

# 2020 rates

## 2020 Employee medical plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
Kaiser Traditional <sup>1</sup>	\$816.38	\$1,632.79	\$1,387.86	\$2,204.26
Kaiser Deductible <sup>1</sup>	\$749.34	\$1,498.71	\$1,273.91	\$2,023.26
Moda Synergy <sup>2</sup>	\$744.87	\$1,489.73	\$1,266.28	\$2,011.14
Providence PEBB Statewide <sup>3</sup>	\$855.57	\$1,711.12	\$1,454.46	\$2,310.03
Providence Choice <sup>4</sup>	\$716.66	\$1,433.36	\$1,218.36	\$1,935.03
Kaiser Traditional part-time <sup>5</sup>	\$691.12	\$1,382.24	\$1,174.88	\$1,866.01
Kaiser Deductible part-time <sup>5</sup>	\$617.96	\$1,235.94	\$1,050.54	\$1,668.51
Moda Synergy part-time <sup>6</sup>	\$606.42	\$1,212.85	\$1,030.93	\$1,637.34
Providence PEBB Statewide part-time <sup>7</sup>	\$695.02	\$1,390.05	\$1,181.55	\$1,876.57
Providence Choice part-time <sup>8</sup>	\$580.78	\$1,161.56	\$987.31	\$1,568.11

<sup>1</sup> Available to PEBB eligible full-time and part-time employees in plan service area. Kaiser routine vision services.

<sup>2</sup> Available to PEBB eligible full-time and part-time employees in plan service area.

<sup>3</sup> Available to PEBB eligible full-time and part-time employees.

<sup>4</sup> Available to PEBB eligible full-time and part-time employees in plan service area.

<sup>5</sup> Additional option available to eligible part-time employees in plan service area. Vision exam only.

<sup>6</sup> Additional option available to eligible part-time employees in plan service area.

<sup>7</sup> Additional option available to eligible part-time employees.

<sup>8</sup> Additional option available to eligible part-time employees in plan service area. Vision exam only.

## 2020 Employee vision plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
VSP	\$8.54	\$17.08	\$14.52	\$23.06
VSP Plus	\$14.95	\$29.89	\$25.41	\$40.35

VSP Plus plan 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.

## 2020 Employee dental plan monthly premium rates

	Employee	Employee & spouse/partner	Employee & children	Employee & family
Kaiser <sup>1</sup>	\$64.74	\$129.48	\$110.06	\$174.81
Delta Dental Premier <sup>2</sup>	\$58.31	\$116.62	\$99.13	\$157.43
Delta Dental PPO <sup>3</sup>	\$53.88	\$107.76	\$91.59	\$145.47
Willamette Dental Group <sup>4</sup>	\$56.12	\$112.24	\$95.45	\$151.58
Delta Dental part-time <sup>5</sup>	\$41.96	\$83.93	\$71.34	\$113.31
Kaiser part-time <sup>6</sup>	\$48.28	\$96.56	\$82.09	\$130.36

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

<sup>2</sup> Available to PEBB eligible full-time and part-time employees.

<sup>3</sup> Available to PEBB eligible full-time and part-time employees.

<sup>4</sup> Available to PEBB eligible full-time and part-time employees in plan facilities.

<sup>5</sup> Additional option available to eligible part-time employees; in plan facilities.

<sup>6</sup> Additional option available to eligible part-time employees; in plan service area.

Note: All rates include 0.13% commission and 0.35% PEBB administration cost