

## Project Access Now

All Eligible Employees

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

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

  

<b>Kaiser Platinum w/ Vision</b>			
<b>Coverage Type</b>	<b>Bi-Weekly</b>	<b>Monthly</b>	<b>Monthly</b>
Employee Only	<b>\$40.65</b>	\$484.13	\$572.20

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

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

  

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

\*Premium is per child x 3 maximum

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

Your signature below indicates your approval to replace any previously approved rates and contributions levels with these amounts as of the effective dates shown above.

Name and Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_