



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	\$993.45	\$1,976.60	\$1,681.67	\$2,664.83
Kaiser Deductible ¹	\$862.26	\$1,714.22	\$1,458.62	\$2,310.58
Moda Synergy ²	\$871.27	\$1,732.24	\$1,473.94	\$2,334.91
Providence Statewide ³	\$966.94	\$1,923.58	\$1,636.58	\$2,593.24
Providence Choice ²	\$862.49	\$1,714.68	\$1,459.03	\$2,311.21

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	\$8.34	\$16.69	\$14.20	\$22.53
VSP Plus	\$15.52	\$31.07	\$26.40	\$41.92

Dental

Plan	Self only	Self and spouse/ domestic partner	Self and children	Self and family
Kaiser Permanente ¹	\$63.96	\$127.93	\$108.75	\$172.71
Delta Dental Premier ²	\$63.65	\$127.30	\$108.21	\$171.86
Delta Dental PPO ²	\$58.81	\$117.61	\$99.98	\$158.81
Willamette Dental Group ³	\$55.16	\$110.33	\$93.84	\$149.00

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.