Project Access Now
All Eligible Employees 20+ Hours

Medical Rates effective 1/1/27 - 12/31/27

Kaiser Gold $0 w/ Vision & Massage		EE Only %	100%
		Dependent %	0%
Coverage Type	**Employee-Paid Bi-Weekly Deductions**	**Employer-Paid Monthly Benefit**	**Full Monthly Premium**
Employee Only	**$0.00**	$647.60	$647.60
Employee/Spouse	**$298.89**	$647.60	$1,295.20
Employee/Family	**$552.95**	$647.60	$1,845.66
Employee/Child(ren)	**$254.06**	$647.60	$1,198.06

Kaiser Platinum $0 w/ Vision & Massage		EE Only %	100% of base
		Dependent %	0%
Coverage Type	**Employee-Paid Bi-Weekly Deductions**	**Employer-Paid Monthly Benefit**	**Full Monthly Premium**
Employee Only	**$49.86**	$647.60	$755.62
Employee/Spouse	**$398.60**	$647.60	$1,511.24
Employee/Family	**$695.04**	$647.60	$2,153.52
Employee/Child(ren)	**$346.29**	$647.60	$1,397.90

Kaiser Gold POS w/ Vision Added Choice $1500 & Massage		EE Only %	100% of base
		Dependent %	0%
Coverage Type	**Employee-Paid Bi-Weekly Deductions**	**Employer-Paid Monthly Benefit**	**Full Monthly Premium**
Employee Only	**$35.13**	$647.60	$723.72
Employee/Spouse	**$369.16**	$647.60	$1,447.44
Employee/Family	**$653.08**	$647.60	$2,062.60
Employee/Child(ren)	**$319.05**	$647.60	$1,338.88

Out of Area- Kaiser Gold w/ Vision Added Choice OOA $500 & Massage		EE Only %	100%
		Dependent %	0%
Coverage Type	**Employee-Paid Bi-Weekly Deductions**	**Employer-Paid Monthly Benefit**	**Full Monthly Premium**
Employee Only	**$0.00**	$701.67	$701.67
Employee/Spouse	**$323.85**	$701.67	$1,403.34
Employee/Family	**$599.12**	$701.67	$1,999.76
Employee/Child(ren)	**$275.27**	$701.67	$1,298.09

Dental Rates effective 1/1/27 - 12/31/27

Kaiser KP OR Family Choice $2500 Includes Ortho and Implants		EE Only %	100%
		Dependent %	0%
Coverage Type	**Employee-Paid Bi-Weekly Deductions**	**Employer-Paid Monthly Benefit**	**Full Monthly Premium**
Employee Only	**$0.00**	$51.28	$51.28
Employee/Spouse	**$23.67**	$51.28	$102.56
Employee/Family	**$54.43**	$51.28	$169.22
Employee/Child(ren)	**$23.67**	$51.28	$102.56

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.**