



COBRA monthly premium rates

As a COBRA participant, you'll pay the full cost of coverage, as shown in the tables below.

Note: All rates include 0.4% commission and 2.9% PEBB administration cost.

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only ⁵
Kaiser Traditional ¹	\$1,043.39	\$2,086.79	\$1,773.77	\$2,817.17	\$834.71
Kaiser Deductible ¹	\$904.16	\$1,808.32	\$1,537.07	\$2,441.24	\$723.32
Moda Synergy ²	\$916.39	\$1,832.83	\$1,557.88	\$2,474.31	\$778.97
Providence Statewide ³	\$1,018.21	\$2,036.47	\$1,730.98	\$2,749.23	\$865.52
Providence Choice ²	\$916.39	\$1,832.83	\$1,557.88	\$2,474.31	\$778.97
Kaiser Traditional Part-time ⁴	\$880.71	\$1,761.42	\$1,497.21	\$2,377.92	\$704.56
Kaiser Deductible Part-time ⁴	\$743.06	\$1,486.11	\$1,263.20	\$2,006.26	\$594.44
Moda Synergy Part-time ²	\$744.44	\$1,488.90	\$1,265.55	\$2,010.00	\$632.77
Providence Statewide Part-time ³	\$827.15	\$1,654.34	\$1,406.16	\$2,233.34	\$703.07
Providence Choice Part-time ²	\$744.44	\$1,488.90	\$1,265.55	\$2,010.00	\$632.77

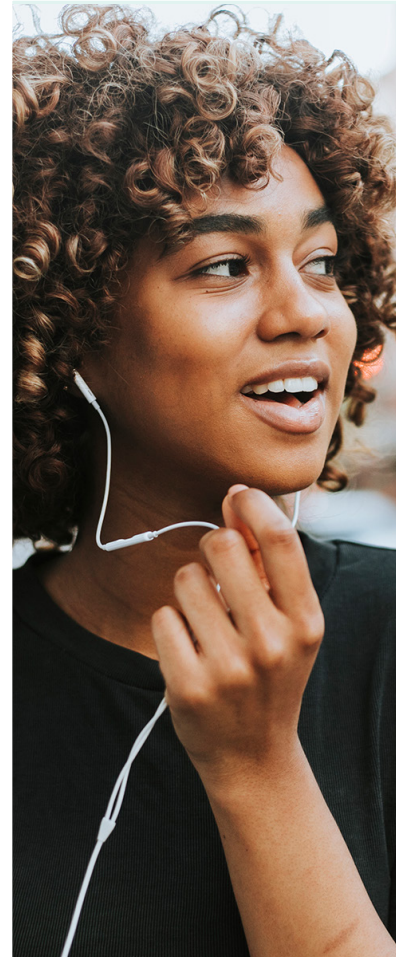
¹ Available to PEBB eligible participants in plan service area. Includes Kaiser routine vision services.

² Available to PEBB eligible participants in plan service area.

³ Available to PEBB eligible participants.

⁴ Available to eligible participants in plan service area. Includes vision exam only.

⁵ Children only coverage is available only to COBRA and retiree participants.



Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only
VSP Basic	\$8.21	\$16.42	\$13.96	\$22.18	\$6.98
VSP Plus	\$15.49	\$31.02	\$26.36	\$41.84	\$13.18

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family	Children only ⁴
Kaiser Permanente ¹	\$66.69	\$133.39	\$113.39	\$180.09	\$53.75
Delta Dental Premier ²	\$68.39	\$136.79	\$116.27	\$184.69	\$58.13
Delta Dental PPO ²	\$63.20	\$126.39	\$107.44	\$170.64	\$53.72
Willamette Dental Group ³	\$57.09	\$114.19	\$97.13	\$154.23	\$48.50
Delta Dental Premier Part-time ²	\$49.21	\$98.45	\$83.67	\$132.89	\$41.82
Kaiser Permanente Part-time ¹	\$49.74	\$99.49	\$84.57	\$134.31	\$40.04

¹ Available to PEBB eligible participants in plan service area.

² Available to PEBB eligible participants.

³ Available to PEBB eligible participants; in plan facilities.

⁴ Children only coverage is available only to COBRA and retiree participants.

