

## 2025 Medical plan monthly premium rates

	Employee Tier	COST to Employee	Employee & spouse/partner tier	COST to the Employee	Employee & children tier	COST to the Employee	Employee & family tier	COST to the Employee
Kaiser Traditional	\$1,023.11	\$51.16	\$2,046.22	\$102.31	\$1,739.28	\$86.96	\$2,762.39	\$138.12
Kaiser Deductible	\$886.58	\$44.33	\$1,773.16	\$88.66	\$1,507.19	\$75.36	\$2,393.77	\$119.69
Moda Synergy	\$898.58	\$26.96	\$1,797.16	\$53.91	\$1,527.59	\$76.38	\$2,393.77	\$71.81
Providence Statewide	\$998.42	\$49.92	\$1,996.84	\$99.84	\$1,697.32	\$84.87	\$2,695.77	\$134.79
Providence Choice	\$898.58	\$26.96	\$1,797.16	\$53.91	\$1,527.59	\$76.38	\$2,426.20	\$72.79
Kaiser Traditional Part-Time	\$863.58	Refer to Online Calculator	\$1,727.16		\$1,468.11		\$2,331.69	
Kaiser Deductible Part-Time	\$728.61	Refer to Online Calculator	\$1,457.22		\$1,238.64		\$1,967.25	
Moda Synergy Part-Time	\$898.58	Refer to Online Calculator	\$1,797.16		\$1,527.59		\$2,426.20	
Provident Statewide Part-Time	\$811.06	Refer to Online Calculator	\$1,622.13		\$1,378.83		\$2,189.91	
Providence Choice Part-Time	\$729.96	Refer to Online Calculator	\$1,459.92		\$1,240.95		\$1,970.92	

**Providence Choice & Moda are the 3% Premium Plan for 2025**

Employee premium cost is based on the medical plan choice. If you choose a 5% plan you pay 5% of the premium if you choose the 3% plan you pay 3% of the premium.

Employee pays the additional cost for VSP Plus

## 2025 Vision plan monthly premium rates

	Employee Tier	COST to Employee	Employee & spouse/partner tier	COST to the Employee	Employee & children tier	COST to the Employee	Employee & family tier	COST to the Employee
		Based on 5% Premium		Based on 5% Premium		Based on 5% Premium		Based on 5% Premium
VSP	\$8.05	\$0.40	\$16.10	\$0.81	\$13.69	\$0.68	\$21.75	\$1.09
VSP Plus	\$15.20	\$7.15	\$30.42	\$14.32	\$25.85	\$12.16	\$41.04	\$19.29

## 2025 Dental plan monthly premium rates

	Employee Tier	COST to Employee	Employee & spouse/partner tier	COST to the Employee	Employee & children tier	COST to the Employee	Employee & family tier	COST to the Employee
		Based on 5% Premium		Based on 5% Premium		Based on 5% Premium		Based on 5% Premium
Kaiser Permanente	\$65.40	\$3.27	\$130.81	\$6.54	\$111.19	\$5.56	\$176.60	\$8.83
Delta Dental Premier	\$67.07	\$3.35	\$134.14	\$6.71	\$114.02	\$5.70	\$181.11	\$9.06
Delta Dental PPO	\$61.97	\$3.10	\$123.94	\$6.20	\$105.36	\$5.27	\$167.33	\$8.37
Willamette Dental Group	\$55.99	\$2.80	\$111.98	\$5.60	\$95.25	\$4.76	\$151.24	\$7.56
Delta Dental Part Time	\$48.26	Refer to Online Calculator	\$96.54		\$82.05		\$130.31	
Kaiser Permanente Part Time	\$48.78	Refer to Online Calculator	\$97.56		\$82.93		\$131.70	