

2017 Employee Medical Plan Monthly Premium Rates (available to both full-time and part-time employees)

	Employee	Employee & Spouse/ Partner	Employee & Children	Employee & Family
AllCare PEBB ¹	\$748.06	\$1,234.29	\$1,047.27	\$1,496.11
Kaiser ²	\$893.14	\$1,473.66	\$1,250.38	\$1,786.25
Kaiser Deductible ²	\$816.24	\$1,346.78	\$1,142.73	\$1,632.46
Moda Summit, Synergy ¹	\$790.74	\$1,304.71	\$1,107.02	\$1,581.47
PEBB Statewide ¹	\$910.51	\$1,502.33	\$1,274.71	\$1,821.01
Providence Choice ¹	\$763.18	\$1,259.24	\$1,068.45	\$1,526.35

¹ No in-plan vision coverage

² Kaiser routine vision care

2017 Part-time Employee Medical Plan Monthly Premium Rates (available only to part-time employees)

	Employee	Employee & Spouse/ Partner	Employee & Children	Employee & Family
AllCare PEBB ¹	\$642.68	\$1,060.42	\$899.75	\$1,285.35
Kaiser ²	\$756.08	\$1,247.53	\$1,058.49	\$1,512.15
Kaiser Deductible ²	\$663.07	\$1,094.08	\$928.30	\$1,326.15
Moda Summit, Synergy ¹	\$641.39	\$1,058.28	\$897.93	\$1,282.75
PEBB Statewide ¹	\$739.66	\$1,220.43	\$1,035.51	\$1,479.31
Providence Choice ¹	\$618.47	\$1,020.47	\$865.85	\$1,236.93

³ No in-plan vision coverage

⁴ Vision exam only

2017 Employee Vision Plan Monthly Premium Rates

	Employee	Employee & Spouse/Partner	Employee & Child(ren)	Employee & Family
Basic Plan	\$10.72	\$17.69	\$15.01	\$21.44
Plus Plan	\$16.09	\$26.53	\$22.52	\$32.16

2017 Employee Dental Plan Monthly Premium Rates

	Employee	Employee & Spouse/ Partner	Employee & Children	Employee & Family
Kaiser Permanente	\$75.92	\$125.27	\$106.29	\$151.85
ODS (Moda) Premiere	\$66.85	\$110.29	\$93.59	\$133.70
ODS (Moda) PPO	\$61.77	\$101.91	\$86.46	\$123.53
Willamette Dental Group	\$61.70	\$101.80	\$86.37	\$123.39
ODS (Moda) Part-time ¹	\$48.11	\$79.39	\$67.36	\$96.22
Kaiser Permanente Part-time ¹	\$56.01	\$92.41	\$78.41	\$112.01

¹ Available only to part-time employees