

2024 Retiree Dental and Vision Rates

Tier	SAIF Dental Premium Rates	Retiree Dental + Vision Base Rates	Retiree Dental + Vision Buy-Up
Delta Dental (1919)			
Retiree only	\$53.19	\$59.61	\$65.05
Retiree + spouse or domestic partner	\$105.26	\$117.18	\$128.08
Retiree + child(ren)	\$109.53	\$122.19	\$133.89
Retiree + family (includes spouse or domestic partner)	\$166.95	\$186.67	\$205.33
Kaiser DHMO Dental (1816-016)			
Retiree only	\$108.83	\$115.25	\$120.69
Retiree + spouse or domestic partner	\$215.44	\$227.36	\$238.26
Retiree + child(ren)	\$224.18	\$236.84	\$248.54
Retiree + family (includes spouse or domestic partner)	\$341.67	\$361.39	\$380.05
Kaiser PPO Dental (1816-010)			
Retiree only	\$54.75	\$61.17	\$66.61
Retiree + spouse or domestic partner	\$109.50	\$121.42	\$132.32
Retiree + child(ren)	\$98.60	\$111.26	\$122.96
Retiree + family (includes spouse or domestic partner)	\$164.25	\$183.97	\$202.63
Willamette Dental (Group #OR223)			
Retiree only	\$46.20	\$52.62	\$58.06
Retiree + spouse or domestic partner	\$91.45	\$103.37	\$114.27
Retiree + child(ren)	\$95.10	\$107.76	\$119.46
Retiree + family (includes spouse or domestic partner)	\$145.00	\$164.72	\$183.38
VSP Vision Base	SAIF VSP Premium Rates	Retiree VSP Premium Rates	
Retiree only	\$6.42	\$6.42	
Retiree + spouse or domestic partner	\$11.92	\$11.92	
Retiree + child(ren)	\$12.66	\$12.66	
Retiree + family (includes spouse or domestic partner)	\$19.72	\$19.72	
This is for information only. The vision monthly premium rates are included in the rates above.			
VSP Vision Buy-Up	SAIF VSP Premium Rates	Retiree VSP Premium Rates	
Retiree only	\$11.86	\$11.86	
Retiree + spouse or domestic partner	\$22.82	\$22.82	
Retiree + child(ren)	\$24.36	\$24.36	
Retiree + family (includes spouse or domestic partner)	\$38.38	\$38.38	

Note: Dental and vision benefits are not unbundled. When dental is selected, the COBRA participant and their enrolled dependents will be automatically enrolled in the Vision Service Plan (VSP).