

2025 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/Classic HDHP	929.00	18.58	947.58	1,607.00	32.14	1,639.14	1,901.00	38.02	1,939.02	2,583.00	51.66	2,634.66
	831.00	16.62	847.62	1,457.00	29.14	1,486.14	1,697.00	33.94	1,730.94	2,234.00	44.68	2,278.68

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/Classic HDHP	965.00	19.30	984.30	1,670.00	33.40	1,703.40	1,984.00	39.68	2,023.68	2,692.00	53.84	2,745.84
	903.00	18.06	921.06	1,585.00	31.70	1,616.70	1,848.00	36.96	1,884.96	2,439.00	48.78	2,487.78

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	69.28	1.39	70.67	115.26	2.31	117.57	115.26	2.31	117.57	184.44	3.69	188.13