

**Self-pay member information — continued****2022 Self-pay participants medical plan monthly premium rates**

	Self	Self & spouse/ partner	Self & children	Self & family
Kaiser Traditional <sup>2</sup>	\$845.17	\$1,680.05	\$1,429.59	\$2,264.46
Kaiser Deductible <sup>2</sup>	\$776.66	\$1,543.04	\$1,313.13	\$2,079.49
Moda Synergy <sup>1</sup>	\$779.39	\$1,548.46	\$1,317.73	\$2,086.82
Providence Statewide <sup>3</sup>	\$907.66	\$1,805.04	\$1,535.82	\$2,433.19
Providence Choice <sup>1</sup>	\$779.67	\$1,549.03	\$1,318.23	\$2,087.59

<sup>1</sup> Available to PEBB eligible individuals in plan service area.

<sup>2</sup> Available to PEBB eligible individuals in plan service area. Kaiser routine vision services.

<sup>3</sup> Available to PEBB eligible individuals.

**2022 Self-pay participants vision plan monthly premium rates**

	Self	Self & spouse/ partner	Self & children	Self & family
VSP	\$8.69	\$17.39	\$14.79	\$23.47
VSP Plus	\$15.21	\$30.44	\$25.86	\$41.08

**2022 Self-pay participants dental plan monthly premium rates**

	Self	Self & spouse/ partner	Self & children	Self & family
Kaiser Permanente <sup>1</sup>	\$65.18	\$130.35	\$110.80	\$175.98
Delta Dental Premier <sup>2</sup>	\$62.55	\$125.07	\$106.31	\$168.86
Delta Dental PPO <sup>3</sup>	\$57.79	\$115.57	\$98.24	\$156.03
Willamette Dental Group <sup>4</sup>	\$56.49	\$112.99	\$96.10	\$152.59

<sup>1</sup> Available to PEBB eligible individuals in plan service area.

<sup>2</sup> Available to PEBB eligible individuals.

<sup>3</sup> Available to PEBB eligible individuals.

<sup>4</sup> Available to PEBB eligible individuals; in plan facilities.

*Note: All rates include 0.13% commission*

