

Retiree member information — continued**2021 Retiree medical plan monthly premium rates**

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only ⁹
Kaiser Traditional ¹	\$831.90	\$1,663.79	\$1,414.23	\$2,246.12	\$668.88
Kaiser Deductible ¹	\$763.63	\$1,527.27	\$1,298.18	\$2,061.82	\$618.00
Moda Synergy ²	\$770.30	\$1,540.59	\$1,309.49	\$2,079.79	\$654.74
Providence PEBB Statewide ³	\$878.61	\$1,757.21	\$1,493.63	\$2,372.23	\$746.82
Providence Choice ⁴	\$731.21	\$1,462.43	\$1,243.06	\$1,974.28	\$621.53
Kaiser Traditional part-time ⁵	\$701.60	\$1,403.22	\$1,192.71	\$1,894.33	\$564.13
Kaiser Deductible part-time ⁵	\$627.35	\$1,254.69	\$1,066.49	\$1,693.84	\$542.49
Moda Synergy part-time ⁶	\$627.13	\$1,254.25	\$1,066.11	\$1,693.24	\$533.05
Providence PEBB Statewide part-time ⁷	\$713.74	\$1,427.48	\$1,213.35	\$1,927.09	\$606.68
Providence Choice part-time ⁸	\$592.56	\$1,185.12	\$1,007.35	\$1,599.90	\$503.66

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.

2021 Retiree vision plan monthly premium rates

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only
VSP	\$8.74	\$17.47	\$14.86	\$23.60	\$7.43
VSP Plus	\$15.30	\$30.59	\$25.99	\$41.29	\$13.01

2021 Retiree dental plan monthly premium rates

	Retiree	Retiree & spouse/ partner	Retiree & children	Retiree & family	Children only
Kaiser ¹	\$65.40	\$130.80	\$111.19	\$176.59	\$52.71
Delta Dental Premier ²	\$61.02	\$122.05	\$103.73	\$164.75	\$51.87
Delta Dental PPO ³	\$56.38	\$112.77	\$95.86	\$152.24	\$47.93
Willamette Dental Group ⁴	\$56.69	\$113.37	\$96.43	\$153.11	\$48.16
Delta Dental part-time ⁵	\$43.91	\$87.83	\$74.66	\$118.56	\$37.32
Kaiser part-time ⁶	\$48.78	\$97.54	\$82.91	\$131.69	\$39.26

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 0.13% commission