



HEALTH INSURANCE RATES
RETIREE & COBRA
For coverage effective January 1, 2023

Select your medical plan	
HDHP	You Pay Per Month
Member Only	\$512.84
Member + Spouse	\$1,025.64
Member + Child(ren)	\$974.37
Member + Family	\$1,487.18
PPO	
Member Only	\$832.70
Member + Spouse	\$1,665.34
Member + Child(ren)	\$1,582.11
Member + Family	\$2,414.76
Kaiser Permanente	
Member Only	\$702.09
Member + Spouse	\$1,404.20
Member + Child(ren)	\$1,333.98
Member + Family	\$2,036.09
Select your vision plan	
\$500 Vision	
Member Only	\$18.79
Member + Spouse	\$37.59
Member + Child(ren)	\$35.71
Member + Family	\$54.52
Select your dental plan	
Traditional Dental	
Member Only	\$63.39
Member + Spouse	\$126.78
Member + Child(ren)	\$120.44
Member + Family	\$183.81
Incentive Dental (Closed to new enrollment for all but IAFF)	
Member Only	\$62.75
Member + Spouse	\$125.46
Member + Child(ren)	\$119.19
Member + Family	\$181.92
Willamette Dental	
Member Only	\$49.78
Member + Spouse	\$99.40
Member + Child(ren)	\$94.45
Member + Family	\$144.18

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