

| 2017 Self-pay Medical Plan Monthly Premium Rates | | | | |
|--|----------|-----------------------|-----------------|---------------|
| | Self | Self & Spouse/Partner | Self & Children | Self & Family |
| AllCare PEBB | \$758.36 | \$1,244.59 | \$1,057.57 | \$1,506.41 |
| Kaiser HMO | 903.44 | 1,483.96 | 1,260.68 | 1,796.55 |
| Kaiser Deductible | 826.54 | 1,357.08 | 1,153.03 | 1,642.76 |
| Moda Synergy, Summit | 801.04 | 1,315.01 | 1,117.32 | 1,591.77 |
| PEBB Statewide | 920.81 | 1,512.63 | 1,285.01 | 1,831.31 |
| Providence Choice | 773.48 | 1,269.54 | 1,078.75 | 1,536.65 |

| 2017 Self-pay Optional Vision Plan Monthly Premium Rates | | | | |
|--|---------|-----------------------|-----------------|---------------|
| | Self | Self & Spouse/Partner | Self & Children | Self & Family |
| VSP Basic | \$10.72 | \$17.69 | \$15.01 | \$21.44 |
| VSP Plus | \$16.09 | \$26.53 | \$22.52 | \$32.16 |

| 2017 Self-pay Dental Plan Monthly Premium Rates | | | | |
|---|---------|-----------------------|-----------------|---------------|
| | Self | Self & Spouse/Partner | Self & Children | Self & Family |
| Kaiser Permanente | \$75.92 | \$125.27 | \$106.29 | \$151.85 |
| MODA Premiere | 66.85 | 110.29 | 93.59 | 133.70 |
| MODA PPO | 61.77 | 101.91 | 86.46 | 123.53 |
| Willamette Dental Group | 61.70 | 101.80 | 86.37 | 123.39 |