	\$107.20	\$91.14	\$144.74	\$43.15

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.

