2027 Monthly Premium Rates

Rates on the following pages are shown as monthly amounts for the 2027 plan year.

Choose a rate sheet below to see the 2027 rates for your group.

2027 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.

➔ 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]	$1,100.64	$2,201.28	$1,871.08	$2,971.72
Kaiser Deductible[1]	$962.48	$1,924.96	$1,636.22	$2,598.72
Moda Coordinated Care[2]	$995.38	$1,990.76	$1,692.14	$2,687.54
Moda PPO[3]	$1,051.50	$2,103.00	$1,787.56	$2,839.10
Kaiser Traditional Part-time[4]	$930.94	$1,861.88	$1,582.60	$2,513.56
Kaiser Deductible Part-time[4]	$789.46	$1,578.92	$1,342.08	$2,131.52
Moda Coordinated Care Part-time[5]	$808.24	$1,616.48	$1,374.62	$2,182.88
Moda PPO Part-time[6]	$854.18	$1,708.36	$1,452.14	$2,306.34

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 Available to PEBB 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	$7.98	$15.94	$13.56	$21.54
VSP Plus	$15.04	$30.12	$25.60	$40.64

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]	$73.66	$147.32	$125.24	$198.90
Delta Dental Premier[2]	$70.66	$141.32	$120.12	$190.78
Delta Dental PPO[2]	$65.30	$130.58	$111.00	$176.30
Willamette Dental[3]	$61.88	$123.78	$105.28	$167.16
Delta Dental Premier Part-time[4]	$50.84	$101.70	$86.44	$137.28
Kaiser Permanente Part-time[5]	$54.62	$109.22	$92.86	$147.46

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.

COBRA Monthly Premium Rates

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[7]
Kaiser Traditional[1]	$1,122.65	$2,245.30	$1,908.50	$3,031.15	$898.12
Kaiser Deductible[1]	$981.72	$1,963.45	$1,668.94	$2,650.69	$785.37
Moda Coordinated Care[2]	$1,015.28	$2,030.57	$1,725.98	$2,741.29	$863.00
Moda PPO[3]	$1,072.52	$2,145.05	$1,823.31	$2,895.88	$911.68
Kaiser Traditional Part-time[4]	$949.55	$1,899.11	$1,614.25	$2,563.83	$759.65
Kaiser Deductible Part-time[4]	$805.24	$1,610.49	$1,368.92	$2,174.15	$644.20
Moda Coordinated Care Part-time[5]	$824.40	$1,648.81	$1,402.11	$2,226.53	$700.55
Moda PPO Part-time[6]	$871.26	$1,742.52	$1,481.18	$2,352.46	$740.57

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 Available to PEBB eligible participants in plan service area.
6 Available to eligible participants.
7 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	$8.13	$16.25	$13.82	$21.97	$6.91
VSP Plus	$15.34	$30.72	$26.11	$41.44	$13.05

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only[4]
Kaiser Permanente[1]	$75.12	$150.25	$127.71	$202.85	$60.54
Delta Dental Premier[2]	$72.07	$144.12	$122.50	$194.57	$61.24
Delta Dental PPO[2]	$66.59	$133.17	$113.20	$179.79	$56.59
Willamette Dental[3]	$63.10	$126.23	$107.37	$170.48	$53.62
Delta Dental Premier Part-time[2]	$51.85	$103.72	$88.16	$140.01	$44.07
Kaiser Permanente Part-time[1]	$55.69	$111.38	$94.69	$150.38	$44.82

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.

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[5]
Kaiser Traditional[1]	$1,125.30	$2,250.59	$1,913.00	$3,038.30	$900.23
Kaiser Deductible[1]	$984.04	$1,968.11	$1,672.88	$2,656.94	$787.23
Moda Coordinated Care[2]	$1,017.68	$2,035.37	$1,730.06	$2,747.75	$865.03
Moda PPO[3]	$1,075.06	$2,150.16	$1,827.60	$2,902.70	$913.83
Kaiser Traditional Part-time[4]	$951.81	$1,903.60	$1,618.06	$2,569.87	$761.44
Kaiser Deductible Part-time[4]	$807.15	$1,614.30	$1,372.15	$2,179.29	$645.71
Moda Coordinated Care Part-time[2]	$826.35	$1,653.73	$1,405.42	$2,231.78	$702.21
Moda PPO Part-time[3]	$873.33	$1,746.68	$1,484.67	$2,358.01	$742.32

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.
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	$8.03	$16.04	$13.64	$21.68	$6.82
VSP Plus	$15.13	$30.31	$25.76	$40.88	$12.88

Dental

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only[4]
Kaiser Permanente[1]	$74.11	$148.21	$125.98	$200.10	$59.72
Delta Dental Premier[2]	$71.09	$142.16	$120.84	$191.93	$60.41
Delta Dental PPO[2]	$65.69	$131.36	$111.66	$177.35	$55.83
Willamette Dental[3]	$62.25	$124.52	$105.92	$168.17	$52.89
Delta Dental Premier Part-time[2]	$51.15	$102.31	$86.97	$138.11	$43.47
Kaiser Permanente Part-time[1]	$54.94	$109.87	$93.41	$148.34	$44.21

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.

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 0.4% commission and 0.9% PEBB administration cost.

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Traditional[1]	$1,110.94	$2,211.58	$1,881.38	$2,982.02
Kaiser Deductible[1]	$972.78	$1,935.26	$1,646.52	$2,609.02
Moda Coordinated Care[2]	$1,005.68	$2,001.06	$1,702.44	$2,697.84
Moda PPO[3]	$1,061.80	$2,113.30	$1,797.86	$2,849.40

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	$7.98	$15.94	$13.56	$21.54
VSP Plus	$15.04	$30.12	$25.60	$40.64

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Permanente[1]	$73.66	$147.32	$125.24	$198.90
Delta Dental Premier[2]	$70.66	$141.32	$120.12	$190.78
Delta Dental PPO[2]	$65.30	$130.58	$111.00	$176.30
Willamette Dental[3]	$61.88	$123.78	$105.28	$167.16

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.