



Please refer to the notes at the bottom of the page before using the chart.

Kaiser Gold 80 HMO 0/25

Age of Covered Person	Employee Only Cost	Additional Cost for Each Dep.
0-14	-	\$217.31
15	\$99	\$235.69
16	\$99	\$242.72
17	\$99	\$249.74
18	\$99	\$257.31
19	\$99	\$254.39
20	\$99	\$262.23
21	\$99	\$270.34
22	\$99	\$270.34
23	\$99	\$270.34
24	\$99	\$270.34
25	\$99	\$271.42
26	\$99	\$276.83
27	\$99	\$283.31
28	\$99	\$293.86
29	\$99	\$302.51
30	\$99	\$306.83
31	\$99	\$313.32
32	\$99	\$319.81
33	\$99	\$323.87
34	\$99	\$328.19
35	\$99	\$330.35
36	\$99	\$332.52
37	\$99	\$334.68
38	\$99	\$336.84
39	\$99	\$341.17
40	\$99	\$345.50
41	\$99	\$351.98
42	\$99	\$358.20
43	\$99	\$366.85
44	\$99	\$377.66
45	\$99	\$390.37
46	\$99	\$405.51
47	\$99	\$422.54
48	\$99	\$442.01
49	\$99	\$461.20
50	\$99	\$482.83
51	\$99	\$504.18
52	\$99	\$527.70
53	\$99	\$551.49
54	\$99	\$577.17
55	\$99	\$602.86
56	\$99	\$630.70
57	\$99	\$658.82
58	\$99	\$688.82
59	\$99	\$703.70
60	\$99	\$733.70
61	\$99	\$759.65
62	\$99	\$776.69
63	\$99	\$798.04
64	\$99	\$811.01
65+	\$99	\$811.01

Kaiser HMO \$20 CO-PAY

Age of Employee	Employee Only Cost	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-14	-	-	-	-
15	\$163.16	\$809.30	\$793.28	\$1,203.57
16	\$163.16	\$809.30	\$793.28	\$1,203.57
17	\$163.16	\$809.30	\$793.28	\$1,203.57
18	\$163.16	\$809.30	\$793.28	\$1,203.57
19	\$163.16	\$809.30	\$793.28	\$1,203.57
20	\$163.16	\$809.30	\$793.28	\$1,203.57
21	\$163.16	\$809.30	\$793.28	\$1,203.57
22	\$163.16	\$809.30	\$793.28	\$1,203.57
23	\$163.16	\$809.30	\$793.28	\$1,203.57
24	\$163.16	\$809.30	\$793.28	\$1,203.57
25	\$163.16	\$809.30	\$793.28	\$1,203.57
26	\$163.16	\$809.30	\$793.28	\$1,203.57
27	\$163.16	\$809.30	\$793.28	\$1,203.57
28	\$163.16	\$809.30	\$793.28	\$1,203.57
29	\$163.16	\$809.30	\$793.28	\$1,203.57
30	\$163.16	\$847.57	\$782.60	\$1,314.82
31	\$163.16	\$847.57	\$782.60	\$1,314.82
32	\$163.16	\$847.57	\$782.60	\$1,314.82
33	\$163.16	\$847.57	\$782.60	\$1,314.82
34	\$163.16	\$847.57	\$782.60	\$1,314.82
35	\$163.16	\$847.57	\$782.60	\$1,314.82
36	\$163.16	\$847.57	\$782.60	\$1,314.82
37	\$163.16	\$847.57	\$782.60	\$1,314.82
38	\$163.16	\$847.57	\$782.60	\$1,314.82
39	\$163.16	\$847.57	\$782.60	\$1,314.82
40	\$163.16	\$831.55	\$625.96	\$1,209.80
41	\$163.16	\$831.55	\$625.96	\$1,209.80
42	\$163.16	\$831.55	\$625.96	\$1,209.80
43	\$163.16	\$831.55	\$625.96	\$1,209.80
44	\$163.16	\$831.55	\$625.96	\$1,209.80
45	\$163.16	\$831.55	\$625.96	\$1,209.80
46	\$163.16	\$831.55	\$625.96	\$1,209.80
47	\$163.16	\$831.55	\$625.96	\$1,209.80
48	\$163.16	\$831.55	\$625.96	\$1,209.80
49	\$163.16	\$831.55	\$625.96	\$1,209.80
50	\$163.16	\$884.95	\$597.48	\$1,272.10
51	\$163.16	\$884.95	\$597.48	\$1,272.10
52	\$163.16	\$884.95	\$597.48	\$1,272.10
53	\$163.16	\$884.95	\$597.48	\$1,272.10
54	\$163.16	\$884.95	\$597.48	\$1,272.10
55	\$163.16	\$1,093.21	\$581.46	\$1,359.32
56	\$163.16	\$1,093.21	\$581.46	\$1,359.32
57	\$163.16	\$1,093.21	\$581.46	\$1,359.32
58	\$163.16	\$1,093.21	\$581.46	\$1,359.32
59	\$163.16	\$1,093.21	\$581.46	\$1,359.32
60	\$163.16	\$1,101.22	\$514.71	\$1,432.30
61	\$163.16	\$1,101.22	\$514.71	\$1,432.30
62	\$163.16	\$1,101.22	\$514.71	\$1,432.30
63	\$163.16	\$1,101.22	\$514.71	\$1,432.30
64	\$163.16	\$1,101.22	\$514.71	\$1,432.30
65+	\$163.16	\$1,535.54	\$758.57	\$1,789.19

Please Note:

Kaiser HMO 0/25 Plan: Employee and dependent costs are per person based on age. Example: Employee's share of premium for Employee (age 45), Spouse (age 42), and Child (age 15) would be \$99.00 + \$358.20 + \$235.69 = \$692.89

Kaiser HMO \$20 Co-Pay Plan: Rates are based on the age of the employee. Example: Employee's share of premium for Employee (age 35) + Spouse would be \$847.57