

COBRA member information — continued**2021 COBRA medical plan monthly premium rates**

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
Kaiser Traditional ²	\$836.34	\$1,672.69	\$1,421.78	\$2,258.13	\$672.45
Kaiser Deductible ²	\$767.71	\$1,535.43	\$1,305.12	\$2,072.85	\$621.29
Moda Synergy ¹	\$774.41	\$1,548.83	\$1,316.50	\$2,090.91	\$658.24
Providence PEBB Statewide ³	\$883.29	\$1,766.60	\$1,501.61	\$2,384.92	\$750.80
Providence Choice ¹	\$735.12	\$1,470.25	\$1,249.71	\$1,984.83	\$624.85
Kaiser Traditional part-time ⁶	\$705.36	\$1,410.73	\$1,199.08	\$1,904.46	\$567.14
Kaiser Deductible part-time ⁶	\$630.70	\$1,261.40	\$1,072.19	\$1,702.89	\$545.39
Moda Synergy part-time ⁴	\$630.48	\$1,260.95	\$1,071.81	\$1,702.29	\$535.90
Providence PEBB Statewide part-time ⁵	\$717.55	\$1,435.10	\$1,219.83	\$1,937.39	\$609.91
Providence Choice part-time ⁴	\$595.73	\$1,191.46	\$1,012.73	\$1,608.46	\$506.35

¹ Available to PEBB eligible full-time and part-time individuals in plan service area.

² Available to PEBB eligible full-time and part-time individuals in plan service area. Kaiser routine vision services.

³ Available to PEBB eligible full-time and part-time individuals.

⁴ Additional option available to eligible part-time individuals in plan service area.

⁵ Additional option available to eligible part-time individuals.

⁶ Additional option available to eligible part-time individuals in plan service area. Vision exam only.

⁷ Children only coverage is available only to COBRA & retiree participants.

2021 COBRA vision plan monthly premium rates

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
VSP	\$8.86	\$17.71	\$15.06	\$23.92	\$7.52
VSP Plus	\$15.50	\$31.01	\$26.35	\$41.86	\$13.18

2021 COBRA dental plan monthly premium rates

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
Kaiser ¹	\$66.30	\$132.60	\$112.72	\$179.02	\$53.43
Delta Dental Premier ²	\$61.86	\$123.73	\$105.16	\$167.03	\$52.58
Delta Dental PPO ³	\$57.16	\$114.32	\$97.18	\$154.34	\$48.58
Willamette Dental Group ⁴	\$57.47	\$114.94	\$97.76	\$155.23	\$48.82
Delta Dental part-time ⁵	\$44.52	\$89.04	\$75.68	\$120.20	\$37.83
Kaiser part-time ⁶	\$49.45	\$98.88	\$84.05	\$133.51	\$39.80

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals.

³ Available to PEBB eligible individuals.

⁴ Available to PEBB eligible individuals; in plan facilities.

⁵ Additional option available to PEBB eligible individuals.

⁶ Additional option available to PEBB eligible individuals; in plan service area.

⁷ Children only coverage is available only to COBRA & retiree participants.

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