



Self-Pay monthly premium rates

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

Note: All rates include 0.13% commission.

Medical

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Traditional ¹	\$1,033.41	\$2,056.52	\$1,749.58	\$2,772.69
Kaiser Deductible ¹	\$896.88	\$1,783.46	\$1,517.49	\$2,404.07
Moda Synergy ²	\$908.88	\$1,807.46	\$1,537.89	\$2,436.50
Providence Statewide ³	\$1,008.72	\$2,007.14	\$1,707.62	\$2,706.07
Providence Choice ²	\$908.88	\$1,807.46	\$1,537.89	\$2,436.50

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.

Vision

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
VSP Basic	\$8.05	\$16.10	\$13.69	\$21.75
VSP Plus	\$15.20	\$30.42	\$25.85	\$41.04

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Permanente ¹	\$65.40	\$130.81	\$111.19	\$176.60
Delta Dental Premier ²	\$67.07	\$134.14	\$114.02	\$181.11
Delta Dental PPO ²	\$61.97	\$123.94	\$105.36	\$167.33
Willamette Dental Group ³	\$55.99	\$111.98	\$95.25	\$151.24

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.

