

2027 Kitsap County COBRA Monthly Insurance Rates

Kaiser (HMO 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
Prime	1,123.10	22.46	1,145.56	1,944.00	38.88	1,982.88	2,300.00	46.00	2,346.00	3,125.00	62.50	3,187.50
HDHP	1,005.00	20.10	1,025.10	1,762.00	35.24	1,797.24	2,052.00	41.04	2,093.04	3,702.00	74.04	3,776.04
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
Prime	1,167.00	23.34	1,190.34	2,020.00	40.40	2,060.40	2,400.00	48.00	2,448.00	3,258.00	65.16	3,323.16
HDHP	1,092.00	21.84	1,113.84	1,917.00	38.34	1,955.34	2,235.00	44.70	2,279.70	2,950.00	59.00	3,009.00
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	18.29	0.37	18.66	18.29	0.37	18.66	18.29	0.37	18.66	18.29	0.37	18.66
Dental*	Employee Only			Employee + 1 Child			Employee + Spouse			Employee + 2 or more		
	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	57.15	1.14	58.29	101.84	2.04	103.88	101.84	2.04	103.88	183.77	3.68	187.45
Delta Plan D	60.46	1.21	61.67	107.12	2.14	109.26	107.12	2.14	109.26	193.18	3.86	197.04
Willamette	74.06	1.48	75.54	123.22	2.46	125.68	123.22	2.46	125.68	197.18	3.94	201.12