



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

KP CO Platinum 0/20 HMO

Age of Employee	Employee Only Cost	Additional Cost for Each Dep.
0-14	-	\$188.92
15	\$103.46	\$205.72
16	\$103.46	\$212.14
17	\$103.46	\$218.55
18	\$103.46	\$225.47
19	\$103.46	\$232.39
20	\$103.46	\$239.55
21	\$103.46	\$246.95
22	\$103.46	\$246.95
23	\$103.46	\$246.95
24	\$103.46	\$246.95
25	\$103.46	\$247.95
26	\$103.46	\$252.88
27	\$103.46	\$258.81
28	\$103.46	\$268.44
29	\$103.46	\$276.35
30	\$103.46	\$280.29
31	\$103.46	\$286.22
32	\$103.46	\$292.15
33	\$103.46	\$295.86
34	\$103.46	\$299.80
35	\$103.46	\$301.78
36	\$103.46	\$303.76
37	\$103.46	\$305.73
38	\$103.46	\$307.71
39	\$103.46	\$311.66
40	\$103.46	\$315.61
41	\$103.46	\$321.54
42	\$103.46	\$327.22
43	\$103.46	\$335.12
44	\$103.46	\$345.00
45	\$103.46	\$356.61
46	\$103.46	\$370.43
47	\$103.46	\$385.99
48	\$103.46	\$403.77
49	\$103.46	\$421.31
50	\$103.46	\$441.06
51	\$103.46	\$460.57
52	\$103.46	\$482.06
53	\$103.46	\$503.79
54	\$103.46	\$527.60
55	\$103.46	\$550.71
56	\$103.46	\$576.15
57	\$103.46	\$601.83
58	\$103.46	\$629.24
59	\$103.46	\$642.82
60	\$103.46	\$670.24
61	\$103.46	\$693.95
62	\$103.46	\$709.51
63	\$103.46	\$729.02
64	\$103.46	\$740.86
65+	\$103.46	\$740.86

Please Note:

KPCO Platinum 0/20 HMO Plan: Employee and dependent costs are per person based on age.

Example: Employee's share of premium for Employee (45), Spouse (42), and Child (15) is \$103.46 + \$327.22 + \$205.72 = \$636.40