



Self-Pay monthly premium rates

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

Note: All rates include 0.13% commission.

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Traditional ¹	\$1,081.25	\$2,152.20	\$1,830.93	\$2,901.88
Kaiser Deductible ¹	\$942.89	\$1,875.48	\$1,595.70	\$2,528.32
Moda Synergy ²	\$942.89	\$1,875.48	\$1,595.70	\$2,528.32
Providence Statewide ³	\$1,046.51	\$2,082.72	\$1,771.86	\$2,808.11
Providence Choice ²	\$942.89	\$1,875.48	\$1,595.70	\$2,528.32

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.

Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
VSP Basic	\$8.07	\$16.13	\$13.72	\$21.80
VSP Plus	\$15.23	\$30.49	\$25.91	\$41.13

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Permanente ¹	\$72.55	\$145.08	\$123.34	\$195.88
Delta Dental Premier ²	\$69.24	\$138.48	\$117.70	\$186.96
Delta Dental PPO ²	\$63.98	\$127.95	\$108.76	\$172.74
Willamette Dental ³	\$59.85	\$119.71	\$101.82	\$161.67

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.

