

Project Access Now
All Eligible Employees 20+ Hours

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

Kaiser Gold w/ Vision		EE Only %	100%
		Dependent %	0%
	Employee-Paid Bi-Weekly Deductions	Employer-Paid Monthly Benefit	Full Monthly Premium
Coverage Type			
Employee Only	\$0.00	\$540.84	\$540.84
Employee/Spouse	\$249.62	\$540.84	\$1,081.68
Employee/Family	\$461.79	\$540.84	\$1,541.39
Employee/Child(ren)	\$212.17	\$540.84	\$1,000.55

Kaiser Platinum w/ Vision		EE Only %	100% of base
		Dependent %	0%
	Employee-Paid Bi-Weekly Deductions	Employer-Paid Monthly Benefit	Full Monthly Premium
Coverage Type			
Employee Only	\$30.79	\$540.84	\$607.55
Employee/Spouse	\$311.20	\$540.84	\$1,215.10
Employee/Family	\$549.54	\$540.84	\$1,731.52
Employee/Child(ren)	\$269.14	\$540.84	\$1,123.97

Kaiser POS w/ Vision		EE Only %	100% of base
Added Choice \$1000		Dependent %	0%
	Employee-Paid Bi-Weekly Deductions	Employer-Paid Monthly Benefit	Full Monthly Premium
Coverage Type			
Employee Only	\$18.75	\$540.84	\$581.47
Employee/Spouse	\$287.12	\$540.84	\$1,162.94
Employee/Family	\$515.24	\$540.84	\$1,657.19
Employee/Child(ren)	\$246.87	\$540.84	\$1,075.72

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.