

Kaiser Permanente Rates 2023 – 2024

The monthly employer contribution toward medical insurance is **\$634.16**.

Kaiser DHMO \$1000	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$677.61	\$634.16	\$43.45	\$691.16
Employee + Spouse	\$1,490.73	\$634.16	\$856.57	\$1,520.54
Employee + Children	\$1,219.69	\$634.16	\$585.53	\$1,244.08
Employee + Family	\$1,897.30	\$634.16	\$1,263.14	\$1,935.25

Kaiser DHMO \$2500	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$615.37	\$634.16	-\$18.79	\$627.68
Employee + Spouse	\$1,353.81	\$634.16	\$719.65	\$1,380.89
Employee + Children	\$1,107.67	\$634.16	\$473.51	\$1,129.82
Employee + Family	\$1,723.04	\$634.16	\$1,088.88	\$1,757.50

Kaiser HDHP HSA \$1500	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$653.80	\$634.16	\$19.64	\$666.88
Employee + Spouse	\$1,438.37	\$634.16	\$804.21	\$1,467.14
Employee + Children	\$1,176.85	\$634.16	\$542.69	\$1,200.39
Employee + Family	\$1,830.65	\$634.16	\$1,196.49	\$1,867.26

Kaiser HDHP \$3000	Monthly Premium	District Pays Monthly	Employee Pays Monthly	COBRA
Employee Only	\$584.48	\$634.16	-\$49.68	\$596.17
Employee + Spouse	\$1,285.85	\$634.16	\$651.69	\$1,311.57
Employee + Children	\$1,052.06	\$634.16	\$417.90	\$1,073.10
Employee + Family	\$1,636.54	\$634.16	\$1,002.38	\$1,669.27