

Adjunct Kaiser & Cigna Eighthly Rates Fall 2023 & Spring 2024

Fall 2023

Plan Name	Coverage Level	Eighthly Deduction Rate		Eighthly Employer Contribtion		Eighthly Employee Payment	
Kaiser Permanente Coverage period:	Single	\$	1,029.04	\$	750.00	\$	279.04
September 1st - January 31st	Two-Party	\$	2,058.06	\$	750.00	\$	1,308.06
Deduction period: October- January							
	Family	\$	2,912.10	\$	750.00	\$	2,162.10

CIGNA DHMO Dental				
Coverage period:	Single	\$ 22.17	\$ -	\$ 22.17
September 1st - January 31st				
Deduction period:				
October - January	Family	\$ 59.79	\$ _	\$ 59.79

Spring 2024

Plan Name	Coverage Level	Eighthly Deduction Rate		Eighthly Employer te Contribtion		Eighthly Employee Payment	
Kaiser Permanente	Single	\$	1,095.52	\$	750.00	\$	345.52
Coverage period: February 1st- August 31st Deduction period:	Two-Party	\$	2,191.04	\$	750.00	\$	1,441.04
April -July	Family	\$	3,100.31	\$	750.00	\$	2,350.31

CIGNA DHMO Dental				
Coverage period:	Single	\$ 31.90	\$ -	\$ 31.90
February 1st - August 31st				
Deduction period:				
April - July				
	Family	\$ 86.05	\$ -	\$ 86.05