

COBRA member information — continued**2023 COBRA Participant Medical Plan Monthly Premium Rates**

	Self	Self and spouse/ partner	Self and children	Self and family	Children only ⁷
Kaiser Traditional ²	\$881.02	\$1,762.05	\$1,497.75	\$2,378.79	\$708.38
Kaiser Deductible ²	\$808.74	\$1,617.47	\$1,374.85	\$2,183.58	\$654.49
Moda Synergy ¹	\$828.12	\$1,656.23	\$1,407.79	\$2,235.93	\$703.91
Providence Statewide ³	\$930.21	\$1,860.46	\$1,581.37	\$2,511.61	\$790.70
Providence Choice ¹	\$811.78	\$1,623.57	\$1,380.04	\$2,191.83	\$690.01
Kaiser Traditional Part-Time ⁶	\$743.05	\$1,486.09	\$1,263.15	\$2,006.22	\$597.44
Kaiser Deductible Part-Time ⁶	\$664.39	\$1,328.79	\$1,129.47	\$1,793.88	\$574.52
Moda Synergy Part-Time ⁴	\$674.20	\$1,348.40	\$1,146.16	\$1,820.36	\$573.06
Providence Statewide Part-time ⁵	\$755.66	\$1,511.35	\$1,284.63	\$2,040.31	\$642.31
Providence Choice Part-Time ⁴	\$657.87	\$1,315.69	\$1,118.35	\$1,776.20	\$559.15

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 and retiree participants.

2023 COBRA vision plan monthly premium rates

	Self	Self and spouse/ partner	Self and children	Self and family	Children only ⁷
VSP	\$8.52	\$17.06	\$14.50	\$23.02	\$7.25
VSP Plus	\$15.86	\$31.75	\$26.98	\$42.85	\$13.49

2023 COBRA dental plan monthly premium rates

	Self	Self and spouse/ partner	Self and children	Self and family	Children only ⁷
Kaiser Permanente ¹	\$66.56	\$133.13	\$113.16	\$179.73	\$53.65
Delta Dental Premier ²	\$63.54	\$127.06	\$108.00	\$171.54	\$54.00
Delta Dental PPO ³	\$58.71	\$117.39	\$99.81	\$158.50	\$49.89
Willamette Dental Group ⁴	\$56.25	\$112.52	\$95.69	\$151.95	\$47.79
Delta Dental Part-Time ⁵	\$45.71	\$91.44	\$77.73	\$123.44	\$38.85
Kaiser Permanente Part-time ⁶	\$49.63	\$99.27	\$84.39	\$134.03	\$39.95

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 2.75% PEBB administration cost