

Project Access Now
Out of Area Employees

Medical Rates effective 1/1/25 - 12/31/25

Kaiser Gold w/ Vision		EE Only %	100%
POS -Out of Area		Dependent %	0%
Added Choice \$1000			
	Employee-Paid Bi-Weekly Deductions	Employer-Paid Monthly Benefit	Full Monthly Premium
Coverage Type			
Employee Only	\$0.00	\$555.14	\$555.14
Employee/Spouse	\$256.22	\$555.14	\$1,110.28
Employee/Family	\$474.00	\$555.14	\$1,582.15
Employee/Child(ren)	\$217.79	\$555.14	\$1,027.01

Dental Rates effective 1/1/25 - 12/31/25

Kaiser		EE Only %	100%
\$2500 annual max		Dependent %	0%
** Pediatric Dental Only (without employee election) \$30.08 per child > 19			
	Employee-Paid Bi-Weekly Deductions	Employer-Paid Monthly Benefit	Full Monthly Premium
Coverage Type			
Employee Only	\$0.00	\$42.88	\$42.88
Employee/Spouse	\$19.79	\$42.88	\$85.76
Employee/Family	\$45.52	\$42.88	\$141.50
Employee/Child(ren)	\$19.79	\$42.88	\$85.76

Please carefully review all amounts for accuracy according to your expectations. Final enrollment could impact final rates.