



**HEALTH INSURANCE RATES  
RETIREE & COBRA  
For coverage effective January 1, 2019**

<b>Select your medical plan.</b>	
<b>EBMS HDHP</b>	<b>You Pay Per Month</b>
Employee Only	\$512.84
Employee + Spouse	\$1,025.64
Employee + Child(ren)	\$974.37
Employee + Family	\$1,487.18
<b>EBMS PPO</b>	
Employee Only	\$715.57
Employee + Spouse	\$1,431.11
Employee + Child(ren)	\$1,359.58
Employee + Family	\$2,075.12
<b>Kaiser Permanente</b>	
Employee Only	\$611.88
Employee + Spouse	\$1,223.78
Employee + Child(ren)	\$1,162.58
Employee + Family	\$1,774.47
<b>Select your vision plan.</b>	
<b>\$250 Vision (PCEA &amp; SPEU) / \$500 Vision (All others)</b>	
Employee Only	\$18.79
Employee + Spouse	\$37.59
Employee + Child(ren)	\$35.71
Employee + Family	\$54.52
<b>Traditional Vision Restrictions apply</b>	
Employee Only	\$9.93
Employee + Spouse	\$19.89
Employee + Child(ren)	\$18.89
Employee + Family	\$28.85
<b>Select your dental plan.</b>	
<b>Traditional Dental</b>	
Employee Only	\$63.39
Employee + Spouse	\$126.78
Employee + Child(ren)	\$120.44
Employee + Family	\$183.81
<b>Incentive Dental Restrictions apply</b>	
Employee Only	\$62.75
Employee + Spouse	\$125.46
Employee + Child(ren)	\$119.19
Employee + Family	\$181.92
<b>Willamette Dental (Open to AFSCME, Non-Represented, SCABU only)</b>	
Employee Only	\$52.99
Employee + Spouse	\$105.98
Employee + Child(ren)	\$100.67
Employee + Family	\$153.66

<b>Calculate your monthly premium</b>	
Medical plan premium	_____
Vision plan premium	+ _____
Dental plan premium	+ _____
<b>Total monthly premium</b>	= _____