

Plan & Coverage Level	Rates Effective	Base Monthly Premium	COBRA Admin Fee	COBRA Premium
Kaiser HMO Medical/Delta Dental/VSP Vi	sion			
Employee Only	1/1/2025	\$1,020.64	2%	\$1,041.05
Employee + Spouse/DP	1/1/2025	\$2,080.88	2%	\$2,122.50
Employee + Child/ren	1/1/2025	\$1,966.26	2%	\$2,005.59
Employee + Family	1/1/2025	\$3,009.95	2%	\$3,070.15
Spouse Only	1/1/2025	\$1,020.64	2%	\$1,041.05
Spouse + Child/ren	1/1/2025	\$1,966.26	2%	\$2,005.59
Child Only	1/1/2025	\$945.62	2%	\$964.53
Premera Medical \$15 Co-Pay/Delta Denta	al/VSP Vision ** (Se	e note below)		
Employee Only	1/1/2025	\$947.00	2%	\$965.94
Employee + Spouse/DP	1/1/2025	\$1,925.00	2%	\$1,963.50
Employee + Child/ren	1/1/2025	\$1,818.00	2%	\$1,854.36
Employee + Family	1/1/2025	\$2,782.00	2%	\$2,837.64
Spouse Only	1/1/2025	\$947.00	2%	\$965.94
Spouse + Child/ren	1/1/2025	\$1,818.00	2%	\$1,854.36
Child Only	1/1/2025	\$871.00	2%	\$888.42
Premera Medical 80/20 Plan/Delta Denta	I/VSP Vision			
Employee Only	1/1/2025	\$838.00	2%	\$854.76
Employee + Spouse/DP	1/1/2025	\$1,708.00	2%	\$1,742.16
Employee + Child/ren	1/1/2025	\$1,614.00	2%	\$1,646.28
Employee + Family	1/1/2025	\$2,471.00	2%	\$2,520.42
Spouse Only	1/1/2025	\$838.00	2%	\$854.76
Spouse + Child/ren	1/1/2025	\$1,614.00	2%	\$1,646.28
Child Only	1/1/2025	\$776.00	2%	\$791.52
Premera CCP Medical w/HSA & Delta Dental/VSP Vision				
Employee Only	1/1/2025	\$751.00	2%	\$766.02
Employee + Spouse/DP	1/1/2025	\$1,502.00	2%	\$1,532.04
Employee + Child/ren	1/1/2025	\$1,427.00	2%	\$1,455.54
Employee + Family	1/1/2025	\$2,180.00	2%	\$2,223.60
Spouse Only	1/1/2025	\$751.00	2%	\$766.02
Spouse + Child/ren	1/1/2025	\$1,427.00	2%	\$1,455.54
Child Only	1/1/2025	\$676.00	2%	\$689.52

^{**} The Premera Medical \$15 Co-Pay plan is available **ONLY** for those already on it. You can not elect to change to the plan. If you are on the \$15 Co-Pay plan and elect to move to a different plan you will not be able to go back to the \$15 Co-Pay plan during next year's open enrollment period.