2023 Kitsap County COBRA Monthly Insurance Rates

Kaiser Permanente of WA	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly
Value	805.00	16.10	821.10	1,391.00	27.82	1,418.82	1,651.00	33.02	1,684.02	2,237.00	44.74	2,281.74
Classic	861.00	17.22	878.22	1,490.00	29.80	1,519.80	1,767.00	35.34	1,802.34	2,395.00	47.90	2,442.90
HDHP	720.00	14.40	734.40	1,262.00	25.24	1,287.24	1,472.00	29.44	1,501.44	1,934.00	38.68	1,972.68
DSG Plan	853.14	17.06	870.20	1,492.96	29.86	1,522.82	1,748.94	34.98	1,783.92	2,388.82	47.78	2,436.60

Aetna (PPO Plan)	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly
Value	837.00	16.74	853.74	1,452.00	29.04	1,481.04	1,718.00	34.36	1,752.36	2,332.00	46.64	2,378.64
Classic	914.00	18.28	932.28	1,585.00	31.70	1,616.70	1,874.00	37.48	1,911.48	2,545.00	50.90	2,595.90
HDHP	782.00	15.64	797.64	1,375.00	27.50	1,402.50	1,600.00	32.00	1,632.00	2,112.00	42.24	2,154.24
PPO1/DSG	890.98	17.82	908.80	1,559.08	31.18	1,590.26	1,826.44	36.53	1,862.97	2,494.64	49.89	2,544.53

VSP Vision*	Employee Only			Employee + Child(ren)			Employee + Spouse			Employee + Family		
	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly
Extended Plan	19.64	0.39	20.03	19.64	0.39	20.03	19.64	0.39	20.03	19.64	0.39	20.03

Dental*	Employee Only			Employee + 1 Child			Employee + Spouse			Employee + Family		
	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly
Delta Plan C	55.24	1.10	56.34	98.42	1.97	100.39	98.42	1.97	100.39	177.61	3.55	181.16
Delta Plan D	58.43	1.17	59.60	103.53	2.07	105.60	103.53	2.07	105.60	186.69	3.73	190.42
Willamette	61.24	1.22	62.46	101.86	2.04	103.90	101.86	2.04	103.90	162.99	3.26	166.25