PUBLIC EMPLOYEES' PEBB BENEFIT BOARD

2017 COBRA Monthly Premium Rates

Oregon Health Authority

2017 COBRA Medical Plan Monthly Premium Rates					
	Self	Self & Spouse/Partner	Self & Children	Self & Family	Child(ren) Only
AllCare PEBB	$910.94	$1,503.03	$1,275.30	$1,821.85	$591.25
Kaiser HMO	832.50	1,373.62	1,165.50	1,665.00	543.61
Kaiser Deductible	806.50	1,330.71	1,129.08	1,612.98	525.48
Moda Synergy, Summit	928.65	1,532.27	1,300.11	1,857.30	603.63
PEBB Statewide	778.39	1,284.34	1,089.74	1,556.77	505.95
Providence Choice	655.49	1,081.55	917.68	1,310.97	334.30
AllCare PEBB Part-Time	771.15	1,272.39	1,079.59	1,542.29	500.52
Kaiser Part-time	676.29	1,115.88	946.80	1,352.58	472.73
Kaiser Deductible Part-Time	654.17	1,079.37	915.83	1,308.32	425.80
Moda Synergy, Summit Part-Time	754.40	1,244.75	1,056.15	1,508.79	490.36
PEBB Statewide Part-Time	630.79	1,040.81	883.11	1,261.59	410.01
Providence Choice Part-Time	910.94	1,503.03	1,275.30	1,821.85	591.25

2017 COBRA Optional Vision Plan Monthly Premium Rates					
	Self	Self & Spouse/Partner	Self & Children	Self & Family	Child(ren) Only
VSP Basic	$10.93	$18.04	$15.31	$21.87	$7.11
VSP Plus	$16.41	$27.06	$22.97	$32.80	$10.65

2017 COBRA Dental Plan Monthly Premium Rates					
	Self	Self & Spouse/Partner	Self & Children	Self & Family	Child(ren) Only[6]
Kaiser Permanente	$77.44	$127.76	$108.41	$154.88	$40.26
MODA Premiere	68.19	112.49	95.45	136.36	44.32
MODA PPO	63.00	103.94	88.18	125.99	40.94
Willamette Dental Group	62.92	103.82	88.09	125.85	32.72
MODA Part-time	49.07	80.97	68.71	98.13	31.89
Kaiser Permanente Part-Time	57.12	94.25	79.98	114.24	29.71