

2022 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	732.00	14.64	746.64	1,265.00	25.30	1,290.30	1,501.00	30.02	1,531.02	2,034.00	40.68	2,074.68
Classic	783.00	15.66	798.66	1,355.00	27.10	1,382.10	1,607.00	32.14	1,639.14	2,178.00	43.56	2,221.56
HDHP	655.00	13.10	668.10	1,148.00	22.96	1,170.96	1,339.00	26.78	1,365.78	1,759.00	35.18	1,794.18
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	761.00	15.22	776.22	1,320.00	26.40	1,346.40	1,562.00	31.24	1,593.24	2,120.00	42.40	2,162.40
Classic	831.00	16.62	847.62	1,441.00	28.82	1,469.82	1,704.00	34.08	1,738.08	2,314.00	46.28	2,360.28
HDHP	711.00	14.22	725.22	1,250.00	25.00	1,275.00	1,455.00	29.10	1,484.10	1,920.00	38.40	1,958.40
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