

Project Access Now
Out of Area Employees

Medical Rates effective 1/1/24 - 12/31/24

Kaiser Gold w/ Vision	EE Only %	100%
POS -Out of Area	Dependent %	0%
	Employee-Paid	Employer-Paid
	Bi-Weekly	Monthly
Coverage Type	Deductions	Benefit
Employee Only	\$0.00	\$530.03
Employee/Spouse	\$244.63	\$530.03
Employee/Family	\$452.56	\$530.03
Employee/Child(ren)	\$207.93	\$530.03
		Full Monthly Premium
		\$530.03
		\$1,060.06
		\$1,510.58
		\$980.55

Dental Rates effective 1/1/24 - 12/31/24

Kaiser	EE Only %	100%
\$2500 annual max	Dependent %	0%
** Pediatric Dental Only (without employee election) \$28.83 per child > 19		
	Employee-Paid	Employer-Paid
	Bi-Weekly	Monthly
Coverage Type	Deductions	Benefit
Employee Only	\$0.00	\$40.69
Employee/Spouse	\$18.78	\$40.69
Employee/Family	\$43.20	\$40.68
Employee/Child(ren)	\$18.78	\$40.69
		Full Monthly Premium
		\$40.69
		\$81.38
		\$134.28
		\$81.38

Please carefully review all amounts for accuracy according to your expectations. Your signature below indicates your approval to replace any previously approved rates and contribution levels with these amounts as of the effective dates shown above. **Final enrollment could impact final rates.**

Name and Title: Omar Al Rais, Vice President of Operations

Signature: *Omar Al Rais*

Date: 11/16/2023

Please see your Plan Documents for full benefit details. In the event of conflict, the Plan Documents will govern.