

Project Access Now

All Eligible Employees

Medical Rates effective 1/1/2023 - 12/31/2023

Kaiser Gold w/ Vision			
Coverage Type	Employee-Paid Bi-Weekly Deductions	Employer-Paid Monthly Benefit	Full Monthly Premium
Employee Only	\$0.00	\$484.13	\$484.13

Kaiser Platinum w/ Vision			
Coverage Type	Bi-Weekly	Monthly	Monthly
Employee Only	\$40.64	\$484.14	\$572.20

Kaiser POS w/ Vision			
Coverage Type	Employee-Paid Bi-Weekly Deductions	Employer-Paid Monthly Benefit	Full Monthly Premium
Employee Only	\$24.75	\$484.13	\$537.77

Dental Rates effective 1/1/2023 - 12/31/2023

Kaiser Family Choice- \$50 deductible, \$2500 annual max			
	Bi-Weekly	Monthly	Monthly
Employee Only	\$0.00	\$39.56	\$39.56

Kaiser Pediatric Preventative Dental			
	Employee-Paid Bi-Weekly Deductions	Employer-Paid Monthly Benefit	Full Monthly Premium
Child	\$13.83	\$0.00	\$29.96

*Premium is per child x 3 maximum

Please carefully review all amounts for accuracy according to your expectations.