

Self-pay member information — continued**2021 Self-pay participants medical plan monthly premium rates**

	Self	Self & spouse/ partner	Self & children	Self & family
Kaiser Traditional ²	\$830.25	\$1,650.20	\$1,404.21	\$2,224.16
Kaiser Deductible ²	\$762.96	\$1,515.63	\$1,289.83	\$2,042.51
Moda Synergy ¹	\$769.53	\$1,528.77	\$1,300.99	\$2,060.22
Providence PEBB Statewide ³	\$876.28	\$1,742.27	\$1,482.47	\$2,348.46
Providence Choice ¹	\$731.01	\$1,451.73	\$1,235.51	\$1,956.22

¹ Available to PEBB eligible individuals in plan service area.

² Available to PEBB eligible individuals in plan service area. Kaiser routine vision services.

³ Available to PEBB eligible individuals.

2021 Self-pay participants vision plan monthly premium rates

	Self	Self & spouse/ partner	Self & children	Self & family
VSP	\$8.69	\$17.37	\$14.77	\$23.46
VSP Plus	\$15.21	\$30.41	\$25.84	\$41.05

2021 Self-pay participants dental plan monthly premium rates

	Self	Self & spouse/ partner	Self & children	Self & family
Kaiser Permanente ¹	\$65.01	\$130.02	\$110.53	\$175.54
Delta Dental Premier ²	\$60.66	\$121.32	\$103.12	\$163.78
Delta Dental PPO ³	\$56.05	\$112.10	\$95.29	\$151.34
Willamette Dental Group ⁴	\$56.35	\$112.70	\$95.86	\$152.21

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.

Note: All rates include 0.13% commission

