

2019 rates

2019 PEBB employee *medical* plan monthly premium rates (available to both full-time and part-time employees)

Plan	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente ¹	\$767.75	\$1,535.51	\$1,305.16	\$2,072.92
Kaiser Permanente Deductible ¹	\$701.30	\$1,402.62	\$1,192.23	\$1,893.54
Moda Synergy/Summit ²	\$698.37	\$1,396.75	\$1,187.23	\$1,885.62
PEBB Statewide PPO	\$786.53	\$1,573.09	\$1,337.12	\$2,123.66
Providence Choice ³	\$682.07	\$1,364.12	\$1,159.51	\$1,841.57

¹ Available in plan's service area. Includes Kaiser Permanente routine vision services.

² Available in plan's service area.

³ Available in plan's service area.

2019 PEBB part-time employee *medical* plan monthly premium rates (available only to part-time employees)

Plan	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente ¹	\$649.94	\$1,299.88	\$1,104.87	\$1,754.82
Kaiser Permanente Deductible ¹	\$569.99	\$1,139.99	\$968.98	\$1,538.98
Moda Synergy/Summit ²	\$568.57	\$1,137.14	\$966.57	\$1,535.15
PEBB Statewide PPO	\$638.95	\$1,277.90	\$1,086.23	\$1,725.17
Providence Choice ²	\$552.73	\$1,105.45	\$939.63	\$1,492.35

¹ Additional option available in plan's service area.

² Additional option available in plan's service area.

2019 PEBB full-time *dental* plans (available to both full-time and part-time employees)

Plan	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente Dental ¹	\$63.75	\$127.50	\$108.39	\$172.14
Delta Dental PPO ²	\$51.31	\$102.61	\$87.21	\$138.52
Delta Dental Premier ²	\$55.52	\$111.05	\$94.39	\$149.91
Willamette Dental Group ²	\$52.50	\$105.01	\$89.28	\$141.77

¹ Available in plan's service area.

² Available in plan's service area.

2019 PEBB part-time *dental* plans (available to part-time employees only)

Plan	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
Kaiser Permanente Dental ¹	\$47.55	\$95.09	\$80.83	\$128.39
Delta Dental Premier ²	\$39.96	\$79.91	\$67.93	\$107.89

¹ Available in plan's service area.

² Available in plan's service area.

2019 PEBB employee *vision* plan monthly premium rates (available to both full-time and part-time employees)

Plan	Employee	Employee & Spouse/Partner	Employee & Children	Employee & Family
VSP	\$8.91	\$17.82	\$15.15	\$24.06
VSP Plus	\$13.38	\$26.73	\$22.73	\$36.10