

2018 KITSAP COUNTY - CONTINUATION COVERAGE RATES
COBRA - CORRECTIONS OFFICER RATES MEDICAL/VISION

	Monthly Premium	2% Admin. Fee	Total Monthly Premium
Premera Classic Plan (#1037245)			
Adult subscriber	\$695.90	\$13.92	\$709.82
Subscriber + spouse	\$1,426.54	\$28.53	\$1,455.07
Subscriber + child(ren)	\$1,217.80	\$24.36	\$1,242.16
Subscriber + family	\$1,948.44	\$38.97	\$1,987.41
Premera Value Plan (#1037245)			
Adult subscriber	\$638.68	\$12.77	\$651.45
Subscriber + spouse	\$1,309.24	\$26.18	\$1,335.42
Subscriber + child(ren)	\$1,117.66	\$22.35	\$1,140.01
Subscriber + family	\$1,788.26	\$35.77	\$1,824.03
Kaiser Classic Plan (#12431)			
Adult subscriber	\$592.62	\$11.85	\$604.47
Subscriber + spouse	\$1,214.82	\$24.30	\$1,239.12
Subscriber + child(ren)	\$1,037.00	\$20.74	\$1,057.74
Subscriber + family	\$1,659.22	\$33.18	\$1,692.40
Kaiser Value Plan (#121759)			
Adult subscriber	\$554.32	\$11.09	\$565.41
Subscriber + spouse	\$1,136.34	\$22.73	\$1,159.07
Subscriber + child(ren)	\$969.98	\$19.40	\$989.38
Subscriber + family	\$1,552.04	\$31.04	\$1,583.08