

Retiree monthly premium rates

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

Note: All rates include 0.4% commission and 1.5% PEBB administration cost.

Medical

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only ⁵
Kaiser Traditional ¹	\$1,029.20	\$2,058.40	\$1,749.65	\$2,778.85	\$823.36
Kaiser Deductible ¹	\$891.86	\$1,783.72	\$1,516.17	\$2,408.03	\$713.48
Moda Synergy ²	\$903.93	\$1,807.90	\$1,536.69	\$2,440.65	\$768.38
Providence Statewide ³	\$1,004.36	\$2,008.77	\$1,707.43	\$2,711.83	\$853.75
Providence Choice ²	\$903.93	\$1,807.90	\$1,536.69	\$2,440.65	\$768.38
Kaiser Traditional Part-time ⁴	\$868.73	\$1,737.46	\$1,476.85	\$2,345.57	\$694.98
Kaiser Deductible Part-time ⁴	\$732.95	\$1,465.89	\$1,246.01	\$1,978.97	\$586.36
Moda Synergy Part-time ²	\$734.31	\$1,468.64	\$1,248.34	\$1,982.66	\$624.16
Providence Statewide Part-time ³	\$815.90	\$1,631.84	\$1,387.04	\$2,202.96	\$693.51
Providence Choice Part-time ²	\$734.31	\$1,468.64	\$1,248.34	\$1,982.66	\$624.16

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	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only
VSP Basic	\$8.10	\$16.20	\$13.77	\$21.88	\$6.89
VSP Plus	\$15.29	\$30.60	\$26.00	\$41.28	\$13.00

Dental

Plan	Retiree only	Retiree and spouse/ domestic partner	Retiree and children	Retiree and family	Children only ⁴
Kaiser Permanente ¹	\$65.79	\$131.58	\$111.85	\$177.65	\$53.02
Delta Dental Premier ²	\$67.47	\$134.93	\$114.70	\$182.18	\$57.35
Delta Dental PPO ²	\$62.34	\$124.67	\$105.99	\$168.33	\$52.99
Willamette Dental Group ³	\$56.32	\$112.64	\$95.82	\$152.14	\$47.85
Delta Dental Premier Part-time ²	\$48.55	\$97.12	\$82.54	\$131.09	\$41.26
Kaiser Permanente Part-time ¹	\$49.07	\$98.14	\$83.42	\$132.49	\$39.50

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.

