

4/1/2021 - 3/31/2022 MONTHLY COBRA RATES

Division 1 - Categories A, B, C, E, I, H & Junior Taxing Districts						
Subscriber	Regence Plan A		Regence Plan B		Kaiser Permanente #1654800	
	Premium	Premium + 2%	Premium	Premium + 2%	Premium	Premium + 2%
Participant Only	\$ 827.81	\$ 844.37	\$ 867.67	\$ 885.02	\$ 570.70	\$ 582.11
Participant + Spouse	\$ 1,655.59	\$ 1,688.70	\$ 1,735.32	\$ 1,770.03	\$ 1,141.38	\$ 1,164.21
Participant + Children	\$ 1,407.26	\$ 1,435.41	\$ 1,475.03	\$ 1,504.53	\$ 970.19	\$ 989.59
Participant + Family	\$ 2,235.07	\$ 2,279.77	\$ 2,342.68	\$ 2,389.53	\$ 1,540.87	\$ 1,571.69
Spouse Only	\$ 827.81	\$ 844.37	\$ 867.67	\$ 885.02	\$ 570.70	\$ 582.11
Spouse + Children	\$ 1,407.26	\$ 1,435.41	\$ 1,475.03	\$ 1,504.53	\$ 970.19	\$ 989.59
Children Only (under 26)	\$ 579.45	\$ 591.04	\$ 607.36	\$ 619.51	\$ 399.49	\$ 407.48

VSP Vision #10008695		
Subscriber	Premium	Premium + 2%
Participant Only	\$ 4.39	\$ 4.48
Participant + Spouse	\$ 8.79	\$ 8.97
Participant + Children	\$ 7.48	\$ 7.63
Participant + Family	\$ 11.88	\$ 12.12
Spouse Only	\$ 4.39	\$ 4.48
Spouse + Children	\$ 7.48	\$ 7.63
Children Only (under 26)	\$ 3.09	\$ 3.15

Division 2 - Categories F						
Subscriber	Regence Select 17				Kaiser Permanente #1654700	
	Premium	Premium + 2%			Premium	Premium + 2%
Participant Only	\$ 912.23	\$ 930.47			\$ 570.47	\$ 581.88
Participant + Spouse	\$ 1,824.50	\$ 1,860.99			\$ 1,140.94	\$ 1,163.76
Participant + Children	\$ 1,550.82	\$ 1,581.84			\$ 969.82	\$ 989.22
Participant + Family	\$ 2,463.07	\$ 2,512.33			\$ 1,540.30	\$ 1,571.11
Spouse Only	\$ 912.23	\$ 930.47			\$ 570.47	\$ 581.88
Spouse + Children	\$ 1,550.82	\$ 1,581.84			\$ 969.82	\$ 989.22
Children Only (under 26)	\$ 638.59	\$ 651.36			\$ 399.35	\$ 407.34

Delta Dental PPO #00444		
Subscriber	Premium	Premium + 2%
Participant Only	\$46.86	\$47.80
Participant + Spouse	\$82.77	\$84.43
Participant + Children	\$103.65	\$105.72
Participant + Family	\$139.55	\$142.34
Spouse Only	\$46.86	\$47.80
Spouse + Children	\$103.65	\$105.72
Children Only (under 26)	\$56.79	\$57.93
Budget Rate	\$100.71	

Division 3 - Categories D						
Subscriber	Regence Selct 20		Regence Traditional		Kaiser Permanente #1655000	
	Premium	Premium + 2%	Premium	Premium + 2%	Premium	Premium + 2%
Participant Only	\$ 811.61	\$ 827.84	\$ 885.87	\$ 903.59	\$ 619.57	\$ 631.96
Participant + Spouse	\$ 1,623.17	\$ 1,655.63	\$ 1,771.71	\$ 1,807.14	\$ 1,239.11	\$ 1,263.89
Participant + Children	\$ 1,379.72	\$ 1,407.31	\$ 1,505.98	\$ 1,536.10	\$ 1,053.25	\$ 1,074.32
Participant + Family	\$ 2,191.29	\$ 2,235.12	\$ 2,391.83	\$ 2,439.67	\$ 1,672.77	\$ 1,706.23
Spouse Only	\$ 811.61	\$ 827.84	\$ 885.87	\$ 903.59	\$ 619.57	\$ 631.96
Spouse + Children	\$ 1,379.72	\$ 1,407.31	\$ 1,505.98	\$ 1,536.10	\$ 1,053.25	\$ 1,074.32
Children Only (under 26)	\$ 568.11	\$ 579.47	\$ 620.11	\$ 632.51	\$ 433.68	\$ 442.35

Delta Dental DeltaCare #00114		
Subscriber	Premium	Premium + 2%
Participant Only	\$ 31.66	\$ 32.29
Participant + Spouse	\$ 63.60	\$ 64.87
Participant + Children	\$ 99.79	\$ 101.79
Participant + Family	\$ 131.42	\$ 134.05
Spouse Only	\$ 31.66	\$ 32.29
Spouse + Children	\$ 99.79	\$ 101.79
Children Only (under 26)	\$ 68.13	\$ 69.49

Division 3 - Categories G						
Subscriber	Regence Selct 20		Regence Traditional		Kaiser Permanente #1654800	
	Premium	Premium + 2%	Premium	Premium + 2%	Premium	Premium + 2%
Participant Only	\$ 811.61	\$ 827.84	\$ 885.87	\$ 903.59	\$ 570.70	\$ 582.11
Participant + Spouse	\$ 1,623.17	\$ 1,655.63	\$ 1,771.71	\$ 1,807.14	\$ 1,141.38	\$ 1,164.21
Participant + Children	\$ 1,379.72	\$ 1,407.31	\$ 1,505.98	\$ 1,536.10	\$ 970.19	\$ 989.59
Participant + Family	\$ 2,191.29	\$ 2,235.12	\$ 2,391.83	\$ 2,439.67	\$ 1,540.87	\$ 1,571.69
Spouse Only	\$ 811.61	\$ 827.84	\$ 885.87	\$ 903.59	\$ 570.70	\$ 582.11
Spouse + Children	\$ 1,379.72	\$ 1,407.31	\$ 1,505.98	\$ 1,536.10	\$ 970.19	\$ 989.59
Children Only (under 26)	\$ 568.11	\$ 579.47	\$ 620.11	\$ 632.51	\$ 399.49	\$ 407.48

Willamette Dental Group WA175		
Subscriber	Premium	Premium + 2%
Participant Only	\$ 49.75	\$ 50.75
Participant + Spouse	\$ 108.20	\$ 110.36
Participant + Children	\$ 108.20	\$ 110.36
Participant + Family	\$ 144.40	\$ 147.29
Spouse Only	\$ 49.75	\$ 50.75
Spouse + Children	\$ 108.20	\$ 110.36
Children Only (under 26)	\$ 58.45	\$ 59.62