



**HEALTH INSURANCE RATES
RETIREE & COBRA**
For coverage effective January 1, 2020

Select your medical plan.	
EBMS HDHP	You Pay Per Month
Employee Only	\$512.84
Employee + Spouse	\$1,025.64
Employee + Child(ren)	\$974.37
Employee + Family	\$1,487.18
EBMS PPO	
Employee Only	\$733.46
Employee + Spouse	\$1,466.89
Employee + Child(ren)	\$1,393.56
Employee + Family	\$2,127.00
Kaiser Permanente	
Employee Only	\$660.22
Employee + Spouse	\$1,320.45
Employee + Child(ren)	\$1,254.42
Employee + Family	\$1,914.65
Select your vision plan.	
\$250 Vision (PCEA & SPEU) / \$500 Vision (All others)	
Employee Only	\$18.79
Employee + Spouse	\$37.59
Employee + Child(ren)	\$35.71
Employee + Family	\$54.52
Traditional Vision (Some restrictions apply)	
Employee Only	\$9.93
Employee + Spouse	\$19.89
Employee + Child(ren)	\$18.89
Employee + Family	\$28.85
Select your dental plan.	
Traditional Dental	
Employee Only	\$63.39
Employee + Spouse	\$126.78
Employee + Child(ren)	\$120.44
Employee + Family	\$183.81
Incentive Dental (Some restrictions apply)	
Employee Only	\$62.75
Employee + Spouse	\$125.46
Employee + Child(ren)	\$119.19
Employee + Family	\$181.92
Willamette Dental (Open to AFSCME, Unrepresented, SCABU, and IAFF only)	
Employee Only	\$56.64
Employee + Spouse	\$113.29
Employee + Child(ren)	\$107.62
Employee + Family	\$164.26

Medical premium _____
 Vision premium _____
 Dental premium _____
 Total premium _____