

Retiree member information — continued**2022 Retiree medical plan monthly premium rates**

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only ⁹
Kaiser Traditional ¹	\$839.85	\$1,679.69	\$1,427.74	\$2,267.58	\$675.26
Kaiser Deductible ¹	\$770.93	\$1,541.87	\$1,310.59	\$2,081.52	\$623.90
Moda Synergy ²	\$773.67	\$1,547.32	\$1,315.22	\$2,088.88	\$657.62
Providence Statewide ³	\$902.70	\$1,805.43	\$1,534.60	\$2,437.32	\$767.31
Providence Choice ⁴	\$773.95	\$1,547.90	\$1,315.72	\$2,089.66	\$657.86
Kaiser Traditional Part-time ⁵	\$708.31	\$1,416.63	\$1,204.11	\$1,912.43	\$569.53
Kaiser Deductible Part-Time ⁵	\$633.34	\$1,266.68	\$1,076.67	\$1,710.02	\$547.66
Moda Synergy Part-Time ⁶	\$629.87	\$1,259.73	\$1,070.78	\$1,700.65	\$535.37
Providence Statewide part-time ⁷	\$733.31	\$1,466.65	\$1,246.64	\$1,979.95	\$623.31
Providence Choice Part-time ⁸	\$627.20	\$1,254.38	\$1,066.23	\$1,693.42	\$533.11

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

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

⁶ Additional option available to eligible part-time employees in plan service area.

⁷ Additional option available to eligible part-time employees.

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

⁹ Children only coverage is available only to COBRA and retiree participants.

2022 Retiree vision plan monthly premium rates

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only
VSP	\$8.75	\$17.49	\$14.88	\$23.61	\$7.44
VSP Plus	\$15.30	\$30.62	\$26.02	\$41.32	\$13.01

2022 Retiree dental plan monthly premium rates

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only
Kaiser Permanente ¹	\$65.56	\$131.13	\$111.46	\$177.03	\$52.84
Delta Dental ²	\$62.92	\$125.82	\$106.94	\$169.86	\$53.47
Delta Dental PPO ³	\$58.13	\$116.26	\$98.83	\$156.96	\$49.41
Willamette Dental Group ⁴	\$56.83	\$113.66	\$96.67	\$153.49	\$48.28
Delta Dental Part-time ⁵	\$45.27	\$90.56	\$76.97	\$122.24	\$38.47
Kaiser Permanente Part-Time ⁶	\$48.89	\$97.78	\$83.13	\$132.02	\$39.35

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 and retiree participants.

Note: All rates include 0.4% commission and 1.35% PEBB administration cost