



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	-	\$212.60
15	\$103.46	\$230.62
16	\$103.46	\$237.51
17	\$103.46	\$244.41
18	\$103.46	\$251.83
19	\$103.46	\$249.46
20	\$103.46	\$257.15
21	\$103.46	\$265.10
22	\$103.46	\$265.10
23	\$103.46	\$265.10
24	\$103.46	\$265.10
25	\$103.46	\$266.16
26	\$103.46	\$271.46
27	\$103.46	\$277.82
28	\$103.46	\$288.16
29	\$103.46	\$296.65
30	\$103.46	\$300.89
31	\$103.46	\$307.25
32	\$103.46	\$313.61
33	\$103.46	\$317.59
34	\$103.46	\$321.83
35	\$103.46	\$323.95
36	\$103.46	\$326.07
37	\$103.46	\$328.20
38	\$103.46	\$330.32
39	\$103.46	\$334.56
40	\$103.46	\$338.80
41	\$103.46	\$345.16
42	\$103.46	\$351.25
43	\$103.46	\$359.74
44	\$103.46	\$370.34
45	\$103.46	\$382.80
46	\$103.46	\$397.65
47	\$103.46	\$414.35
48	\$103.46	\$433.44
49	\$103.46	\$452.26
50	\$103.46	\$473.47
51	\$103.46	\$494.41
52	\$103.46	\$517.48
53	\$103.46	\$540.80
54	\$103.46	\$565.99
55	\$103.46	\$591.17
56	\$103.46	\$618.48
57	\$103.46	\$646.04
58	\$103.46	\$675.47
59	\$103.46	\$690.05
60	\$103.46	\$719.48
61	\$103.46	\$744.93
62	\$103.46	\$761.63
63	\$103.46	\$782.57
64+	\$103.46	\$795.29

Kaiser HMO \$20 CO-PAY

Age of Employee	Employee Only Cost	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-14	-	-	-	-
15	\$170.50	\$775.30	\$759.34	\$1,144.06
16	\$170.50	\$775.30	\$759.34	\$1,144.06
17	\$170.50	\$775.30	\$759.34	\$1,144.06
18	\$170.50	\$775.30	\$759.34	\$1,144.06
19	\$170.50	\$775.30	\$759.34	\$1,144.06
20	\$170.50	\$775.30	\$759.34	\$1,144.06
21	\$170.50	\$775.30	\$759.34	\$1,144.06
22	\$170.50	\$775.30	\$759.34	\$1,144.06
23	\$170.50	\$775.30	\$759.34	\$1,144.06
24	\$170.50	\$775.30	\$759.34	\$1,144.06
25	\$170.50	\$775.30	\$759.34	\$1,144.06
26	\$170.50	\$775.30	\$759.34	\$1,144.06
27	\$170.50	\$775.30	\$759.34	\$1,144.06
28	\$170.50	\$775.30	\$759.34	\$1,144.06
29	\$170.50	\$775.30	\$759.34	\$1,144.06
30	\$170.50	\$809.74	\$750.10	\$1,246.54
31	\$170.50	\$809.74	\$750.10	\$1,246.54
32	\$170.50	\$809.74	\$750.10	\$1,246.54
33	\$170.50	\$809.74	\$750.10	\$1,246.54
34	\$170.50	\$809.74	\$750.10	\$1,246.54
35	\$170.50	\$809.74	\$750.10	\$1,246.54
36	\$170.50	\$809.74	\$750.10	\$1,246.54
37	\$170.50	\$809.74	\$750.10	\$1,246.54
38	\$170.50	\$809.74	\$750.10	\$1,246.54
39	\$170.50	\$809.74	\$750.10	\$1,246.54
40	\$170.50	\$795.46	\$603.10	\$1,149.10
41	\$170.50	\$795.46	\$603.10	\$1,149.10
42	\$170.50	\$795.46	\$603.10	\$1,149.10
43	\$170.50	\$795.46	\$603.10	\$1,149.10
44	\$170.50	\$795.46	\$603.10	\$1,149.10
45	\$170.50	\$795.46	\$603.10	\$1,149.10
46	\$170.50	\$795.46	\$603.10	\$1,149.10
47	\$170.50	\$795.46	\$603.10	\$1,149.10
48	\$170.50	\$795.46	\$603.10	\$1,149.10
49	\$170.50	\$795.46	\$603.10	\$1,149.10
50	\$170.50	\$845.02	\$576.22	\$1,206.22
51	\$170.50	\$845.02	\$576.22	\$1,206.22
52	\$170.50	\$845.02	\$576.22	\$1,206.22
53	\$170.50	\$845.02	\$576.22	\$1,206.22
54	\$170.50	\$845.02	\$576.22	\$1,206.22
55	\$170.50	\$1,039.90	\$561.94	\$1,289.38
56	\$170.50	\$1,039.90	\$561.94	\$1,289.38
57	\$170.50	\$1,039.90	\$561.94	\$1,289.38
58	\$170.50	\$1,039.90	\$561.94	\$1,289.38
59	\$170.50	\$1,039.90	\$561.94	\$1,289.38
60	\$170.50	\$1,047.46	\$498.94	\$1,357.42
61	\$170.50	\$1,047.46	\$498.94	\$1,357.42
62	\$170.50	\$1,047.46	\$498.94	\$1,357.42
63	\$170.50	\$1,047.46	\$498.94	\$1,357.42
64	\$170.50	\$1,047.46	\$498.94	\$1,357.42
65+	\$170.50	\$1,454.02	\$726.58	\$1,690.90

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 \$103.46 + \$351.25 + \$230.62 = \$685.33

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 \$809.74