



**HEALTH INSURANCE RATES
RETIREE & COBRA**
For coverage effective January 1, 2018

Select your medical plan.	
EBMS HDHP	You Pay Per Month
Member Only	\$512.84
Member + Spouse	\$1,025.64
Member + Child(ren)	\$974.37
Member + Family	\$1,487.18
EBMS PPO	
Member Only	\$675.07
Member + Spouse	\$1,350.10
Member + Child(ren)	\$1,282.62
Member + Family	\$1,957.65
Kaiser Permanente	
Member Only	\$641.39
Member + Spouse	\$1,282.78
Member + Child(ren)	\$1,218.64
Member + Family	\$1,860.03
Select your vision plan.	
\$250 Vision (PCEA & SPEU) / \$500 Vision (All others)	
Member Only	\$18.79
Member + Spouse	\$37.59
Member + Child(ren)	\$35.71
Member + Family	\$54.52
Traditional Vision (Some restrictions apply)	
Member Only	\$9.93
Member + Spouse	\$19.89
Member + Child(ren)	\$18.89
Member + Family	\$28.85
Select your dental plan.	
Traditional Dental	
Member Only	\$62.15
Member + Spouse	\$124.28
Member + Child(ren)	\$118.08
Member + Family	\$180.22
Incentive Dental (Some restrictions apply)	
Member Only	\$61.52
Member + Spouse	\$123.00
Member + Child(ren)	\$116.85
Member + Family	\$178.34
Willamette Dental (Open to AFSCME, Unrepresented, SCABU only)	
Member Only	\$51.80
Member + Spouse	\$103.59
Member + Child(ren)	\$98.41
Member + Family	\$150.20

Calculate your monthly premium

Medical plan premium		_____
Vision plan premium	+	_____
Dental plan premium	+	_____
Total monthly premium	=	=====