

Project Access Now
All Eligible Employees 20+ Hours

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

Kaiser Gold w/ Vision		EE Only %	100%
		Dependent %	0%
Coverage Type	Employee-Paid	Employer-Paid	Full
	Bi-Weekly	Monthly	Monthly
	Deductions	Benefit	Premium
Employee Only	\$0.00	\$516.87	\$516.87
Employee/Spouse	\$238.56	\$516.86	\$1,033.74
Employee/Family	\$441.33	\$516.87	\$1,473.08
Employee/Child(ren)	\$202.77	\$516.87	\$956.21

Kaiser Platinum w/ Vision		EE Only %	100% of base
		Dependent %	0%
Coverage Type	Employee-Paid	Employer-Paid	Full
	Bi-Weekly	Monthly	Monthly
	Deductions	Benefit	Premium
Employee Only	\$36.42	\$516.88	\$595.79
Employee/Spouse	\$311.40	\$516.88	\$1,191.58
Employee/Family	\$545.14	\$516.87	\$1,698.00
Employee/Child(ren)	\$270.16	\$516.87	\$1,102.21

Kaiser POS w/ Vision		EE Only %	100% of base
		Dependent %	0%
Coverage Type	Employee-Paid	Employer-Paid	Full
	Bi-Weekly	Monthly	Monthly
	Deductions	Benefit	Premium
Employee Only	\$19.39	\$516.88	\$558.89
Employee/Spouse	\$277.34	\$516.87	\$1,117.78
Employee/Family	\$496.60	\$516.87	\$1,592.83
Employee/Child(ren)	\$238.65	\$516.87	\$1,033.94

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			
Coverage Type	Employee-Paid	Employer-Paid	Full
	Bi-Weekly	Monthly	Monthly
	Deductions	Benefit	Premium
Employee Only	\$0.00	\$40.69	\$40.69
Employee/Spouse	\$18.78	\$40.69	\$81.38
Employee/Family	\$43.20	\$40.68	\$134.28
Employee/Child(ren)	\$18.78	\$40.69	\$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: 11/16/2024