

2024 Kitsap County COBRA Monthly Insurance Rates

Kaiser	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	
HMO Plan	984.9	19.70	1,004.60	1,724.10	34.48	1,758.58	2,019.14	40.38	2,059.52	2,758.34	55.17	2,813.51	

LEOFF Trust	Employee Only			Employee + 1 Child			Employee + Children			Employee + Spouse			Employee + Spouse + 1 Child			Employee + Spouse + Children		
	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	Monthly Rate	Admin Fee (2%)	Total Monthly	Monthly Rate	Admin Fee (2%)	Total Monthly
PPO Plan	867.87	17.36	885.23	1,408.54	28.17	1,436.71	1,693.05	33.86	1,726.91	1,849.55	36.99	1,886.54	2,390.22	47.80	2,438.02	2,674.71	53.49	2,728.20

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	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	63.61	1.27	64.88	105.84	2.12	107.96	105.84	2.12	107.96	169.34	3.39	172.73	