

COBRA member information — continued**2022 COBRA Participant Medical Plan Monthly Premium Rates**

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
Kaiser Traditional ²	\$851.44	\$1,702.89	\$1,447.45	\$2,298.90	\$684.59
Kaiser Deductible ²	\$781.57	\$1,563.16	\$1,328.69	\$2,110.26	\$632.51
Moda Synergy ¹	\$784.35	\$1,568.69	\$1,333.38	\$2,117.73	\$666.70
Providence Statewide ³	\$915.17	\$1,830.36	\$1,555.79	\$2,470.98	\$777.90
Providence Choice ¹	\$784.64	\$1,569.28	\$1,333.89	\$2,118.53	\$666.95
Kaiser Traditional Part-Time ⁶	\$718.09	\$1,436.19	\$1,220.74	\$1,938.85	\$577.39
Kaiser Deductible Part-Time ⁶	\$642.08	\$1,284.17	\$1,091.54	\$1,733.63	\$555.23
Moda Synergy Part-Time ⁴	\$638.57	\$1,277.13	\$1,085.57	\$1,724.14	\$542.76
Providence Statewide Part-time ⁵	\$743.43	\$1,486.90	\$1,263.85	\$2,007.30	\$631.92
Providence Choice Part-Time ⁴	\$635.86	\$1,271.70	\$1,080.96	\$1,716.80	\$540.47

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.

2022 COBRA vision plan monthly premium rates

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
VSP	\$8.86	\$17.73	\$15.08	\$23.93	\$7.54
VSP Plus	\$15.51	\$31.04	\$26.37	\$41.89	\$13.19

2022 COBRA dental plan monthly premium rates

	Self	Self & spouse/partner	Self & children	Self & family	Children only ⁷
Kaiser Permanente ¹	\$66.46	\$132.93	\$113.00	\$179.47	\$53.57
Delta Dental Premier ²	\$63.78	\$127.55	\$108.42	\$172.20	\$54.21
Delta Dental PPO ³	\$58.93	\$117.86	\$100.19	\$159.12	\$50.09
Willamette Dental Group ⁴	\$57.61	\$115.23	\$98.00	\$155.61	\$48.95
Delta Dental Part-Time ⁵	\$45.89	\$91.80	\$78.02	\$123.92	\$39.00
Kaiser Permanente Part-time ⁶	\$49.56	\$99.13	\$84.27	\$133.84	\$39.89

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 0.4% commission and 2.75% PEBB administration cost