Rate chart guide

Kaiser Permanente for Individuals and Families • January 2027 • California

Please save this guide for future reference.

Rates are determined individually based on each person's age on the plan's effective date. Even if you're buying coverage for your family, rates are specific to each family member. (If you are enrolled in a plan directly through Kaiser Permanente and are turning 65 this year, you may find you can get a lower rate through Kaiser Permanente Senior Advantage. For more information, call **1-800-747-2189.**)

Your rate may increase or decrease if you:

- Move to a new rate area
- Change plans
- Add or drop a dependent

If any of these changes apply to you, consult this *Rate Chart Guide* for your new rate. To use the *Rate Chart Guide*, simply find your ZIP code on pages 2 through 5 to determine your rate area. Then locate the chart for your rate area. Your monthly rate will appear in the box where your age as of your 2027 effective date and your desired plan intersect.

Although family members can enroll in different plans, there are some advantages to enrolling family members in the same plan:

- Children can be covered under your plan until they reach age 26, whether or not they're in school or living at home.
- If you have more than 3 children under 21 on the same plan, you'll only be charged for the 3 oldest. Other children under 21 are covered at no charge.
- You can enroll your parents or stepparents as dependents on your plan if they meet the definition of a qualifying relative and live within the service area.

If you have any questions, or would like to confirm your rate area, please call our Member Service Contact Center. Representatives are available 24 hours a day, 7 days a week (except holidays), at **1-800-464-4000** (TTY **711**).

Dental Insurance Plan

Kaiser Permanente's optional adult dental insurance plan is a great value. Choose from more than 19,000 Delta Dental providers, or select another dentist of your choice. Your Kaiser Permanente health plan includes pediatric dental benefits for child members until the end of the month in which the member turns 19.

Kaiser Permanente's dental insurance plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California. For more information, call Delta Dental at 1-800-933-9312 (if you are already enrolled, call toll free 1-800-835-2244).

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KAISER PERMANENTE®

Service area counties and ZIP codes

Rate Area 1

Counties

Amador	Sutter	Yuba

ZIP codes within these counties

95626	95645	95668–69	95676	95836	95903
95640	95659	95674	95692	95837	95961

Rate Area 2

Counties

Marin	Napa	Solano	Sonoma

ZIP codes within these counties

94503	94567	94901	94960	95421	95446	95486–87	95694
94508	94571	94903–04	94963–66	95425	95448	95492	95696
94510	94573–74	94912–15	94970–79	95430–31	95450	95616	
94512	94576	94920	94999	95433	95452	95618	
94515	94581	94922–31	95401–07	95436	95462	95620	
94533–35	94585	94933	95409	95439	95465	95625	
94558–59	94589–92	94937–42	95416	95441–42	95471–73	95687–88	
94562	94599	94945–57	95419	95444	95476	95690	

Rate Area 3

Counties

El Dorado	Placer	Sacramento	Yolo

ZIP codes within these counties

94203–06	94252	94283–85	95628	95655	95693–95	95762–63	95864–67
94209	94254	94287–90	95630	95658	95697–98	95765	95894
94229–30	94256–59	94293–98	95632–35	95660–64	95703	95776	95899
94232	94261–63	94571	95638–39	95667–68	95722	95798–99	
94235–37	94267–69	95602–05	95641	95670–73	95736	95811–38	
94239–40	94271	95607–21	95645	95677–78	95741–42	95840–43	
94244	94273–74	95623–24	95648	95680–83	95746–47	95851–53	
94247–50	94277–80	95626	95650–52	95690–91	95757–59	95860	

Rate Area 4

County

San Francisco

ZIP codes within this county

94102–05	94114–34	94139–47	94158–61	94172	94188
94107–12	94137	94151	94163–64	94177	

Rate Area 5

County

Contra Costa

ZIP codes within this county

94505–07	94513–14	94551	94561	94572	94595–98	94820
94509	94516–31	94553	94563–65	94575	94706–08	94850
94511	94547–49	94556	94569–70	94582–83	94801–08	

Rate Area 6

County

Alameda

ZIP codes within this county

94501–02	94536–46	94557	94568	94601–15	94659–62	94712	95391
94505	94550–52	94560	94577–80	94617–24	94666	94720	
94514	94555	94566	94586–88	94649	94701–10	95377	

Rate Area 7

County

Santa Clara

ZIP codes within this county

94022–24	94309	95013–15	95042	95076	95115–36	95170
94035	94550	95020–21	95044	95101	95138–41	95172–73
94039–43	95002	95026	95046	95103	95148	95190–94
94085–89	95008–09	95030–33	95050–56	95106	95150–61	95196
94301–06	95011	95035–38	95070–71	95108–13	95164	

Rate Area 8

County

San Mateo

ZIP codes within this county

94002	94014–21	94037–38	94070	94083	94303
94005	94025–28	94044	94074	94128	94401–04
94010–11	94030	94060–66	94080	94143	94497

Rate Area 9

County

Monterey Santa Cruz

ZIP codes within this county

93901-02	93915	93962	95004–07	95017–19	95041	95076–77
93905-07	93933	95001	95010	95033	95060–67	
93912	93955	95003	95012	95039	95073	

Rate Area 10

Counties

Mariposa San Joaquin Stanislaus Tulare

ZIP codes within these counties

93238	93646	95219–20	95253	95307	95328–30	95376–78	95686
93261	93653–54	95227	95258	95313	95336–37	95380–82	95690
93601	93666	95230–31	95267	95316	95350–58	95385–87	
93618	93673	95234	95269	95319–20	95360–61	95391	
93623	94514	95236–37	95296–97	95322–23	95363	95397	
93631	95201–13	95240–42	95304	95326	95366–68	95632	
	95215						

Rate Area 11

Counties

Fresno Kings Madera

ZIP codes within these counties

93230	93606–07	93623	93648–54	93675	93740–41	93760–61	93844
93232	93609	93624–27	93656–57	93701–12	93744–45	93764–65	93888
93242	93611–14	93630–31	93660	93714–18	93747	93771–79	
93601–02	93616	93636–39	93662	93720–30	93750	93786	
93604	93618–19	93643–46	93667–69	93737	93755	93790–94	

Rate Area 12

County

Ventura

ZIP codes within this county

90265	91311	91377	93015–16	93040–44	93099
91304	91319–20	93001–07	93020–22	93060–66	93252
91307	91358–62	93009–12	93030–36	93094	

Rate Area 13

County

Imperial

ZIP codes within this county

92274–75

Rate Area 14

County

Kern

ZIP codes within this county

93203	93222	93243	93276	93301-09	93501-02	93536	
93205-06	93224-26	93249-52	93280	93311-14	93504-05	93560-61	
93215-16	93238	93263	93285	93380	93518-19	93581	
93220	93240-41	93268	93287	93383-90	93531		

Rate Area 15

County

Los Angeles

ZIP codes within this county

90601-10	90731-34	90853	91066	91201-10	91711	91780	93560
90623	90744-49	90895	91077	91214	91714-16	91788-93	93563
90630-31	90755	91001	91101-10	91221-22	91722-24	91801-04	93584
90637-40	90801-10	91003	91114-18	91224-26	91731-35	91896	93586
90650-52	90813-15	91006-12	91121	91501-08	91740-41	91899	93590-91
90660-62	90822	91016-17	91123-26	91510	91744-50	93510	93599
90670-71	90831-33	91020-21	91129	91521-23	91754-56	93532	
90701-03	90840	91023-25	91182	91526	91759	93534-36	
90706-07	90842	91030-31	91184-85	91702	91765-73	93539	
90710-17	90844	91040-43	91188-89	91706	91775-76	93543-44	
90723	90846-48	91046	91199	91709	91778	93550-53	

Rate Area 16

County

Los Angeles

ZIP codes within this county

90001-84	90189	90245	90274-75	91301-11	91337	91376	91426
90086-89	90201-02	90247-51	90277-78	91313	91340-46	91380-87	91436
90091	90205	90254-55	90280	91316	91350-57	91390	91470
90093-96	90209-13	90260	90290-96	91321-22	91361-62	91392-96	91482
90099	90220-24	90262-67	90301-12	91324-28	91364-65	91401-13	91499
90134	90230-32	90270	90401-11	91330-31	91367	91416	91601-10
90140	90239-42	90272	90501-10	91333-35	91371-72	91423	91614-18
							93243

Rate Area 17

Counties

Riverside San Bernardino

ZIP codes within these counties

91701	91784-86	92252-56	92307-08	92352	92401-08	92530-32	92599
91708-10	92028	92258	92313-18	92354	92410-11	92543-46	92860
91729-30	92201-03	92260-64	92320-22	92357-59	92413	92548	92877-83
91737	92210-11	92268	92324-25	92369	92415	92551-57	
91739	92220	92270	92329	92371-78	92418	92562-64	
91743	92223	92274	92331	92382	92423	92567	
91752	92230	92276-78	92333-37	92385-86	92427	92570-72	
91758-59	92234-36	92282	92339-41	92391-95	92501-09	92581-87	
91761-64	92240-41	92284-86	92344-46	92397	92513-19	92589-93	
91766	92247-48	92305	92350	92399	92521-22	92595-96	

Rate Area 18

County

Orange

ZIP codes within this county

90620-24	90740	92614-20	92683-85	92711-12	92801-09	92831-38	92861-71
90630-33	90742-43	92623-30	92688	92728	92811-12	92840-46	92885-87
90638	92602-07	92637	92690-94	92735	92814-17	92850	92899
90680	92609-10	92646-63	92697-98	92780-82	92821-23	92856-57	
90720-21	92612	92672-79	92701-08	92799	92825	92859	

Rate Area 19

County

San Diego

ZIP codes within this county

91901–03	91950–51	92013–14	92051–52	92078–79	92126–32	92152–55	92191–93
91908–17	91962–63	92018–30	92054–61	92081–86	92134–40	92158–61	92195–99
91921	91976–80	92033	92064–65	92088	92142–43	92163	
91931–33	91987	92037–40	92067–69	92091–93	92145	92165–79	
91935	92003	92046	92071–72	92096	92147	92182	
91941–46	92007–11	92049	92074–75	92101–24	92149–50	92186–87	

Outside Rate Areas 1–19

ZIP codes in this Rate Area

90090	92384	93254–58	93610	95305–06	95480–82	95653–54	96044
90233	92389	93260	93615	95309–12	95485	95656	96046–52
90704	92398	93262	93620–22	95315	95488	95665–66	96054–59
91905–06	92536	93265–67	93628	95317–18	95490	95675	96061–65
91934	92539	93270–72	93633–35	95321–22	95493–94	95679	96067–71
91948	92549	93274–75	93640–42	95324–25	95497	95684–85	96073–76
92004	92561	93277–79	93647	95327	95501–03	95689	96078–80
92036	93013–14	93283	93661	95329	95511	95699	96084–97
92066	93023–24	93286	93664–65	95333–35	95514	95701	96099
92070	93067	93290–92	93670	95338	95518–19	95709	96101
92190	93101–03	93401–03	93908	95340–41	95521	95712–15	96103–30
92222	93105–11	93405–10	93920–28	95343–48	95524–28	95717	96132–37
92225–27	93116–18	93412	93930	95364–65	95531–32	95720–21	96140–43
92231–33	93120–21	93420–24	93932	95369–70	95534	95724	96145–46
92239	93130	93426–30	93940	95372–75	95536–38	95726	96148
92242–44	93140	93432–38	93942–44	95379–80	95540	95728	96150–52
92249–51	93150	93440–58	93950	95383	95542–43	95735	96155–56
92257	93160	93460–61	93953–54	95388–89	95545–56	95901	96158
92259	93190	93463–65	93960	95410	95558–60	95910	96160–62
92266–67	93199	93475	95010	95412	95562–65	95912–20	and all ZIP
92273	93201–02	93483	95023–24	95415	95567–71	95922–30	codes outside
92280–81	93204	93512–17	95043	95417–18	95573	95932	of California
92283	93207–08	93522–24	95045	95420	95585	95934–51	
92301	93210	93526–30	95073	95422–29	95587	95953–60	
92304	93212	93541–42	95075	95432	95589	95962–63	
92309–12	93215	93545–46	95221–26	95435	95595	95965–84	
92323	93218–19	93549	95228–30	95437	95601–02	95986–88	
92327–28	93221	93554–56	95232–33	95443	95606	95991–93	
92332	93223	93558	95236	95445	95627	96001–03	
92338	93227	93562	95245–49	95449	95629	96006–11	
92342	93234–35	93592	95251–52	95451	95631	96013–17	
92347	93237	93596	95254–55	95453–54	95636–37	96019–25	
92356	93239	93603	95257	95456–61	95642	96027–29	
92363–66	93244–47	93605	95301	95463–64	95644	96031–35	
92368	93252	93608	95303	95466–70	95646	96037–41	

2027 Monthly rates
Rate Area 1

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$326.35	$334.17	$343.97	$347.70	$402.49	$383.56	$428.76
15	355.36	363.87	374.54	378.60	438.27	417.66	466.87
16	366.45	375.23	386.23	390.42	451.95	430.69	481.44
17	377.54	386.59	397.92	402.24	465.62	443.73	496.01
18	389.49	398.82	410.51	414.96	480.36	457.77	511.71
19	401.43	411.05	423.10	427.69	495.09	471.81	527.40
20	413.80	423.72	436.14	440.87	510.35	486.35	543.65
21	426.60	436.82	449.63	454.51	526.13	501.39	560.47
22	426.60	436.82	449.63	454.51	526.13	501.39	560.47
23	426.60	436.82	449.63	454.51	526.13	501.39	560.47
24	426.60	436.82	449.63	454.51	526.13	501.39	560.47
25	428.31	438.57	451.43	456.32	528.23	503.40	562.71
26	436.84	447.31	460.42	465.41	538.76	513.42	573.92
27	447.08	457.79	471.21	476.32	551.38	525.46	587.37
28	463.71	474.83	488.75	494.05	571.90	545.01	609.23
29	477.37	488.81	503.14	508.59	588.74	561.06	627.16
30	484.19	495.79	510.33	515.86	597.16	569.08	636.13
31	494.43	506.28	521.12	526.77	609.78	581.11	649.58
32	504.67	516.76	531.91	537.68	622.41	593.14	663.03
33	511.07	523.31	538.66	544.50	630.30	600.67	671.44
34	517.89	530.30	545.85	551.77	638.72	608.69	680.41
35	521.31	533.80	549.45	555.41	642.93	612.70	684.89
36	524.72	537.29	553.05	559.04	647.14	616.71	689.37
37	528.13	540.79	556.64	562.68	651.35	620.72	693.86
38	531.54	544.28	560.24	566.31	655.56	624.73	698.34
39	538.37	551.27	567.43	573.59	663.98	632.75	707.31
40	545.20	558.26	574.63	580.86	672.39	640.78	716.28
41	555.43	568.74	585.42	591.77	685.02	652.81	729.73
42	565.25	578.79	595.76	602.22	697.12	664.34	742.62
43	578.90	592.77	610.15	616.76	713.96	680.39	760.55
44	595.96	610.24	628.14	634.94	735.00	700.44	782.97
45	616.01	630.77	649.27	656.31	759.73	724.01	809.31
46	639.90	655.24	674.45	681.76	789.19	752.08	840.70
47	666.78	682.76	702.77	710.39	822.34	783.67	876.01
48	697.49	714.21	735.15	743.12	860.22	819.77	916.36
49	727.78	745.22	767.07	775.39	897.58	855.37	956.16
50	761.91	780.17	803.04	811.75	939.67	895.48	1,000.99
51	795.61	814.68	838.56	847.65	981.23	935.09	1,045.27
52	832.72	852.68	877.68	887.19	1,027.01	978.71	1,094.03
53	870.26	891.12	917.25	927.19	1,073.30	1,022.84	1,143.35
54	910.79	932.62	959.96	970.37	1,123.29	1,070.47	1,196.60
55	951.32	974.12	1,002.68	1,013.55	1,173.27	1,118.10	1,249.84
56	995.26	1,019.11	1,048.99	1,060.36	1,227.46	1,169.74	1,307.57
57	1,039.62	1,064.54	1,095.75	1,107.63	1,282.18	1,221.89	1,365.86
58	1,086.98	1,113.03	1,145.66	1,158.08	1,340.58	1,277.54	1,428.07
59	1,110.44	1,137.05	1,170.39	1,183.08	1,369.52	1,305.12	1,458.89
60	1,157.79	1,185.54	1,220.30	1,233.53	1,427.92	1,360.77	1,521.11
61	1,198.75	1,227.47	1,263.46	1,277.16	1,478.42	1,408.91	1,574.91
62	1,225.62	1,254.99	1,291.79	1,305.79	1,511.57	1,440.49	1,610.22
63	1,259.32	1,289.50	1,327.31	1,341.70	1,553.13	1,480.10	1,654.50
64+	1,279.80	1,310.46	1,348.89	1,363.53	1,578.39	1,504.17	1,681.41

2027 Monthly rates
Rate Area 1

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$405.24	$467.24	$424.89	$475.20	$494.25	$281.27	$423.43
15	441.26	508.78	462.66	517.44	538.18	306.27	461.06
16	455.03	524.66	477.10	533.59	554.98	315.83	475.45
17	468.81	540.54	491.54	549.74	571.78	325.39	489.84
18	483.64	557.64	507.09	567.13	589.87	335.68	505.34
19	498.47	574.74	522.64	584.52	607.96	345.98	520.84
20	513.83	592.45	538.75	602.54	626.69	356.64	536.89
21	529.72	610.78	555.41	621.17	646.07	367.67	553.50
22	529.72	610.78	555.41	621.17	646.07	367.67	553.50
23	529.72	610.78	555.41	621.17	646.07	367.67	553.50
24	529.72	610.78	555.41	621.17	646.07	367.67	553.50
25	531.84	613.22	557.63	623.66	648.66	369.14	555.71
26	542.44	625.43	568.74	636.08	661.58	376.49	566.78
27	555.15	640.09	582.07	650.99	677.09	385.32	580.06
28	575.81	663.91	603.73	675.21	702.28	399.65	601.65
29	592.76	683.46	621.50	695.09	722.96	411.42	619.36
30	601.24	693.23	630.39	705.03	733.29	417.30	628.22
31	613.95	707.89	643.72	719.94	748.80	426.13	641.50
32	626.66	722.55	657.05	734.85	764.30	434.95	654.79
33	634.61	731.71	665.38	744.16	774.00	440.47	663.09
34	643.08	741.48	674.27	754.10	784.33	446.35	671.95
35	647.32	746.37	678.71	759.07	789.50	449.29	676.37
36	651.56	751.25	683.15	764.04	794.67	452.23	680.80
37	655.80	756.14	687.60	769.01	799.84	455.17	685.23
38	660.04	761.03	692.04	773.98	805.01	458.11	689.66
39	668.51	770.80	700.93	783.92	815.34	464.00	698.51
40	676.99	780.57	709.81	793.86	825.68	469.88	707.37
41	689.70	795.23	723.14	808.77	841.19	478.70	720.65
42	701.88	809.28	735.92	823.05	856.05	487.16	733.38
43	718.83	828.82	753.69	842.93	876.72	498.92	751.10
44	740.02	853.25	775.91	867.78	902.56	513.63	773.24
45	764.92	881.96	802.01	896.97	932.93	530.91	799.25
46	794.58	916.16	833.12	931.76	969.11	551.50	830.25
47	827.96	954.64	868.11	970.89	1,009.81	574.66	865.12
48	866.10	998.62	908.10	1,015.62	1,056.33	601.14	904.97
49	903.71	1,041.98	947.53	1,059.72	1,102.20	627.24	944.27
50	946.09	1,090.85	991.96	1,109.41	1,153.89	656.65	988.55
51	987.93	1,139.10	1,035.84	1,158.49	1,204.93	685.70	1,032.27
52	1,034.02	1,192.24	1,084.16	1,212.53	1,261.14	717.69	1,080.43
53	1,080.64	1,245.98	1,133.04	1,267.19	1,317.99	750.04	1,129.13
54	1,130.96	1,304.01	1,185.80	1,326.20	1,379.37	784.97	1,181.72
55	1,181.28	1,362.03	1,238.56	1,385.21	1,440.74	819.90	1,234.30
56	1,235.84	1,424.94	1,295.77	1,449.20	1,507.29	857.77	1,291.31
57	1,290.94	1,488.46	1,353.53	1,513.80	1,574.48	896.01	1,348.87
58	1,349.73	1,556.26	1,415.19	1,582.75	1,646.20	936.82	1,410.31
59	1,378.87	1,589.85	1,445.73	1,616.91	1,681.73	957.04	1,440.75
60	1,437.67	1,657.65	1,507.38	1,685.86	1,753.44	997.85	1,502.19
61	1,488.52	1,716.28	1,560.70	1,745.49	1,815.47	1,033.15	1,555.33
62	1,521.89	1,754.76	1,595.69	1,784.63	1,856.17	1,056.31	1,590.20
63	1,563.74	1,803.01	1,639.57	1,833.70	1,907.21	1,085.35	1,633.92
64+	1,589.16	1,832.34	1,666.23	1,863.51	1,938.21	1,103.01	1,660.50

2027 Monthly rates
Rate Area 2

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$320.49	$328.17	$337.79	$341.45	$395.26	$376.68	$421.06
15	348.98	357.34	367.82	371.81	430.40	410.16	458.49
16	359.87	368.49	379.30	383.41	443.83	422.96	472.80
17	370.76	379.65	390.78	395.01	457.26	435.76	487.11
18	382.49	391.66	403.14	407.51	471.73	449.55	502.52
19	394.22	403.67	415.51	420.01	486.20	463.34	517.93
20	406.37	416.11	428.31	432.95	501.18	477.62	533.89
21	418.94	428.98	441.56	446.34	516.68	492.39	550.40
22	418.94	428.98	441.56	446.34	516.68	492.39	550.40
23	418.94	428.98	441.56	446.34	516.68	492.39	550.40
24	418.94	428.98	441.56	446.34	516.68	492.39	550.40
25	420.62	430.70	443.32	448.13	518.75	494.36	552.60
26	429.00	439.28	452.16	457.06	529.08	504.20	563.61
27	439.05	449.57	462.75	467.77	541.48	516.02	576.82
28	455.39	466.30	479.97	485.18	561.63	535.23	598.29
29	468.79	480.03	494.10	499.46	578.17	550.98	615.90
30	475.50	486.89	501.17	506.60	586.44	558.86	624.71
31	485.55	497.19	511.77	517.31	598.84	570.68	637.92
32	495.61	507.48	522.36	528.03	611.24	582.49	651.13
33	501.89	513.92	528.99	534.72	618.99	589.88	659.38
34	508.59	520.78	536.05	541.86	627.25	597.76	668.19
35	511.95	524.21	539.58	545.43	631.39	601.70	672.59
36	515.30	527.65	543.12	549.00	635.52	605.64	677.00
37	518.65	531.08	546.65	552.57	639.65	609.58	681.40
38	522.00	534.51	550.18	556.15	643.79	613.51	685.80
39	528.70	541.37	557.25	563.29	652.05	621.39	694.61
40	535.41	548.24	564.31	570.43	660.32	629.27	703.41
41	545.46	558.53	574.91	581.14	672.72	641.09	716.62
42	555.10	568.40	585.06	591.41	684.60	652.41	729.28
43	568.50	582.13	599.19	605.69	701.14	668.17	746.90
44	585.26	599.29	616.86	623.54	721.81	687.87	768.91
45	604.95	619.45	637.61	644.52	746.09	711.01	794.78
46	628.41	643.47	662.34	669.52	775.02	738.58	825.60
47	654.80	670.50	690.16	697.64	807.58	769.60	860.28
48	684.97	701.38	721.95	729.77	844.78	805.05	899.91
49	714.71	731.84	753.30	761.46	881.46	840.01	938.99
50	748.23	766.16	788.62	797.17	922.80	879.40	983.02
51	781.32	800.05	823.51	832.43	963.61	918.30	1,026.50
52	817.77	837.37	861.92	871.26	1,008.57	961.14	1,074.39
53	854.64	875.12	900.78	910.54	1,054.03	1,004.47	1,122.82
54	894.44	915.87	942.73	952.95	1,103.12	1,051.25	1,175.11
55	934.24	956.63	984.68	995.35	1,152.20	1,098.02	1,227.40
56	977.39	1,000.81	1,030.16	1,041.32	1,205.42	1,148.74	1,284.09
57	1,020.96	1,045.43	1,076.08	1,087.74	1,259.16	1,199.95	1,341.33
58	1,067.46	1,093.04	1,125.09	1,137.29	1,316.51	1,254.60	1,402.43
59	1,090.50	1,116.64	1,149.38	1,161.83	1,344.93	1,281.68	1,432.70
60	1,137.00	1,164.25	1,198.39	1,211.38	1,402.28	1,336.34	1,493.79
61	1,177.22	1,205.44	1,240.78	1,254.23	1,451.88	1,383.61	1,546.63
62	1,203.62	1,232.46	1,268.60	1,282.35	1,484.43	1,414.63	1,581.31
63	1,236.71	1,266.35	1,303.48	1,317.61	1,525.25	1,453.53	1,624.79
64+	1,256.82	1,286.94	1,324.68	1,339.02	1,550.04	1,477.17	1,651.20

2027 Monthly rates
Rate Area 2

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$397.96	$458.85	$417.26	$466.66	$485.37	$276.22	$415.82
15	433.34	499.64	454.35	508.15	528.52	300.77	452.78
16	446.86	515.24	468.53	524.01	545.01	310.16	466.92
17	460.39	530.83	482.71	539.87	561.51	319.54	481.05
18	474.95	547.63	497.98	556.95	579.27	329.65	496.27
19	489.52	564.42	513.26	574.03	597.04	339.76	511.49
20	504.61	581.82	529.07	591.72	615.44	350.23	527.25
21	520.21	599.81	545.44	610.02	634.47	361.07	543.56
22	520.21	599.81	545.44	610.02	634.47	361.07	543.56
23	520.21	599.81	545.44	610.02	634.47	361.07	543.56
24	520.21	599.81	545.44	610.02	634.47	361.07	543.56
25	522.29	602.21	547.62	612.46	637.01	362.51	545.73
26	532.70	614.21	558.53	624.66	649.70	369.73	556.60
27	545.18	628.60	571.62	639.30	664.93	378.40	569.65
28	565.47	651.99	592.89	663.09	689.67	392.48	590.85
29	582.12	671.19	610.35	682.61	709.98	404.03	608.24
30	590.44	680.78	619.07	692.37	720.13	409.81	616.94
31	602.93	695.18	632.16	707.01	735.35	418.48	629.98
32	615.41	709.58	645.25	721.65	750.58	427.14	643.03
33	623.21	718.57	653.43	730.80	760.10	432.56	651.18
34	631.54	728.17	662.16	740.56	770.25	438.33	659.88
35	635.70	732.97	666.53	745.44	775.33	441.22	664.23
36	639.86	737.77	670.89	750.32	780.40	444.11	668.58
37	644.02	742.56	675.25	755.20	785.48	447.00	672.93
38	648.18	747.36	679.62	760.08	790.55	449.89	677.27
39	656.51	756.96	688.34	769.84	800.71	455.67	685.97
40	664.83	766.56	697.07	779.60	810.86	461.44	694.67
41	677.32	780.95	710.16	794.25	826.08	470.11	707.71
42	689.28	794.75	722.71	808.28	840.68	478.41	720.22
43	705.93	813.94	740.16	827.80	860.98	489.97	737.61
44	726.74	837.93	761.98	852.20	886.36	504.41	759.35
45	751.19	866.13	787.61	880.87	916.18	521.38	784.90
46	780.32	899.71	818.16	915.03	951.71	541.60	815.34
47	813.09	937.50	852.52	953.46	991.68	564.35	849.58
48	850.55	980.69	891.79	997.38	1,037.36	590.34	888.72
49	887.48	1,023.28	930.52	1,040.69	1,082.41	615.98	927.31
50	929.10	1,071.26	974.15	1,089.49	1,133.17	644.86	970.80
51	970.20	1,118.65	1,017.24	1,137.69	1,183.29	673.39	1,013.74
52	1,015.45	1,170.83	1,064.69	1,190.76	1,238.49	704.80	1,061.03
53	1,061.23	1,223.61	1,112.69	1,244.44	1,294.33	736.57	1,108.86
54	1,110.65	1,280.59	1,164.51	1,302.39	1,354.60	770.88	1,160.50
55	1,160.07	1,337.58	1,216.33	1,360.34	1,414.88	805.18	1,212.14
56	1,213.65	1,399.36	1,272.51	1,423.17	1,480.23	842.37	1,268.12
57	1,267.76	1,461.74	1,329.23	1,486.62	1,546.21	879.92	1,324.65
58	1,325.50	1,528.32	1,389.78	1,554.33	1,616.64	920.00	1,384.99
59	1,354.11	1,561.31	1,419.77	1,587.88	1,651.53	939.85	1,414.88
60	1,411.86	1,627.88	1,480.32	1,655.59	1,721.96	979.93	1,475.22
61	1,461.80	1,685.47	1,532.68	1,714.15	1,782.87	1,014.60	1,527.40
62	1,494.57	1,723.25	1,567.04	1,752.59	1,822.84	1,037.34	1,561.64
63	1,535.67	1,770.64	1,610.13	1,800.78	1,872.97	1,065.87	1,604.59
64+	1,560.63	1,799.43	1,636.32	1,830.06	1,903.41	1,083.21	1,630.68

2027 Monthly rates
Rate Area 3

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$317.33	$324.94	$334.47	$338.09	$391.37	$372.97	$416.91
15	345.54	353.82	364.20	368.15	426.16	406.12	453.97
16	356.33	364.87	375.56	379.64	439.46	418.80	468.14
17	367.11	375.91	386.93	391.13	452.76	431.47	482.31
18	378.73	387.80	399.17	403.50	467.09	445.12	497.57
19	390.34	399.70	411.42	415.88	481.41	458.78	512.83
20	402.37	412.01	424.10	428.69	496.25	472.91	528.64
21	414.82	424.76	437.21	441.95	511.60	487.54	544.98
22	414.82	424.76	437.21	441.95	511.60	487.54	544.98
23	414.82	424.76	437.21	441.95	511.60	487.54	544.98
24	414.82	424.76	437.21	441.95	511.60	487.54	544.98
25	416.48	426.46	438.96	443.72	513.64	489.49	547.16
26	424.77	434.95	447.70	452.56	523.88	499.24	558.06
27	434.73	445.15	458.20	463.16	536.15	510.94	571.14
28	450.91	461.71	475.25	480.40	556.11	529.96	592.40
29	464.18	475.30	489.24	494.54	572.48	545.56	609.84
30	470.82	482.10	496.24	501.61	580.66	553.36	618.56
31	480.77	492.29	506.73	512.22	592.94	565.06	631.64
32	490.73	502.49	517.22	522.83	605.22	576.76	644.72
33	496.95	508.86	523.78	529.46	612.89	584.07	652.89
34	503.59	515.66	530.77	536.53	621.08	591.87	661.61
35	506.91	519.05	534.27	540.06	625.17	595.77	665.97
36	510.22	522.45	537.77	543.60	629.26	599.67	670.33
37	513.54	525.85	541.27	547.14	633.36	603.58	674.69
38	516.86	529.25	544.77	550.67	637.45	607.48	679.05
39	523.50	536.04	551.76	557.74	645.64	615.28	687.77
40	530.14	542.84	558.76	564.81	653.82	623.08	696.49
41	540.09	553.03	569.25	575.42	666.10	634.78	709.57
42	549.63	562.80	579.31	585.58	677.87	645.99	722.10
43	562.91	576.40	593.30	599.73	694.24	661.59	739.54
44	579.50	593.39	610.78	617.41	714.70	681.09	761.34
45	599.00	613.35	631.33	638.18	738.75	704.01	786.96
46	622.22	637.14	655.82	662.93	767.40	731.31	817.48
47	648.36	663.90	683.36	690.77	799.63	762.03	851.81
48	678.23	694.48	714.84	722.59	836.46	797.13	891.05
49	707.68	724.64	745.88	753.97	872.78	831.74	929.74
50	740.86	758.62	780.86	789.32	913.71	870.75	973.34
51	773.63	792.17	815.40	824.24	954.13	909.26	1,016.40
52	809.72	829.13	853.44	862.69	998.64	951.68	1,063.81
53	846.23	866.51	891.91	901.58	1,043.66	994.58	1,111.77
54	885.63	906.86	933.45	943.56	1,092.26	1,040.90	1,163.54
55	925.04	947.21	974.98	985.55	1,140.86	1,087.22	1,215.32
56	967.77	990.96	1,020.01	1,031.07	1,193.56	1,137.43	1,271.45
57	1,010.91	1,035.13	1,065.48	1,077.03	1,246.76	1,188.14	1,328.13
58	1,056.95	1,082.28	1,114.02	1,126.09	1,303.55	1,242.25	1,388.62
59	1,079.77	1,105.64	1,138.06	1,150.40	1,331.69	1,269.07	1,418.60
60	1,125.81	1,152.79	1,186.59	1,199.45	1,388.47	1,323.18	1,479.09
61	1,165.63	1,193.57	1,228.56	1,241.88	1,437.59	1,369.99	1,531.41
62	1,191.77	1,220.33	1,256.11	1,269.72	1,469.82	1,400.70	1,565.74
63	1,224.54	1,253.88	1,290.65	1,304.64	1,510.23	1,439.22	1,608.80
64+	1,244.46	1,274.28	1,311.63	1,325.85	1,534.80	1,462.62	1,634.94

2027 Monthly rates
Rate Area 3

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$394.04	$454.34	$413.15	$462.07	$480.59	$273.50	$411.73
15	429.07	494.72	449.88	503.14	523.31	297.81	448.33
16	442.46	510.16	463.92	518.85	539.65	307.10	462.32
17	455.86	525.61	477.96	534.55	555.98	316.40	476.31
18	470.28	542.24	493.08	551.46	573.57	326.41	491.38
19	484.70	558.86	508.20	568.38	591.16	336.42	506.45
20	499.64	576.09	523.87	585.89	609.38	346.79	522.06
21	515.09	593.91	540.07	604.01	628.23	357.51	538.21
22	515.09	593.91	540.07	604.01	628.23	357.51	538.21
23	515.09	593.91	540.07	604.01	628.23	357.51	538.21
24	515.09	593.91	540.07	604.01	628.23	357.51	538.21
25	517.15	596.28	542.23	606.43	630.74	358.94	540.36
26	527.45	608.16	553.03	618.51	643.30	366.09	551.13
27	539.82	622.41	565.99	633.01	658.38	374.67	564.04
28	559.90	645.58	587.05	656.56	682.88	388.62	585.03
29	576.39	664.58	604.34	675.89	702.99	400.06	602.25
30	584.63	674.08	612.98	685.56	713.04	405.78	610.87
31	596.99	688.34	625.94	700.05	728.12	414.36	623.78
32	609.35	702.59	638.90	714.55	743.19	422.94	636.70
33	617.08	711.50	647.00	723.61	752.62	428.30	644.77
34	625.32	721.00	655.64	733.27	762.67	434.02	653.38
35	629.44	725.75	659.96	738.11	767.69	436.88	657.69
36	633.56	730.50	664.28	742.94	772.72	439.74	662.00
37	637.68	735.25	668.60	747.77	777.75	442.60	666.30
38	641.80	740.01	672.93	752.60	782.77	445.46	670.61
39	650.04	749.51	681.57	762.27	792.82	451.18	679.22
40	658.29	759.01	690.21	771.93	802.87	456.90	687.83
41	670.65	773.26	703.17	786.43	817.95	465.48	700.75
42	682.50	786.92	715.59	800.32	832.40	473.70	713.13
43	698.98	805.93	732.87	819.65	852.50	485.14	730.35
44	719.58	829.69	754.48	843.81	877.63	499.44	751.88
45	743.79	857.60	779.86	872.20	907.16	516.25	777.17
46	772.64	890.86	810.10	906.02	942.34	536.27	807.31
47	805.09	928.27	844.13	944.07	981.92	558.79	841.22
48	842.17	971.04	883.01	987.56	1,027.15	584.53	879.97
49	878.75	1,013.20	921.36	1,030.45	1,071.76	609.91	918.18
50	919.95	1,060.71	964.56	1,078.77	1,122.01	638.52	961.24
51	960.64	1,107.63	1,007.23	1,126.49	1,171.64	666.76	1,003.76
52	1,005.46	1,159.30	1,054.21	1,179.04	1,226.30	697.86	1,050.58
53	1,050.79	1,211.57	1,101.74	1,232.19	1,281.58	729.32	1,097.94
54	1,099.72	1,267.99	1,153.05	1,289.57	1,341.27	763.29	1,149.07
55	1,148.65	1,324.41	1,204.35	1,346.95	1,400.95	797.25	1,200.20
56	1,201.71	1,385.58	1,259.98	1,409.17	1,465.65	834.07	1,255.64
57	1,255.28	1,447.35	1,316.15	1,471.98	1,530.99	871.26	1,311.61
58	1,312.45	1,513.27	1,376.09	1,539.03	1,600.72	910.94	1,371.35
59	1,340.78	1,545.94	1,405.80	1,572.25	1,635.28	930.60	1,400.96
60	1,397.96	1,611.86	1,465.75	1,639.29	1,705.01	970.29	1,460.70
61	1,447.41	1,668.87	1,517.59	1,697.28	1,765.32	1,004.61	1,512.36
62	1,479.86	1,706.29	1,551.62	1,735.33	1,804.90	1,027.13	1,546.27
63	1,520.55	1,753.21	1,594.28	1,783.05	1,854.53	1,055.37	1,588.79
64+	1,545.27	1,781.73	1,620.21	1,812.03	1,884.69	1,072.53	1,614.63

2027 Monthly rates
Rate Area 4

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$353.16	$361.63	$372.23	$376.26	$435.56	$415.08	$463.98
15	384.55	393.77	405.32	409.71	474.27	451.97	505.23
16	396.56	406.06	417.97	422.50	489.08	466.08	521.00
17	408.56	418.35	430.62	435.28	503.88	480.19	536.76
18	421.49	431.59	444.24	449.06	519.82	495.38	553.75
19	434.41	444.82	457.87	462.83	535.76	510.57	570.73
20	447.80	458.53	471.98	477.09	552.28	526.31	588.32
21	461.65	472.71	486.57	491.85	569.36	542.58	606.51
22	461.65	472.71	486.57	491.85	569.36	542.58	606.51
23	461.65	472.71	486.57	491.85	569.36	542.58	606.51
24	461.65	472.71	486.57	491.85	569.36	542.58	606.51
25	463.50	474.60	488.52	493.81	571.63	544.75	608.94
26	472.73	484.06	498.25	503.65	583.02	555.61	621.07
27	483.81	495.40	509.93	515.46	596.69	568.63	635.63
28	501.81	513.84	528.91	534.64	618.89	589.79	659.28
29	516.59	528.97	544.48	550.38	637.11	607.15	678.69
30	523.97	536.53	552.26	558.25	646.22	615.83	688.39
31	535.05	547.87	563.94	570.05	659.88	628.86	702.95
32	546.13	559.22	575.62	581.86	673.55	641.88	717.51
33	553.06	566.31	582.91	589.23	682.09	650.02	726.60
34	560.44	573.87	590.70	597.10	691.20	658.70	736.31
35	564.14	577.66	594.59	601.04	695.75	663.04	741.16
36	567.83	581.44	598.49	604.97	700.31	667.38	746.01
37	571.52	585.22	602.38	608.91	704.86	671.72	750.86
38	575.22	589.00	606.27	612.84	709.42	676.06	755.72
39	582.60	596.56	614.06	620.71	718.53	684.74	765.42
40	589.99	604.13	621.84	628.58	727.64	693.42	775.12
41	601.07	615.47	633.52	640.39	741.30	706.44	789.68
42	611.69	626.34	644.71	651.70	754.40	718.92	803.63
43	626.46	641.47	660.28	667.44	772.62	736.29	823.04
44	644.92	660.38	679.74	687.11	795.39	757.99	847.30
45	666.62	682.60	702.61	710.23	822.15	783.49	875.81
46	692.47	709.07	729.86	737.77	854.03	813.88	909.77
47	721.56	738.85	760.51	768.76	889.90	848.06	947.98
48	754.80	772.89	795.55	804.17	930.90	887.13	991.65
49	787.57	806.45	830.09	839.09	971.32	925.65	1,034.71
50	824.51	844.27	869.02	878.44	1,016.87	969.06	1,083.23
51	860.98	881.61	907.46	917.30	1,061.85	1,011.92	1,131.15
52	901.14	922.74	949.79	960.09	1,111.38	1,059.12	1,183.92
53	941.77	964.33	992.61	1,003.37	1,161.49	1,106.87	1,237.29
54	985.62	1,009.24	1,038.83	1,050.09	1,215.58	1,158.42	1,294.91
55	1,029.48	1,054.15	1,085.06	1,096.82	1,269.67	1,209.96	1,352.53
56	1,077.03	1,102.84	1,135.18	1,147.48	1,328.31	1,265.85	1,415.00
57	1,125.04	1,152.00	1,185.78	1,198.63	1,387.52	1,322.28	1,478.07
58	1,176.28	1,204.47	1,239.79	1,253.23	1,450.72	1,382.50	1,545.40
59	1,201.67	1,230.47	1,266.55	1,280.28	1,482.04	1,412.35	1,578.76
60	1,252.92	1,282.94	1,320.56	1,334.87	1,545.23	1,472.57	1,646.08
61	1,297.24	1,328.32	1,367.27	1,382.09	1,599.89	1,524.66	1,704.30
62	1,326.32	1,358.10	1,397.93	1,413.08	1,635.76	1,558.84	1,742.51
63	1,362.79	1,395.45	1,436.36	1,451.93	1,680.74	1,601.71	1,790.43
64+	1,384.95	1,418.13	1,459.71	1,475.55	1,708.08	1,627.74	1,819.53

2027 Monthly rates
Rate Area 4

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$438.53	$505.63	$459.80	$514.24	$534.85	$304.37	$458.21
15	477.51	550.58	500.67	559.95	582.40	331.43	498.94
16	492.42	567.76	516.30	577.43	600.57	341.77	514.52
17	507.32	584.95	531.92	594.90	618.75	352.12	530.09
18	523.37	603.45	548.75	613.73	638.33	363.26	546.86
19	539.42	621.96	565.58	632.55	657.90	374.40	563.63
20	556.05	641.13	583.01	652.04	678.18	385.94	581.00
21	573.25	660.96	601.04	672.21	699.15	397.88	598.97
22	573.25	660.96	601.04	672.21	699.15	397.88	598.97
23	573.25	660.96	601.04	672.21	699.15	397.88	598.97
24	573.25	660.96	601.04	672.21	699.15	397.88	598.97
25	575.54	663.60	603.45	674.90	701.95	399.47	601.37
26	587.00	676.82	615.47	688.34	715.93	407.42	613.35
27	600.76	692.68	629.89	704.47	732.71	416.97	627.72
28	623.12	718.46	653.33	730.69	759.98	432.49	651.08
29	641.46	739.61	672.57	752.20	782.35	445.22	670.25
30	650.63	750.19	682.18	762.96	793.54	451.59	679.83
31	664.39	766.05	696.61	779.09	810.32	461.14	694.21
32	678.15	781.91	711.03	795.22	827.10	470.69	708.58
33	686.75	791.83	720.05	805.31	837.59	476.65	717.57
34	695.92	802.40	729.67	816.06	848.77	483.02	727.15
35	700.51	807.69	734.47	821.44	854.37	486.20	731.94
36	705.09	812.98	739.28	826.82	859.96	489.39	736.74
37	709.68	818.27	744.09	832.19	865.55	492.57	741.53
38	714.26	823.55	748.90	837.57	871.15	495.75	746.32
39	723.44	834.13	758.52	848.33	882.33	502.12	755.90
40	732.61	844.70	768.13	859.08	893.52	508.48	765.49
41	746.37	860.57	782.56	875.21	910.30	518.03	779.86
42	759.55	875.77	796.38	890.68	926.38	527.18	793.64
43	777.89	896.92	815.62	912.19	948.75	539.92	812.81
44	800.82	923.36	839.66	939.07	976.72	555.83	836.76
45	827.77	954.42	867.91	970.67	1,009.58	574.53	864.92
46	859.87	991.44	901.56	1,008.31	1,048.73	596.81	898.46
47	895.98	1,033.08	939.43	1,050.66	1,092.78	621.88	936.19
48	937.26	1,080.67	982.71	1,099.06	1,143.12	650.53	979.32
49	977.96	1,127.59	1,025.38	1,146.79	1,192.76	678.77	1,021.85
50	1,023.82	1,180.47	1,073.46	1,200.56	1,248.69	710.60	1,069.76
51	1,069.10	1,232.69	1,120.94	1,253.67	1,303.92	742.04	1,117.08
52	1,118.97	1,290.19	1,173.24	1,312.15	1,364.75	776.65	1,169.19
53	1,169.42	1,348.35	1,226.13	1,371.30	1,426.28	811.67	1,221.90
54	1,223.88	1,411.14	1,283.23	1,435.16	1,492.70	849.46	1,278.81
55	1,278.34	1,473.94	1,340.33	1,499.02	1,559.12	887.26	1,335.71
56	1,337.38	1,542.01	1,402.23	1,568.26	1,631.13	928.24	1,397.40
57	1,397.00	1,610.75	1,464.74	1,638.17	1,703.84	969.62	1,459.70
58	1,460.63	1,684.12	1,531.46	1,712.79	1,781.45	1,013.79	1,526.18
59	1,492.16	1,720.47	1,564.51	1,749.76	1,819.90	1,035.67	1,559.12
60	1,555.79	1,793.84	1,631.23	1,824.37	1,897.51	1,079.83	1,625.61
61	1,610.82	1,857.29	1,688.93	1,888.90	1,964.63	1,118.03	1,683.11
62	1,646.93	1,898.93	1,726.80	1,931.25	2,008.67	1,143.10	1,720.85
63	1,692.22	1,951.15	1,774.28	1,984.36	2,063.91	1,174.53	1,768.17
64+	1,719.75	1,982.88	1,803.12	2,016.63	2,097.45	1,193.64	1,796.91

2027 Monthly rates
Rate Area 5

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$326.35	$334.17	$343.97	$347.70	$402.49	$383.56	$428.76
15	355.36	363.87	374.54	378.60	438.27	417.66	466.87
16	366.45	375.23	386.23	390.42	451.95	430.69	481.44
17	377.54	386.59	397.92	402.24	465.62	443.73	496.01
18	389.49	398.82	410.51	414.96	480.36	457.77	511.71
19	401.43	411.05	423.10	427.69	495.09	471.81	527.40
20	413.80	423.72	436.14	440.87	510.35	486.35	543.65
21	426.60	436.82	449.63	454.51	526.13	501.39	560.47
22	426.60	436.82	449.63	454.51	526.13	501.39	560.47
23	426.60	436.82	449.63	454.51	526.13	501.39	560.47
24	426.60	436.82	449.63	454.51	526.13	501.39	560.47
25	428.31	438.57	451.43	456.32	528.23	503.40	562.71
26	436.84	447.31	460.42	465.41	538.76	513.42	573.92
27	447.08	457.79	471.21	476.32	551.38	525.46	587.37
28	463.71	474.83	488.75	494.05	571.90	545.01	609.23
29	477.37	488.81	503.14	508.59	588.74	561.06	627.16
30	484.19	495.79	510.33	515.86	597.16	569.08	636.13
31	494.43	506.28	521.12	526.77	609.78	581.11	649.58
32	504.67	516.76	531.91	537.68	622.41	593.14	663.03
33	511.07	523.31	538.66	544.50	630.30	600.67	671.44
34	517.89	530.30	545.85	551.77	638.72	608.69	680.41
35	521.31	533.80	549.45	555.41	642.93	612.70	684.89
36	524.72	537.29	553.05	559.04	647.14	616.71	689.37
37	528.13	540.79	556.64	562.68	651.35	620.72	693.86
38	531.54	544.28	560.24	566.31	655.56	624.73	698.34
39	538.37	551.27	567.43	573.59	663.98	632.75	707.31
40	545.20	558.26	574.63	580.86	672.39	640.78	716.28
41	555.43	568.74	585.42	591.77	685.02	652.81	729.73
42	565.25	578.79	595.76	602.22	697.12	664.34	742.62
43	578.90	592.77	610.15	616.76	713.96	680.39	760.55
44	595.96	610.24	628.14	634.94	735.00	700.44	782.97
45	616.01	630.77	649.27	656.31	759.73	724.01	809.31
46	639.90	655.24	674.45	681.76	789.19	752.08	840.70
47	666.78	682.76	702.77	710.39	822.34	783.67	876.01
48	697.49	714.21	735.15	743.12	860.22	819.77	916.36
49	727.78	745.22	767.07	775.39	897.58	855.37	956.16
50	761.91	780.17	803.04	811.75	939.67	895.48	1,000.99
51	795.61	814.68	838.56	847.65	981.23	935.09	1,045.27
52	832.72	852.68	877.68	887.19	1,027.01	978.71	1,094.03
53	870.26	891.12	917.25	927.19	1,073.30	1,022.84	1,143.35
54	910.79	932.62	959.96	970.37	1,123.29	1,070.47	1,196.60
55	951.32	974.12	1,002.68	1,013.55	1,173.27	1,118.10	1,249.84
56	995.26	1,019.11	1,048.99	1,060.36	1,227.46	1,169.74	1,307.57
57	1,039.62	1,064.54	1,095.75	1,107.63	1,282.18	1,221.89	1,365.86
58	1,086.98	1,113.03	1,145.66	1,158.08	1,340.58	1,277.54	1,428.07
59	1,110.44	1,137.05	1,170.39	1,183.08	1,369.52	1,305.12	1,458.89
60	1,157.79	1,185.54	1,220.30	1,233.53	1,427.92	1,360.77	1,521.11
61	1,198.75	1,227.47	1,263.46	1,277.16	1,478.42	1,408.91	1,574.91
62	1,225.62	1,254.99	1,291.79	1,305.79	1,511.57	1,440.49	1,610.22
63	1,259.32	1,289.50	1,327.31	1,341.70	1,553.13	1,480.10	1,654.50
64+	1,279.80	1,310.46	1,348.89	1,363.53	1,578.39	1,504.17	1,681.41

2027 Monthly rates
Rate Area 5

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$405.24	$467.24	$424.89	$475.20	$494.25	$281.27	$423.43
15	441.26	508.78	462.66	517.44	538.18	306.27	461.06
16	455.03	524.66	477.10	533.59	554.98	315.83	475.45
17	468.81	540.54	491.54	549.74	571.78	325.39	489.84
18	483.64	557.64	507.09	567.13	589.87	335.68	505.34
19	498.47	574.74	522.64	584.52	607.96	345.98	520.84
20	513.83	592.45	538.75	602.54	626.69	356.64	536.89
21	529.72	610.78	555.41	621.17	646.07	367.67	553.50
22	529.72	610.78	555.41	621.17	646.07	367.67	553.50
23	529.72	610.78	555.41	621.17	646.07	367.67	553.50
24	529.72	610.78	555.41	621.17	646.07	367.67	553.50
25	531.84	613.22	557.63	623.66	648.66	369.14	555.71
26	542.44	625.43	568.74	636.08	661.58	376.49	566.78
27	555.15	640.09	582.07	650.99	677.09	385.32	580.06
28	575.81	663.91	603.73	675.21	702.28	399.65	601.65
29	592.76	683.46	621.50	695.09	722.96	411.42	619.36
30	601.24	693.23	630.39	705.03	733.29	417.30	628.22
31	613.95	707.89	643.72	719.94	748.80	426.13	641.50
32	626.66	722.55	657.05	734.85	764.30	434.95	654.79
33	634.61	731.71	665.38	744.16	774.00	440.47	663.09
34	643.08	741.48	674.27	754.10	784.33	446.35	671.95
35	647.32	746.37	678.71	759.07	789.50	449.29	676.37
36	651.56	751.25	683.15	764.04	794.67	452.23	680.80
37	655.80	756.14	687.60	769.01	799.84	455.17	685.23
38	660.04	761.03	692.04	773.98	805.01	458.11	689.66
39	668.51	770.80	700.93	783.92	815.34	464.00	698.51
40	676.99	780.57	709.81	793.86	825.68	469.88	707.37
41	689.70	795.23	723.14	808.77	841.19	478.70	720.65
42	701.88	809.28	735.92	823.05	856.05	487.16	733.38
43	718.83	828.82	753.69	842.93	876.72	498.92	751.10
44	740.02	853.25	775.91	867.78	902.56	513.63	773.24
45	764.92	881.96	802.01	896.97	932.93	530.91	799.25
46	794.58	916.16	833.12	931.76	969.11	551.50	830.25
47	827.96	954.64	868.11	970.89	1,009.81	574.66	865.12
48	866.10	998.62	908.10	1,015.62	1,056.33	601.14	904.97
49	903.71	1,041.98	947.53	1,059.72	1,102.20	627.24	944.27
50	946.09	1,090.85	991.96	1,109.41	1,153.89	656.65	988.55
51	987.93	1,139.10	1,035.84	1,158.49	1,204.93	685.70	1,032.27
52	1,034.02	1,192.24	1,084.16	1,212.53	1,261.14	717.69	1,080.43
53	1,080.64	1,245.98	1,133.04	1,267.19	1,317.99	750.04	1,129.13
54	1,130.96	1,304.01	1,185.80	1,326.20	1,379.37	784.97	1,181.72
55	1,181.28	1,362.03	1,238.56	1,385.21	1,440.74	819.90	1,234.30
56	1,235.84	1,424.94	1,295.77	1,449.20	1,507.29	857.77	1,291.31
57	1,290.94	1,488.46	1,353.53	1,513.80	1,574.48	896.01	1,348.87
58	1,349.73	1,556.26	1,415.19	1,582.75	1,646.20	936.82	1,410.31
59	1,378.87	1,589.85	1,445.73	1,616.91	1,681.73	957.04	1,440.75
60	1,437.67	1,657.65	1,507.38	1,685.86	1,753.44	997.85	1,502.19
61	1,488.52	1,716.28	1,560.70	1,745.49	1,815.47	1,033.15	1,555.33
62	1,521.89	1,754.76	1,595.69	1,784.63	1,856.17	1,056.31	1,590.20
63	1,563.74	1,803.01	1,639.57	1,833.70	1,907.21	1,085.35	1,633.92
64+	1,589.16	1,832.34	1,666.23	1,863.51	1,938.21	1,103.01	1,660.50

2027 Monthly rates
Rate Area 6

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$322.76	$330.49	$340.18	$343.87	$398.06	$379.34	$424.04
15	351.45	359.87	370.42	374.44	433.44	413.06	461.73
16	362.42	371.10	381.98	386.12	446.97	425.95	476.14
17	373.39	382.33	393.54	397.81	460.50	438.85	490.55
18	385.20	394.43	406.00	410.40	475.07	452.73	506.07
19	397.01	406.53	418.45	422.98	489.64	466.62	521.59
20	409.25	419.06	431.34	436.02	504.73	481.00	537.67
21	421.91	432.02	444.68	449.50	520.34	495.87	554.30
22	421.91	432.02	444.68	449.50	520.34	495.87	554.30
23	421.91	432.02	444.68	449.50	520.34	495.87	554.30
24	421.91	432.02	444.68	449.50	520.34	495.87	554.30
25	423.59	433.74	446.46	451.30	522.42	497.86	556.52
26	432.03	442.38	455.36	460.29	532.83	507.77	567.60
27	442.16	452.75	466.03	471.08	545.32	519.67	580.90
28	458.61	469.60	483.37	488.61	565.61	539.01	602.52
29	472.11	483.43	497.60	502.99	582.26	554.88	620.26
30	478.86	490.34	504.72	510.19	590.59	562.82	629.13
31	488.99	500.71	515.39	520.97	603.07	574.72	642.43
32	499.11	511.08	526.06	531.76	615.56	586.62	655.73
33	505.44	517.56	532.73	538.51	623.37	594.06	664.05
34	512.19	524.47	539.85	545.70	631.69	601.99	672.92
35	515.57	527.92	543.40	549.29	635.86	605.96	677.35
36	518.94	531.38	546.96	552.89	640.02	609.92	681.79
37	522.32	534.84	550.52	556.49	644.18	613.89	686.22
38	525.69	538.29	554.08	560.08	648.34	617.86	690.66
39	532.44	545.20	561.19	567.27	656.67	625.79	699.52
40	539.20	552.12	568.31	574.47	664.99	633.72	708.39
41	549.32	562.49	578.98	585.25	677.48	645.63	721.70
42	559.02	572.42	589.21	595.59	689.45	657.03	734.45
43	572.53	586.25	603.44	609.98	706.10	672.90	752.18
44	589.40	603.53	621.22	627.96	726.91	692.73	774.35
45	609.23	623.83	642.12	649.08	751.37	716.04	800.41
46	632.86	648.02	667.03	674.26	780.51	743.81	831.45
47	659.44	675.24	695.04	702.57	813.29	775.05	866.37
48	689.82	706.35	727.06	734.94	850.76	810.75	906.28
49	719.77	737.02	758.63	766.85	887.70	845.96	945.63
50	753.52	771.58	794.20	802.81	929.33	885.63	989.98
51	786.85	805.71	829.33	838.32	970.43	924.80	1,033.77
52	823.56	843.30	868.02	877.43	1,015.70	967.94	1,081.99
53	860.69	881.31	907.15	916.99	1,061.49	1,011.58	1,130.77
54	900.77	922.36	949.40	959.69	1,110.93	1,058.69	1,183.43
55	940.85	963.40	991.64	1,002.39	1,160.36	1,105.80	1,236.09
56	984.31	1,007.89	1,037.45	1,048.69	1,213.95	1,156.87	1,293.18
57	1,028.18	1,052.82	1,083.69	1,095.44	1,268.07	1,208.44	1,350.83
58	1,075.02	1,100.78	1,133.05	1,145.33	1,325.83	1,263.48	1,412.35
59	1,098.22	1,124.54	1,157.51	1,170.06	1,354.44	1,290.76	1,442.84
60	1,145.05	1,172.49	1,206.87	1,219.95	1,412.20	1,345.80	1,504.37
61	1,185.55	1,213.97	1,249.56	1,263.10	1,462.15	1,393.40	1,557.58
62	1,212.13	1,241.18	1,277.58	1,291.42	1,494.94	1,424.64	1,592.50
63	1,245.47	1,275.31	1,312.71	1,326.93	1,536.04	1,463.82	1,636.29
64+	1,265.73	1,296.06	1,334.04	1,348.50	1,561.02	1,487.61	1,662.90

2027 Monthly rates
Rate Area 6

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$400.78	$462.10	$420.21	$469.97	$488.81	$278.17	$418.77
15	436.40	503.18	457.57	511.74	532.26	302.90	455.99
16	450.02	518.88	471.85	527.72	548.87	312.35	470.22
17	463.65	534.59	486.13	543.69	565.48	321.80	484.45
18	478.32	551.50	501.51	560.89	583.37	331.99	499.78
19	492.98	568.42	516.89	578.09	601.26	342.17	515.11
20	508.18	585.93	532.82	595.91	619.79	352.71	530.98
21	523.89	604.05	549.30	614.34	638.96	363.62	547.41
22	523.89	604.05	549.30	614.34	638.96	363.62	547.41
23	523.89	604.05	549.30	614.34	638.96	363.62	547.41
24	523.89	604.05	549.30	614.34	638.96	363.62	547.41
25	525.99	606.47	551.50	616.79	641.52	365.08	549.60
26	536.47	618.55	562.48	629.08	654.30	372.35	560.54
27	549.04	633.05	575.66	643.82	669.63	381.08	573.68
28	569.47	656.61	597.09	667.78	694.55	395.26	595.03
29	586.24	675.94	614.66	687.44	715.00	406.89	612.55
30	594.62	685.60	623.45	697.27	725.22	412.71	621.31
31	607.19	700.10	636.64	712.02	740.56	421.44	634.44
32	619.77	714.60	649.82	726.76	755.89	430.16	647.58
33	627.62	723.66	658.06	735.98	765.48	435.62	655.79
34	636.01	733.32	666.85	745.80	775.70	441.44	664.55
35	640.20	738.16	671.24	750.72	780.81	444.35	668.93
36	644.39	742.99	675.64	755.63	785.93	447.25	673.31
37	648.58	747.82	680.03	760.55	791.04	450.16	677.69
38	652.77	752.65	684.43	765.46	796.15	453.07	682.07
39	661.15	762.32	693.21	775.29	806.37	458.89	690.83
40	669.54	771.98	702.00	785.12	816.60	464.71	699.58
41	682.11	786.48	715.19	799.87	831.93	473.44	712.72
42	694.16	800.37	727.82	814.00	846.63	481.80	725.31
43	710.92	819.70	745.40	833.65	867.07	493.43	742.83
44	731.88	843.86	767.37	858.23	892.63	507.98	764.73
45	756.50	872.26	793.19	887.10	922.66	525.07	790.45
46	785.84	906.08	823.95	921.50	958.45	545.43	821.11
47	818.85	944.14	858.55	960.21	998.70	568.34	855.60
48	856.57	987.63	898.10	1,004.44	1,044.71	594.52	895.01
49	893.76	1,030.52	937.10	1,048.06	1,090.07	620.34	933.87
50	935.67	1,078.84	981.05	1,097.21	1,141.19	649.43	977.67
51	977.06	1,126.56	1,024.44	1,145.74	1,191.67	678.15	1,020.91
52	1,022.64	1,179.12	1,072.23	1,199.18	1,247.26	709.79	1,068.54
53	1,068.74	1,232.27	1,120.57	1,253.25	1,303.49	741.79	1,116.71
54	1,118.51	1,289.66	1,172.75	1,311.61	1,364.19	776.33	1,168.71
55	1,168.28	1,347.04	1,224.93	1,369.97	1,424.89	810.88	1,220.72
56	1,222.24	1,409.26	1,281.51	1,433.25	1,490.70	848.33	1,277.10
57	1,276.73	1,472.08	1,338.64	1,497.14	1,557.15	886.15	1,334.03
58	1,334.88	1,539.13	1,399.61	1,565.33	1,628.08	926.51	1,394.79
59	1,363.70	1,572.35	1,429.82	1,599.12	1,663.22	946.51	1,424.90
60	1,421.85	1,639.41	1,490.80	1,667.31	1,734.15	986.87	1,485.66
61	1,472.14	1,697.39	1,543.53	1,726.29	1,795.49	1,021.78	1,538.21
62	1,505.15	1,735.45	1,578.13	1,764.99	1,835.74	1,044.68	1,572.70
63	1,546.53	1,783.17	1,621.53	1,813.52	1,886.22	1,073.41	1,615.94
64+	1,571.67	1,812.15	1,647.90	1,843.02	1,916.88	1,090.86	1,642.23

2027 Monthly rates
Rate Area 7

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$308.16	$315.54	$324.79	$328.32	$380.05	$362.18	$404.86
15	335.55	343.59	353.67	357.50	413.84	394.38	440.84
16	346.02	354.32	364.70	368.66	426.75	406.69	454.60
17	356.50	365.04	375.74	379.82	439.67	419.00	468.36
18	367.78	376.59	387.63	391.83	453.58	432.25	483.18
19	379.05	388.14	399.52	403.85	467.49	445.51	498.00
20	390.74	400.10	411.83	416.30	481.90	459.24	513.35
21	402.82	412.47	424.57	429.17	496.80	473.44	529.23
22	402.82	412.47	424.57	429.17	496.80	473.44	529.23
23	402.82	412.47	424.57	429.17	496.80	473.44	529.23
24	402.82	412.47	424.57	429.17	496.80	473.44	529.23
25	404.43	414.12	426.27	430.89	498.79	475.34	531.34
26	412.49	422.37	434.76	439.47	508.73	484.80	541.93
27	422.16	432.27	444.95	449.77	520.65	496.17	554.63
28	437.87	448.36	461.51	466.51	540.02	514.63	575.27
29	450.76	461.56	475.09	480.24	555.92	529.78	592.20
30	457.20	468.16	481.89	487.11	563.87	537.36	600.67
31	466.87	478.06	492.07	497.41	575.79	548.72	613.37
32	476.54	487.96	502.26	507.71	587.72	560.08	626.07
33	482.58	494.14	508.63	514.15	595.17	567.18	634.01
34	489.02	500.74	515.43	521.01	603.12	574.76	642.48
35	492.25	504.04	518.82	524.45	607.09	578.55	646.71
36	495.47	507.34	522.22	527.88	611.07	582.33	650.95
37	498.69	510.64	525.62	531.31	615.04	586.12	655.18
38	501.91	513.94	529.01	534.75	619.02	589.91	659.41
39	508.36	520.54	535.81	541.61	626.96	597.48	667.88
40	514.81	527.14	542.60	548.48	634.91	605.06	676.35
41	524.47	537.04	552.79	558.78	646.84	616.42	689.05
42	533.74	546.53	562.55	568.65	658.26	627.31	701.22
43	546.63	559.73	576.14	582.38	674.16	642.46	718.16
44	562.74	576.23	593.12	599.55	694.03	661.40	739.33
45	581.67	595.61	613.08	619.72	717.38	683.65	764.20
46	604.23	618.71	636.85	643.76	745.20	710.16	793.84
47	629.61	644.70	663.60	670.79	776.50	739.99	827.18
48	658.61	674.40	694.17	701.69	812.27	774.08	865.28
49	687.21	703.68	724.31	732.17	847.55	807.69	902.86
50	719.44	736.68	758.28	766.50	887.29	845.57	945.20
51	751.26	769.27	791.82	800.40	926.54	882.97	987.00
52	786.31	805.15	828.76	837.74	969.76	924.16	1,033.05
53	821.75	841.45	866.12	875.51	1,013.48	965.82	1,079.62
54	860.02	880.63	906.45	916.28	1,060.67	1,010.80	1,129.90
55	898.29	919.82	946.79	957.05	1,107.87	1,055.78	1,180.17
56	939.78	962.30	990.52	1,001.25	1,159.04	1,104.54	1,234.68
57	981.67	1,005.20	1,034.67	1,045.89	1,210.71	1,153.78	1,289.72
58	1,026.39	1,050.99	1,081.80	1,093.53	1,265.85	1,206.33	1,348.47
59	1,048.54	1,073.67	1,105.15	1,117.13	1,293.18	1,232.37	1,377.57
60	1,093.26	1,119.46	1,152.28	1,164.77	1,348.32	1,284.92	1,436.32
61	1,131.93	1,159.05	1,193.04	1,205.97	1,396.02	1,330.37	1,487.12
62	1,157.30	1,185.04	1,219.79	1,233.01	1,427.31	1,360.20	1,520.46
63	1,189.13	1,217.63	1,253.33	1,266.91	1,466.56	1,397.60	1,562.27
64+	1,208.46	1,237.41	1,273.71	1,287.51	1,490.40	1,420.32	1,587.69

2027 Monthly rates
Rate Area 7

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$382.65	$441.20	$401.21	$448.71	$466.70	$265.59	$399.82
15	416.66	480.42	436.87	488.59	508.18	289.20	435.36
16	429.67	495.41	450.50	503.84	524.04	298.22	448.95
17	442.67	510.41	464.14	519.09	539.90	307.25	462.54
18	456.68	526.56	478.82	535.52	556.99	316.97	477.17
19	470.68	542.70	493.51	551.94	574.07	326.69	491.81
20	485.19	559.43	508.72	568.95	591.76	336.76	506.97
21	500.20	576.73	524.45	586.55	610.06	347.17	522.64
22	500.20	576.73	524.45	586.55	610.06	347.17	522.64
23	500.20	576.73	524.45	586.55	610.06	347.17	522.64
24	500.20	576.73	524.45	586.55	610.06	347.17	522.64
25	502.20	579.04	526.55	588.89	612.50	348.56	524.73
26	512.20	590.57	537.04	600.62	624.70	355.51	535.19
27	524.21	604.41	549.62	614.70	639.34	363.84	547.73
28	543.71	626.91	570.08	637.58	663.14	377.38	568.11
29	559.72	645.36	586.86	656.35	682.66	388.49	584.84
30	567.72	654.59	595.25	665.73	692.42	394.04	593.20
31	579.73	668.43	607.84	679.81	707.06	402.37	605.74
32	591.73	682.27	620.43	693.89	721.70	410.71	618.29
33	599.23	690.92	628.29	702.68	730.85	415.91	626.13
34	607.24	700.15	636.68	712.07	740.61	421.47	634.49
35	611.24	704.77	640.88	716.76	745.49	424.25	638.67
36	615.24	709.38	645.07	721.45	750.37	427.02	642.85
37	619.24	713.99	649.27	726.15	755.26	429.80	647.03
38	623.24	718.61	653.47	730.84	760.14	432.58	651.21
39	631.25	727.83	661.86	740.22	769.90	438.13	659.58
40	639.25	737.06	670.25	749.61	779.66	443.69	667.94
41	651.25	750.90	682.84	763.68	794.30	452.02	680.48
42	662.76	764.17	694.90	777.18	808.33	460.00	692.50
43	678.77	782.62	711.68	795.94	827.85	471.11	709.23
44	698.77	805.69	732.66	819.41	852.25	485.00	730.13
45	722.28	832.80	757.31	846.97	880.93	501.32	754.70
46	750.29	865.10	786.68	879.82	915.09	520.76	783.97
47	781.81	901.43	819.72	916.77	953.52	542.63	816.89
48	817.82	942.96	857.48	959.01	997.45	567.63	854.52
49	853.33	983.90	894.71	1,000.65	1,040.76	592.28	891.63
50	893.35	1,030.04	936.67	1,047.57	1,089.57	620.05	933.44
51	932.87	1,075.60	978.10	1,093.91	1,137.76	647.48	974.73
52	976.38	1,125.78	1,023.73	1,144.94	1,190.84	677.68	1,020.20
53	1,020.40	1,176.53	1,069.88	1,196.56	1,244.52	708.23	1,066.19
54	1,067.92	1,231.32	1,119.70	1,252.28	1,302.48	741.21	1,115.85
55	1,115.44	1,286.11	1,169.53	1,308.00	1,360.44	774.20	1,165.50
56	1,166.96	1,345.51	1,223.54	1,368.42	1,423.27	809.96	1,219.33
57	1,218.98	1,405.49	1,278.09	1,429.42	1,486.72	846.06	1,273.68
58	1,274.50	1,469.51	1,336.30	1,494.52	1,554.43	884.60	1,331.70
59	1,302.01	1,501.23	1,365.15	1,526.78	1,587.99	903.69	1,360.44
60	1,357.53	1,565.25	1,423.36	1,591.89	1,655.70	942.23	1,418.46
61	1,405.55	1,620.61	1,473.71	1,648.20	1,714.27	975.56	1,468.63
62	1,437.06	1,656.95	1,506.75	1,685.15	1,752.70	997.43	1,501.56
63	1,476.58	1,702.51	1,548.18	1,731.49	1,800.90	1,024.86	1,542.85
64+	1,500.60	1,730.19	1,573.35	1,759.65	1,830.18	1,041.51	1,567.92

2027 Monthly rates
Rate Area 8

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$360.70	$369.35	$380.18	$384.30	$444.86	$423.94	$473.89
15	392.76	402.18	413.97	418.46	484.40	461.62	516.01
16	405.02	414.73	426.89	431.52	499.52	476.03	532.12
17	417.28	427.28	439.81	444.58	514.64	490.44	548.22
18	430.48	440.80	453.73	458.64	530.92	505.96	565.57
19	443.69	454.32	467.64	472.71	547.20	521.47	582.91
20	457.36	468.32	482.05	487.28	564.07	537.54	600.88
21	471.51	482.81	496.96	502.35	581.51	554.17	619.46
22	471.51	482.81	496.96	502.35	581.51	554.17	619.46
23	471.51	482.81	496.96	502.35	581.51	554.17	619.46
24	471.51	482.81	496.96	502.35	581.51	554.17	619.46
25	473.39	484.74	498.95	504.36	583.84	556.38	621.94
26	482.82	494.39	508.89	514.40	595.47	567.47	634.33
27	494.14	505.98	520.82	526.46	609.42	580.77	649.20
28	512.53	524.81	540.20	546.05	632.10	602.38	673.36
29	527.61	540.26	556.10	562.13	650.71	620.11	693.18
30	535.16	547.98	564.05	570.16	660.02	628.98	703.09
31	546.47	559.57	575.98	582.22	673.97	642.28	717.96
32	557.79	571.16	587.91	594.28	687.93	655.58	732.82
33	564.86	578.40	595.36	601.81	696.65	663.89	742.12
34	572.41	586.13	603.31	609.85	705.96	672.76	752.03
35	576.18	589.99	607.29	613.87	710.61	677.19	756.98
36	579.95	593.85	611.26	617.89	715.26	681.63	761.94
37	583.72	597.71	615.24	621.91	719.91	686.06	766.89
38	587.50	601.58	619.21	625.93	724.56	690.49	771.85
39	595.04	609.30	627.16	633.96	733.87	699.36	781.76
40	602.58	617.02	635.12	642.00	743.17	708.23	791.67
41	613.90	628.61	647.04	654.06	757.13	721.53	806.54
42	624.74	639.72	658.47	665.61	770.50	734.27	820.79
43	639.83	655.17	674.38	681.69	789.11	752.01	840.61
44	658.69	674.48	694.25	701.78	812.37	774.17	865.39
45	680.85	697.17	717.61	725.39	839.70	800.22	894.50
46	707.26	724.21	745.44	753.52	872.27	831.25	929.19
47	736.96	754.62	776.75	785.17	908.90	866.16	968.22
48	770.91	789.39	812.53	821.34	950.77	906.06	1,012.82
49	804.39	823.67	847.82	857.01	992.06	945.41	1,056.80
50	842.11	862.29	887.57	897.19	1,038.58	989.74	1,106.36
51	879.36	900.43	926.83	936.88	1,084.52	1,033.52	1,155.30
52	920.38	942.44	970.07	980.58	1,135.11	1,081.74	1,209.19
53	961.87	984.92	1,013.80	1,024.79	1,186.28	1,130.50	1,263.70
54	1,006.66	1,030.79	1,061.01	1,072.51	1,241.53	1,183.15	1,322.55
55	1,051.46	1,076.66	1,108.22	1,120.24	1,296.77	1,235.79	1,381.40
56	1,100.02	1,126.38	1,159.41	1,171.98	1,356.67	1,292.87	1,445.21
57	1,149.06	1,176.60	1,211.09	1,224.22	1,417.14	1,350.51	1,509.63
58	1,201.40	1,230.19	1,266.26	1,279.98	1,481.69	1,412.02	1,578.39
59	1,227.33	1,256.74	1,293.59	1,307.61	1,513.68	1,442.50	1,612.46
60	1,279.67	1,310.33	1,348.75	1,363.37	1,578.22	1,504.01	1,681.22
61	1,324.93	1,356.68	1,396.46	1,411.60	1,634.05	1,557.21	1,740.69
62	1,354.64	1,387.10	1,427.77	1,443.25	1,670.68	1,592.12	1,779.72
63	1,391.88	1,425.24	1,467.03	1,482.93	1,716.62	1,635.90	1,828.65
64+	1,414.53	1,448.43	1,490.88	1,507.05	1,744.53	1,662.51	1,858.38

2027 Monthly rates
Rate Area 8

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$447.89	$516.43	$469.61	$525.22	$546.27	$310.87	$468.00
15	487.71	562.33	511.36	571.90	594.83	338.51	509.60
16	502.93	579.88	527.32	589.75	613.40	349.07	525.50
17	518.15	597.44	543.28	607.60	631.96	359.64	541.41
18	534.55	616.34	560.47	626.83	651.96	371.02	558.54
19	550.94	635.24	577.66	646.05	671.95	382.39	575.67
20	567.92	654.82	595.46	665.96	692.66	394.18	593.41
21	585.48	675.07	613.87	686.56	714.08	406.37	611.76
22	585.48	675.07	613.87	686.56	714.08	406.37	611.76
23	585.48	675.07	613.87	686.56	714.08	406.37	611.76
24	585.48	675.07	613.87	686.56	714.08	406.37	611.76
25	587.83	677.77	616.33	689.31	716.94	407.99	614.21
26	599.54	691.27	628.61	703.04	731.22	416.12	626.44
27	613.59	707.47	643.34	719.51	748.36	425.88	641.12
28	636.42	733.80	667.28	746.29	776.21	441.72	664.98
29	655.16	755.40	686.93	768.26	799.06	454.73	684.56
30	664.52	766.20	696.75	779.24	810.48	461.23	694.35
31	678.58	782.40	711.48	795.72	827.62	470.98	709.03
32	692.63	798.61	726.21	812.20	844.76	480.73	723.71
33	701.41	808.73	735.42	822.50	855.47	486.83	732.89
34	710.78	819.53	745.24	833.48	866.89	493.33	742.68
35	715.46	824.93	750.15	838.98	872.61	496.58	747.57
36	720.14	830.33	755.07	844.47	878.32	499.83	752.46
37	724.83	835.73	759.98	849.96	884.03	503.09	757.36
38	729.51	841.14	764.89	855.45	889.75	506.34	762.25
39	738.88	851.94	774.71	866.44	901.17	512.84	772.04
40	748.25	862.74	784.53	877.42	912.60	519.34	781.83
41	762.30	878.94	799.26	893.90	929.73	529.09	796.51
42	775.77	894.47	813.38	909.69	946.16	538.44	810.58
43	794.50	916.07	833.03	931.66	969.01	551.44	830.16
44	817.92	943.07	857.58	959.12	997.57	567.70	854.63
45	845.44	974.80	886.43	991.39	1,031.13	586.80	883.38
46	878.23	1,012.60	920.81	1,029.84	1,071.12	609.55	917.64
47	915.11	1,055.13	959.49	1,073.09	1,116.11	635.16	956.18
48	957.27	1,103.74	1,003.68	1,122.52	1,167.52	664.41	1,000.23
49	998.84	1,151.67	1,047.27	1,171.27	1,218.22	693.27	1,043.66
50	1,045.67	1,205.67	1,096.38	1,226.19	1,275.35	725.78	1,092.60
51	1,091.93	1,259.00	1,144.88	1,280.43	1,331.76	757.88	1,140.93
52	1,142.86	1,317.73	1,198.28	1,340.16	1,393.89	793.23	1,194.16
53	1,194.39	1,377.14	1,252.30	1,400.58	1,456.73	828.99	1,247.99
54	1,250.01	1,441.27	1,310.62	1,465.80	1,524.56	867.60	1,306.11
55	1,305.63	1,505.40	1,368.94	1,531.03	1,592.40	906.20	1,364.22
56	1,365.93	1,574.94	1,432.17	1,601.74	1,665.95	948.06	1,427.24
57	1,426.82	1,645.14	1,496.01	1,673.14	1,740.22	990.32	1,490.86
58	1,491.81	1,720.07	1,564.15	1,749.35	1,819.48	1,035.43	1,558.76
59	1,524.01	1,757.20	1,597.92	1,787.11	1,858.75	1,057.78	1,592.41
60	1,589.00	1,832.14	1,666.06	1,863.32	1,938.02	1,102.89	1,660.32
61	1,645.21	1,896.94	1,724.99	1,929.23	2,006.57	1,141.90	1,719.05
62	1,682.09	1,939.47	1,763.66	1,972.48	2,051.56	1,167.50	1,757.59
63	1,728.35	1,992.80	1,812.16	2,026.72	2,107.97	1,199.60	1,805.91
64+	1,756.44	2,025.21	1,841.61	2,059.68	2,142.24	1,219.11	1,835.28

2027 Monthly rates
Rate Area 9

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$316.67	$324.26	$333.76	$337.38	$390.55	$372.18	$416.04
15	344.82	353.08	363.43	367.37	425.26	405.27	453.02
16	355.58	364.10	374.78	378.84	438.54	417.92	467.16
17	366.34	375.12	386.12	390.30	451.81	430.57	481.30
18	377.93	386.99	398.34	402.65	466.11	444.19	496.53
19	389.52	398.86	410.55	415.00	480.40	457.81	511.75
20	401.53	411.15	423.20	427.79	495.21	471.92	527.52
21	413.95	423.87	436.29	441.02	510.52	486.52	543.84
22	413.95	423.87	436.29	441.02	510.52	486.52	543.84
23	413.95	423.87	436.29	441.02	510.52	486.52	543.84
24	413.95	423.87	436.29	441.02	510.52	486.52	543.84
25	415.60	425.56	438.04	442.79	512.56	488.46	546.02
26	423.88	434.04	446.76	451.61	522.77	498.19	556.89
27	433.81	444.21	457.24	462.19	535.03	509.87	569.94
28	449.96	460.74	474.25	479.39	554.94	528.84	591.15
29	463.20	474.31	488.21	493.50	571.27	544.41	608.56
30	469.83	481.09	495.19	500.56	579.44	552.20	617.26
31	479.76	491.26	505.66	511.14	591.70	563.87	630.31
32	489.70	501.43	516.13	521.73	603.95	575.55	643.36
33	495.91	507.79	522.68	528.34	611.61	582.85	651.52
34	502.53	514.57	529.66	535.40	619.77	590.63	660.22
35	505.84	517.96	533.15	538.93	623.86	594.52	664.57
36	509.15	521.35	536.64	542.46	627.94	598.41	668.92
37	512.46	524.75	540.13	545.99	632.03	602.31	673.27
38	515.78	528.14	543.62	549.51	636.11	606.20	677.62
39	522.40	534.92	550.60	556.57	644.28	613.98	686.33
40	529.02	541.70	557.58	563.63	652.45	621.77	695.03
41	538.96	551.87	568.05	574.21	664.70	633.44	708.08
42	548.48	561.62	578.09	584.35	676.44	644.63	720.59
43	561.72	575.19	592.05	598.47	692.78	660.20	737.99
44	578.28	592.14	609.50	616.11	713.20	679.66	759.74
45	597.74	612.06	630.01	636.84	737.19	702.53	785.30
46	620.92	635.80	654.44	661.53	765.78	729.77	815.76
47	647.00	662.50	681.93	689.32	797.95	760.42	850.02
48	676.80	693.02	713.34	721.07	834.70	795.45	889.18
49	706.19	723.11	744.32	752.38	870.95	830.00	927.79
50	739.31	757.02	779.22	787.67	911.79	868.92	971.30
51	772.01	790.51	813.69	822.51	952.12	907.35	1,014.26
52	808.02	827.39	851.64	860.88	996.54	949.68	1,061.58
53	844.45	864.69	890.04	899.69	1,041.46	992.49	1,109.43
54	883.77	904.95	931.49	941.58	1,089.96	1,038.71	1,161.10
55	923.10	945.22	972.93	983.48	1,138.46	1,084.93	1,212.76
56	965.73	988.88	1,017.87	1,028.91	1,191.05	1,135.04	1,268.78
57	1,008.78	1,032.96	1,063.25	1,074.77	1,244.14	1,185.64	1,325.34
58	1,054.73	1,080.01	1,111.68	1,123.72	1,300.81	1,239.64	1,385.70
59	1,077.50	1,103.32	1,135.67	1,147.98	1,328.89	1,266.40	1,415.62
60	1,123.45	1,150.37	1,184.10	1,196.93	1,385.56	1,320.41	1,475.98
61	1,163.19	1,191.06	1,225.98	1,239.27	1,434.57	1,367.11	1,528.19
62	1,189.26	1,217.77	1,253.47	1,267.06	1,466.73	1,397.76	1,562.45
63	1,221.97	1,251.25	1,287.94	1,301.90	1,507.06	1,436.20	1,605.42
64+	1,241.85	1,271.61	1,308.87	1,323.06	1,531.56	1,459.56	1,631.52

2027 Monthly rates
Rate Area 9

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$393.22	$453.38	$412.28	$461.10	$479.58	$272.92	$410.86
15	428.17	493.68	448.93	502.09	522.21	297.18	447.39
16	441.53	509.09	462.94	517.76	538.51	306.46	461.35
17	454.90	524.50	476.96	533.43	554.81	315.73	475.31
18	469.29	541.10	492.05	550.31	572.37	325.72	490.35
19	483.68	557.69	507.14	567.18	589.92	335.71	505.39
20	498.59	574.88	522.77	584.66	608.10	346.06	520.97
21	514.01	592.66	538.93	602.75	626.91	356.76	537.08
22	514.01	592.66	538.93	602.75	626.91	356.76	537.08
23	514.01	592.66	538.93	602.75	626.91	356.76	537.08
24	514.01	592.66	538.93	602.75	626.91	356.76	537.08
25	516.07	595.03	541.09	605.16	629.42	358.19	539.23
26	526.35	606.88	551.87	617.21	641.95	365.32	549.97
27	538.68	621.11	564.80	631.68	657.00	373.89	562.86
28	558.73	644.22	585.82	655.18	681.45	387.80	583.80
29	575.18	663.18	603.07	674.47	701.51	399.22	600.99
30	583.40	672.67	611.69	684.12	711.54	404.92	609.58
31	595.74	686.89	624.62	698.58	726.59	413.49	622.47
32	608.07	701.11	637.56	713.05	741.63	422.05	635.36
33	615.78	710.00	645.64	722.09	751.04	427.40	643.42
34	624.01	719.49	654.27	731.73	761.07	433.11	652.01
35	628.12	724.23	658.58	736.55	766.08	435.96	656.31
36	632.23	728.97	662.89	741.38	771.10	438.82	660.61
37	636.34	733.71	667.20	746.20	776.11	441.67	664.90
38	640.46	738.45	671.51	751.02	781.13	444.52	669.20
39	648.68	747.93	680.13	760.66	791.16	450.23	677.79
40	656.90	757.42	688.76	770.31	801.19	455.94	686.38
41	669.24	771.64	701.69	784.77	816.23	464.50	699.27
42	681.06	785.27	714.09	798.64	830.65	472.71	711.63
43	697.51	804.24	731.33	817.93	850.71	484.12	728.81
44	718.07	827.94	752.89	842.04	875.79	498.39	750.30
45	742.23	855.80	778.22	870.36	905.25	515.16	775.54
46	771.01	888.99	808.40	904.12	940.36	535.14	805.62
47	803.40	926.32	842.35	942.09	979.86	557.62	839.45
48	840.40	969.00	881.16	985.49	1,024.99	583.30	878.12
49	876.90	1,011.07	919.42	1,028.28	1,069.50	608.63	916.25
50	918.02	1,058.49	962.54	1,076.50	1,119.66	637.17	959.22
51	958.63	1,105.31	1,005.11	1,124.12	1,169.18	665.36	1,001.65
52	1,003.35	1,156.87	1,052.00	1,176.56	1,223.72	696.40	1,048.38
53	1,048.58	1,209.02	1,099.43	1,229.60	1,278.89	727.79	1,095.64
54	1,097.41	1,265.32	1,150.62	1,286.86	1,338.45	761.68	1,146.66
55	1,146.24	1,321.63	1,201.82	1,344.12	1,398.00	795.58	1,197.68
56	1,199.18	1,382.67	1,257.33	1,406.20	1,462.58	832.32	1,253.00
57	1,252.64	1,444.31	1,313.38	1,468.89	1,527.77	869.43	1,308.86
58	1,309.69	1,510.09	1,373.20	1,535.79	1,597.36	909.03	1,368.47
59	1,337.97	1,542.69	1,402.85	1,568.95	1,631.84	928.65	1,398.01
60	1,395.02	1,608.47	1,462.67	1,635.85	1,701.43	968.25	1,457.63
61	1,444.37	1,665.37	1,514.40	1,693.71	1,761.61	1,002.50	1,509.19
62	1,476.75	1,702.71	1,548.36	1,731.69	1,801.11	1,024.97	1,543.02
63	1,517.35	1,749.53	1,590.93	1,779.30	1,850.63	1,053.16	1,585.45
64+	1,542.03	1,777.98	1,616.79	1,808.25	1,880.73	1,070.28	1,611.24

2027 Monthly rates
Rate Area 10

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$292.00	$298.99	$307.76	$311.10	$360.12	$343.19	$383.62
15	317.95	325.57	335.12	338.75	392.13	373.69	417.72
16	327.88	335.73	345.58	349.32	404.37	385.36	430.76
17	337.80	345.90	356.04	359.90	416.61	397.02	443.80
18	348.49	356.84	367.30	371.28	429.79	409.58	457.84
19	359.17	367.78	378.57	382.67	442.97	422.14	471.88
20	370.24	379.12	390.23	394.46	456.63	435.15	486.43
21	381.69	390.84	402.30	406.66	470.75	448.61	501.47
22	381.69	390.84	402.30	406.66	470.75	448.61	501.47
23	381.69	390.84	402.30	406.66	470.75	448.61	501.47
24	381.69	390.84	402.30	406.66	470.75	448.61	501.47
25	383.22	392.41	403.91	408.29	472.63	450.41	503.48
26	390.86	400.22	411.96	416.42	482.05	459.38	513.50
27	400.02	409.60	421.61	426.18	493.34	470.15	525.54
28	414.90	424.85	437.30	442.04	511.70	487.64	545.10
29	427.12	437.35	450.18	455.06	526.77	502.00	561.14
30	433.22	443.61	456.61	461.56	534.30	509.17	569.17
31	442.38	452.99	466.27	471.32	545.60	519.94	581.20
32	451.55	462.37	475.92	481.08	556.89	530.71	593.24
33	457.27	468.23	481.96	487.18	563.96	537.44	600.76
34	463.38	474.48	488.39	493.69	571.49	544.62	608.78
35	466.43	477.61	491.61	496.94	575.25	548.20	612.80
36	469.48	480.74	494.83	500.19	579.02	551.79	616.81
37	472.54	483.86	498.05	503.45	582.79	555.38	620.82
38	475.59	486.99	501.27	506.70	586.55	558.97	624.83
39	481.70	493.24	507.70	513.21	594.08	566.15	632.85
40	487.81	499.50	514.14	519.71	601.62	573.33	640.88
41	496.97	508.88	523.80	529.47	612.91	584.09	652.91
42	505.75	517.87	533.05	538.83	623.74	594.41	664.45
43	517.96	530.37	545.92	551.84	638.80	608.77	680.49
44	533.23	546.01	562.02	568.11	657.63	626.71	700.55
45	551.17	564.38	580.92	587.22	679.76	647.80	724.12
46	572.54	586.26	603.45	609.99	706.12	672.92	752.20
47	596.59	610.89	628.80	635.61	735.78	701.18	783.80
48	624.07	639.03	657.76	664.89	769.67	733.48	819.90
49	651.17	666.78	686.33	693.77	803.10	765.33	855.51
50	681.71	698.04	718.51	726.30	840.76	801.22	895.62
51	711.86	728.92	750.29	758.43	877.94	836.66	935.24
52	745.07	762.92	785.29	793.81	918.90	875.69	978.87
53	778.66	797.32	820.70	829.59	960.33	915.17	1,023.00
54	814.92	834.45	858.91	868.22	1,005.05	957.79	1,070.64
55	851.18	871.58	897.13	906.86	1,049.77	1,000.40	1,118.28
56	890.49	911.84	938.57	948.74	1,098.25	1,046.61	1,169.93
57	930.19	952.48	980.41	991.04	1,147.21	1,093.27	1,222.08
58	972.56	995.87	1,025.07	1,036.18	1,199.46	1,143.06	1,277.74
59	993.55	1,017.36	1,047.19	1,058.54	1,225.36	1,167.74	1,305.33
60	1,035.92	1,060.75	1,091.85	1,103.68	1,277.61	1,217.53	1,360.99
61	1,072.56	1,098.27	1,130.47	1,142.72	1,322.80	1,260.60	1,409.13
62	1,096.61	1,122.89	1,155.81	1,168.34	1,352.46	1,288.86	1,440.72
63	1,126.76	1,153.77	1,187.60	1,200.47	1,389.65	1,324.30	1,480.34
64+	1,145.07	1,172.52	1,206.90	1,219.98	1,412.25	1,345.83	1,504.41

2027 Monthly rates
Rate Area 10

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$362.58	$418.06	$380.16	$425.18	$442.22	$251.66	$378.85
15	394.81	455.22	413.96	462.97	481.53	274.03	412.53
16	407.13	469.43	426.88	477.42	496.56	282.58	425.41
17	419.46	483.64	439.80	491.87	511.59	291.13	438.28
18	432.73	498.94	453.71	507.43	527.77	300.35	452.15
19	446.00	514.24	467.63	522.99	543.96	309.56	466.02
20	459.74	530.09	482.04	539.11	560.72	319.10	480.38
21	473.96	546.48	496.95	555.79	578.07	328.97	495.23
22	473.96	546.48	496.95	555.79	578.07	328.97	495.23
23	473.96	546.48	496.95	555.79	578.07	328.97	495.23
24	473.96	546.48	496.95	555.79	578.07	328.97	495.23
25	475.86	548.67	498.93	558.01	580.38	330.28	497.22
26	485.34	559.60	508.87	569.12	591.94	336.86	507.12
27	496.71	572.72	520.80	582.46	605.81	344.76	519.01
28	515.20	594.03	540.18	604.14	628.36	357.59	538.32
29	530.36	611.52	556.08	621.92	646.86	368.11	554.17
30	537.95	620.26	564.03	630.82	656.10	373.38	562.09
31	549.32	633.38	575.96	644.16	669.98	381.27	573.98
32	560.70	646.49	587.89	657.49	683.85	389.17	585.86
33	567.81	654.69	595.34	665.83	692.52	394.10	593.29
34	575.39	663.43	603.29	674.72	701.77	399.36	601.21
35	579.18	667.80	607.27	679.17	706.40	402.00	605.18
36	582.97	672.18	611.24	683.62	711.02	404.63	609.14
37	586.77	676.55	615.22	688.06	715.65	407.26	613.10
38	590.56	680.92	619.19	692.51	720.27	409.89	617.06
39	598.14	689.66	627.15	701.40	729.52	415.15	624.99
40	605.72	698.41	635.10	710.29	738.77	420.42	632.91
41	617.10	711.52	647.02	723.63	752.64	428.31	644.79
42	628.00	724.09	658.45	736.42	765.94	435.88	656.19
43	643.17	741.58	674.36	754.20	784.44	446.41	672.03
44	662.13	763.44	694.23	776.43	807.56	459.57	691.84
45	684.40	789.12	717.59	802.55	834.73	475.03	715.12
46	710.94	819.73	745.42	833.68	867.10	493.45	742.85
47	740.80	854.15	776.73	868.69	903.52	514.17	774.05
48	774.93	893.50	812.51	908.71	945.14	537.86	809.71
49	808.58	932.30	847.79	948.17	986.18	561.22	844.87
50	846.50	976.02	887.55	992.63	1,032.43	587.53	884.49
51	883.94	1,019.19	926.80	1,036.54	1,078.09	613.52	923.61
52	925.18	1,066.74	970.04	1,084.89	1,128.38	642.14	966.70
53	966.88	1,114.83	1,013.77	1,133.80	1,179.25	671.09	1,010.28
54	1,011.91	1,166.74	1,060.98	1,186.60	1,234.17	702.34	1,057.32
55	1,056.94	1,218.66	1,108.19	1,239.40	1,289.09	733.59	1,104.37
56	1,105.76	1,274.95	1,159.38	1,296.65	1,348.63	767.48	1,155.38
57	1,155.05	1,331.78	1,211.06	1,354.45	1,408.75	801.69	1,206.89
58	1,207.66	1,392.44	1,266.22	1,416.14	1,472.91	838.20	1,261.86
59	1,233.73	1,422.50	1,293.55	1,446.71	1,504.71	856.30	1,289.09
60	1,286.34	1,483.16	1,348.71	1,508.40	1,568.87	892.81	1,344.07
61	1,331.84	1,535.62	1,396.42	1,561.76	1,624.36	924.39	1,391.61
62	1,361.70	1,570.05	1,427.73	1,596.77	1,660.78	945.12	1,422.81
63	1,399.14	1,613.22	1,466.98	1,640.68	1,706.45	971.11	1,461.93
64+	1,421.88	1,639.44	1,490.85	1,667.37	1,734.21	986.91	1,485.69

2027 Monthly rates
Rate Area 11

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$278.26	$284.92	$293.28	$296.46	$343.18	$327.04	$365.57
15	302.99	310.25	319.35	322.81	373.68	356.11	398.07
16	312.45	319.93	329.31	332.88	385.34	367.22	410.49
17	321.90	329.62	339.28	342.96	397.01	378.34	422.92
18	332.09	340.05	350.02	353.81	409.57	390.31	436.30
19	342.27	350.48	360.75	364.66	422.13	402.28	449.68
20	352.82	361.28	371.87	375.90	435.14	414.68	463.54
21	363.73	372.45	383.37	387.53	448.59	427.50	477.87
22	363.73	372.45	383.37	387.53	448.59	427.50	477.87
23	363.73	372.45	383.37	387.53	448.59	427.50	477.87
24	363.73	372.45	383.37	387.53	448.59	427.50	477.87
25	365.19	373.94	384.90	389.08	450.39	429.21	479.78
26	372.46	381.39	392.57	396.83	459.36	437.76	489.34
27	381.19	390.33	401.77	406.13	470.13	448.02	500.81
28	395.38	404.85	416.72	421.24	487.62	464.69	519.45
29	407.02	416.77	428.99	433.64	501.98	478.37	534.74
30	412.84	422.73	435.12	439.84	509.16	485.21	542.38
31	421.57	431.67	444.33	449.14	519.92	495.47	553.85
32	430.30	440.61	453.53	458.44	530.69	505.73	565.32
33	435.75	446.19	459.28	464.26	537.42	512.15	572.49
34	441.57	452.15	465.41	470.46	544.59	518.99	580.14
35	444.48	455.13	468.48	473.56	548.18	522.41	583.96
36	447.39	458.11	471.55	476.66	551.77	525.83	587.78
37	450.30	461.09	474.61	479.76	555.36	529.25	591.60
38	453.21	464.07	477.68	482.86	558.95	532.67	595.43
39	459.03	470.03	483.81	489.06	566.13	539.51	603.07
40	464.85	475.99	489.95	495.26	573.30	546.35	610.72
41	473.58	484.93	499.15	504.56	584.07	556.61	622.19
42	481.95	493.50	507.97	513.47	594.39	566.44	633.18
43	493.59	505.41	520.23	525.87	608.74	580.12	648.47
44	508.13	520.31	535.57	541.37	626.69	597.22	667.59
45	525.23	537.82	553.59	559.59	647.77	617.31	690.05
46	545.60	558.67	575.06	581.29	672.89	641.25	716.81
47	568.51	582.14	599.21	605.70	701.15	668.18	746.91
48	594.70	608.96	626.81	633.60	733.45	698.96	781.32
49	620.53	635.40	654.03	661.12	765.30	729.32	815.25
50	649.63	665.20	684.70	692.12	801.19	763.52	853.48
51	678.36	694.62	714.99	722.74	836.63	797.29	891.23
52	710.01	727.02	748.34	756.45	875.66	834.48	932.80
53	742.01	759.80	782.07	790.55	915.13	872.10	974.86
54	776.57	795.18	818.50	827.37	957.75	912.71	1,020.25
55	811.12	830.56	854.92	864.18	1,000.37	953.33	1,065.65
56	848.59	868.93	894.40	904.10	1,046.57	997.36	1,114.87
57	886.42	907.66	934.27	944.40	1,093.23	1,041.82	1,164.57
58	926.79	949.00	976.83	987.42	1,143.02	1,089.27	1,217.62
59	946.80	969.49	997.91	1,008.73	1,167.69	1,112.78	1,243.90
60	987.17	1,010.83	1,040.47	1,051.74	1,217.49	1,160.24	1,296.94
61	1,022.09	1,046.58	1,077.27	1,088.95	1,260.55	1,201.28	1,342.82
62	1,045.00	1,070.05	1,101.42	1,113.36	1,288.81	1,228.21	1,372.92
63	1,073.74	1,099.47	1,131.71	1,143.98	1,324.25	1,261.98	1,410.68
64+	1,091.19	1,117.35	1,150.11	1,162.59	1,345.77	1,282.50	1,433.61

2027 Monthly rates
Rate Area 11

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$345.52	$398.39	$362.27	$405.17	$421.41	$239.82	$361.03
15	376.23	433.80	394.48	441.18	458.87	261.13	393.12
16	387.97	447.34	406.79	454.95	473.19	269.28	405.39
17	399.72	460.88	419.10	468.72	487.51	277.43	417.66
18	412.36	475.46	432.36	483.55	502.94	286.21	430.87
19	425.01	490.04	445.62	498.38	518.36	294.99	444.09
20	438.11	505.14	459.35	513.74	534.34	304.08	457.77
21	451.66	520.77	473.56	529.63	550.86	313.48	471.93
22	451.66	520.77	473.56	529.63	550.86	313.48	471.93
23	451.66	520.77	473.56	529.63	550.86	313.48	471.93
24	451.66	520.77	473.56	529.63	550.86	313.48	471.93
25	453.47	522.85	475.45	531.75	553.07	314.74	473.82
26	462.50	533.27	484.93	542.34	564.08	321.01	483.26
27	473.34	545.76	496.29	555.05	577.30	328.53	494.58
28	490.95	566.07	514.76	575.71	598.79	340.76	512.99
29	505.41	582.74	529.91	592.66	616.42	350.79	528.09
30	512.63	591.07	537.49	601.13	625.23	355.81	535.64
31	523.47	603.57	548.86	613.84	638.45	363.33	546.97
32	534.31	616.07	560.22	626.55	651.67	370.85	558.29
33	541.09	623.88	567.33	634.50	659.93	375.55	565.37
34	548.31	632.21	574.90	642.97	668.75	380.57	572.92
35	551.93	636.38	578.69	647.21	673.15	383.08	576.70
36	555.54	640.54	582.48	651.45	677.56	385.59	580.47
37	559.15	644.71	586.27	655.68	681.97	388.09	584.25
38	562.77	648.88	590.06	659.92	686.37	390.60	588.02
39	569.99	657.21	597.63	668.39	695.19	395.62	595.57
40	577.22	665.54	605.21	676.87	704.00	400.63	603.13
41	588.06	678.04	616.58	689.58	717.22	408.16	614.45
42	598.45	690.02	627.47	701.76	729.89	415.37	625.31
43	612.90	706.68	642.62	718.71	747.52	425.40	640.41
44	630.97	727.51	661.56	739.89	769.56	437.94	659.28
45	652.20	751.99	683.82	764.79	795.45	452.67	681.47
46	677.49	781.15	710.34	794.45	826.29	470.23	707.89
47	705.94	813.96	740.17	827.81	861.00	489.98	737.63
48	738.46	851.45	774.27	865.95	900.66	512.55	771.60
49	770.53	888.43	807.89	903.55	939.77	534.81	805.11
50	806.66	930.09	845.78	945.92	983.84	559.88	842.87
51	842.34	971.23	883.19	987.76	1,027.36	584.65	880.15
52	881.64	1,016.54	924.39	1,033.84	1,075.28	611.92	921.21
53	921.38	1,062.37	966.06	1,080.45	1,123.76	639.51	962.74
54	964.29	1,111.84	1,011.05	1,130.76	1,176.09	669.29	1,007.57
55	1,007.20	1,161.31	1,056.04	1,181.08	1,228.42	699.07	1,052.40
56	1,053.72	1,214.95	1,104.82	1,235.63	1,285.16	731.36	1,101.01
57	1,100.69	1,269.11	1,154.07	1,290.71	1,342.45	763.96	1,150.09
58	1,150.83	1,326.91	1,206.63	1,349.50	1,403.60	798.76	1,202.48
59	1,175.67	1,355.56	1,232.68	1,378.63	1,433.90	816.00	1,228.43
60	1,225.80	1,413.36	1,285.24	1,437.42	1,495.04	850.80	1,280.82
61	1,269.16	1,463.36	1,330.70	1,488.26	1,547.92	880.89	1,326.12
62	1,297.62	1,496.16	1,360.54	1,521.63	1,582.63	900.64	1,355.85
63	1,333.30	1,537.30	1,397.95	1,563.47	1,626.15	925.41	1,393.13
64+	1,354.98	1,562.31	1,420.68	1,588.89	1,652.58	940.44	1,415.79

2027 Monthly rates
Rate Area 12

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$307.67	$315.04	$324.28	$327.80	$379.45	$361.61	$404.22
15	335.02	343.05	353.11	356.93	413.18	393.75	440.15
16	345.48	353.76	364.13	368.08	426.08	406.04	453.89
17	355.93	364.46	375.15	379.22	438.98	418.33	467.62
18	367.19	375.99	387.02	391.21	452.86	431.57	482.42
19	378.46	387.53	398.89	403.21	466.75	444.80	497.21
20	390.12	399.47	411.18	415.64	481.14	458.51	512.54
21	402.18	411.82	423.90	428.49	496.02	472.69	528.39
22	402.18	411.82	423.90	428.49	496.02	472.69	528.39
23	402.18	411.82	423.90	428.49	496.02	472.69	528.39
24	402.18	411.82	423.90	428.49	496.02	472.69	528.39
25	403.79	413.47	425.59	430.21	498.00	474.58	530.50
26	411.84	421.71	434.07	438.78	507.92	484.04	541.07
27	421.49	431.59	444.24	449.06	519.83	495.38	553.75
28	437.17	447.65	460.78	465.77	539.17	513.82	574.36
29	450.04	460.83	474.34	479.48	555.04	528.94	591.27
30	456.48	467.42	481.12	486.34	562.98	536.51	599.72
31	466.13	477.30	491.30	496.62	574.88	547.85	612.40
32	475.78	487.19	501.47	506.91	586.79	559.20	625.08
33	481.82	493.36	507.83	513.33	594.23	566.29	633.01
34	488.25	499.95	514.61	520.19	602.17	573.85	641.46
35	491.47	503.25	518.00	523.62	606.13	577.63	645.69
36	494.69	506.54	521.39	527.05	610.10	581.41	649.92
37	497.90	509.84	524.79	530.47	614.07	585.19	654.15
38	501.12	513.13	528.18	533.90	618.04	588.98	658.37
39	507.56	519.72	534.96	540.76	625.97	596.54	666.83
40	513.99	526.31	541.74	547.61	633.91	604.10	675.28
41	523.64	536.19	551.91	557.90	645.81	615.45	687.96
42	532.89	545.67	561.66	567.75	657.22	626.32	700.12
43	545.76	558.84	575.23	581.46	673.10	641.45	717.02
44	561.85	575.32	592.19	598.60	692.94	660.35	738.16
45	580.75	594.67	612.11	618.74	716.25	682.57	762.99
46	603.28	617.73	635.85	642.74	744.03	709.04	792.58
47	628.61	643.68	662.55	669.73	775.28	738.82	825.87
48	657.57	673.33	693.07	700.59	810.99	772.85	863.92
49	686.13	702.57	723.17	731.01	846.21	806.42	901.43
50	718.30	735.52	757.08	765.29	885.89	844.23	943.70
51	750.07	768.05	790.57	799.14	925.07	881.57	985.45
52	785.06	803.88	827.45	836.42	968.23	922.70	1,031.42
53	820.46	840.12	864.75	874.12	1,011.88	964.30	1,077.91
54	858.66	879.24	905.02	914.83	1,059.00	1,009.20	1,128.11
55	896.87	918.37	945.29	955.54	1,106.12	1,054.11	1,178.31
56	938.30	960.78	988.95	999.67	1,157.21	1,102.79	1,232.73
57	980.12	1,003.61	1,033.04	1,044.24	1,208.79	1,151.95	1,287.68
58	1,024.77	1,049.32	1,080.09	1,091.80	1,263.85	1,204.42	1,346.33
59	1,046.89	1,071.98	1,103.41	1,115.37	1,291.13	1,230.42	1,375.40
60	1,091.53	1,117.69	1,150.46	1,162.93	1,346.19	1,282.89	1,434.05
61	1,130.14	1,157.22	1,191.15	1,204.06	1,393.81	1,328.27	1,484.77
62	1,155.48	1,183.17	1,217.86	1,231.06	1,425.06	1,358.05	1,518.06
63	1,187.25	1,215.70	1,251.35	1,264.91	1,464.24	1,395.39	1,559.80
64+	1,206.54	1,235.46	1,271.70	1,285.47	1,488.06	1,418.07	1,585.17

2027 Monthly rates
Rate Area 12

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$382.05	$440.50	$400.57	$448.00	$465.96	$265.17	$399.19
15	416.00	479.66	436.18	487.82	507.38	288.74	434.67
16	428.99	494.63	449.79	503.05	523.21	297.75	448.24
17	441.97	509.60	463.41	518.27	539.05	306.76	461.81
18	455.96	525.72	478.07	534.67	556.11	316.47	476.42
19	469.94	541.85	492.73	551.07	573.16	326.17	491.03
20	484.42	558.55	507.91	568.05	590.82	336.23	506.16
21	499.41	575.82	523.62	585.62	609.10	346.62	521.82
22	499.41	575.82	523.62	585.62	609.10	346.62	521.82
23	499.41	575.82	523.62	585.62	609.10	346.62	521.82
24	499.41	575.82	523.62	585.62	609.10	346.62	521.82
25	501.40	578.12	525.72	587.96	611.53	348.01	523.91
26	511.39	589.64	536.19	599.68	623.71	354.94	534.34
27	523.38	603.46	548.76	613.73	638.33	363.26	546.87
28	542.85	625.92	569.18	636.57	662.09	376.78	567.22
29	558.83	644.34	585.93	655.31	681.58	387.87	583.91
30	566.83	653.56	594.31	664.68	691.32	393.42	592.26
31	578.81	667.38	606.88	678.73	705.94	401.74	604.79
32	590.80	681.19	619.45	692.79	720.56	410.06	617.31
33	598.29	689.83	627.30	701.57	729.70	415.26	625.14
34	606.28	699.05	635.68	710.94	739.44	420.80	633.49
35	610.27	703.65	639.87	715.63	744.32	423.58	637.66
36	614.27	708.26	644.06	720.31	749.19	426.35	641.84
37	618.26	712.86	648.24	725.00	754.06	429.12	646.01
38	622.26	717.47	652.43	729.68	758.93	431.89	650.19
39	630.25	726.68	660.81	739.05	768.68	437.44	658.54
40	638.24	735.90	669.19	748.42	778.43	442.99	666.88
41	650.23	749.72	681.76	762.48	793.04	451.31	679.41
42	661.71	762.96	693.80	775.95	807.05	459.28	691.41
43	677.69	781.39	710.56	794.69	826.54	470.37	708.11
44	697.67	804.42	731.50	818.11	850.91	484.23	728.98
45	721.14	831.48	756.11	845.64	879.54	500.53	753.51
46	749.11	863.73	785.43	878.43	913.64	519.94	782.73
47	780.57	900.01	818.42	915.33	952.02	541.77	815.60
48	816.53	941.47	856.12	957.49	995.87	566.73	853.17
49	851.99	982.35	893.30	999.07	1,039.12	591.34	890.22
50	891.94	1,028.41	935.19	1,045.92	1,087.85	619.07	931.97
51	931.39	1,073.90	976.56	1,092.18	1,135.97	646.46	973.19
52	974.84	1,124.00	1,022.11	1,143.13	1,188.96	676.61	1,018.59
53	1,018.79	1,174.67	1,068.19	1,194.67	1,242.56	707.11	1,064.51
54	1,066.23	1,229.38	1,117.93	1,250.30	1,300.42	740.04	1,114.08
55	1,113.67	1,284.08	1,167.68	1,305.93	1,358.29	772.97	1,163.66
56	1,165.11	1,343.39	1,221.61	1,366.25	1,421.02	808.68	1,217.40
57	1,217.05	1,403.27	1,276.07	1,427.16	1,484.37	844.72	1,271.67
58	1,272.49	1,467.19	1,334.19	1,492.16	1,551.98	883.20	1,329.59
59	1,299.95	1,498.86	1,362.99	1,524.37	1,585.48	902.26	1,358.29
60	1,355.39	1,562.77	1,421.11	1,589.37	1,653.09	940.74	1,416.22
61	1,403.33	1,618.05	1,471.38	1,645.59	1,711.56	974.02	1,466.31
62	1,434.79	1,654.33	1,504.37	1,682.49	1,749.93	995.85	1,499.18
63	1,474.25	1,699.82	1,545.73	1,728.75	1,798.05	1,023.24	1,540.41
64+	1,498.23	1,727.46	1,570.86	1,756.86	1,827.30	1,039.86	1,565.46

2027 Monthly rates
Rate Area 13

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$292.14	$299.14	$307.91	$311.24	$360.29	$343.35	$383.81
15	318.10	325.73	335.28	338.91	392.32	373.87	417.92
16	328.03	335.89	345.74	349.49	404.56	385.54	430.97
17	337.96	346.06	356.21	360.07	416.81	397.21	444.01
18	348.65	357.01	367.48	371.46	430.00	409.78	458.06
19	359.35	367.96	378.75	382.85	443.18	422.34	472.11
20	370.42	379.30	390.42	394.65	456.84	435.36	486.66
21	381.88	391.03	402.49	406.86	470.97	448.83	501.71
22	381.88	391.03	402.49	406.86	470.97	448.83	501.71
23	381.88	391.03	402.49	406.86	470.97	448.83	501.71
24	381.88	391.03	402.49	406.86	470.97	448.83	501.71
25	383.40	392.59	404.10	408.48	472.86	450.62	503.72
26	391.04	400.41	412.15	416.62	482.28	459.60	513.75
27	400.21	409.80	421.81	426.39	493.58	470.37	525.79
28	415.10	425.05	437.51	442.25	511.95	487.87	545.36
29	427.32	437.56	450.39	455.27	527.02	502.24	561.41
30	433.43	443.82	456.83	461.78	534.55	509.42	569.44
31	442.60	453.20	466.49	471.55	545.86	520.19	581.48
32	451.76	462.59	476.15	481.31	557.16	530.96	593.52
33	457.49	468.45	482.19	487.41	564.22	537.69	601.05
34	463.60	474.71	488.63	493.92	571.76	544.87	609.07
35	466.65	477.84	491.85	497.18	575.53	548.46	613.09
36	469.71	480.96	495.07	500.43	579.30	552.06	617.10
37	472.76	484.09	498.29	503.69	583.06	555.65	621.12
38	475.82	487.22	501.51	506.94	586.83	559.24	625.13
39	481.93	493.48	507.95	513.45	594.37	566.42	633.16
40	488.04	499.73	514.39	519.96	601.90	573.60	641.18
41	497.20	509.12	524.05	529.73	613.21	584.37	653.22
42	505.99	518.11	533.30	539.08	624.04	594.69	664.76
43	518.21	530.63	546.18	552.10	639.11	609.06	680.82
44	533.48	546.27	562.28	568.38	657.95	627.01	700.89
45	551.43	564.64	581.20	587.50	680.08	648.10	724.47
46	572.81	586.54	603.74	610.28	706.46	673.24	752.56
47	596.87	611.18	629.10	635.92	736.13	701.51	784.17
48	624.37	639.33	658.08	665.21	770.04	733.83	820.29
49	651.48	667.09	686.65	694.10	803.48	765.70	855.91
50	682.03	698.38	718.85	726.65	841.16	801.60	896.05
51	712.20	729.27	750.65	758.79	878.36	837.06	935.69
52	745.42	763.29	785.67	794.18	919.34	876.11	979.33
53	779.03	797.70	821.09	829.99	960.78	915.60	1,023.49
54	815.31	834.85	859.32	868.64	1,005.52	958.24	1,071.15
55	851.58	871.99	897.56	907.29	1,050.27	1,000.88	1,118.81
56	890.92	912.27	939.02	949.20	1,098.78	1,047.11	1,170.49
57	930.63	952.94	980.88	991.51	1,147.76	1,093.79	1,222.66
58	973.02	996.34	1,025.55	1,036.67	1,200.04	1,143.61	1,278.35
59	994.02	1,017.85	1,047.69	1,059.05	1,225.94	1,168.29	1,305.95
60	1,036.41	1,061.25	1,092.37	1,104.21	1,278.22	1,218.11	1,361.64
61	1,073.07	1,098.79	1,131.01	1,143.27	1,323.43	1,261.20	1,409.80
62	1,097.13	1,123.42	1,156.36	1,168.90	1,353.10	1,289.48	1,441.41
63	1,127.30	1,154.32	1,188.16	1,201.04	1,390.31	1,324.93	1,481.04
64+	1,145.64	1,173.09	1,207.47	1,220.58	1,412.91	1,346.49	1,505.13

2027 Monthly rates
Rate Area 13

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$362.75	$418.26	$380.34	$425.38	$442.43	$251.78	$379.03
15	395.00	455.44	414.15	463.19	481.76	274.16	412.73
16	407.33	469.65	427.08	477.65	496.79	282.72	425.61
17	419.66	483.87	440.01	492.10	511.83	291.27	438.49
18	432.93	499.18	453.93	507.67	528.03	300.49	452.36
19	446.21	514.49	467.85	523.24	544.22	309.70	466.24
20	459.96	530.34	482.27	539.37	560.99	319.25	480.61
21	474.19	546.74	497.18	556.05	578.34	329.12	495.47
22	474.19	546.74	497.18	556.05	578.34	329.12	495.47
23	474.19	546.74	497.18	556.05	578.34	329.12	495.47
24	474.19	546.74	497.18	556.05	578.34	329.12	495.47
25	476.09	548.93	499.17	558.27	580.65	330.44	497.45
26	485.57	559.87	509.12	569.40	592.22	337.02	507.36
27	496.95	572.99	521.05	582.74	606.10	344.92	519.25
28	515.44	594.31	540.44	604.43	628.66	357.76	538.58
29	530.62	611.81	556.35	622.22	647.16	368.29	554.43
30	538.20	620.55	564.30	631.12	656.42	373.55	562.36
31	549.58	633.68	576.23	644.46	670.30	381.45	574.25
32	560.97	646.80	588.17	657.81	684.18	389.35	586.14
33	568.08	655.00	595.62	666.15	692.85	394.29	593.57
34	575.66	663.75	603.58	675.05	702.11	399.55	601.50
35	579.46	668.12	607.56	679.49	706.73	402.19	605.46
36	583.25	672.50	611.53	683.94	711.36	404.82	609.43
37	587.05	676.87	615.51	688.39	715.99	407.45	613.39
38	590.84	681.24	619.49	692.84	720.61	410.09	617.36
39	598.43	689.99	627.44	701.74	729.87	415.35	625.28
40	606.01	698.74	635.40	710.63	739.12	420.62	633.21
41	617.39	711.86	647.33	723.98	753.00	428.52	645.10
42	628.30	724.44	658.77	736.77	766.30	436.09	656.50
43	643.47	741.93	674.68	754.56	784.81	446.62	672.35
44	662.44	763.80	694.56	776.80	807.94	459.78	692.17
45	684.73	789.50	717.93	802.94	835.12	475.25	715.46
46	711.28	820.12	745.77	834.08	867.51	493.68	743.20
47	741.16	854.56	777.10	869.11	903.95	514.42	774.42
48	775.30	893.93	812.89	909.14	945.59	538.11	810.09
49	808.97	932.75	848.19	948.62	986.65	561.48	845.27
50	846.90	976.49	887.97	993.11	1,032.92	587.81	884.91
51	884.36	1,019.68	927.25	1,037.03	1,078.61	613.81	924.05
52	925.62	1,067.24	970.50	1,085.41	1,128.92	642.45	967.16
53	967.34	1,115.36	1,014.25	1,134.34	1,179.82	671.41	1,010.76
54	1,012.39	1,167.30	1,061.48	1,187.17	1,234.76	702.68	1,057.83
55	1,057.44	1,219.24	1,108.72	1,239.99	1,289.70	733.94	1,104.90
56	1,106.28	1,275.55	1,159.93	1,297.27	1,349.27	767.84	1,155.93
57	1,155.60	1,332.42	1,211.63	1,355.09	1,409.42	802.07	1,207.46
58	1,208.23	1,393.10	1,266.82	1,416.82	1,473.61	838.60	1,262.46
59	1,234.31	1,423.18	1,294.17	1,447.40	1,505.42	856.71	1,289.71
60	1,286.95	1,483.86	1,349.35	1,509.12	1,569.62	893.24	1,344.71
61	1,332.47	1,536.35	1,397.08	1,562.50	1,625.14	924.83	1,392.27
62	1,362.34	1,570.80	1,428.41	1,597.53	1,661.57	945.57	1,423.48
63	1,399.80	1,613.99	1,467.68	1,641.46	1,707.26	971.57	1,462.63
64+	1,422.57	1,640.22	1,491.54	1,668.15	1,735.02	987.36	1,486.41

2027 Monthly rates
Rate Area 14

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$279.56	$286.26	$294.65	$297.84	$344.78	$328.57	$367.28
15	304.41	311.70	320.84	324.32	375.43	357.77	399.93
16	313.91	321.43	330.85	334.44	387.14	368.94	412.41
17	323.41	331.16	340.87	344.56	398.86	380.11	424.89
18	333.64	341.64	351.65	355.46	411.48	392.13	438.33
19	343.87	352.11	362.44	366.37	424.10	404.16	451.78
20	354.47	362.96	373.61	377.66	437.17	416.61	465.70
21	365.43	374.19	385.16	389.34	450.69	429.50	480.10
22	365.43	374.19	385.16	389.34	450.69	429.50	480.10
23	365.43	374.19	385.16	389.34	450.69	429.50	480.10
24	365.43	374.19	385.16	389.34	450.69	429.50	480.10
25	366.89	375.69	386.70	390.89	452.49	431.22	482.02
26	374.20	383.17	394.41	398.68	461.51	439.81	491.63
27	382.97	392.15	403.65	408.02	472.32	450.11	503.15
28	397.22	406.74	418.67	423.21	489.90	466.86	521.87
29	408.92	418.72	431.00	435.67	504.32	480.61	537.24
30	414.77	424.71	437.16	441.90	511.53	487.48	544.92
31	423.54	433.69	446.40	451.24	522.35	497.79	556.44
32	432.31	442.67	455.65	460.58	533.17	508.10	567.96
33	437.79	448.28	461.42	466.42	539.93	514.54	575.16
34	443.63	454.27	467.59	472.65	547.14	521.41	582.85
35	446.56	457.26	470.67	475.77	550.74	524.85	586.69
36	449.48	460.25	473.75	478.88	554.35	528.28	590.53
37	452.41	463.25	476.83	482.00	557.96	531.72	594.37
38	455.33	466.24	479.91	485.11	561.56	535.15	598.21
39	461.18	472.23	486.07	491.34	568.77	542.03	605.89
40	467.02	478.21	492.24	497.57	575.98	548.90	613.57
41	475.79	487.20	501.48	506.92	586.80	559.21	625.10
42	484.20	495.80	510.34	515.87	597.17	569.09	636.14
43	495.89	507.78	522.66	528.33	611.59	582.83	651.50
44	510.51	522.74	538.07	543.90	629.61	600.01	670.70
45	527.68	540.33	556.17	562.20	650.80	620.20	693.27
46	548.15	561.28	577.74	584.00	676.04	644.25	720.16
47	571.17	584.86	602.01	608.53	704.43	671.31	750.40
48	597.48	611.80	629.74	636.56	736.88	702.23	784.97
49	623.43	638.37	657.08	664.21	768.88	732.72	819.06
50	652.66	668.30	687.90	695.35	804.93	767.08	857.47
51	681.53	697.86	718.33	726.11	840.54	801.01	895.39
52	713.32	730.42	751.83	759.98	879.75	838.38	937.16
53	745.48	763.35	785.73	794.25	919.41	876.18	979.41
54	780.20	798.90	822.32	831.23	962.22	916.98	1,025.02
55	814.91	834.44	858.91	868.22	1,005.04	957.78	1,070.63
56	852.55	872.98	898.58	908.32	1,051.46	1,002.02	1,120.08
57	890.56	911.90	938.64	948.81	1,098.33	1,046.69	1,170.01
58	931.12	953.44	981.39	992.03	1,148.36	1,094.36	1,223.30
59	951.22	974.02	1,002.57	1,013.44	1,173.15	1,117.98	1,249.71
60	991.78	1,015.55	1,045.33	1,056.66	1,223.17	1,165.66	1,303.00
61	1,026.86	1,051.47	1,082.30	1,094.03	1,266.44	1,206.89	1,349.09
62	1,049.89	1,075.05	1,106.57	1,118.56	1,294.83	1,233.95	1,379.34
63	1,078.76	1,104.61	1,137.00	1,149.32	1,330.44	1,267.88	1,417.27
64+	1,096.29	1,122.57	1,155.48	1,168.02	1,352.07	1,288.50	1,440.30

2027 Monthly rates
Rate Area 14

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$347.13	$400.25	$363.97	$407.06	$423.38	$240.94	$362.71
15	377.99	435.83	396.32	443.24	461.01	262.35	394.95
16	389.79	449.43	408.69	457.08	475.40	270.54	407.28
17	401.59	463.03	421.06	470.91	489.79	278.73	419.61
18	414.29	477.68	434.38	485.81	505.29	287.55	432.88
19	427.00	492.33	447.70	500.71	520.78	296.37	446.16
20	440.16	507.50	461.50	516.14	536.83	305.50	459.91
21	453.77	523.20	475.77	532.11	553.44	314.95	474.13
22	453.77	523.20	475.77	532.11	553.44	314.95	474.13
23	453.77	523.20	475.77	532.11	553.44	314.95	474.13
24	453.77	523.20	475.77	532.11	553.44	314.95	474.13
25	455.58	525.29	477.68	534.23	555.65	316.21	476.03
26	464.66	535.76	487.19	544.88	566.72	322.51	485.51
27	475.55	548.31	498.61	557.65	580.00	330.07	496.89
28	493.25	568.72	517.17	578.40	601.59	342.35	515.38
29	507.77	585.46	532.39	595.43	619.30	352.43	530.56
30	515.03	593.83	540.00	603.94	628.15	357.47	538.14
31	525.92	606.39	551.42	616.71	641.43	365.03	549.52
32	536.81	618.95	562.84	629.48	654.72	372.59	560.90
33	543.62	626.79	569.98	637.46	663.02	377.31	568.01
34	550.88	635.17	577.59	645.98	671.87	382.35	575.60
35	554.51	639.35	581.39	650.23	676.30	384.87	579.39
36	558.14	643.54	585.20	654.49	680.73	387.39	583.18
37	561.77	647.72	589.01	658.75	685.15	389.91	586.98
38	565.40	651.91	592.81	663.00	689.58	392.43	590.77
39	572.66	660.28	600.43	671.52	698.44	397.47	598.36
40	579.92	668.65	608.04	680.03	707.29	402.51	605.94
41	590.81	681.21	619.46	692.80	720.57	410.06	617.32
42	601.24	693.24	630.40	705.04	733.30	417.31	628.23
43	615.76	709.98	645.62	722.07	751.01	427.39	643.40
44	633.92	730.91	664.65	743.35	773.15	439.98	662.37
45	655.24	755.50	687.02	768.36	799.16	454.79	684.65
46	680.65	784.80	713.66	798.16	830.15	472.42	711.20
47	709.24	817.76	743.63	831.68	865.02	492.27	741.07
48	741.91	855.43	777.89	869.99	904.87	514.94	775.21
49	774.13	892.58	811.67	907.77	944.16	537.30	808.87
50	810.43	934.44	849.73	950.34	988.44	562.50	846.80
51	846.28	975.77	887.32	992.38	1,032.16	587.38	884.26
52	885.76	1,021.29	928.71	1,038.67	1,080.31	614.78	925.51
53	925.69	1,067.33	970.58	1,085.50	1,129.01	642.50	967.23
54	968.80	1,117.03	1,015.78	1,136.05	1,181.59	672.42	1,012.28
55	1,011.90	1,166.74	1,060.97	1,186.60	1,234.16	702.34	1,057.32
56	1,058.64	1,220.63	1,109.98	1,241.40	1,291.17	734.78	1,106.15
57	1,105.83	1,275.04	1,159.46	1,296.74	1,348.72	767.53	1,155.46
58	1,156.20	1,333.11	1,212.27	1,355.81	1,410.16	802.49	1,208.09
59	1,181.16	1,361.89	1,238.44	1,385.07	1,440.59	819.81	1,234.17
60	1,231.53	1,419.97	1,291.25	1,444.13	1,502.03	854.77	1,286.80
61	1,275.09	1,470.19	1,336.92	1,495.22	1,555.16	885.01	1,332.32
62	1,303.68	1,503.15	1,366.90	1,528.74	1,590.02	904.85	1,362.19
63	1,339.53	1,544.49	1,404.48	1,570.78	1,633.74	929.73	1,399.64
64+	1,361.31	1,569.60	1,427.31	1,596.33	1,660.32	944.85	1,422.39

2027 Monthly rates
Rate Area 15

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$230.18	$235.69	$242.60	$245.23	$283.88	$270.53	$302.41
15	250.64	256.64	264.17	267.03	309.11	294.58	329.29
16	258.46	264.65	272.41	275.37	318.76	303.77	339.56
17	266.28	272.66	280.66	283.70	328.41	312.97	349.84
18	274.71	281.29	289.54	292.68	338.80	322.87	360.91
19	283.13	289.92	298.42	301.65	349.19	332.77	371.98
20	291.86	298.85	307.62	310.95	359.95	343.03	383.44
21	300.89	308.10	317.13	320.57	371.08	353.64	395.30
22	300.89	308.10	317.13	320.57	371.08	353.64	395.30
23	300.89	308.10	317.13	320.57	371.08	353.64	395.30
24	300.89	308.10	317.13	320.57	371.08	353.64	395.30
25	302.09	309.33	318.40	321.85	372.57	355.05	396.88
26	308.11	315.49	324.74	328.26	379.99	362.12	404.79
27	315.33	322.88	332.35	335.95	388.90	370.61	414.28
28	327.06	334.90	344.72	348.46	403.37	384.40	429.69
29	336.69	344.76	354.87	358.71	415.24	395.72	442.34
30	341.50	349.69	359.94	363.84	421.18	401.38	448.67
31	348.73	357.08	367.55	371.54	430.09	409.86	458.15
32	355.95	364.48	375.16	379.23	438.99	418.35	467.64
33	360.46	369.10	379.92	384.04	444.56	423.65	473.57
34	365.27	374.03	384.99	389.17	450.50	429.31	479.90
35	367.68	376.49	387.53	391.73	453.46	432.14	483.06
36	370.09	378.96	390.07	394.30	456.43	434.97	486.22
37	372.50	381.42	392.61	396.86	459.40	437.80	489.38
38	374.90	383.89	395.14	399.43	462.37	440.63	492.55
39	379.72	388.82	400.22	404.56	468.31	446.29	498.87
40	384.53	393.75	405.29	409.68	474.25	451.95	505.20
41	391.75	401.14	412.90	417.38	483.15	460.43	514.68
42	398.67	408.23	420.20	424.75	491.69	468.57	523.78
43	408.30	418.09	430.34	435.01	503.56	479.88	536.42
44	420.34	430.41	443.03	447.83	518.40	494.03	552.24
45	434.48	444.89	457.93	462.90	535.85	510.65	570.82
46	451.33	462.14	475.69	480.85	556.63	530.45	592.95
47	470.28	481.55	495.67	501.05	580.00	552.73	617.86
48	491.95	503.74	518.51	524.13	606.72	578.19	646.32
49	513.31	525.61	541.02	546.89	633.07	603.30	674.39
50	537.38	550.26	566.39	572.53	662.76	631.59	706.01
51	561.15	574.60	591.45	597.86	692.07	659.53	737.24
52	587.33	601.40	619.04	625.75	724.36	690.30	771.63
53	613.81	628.52	646.94	653.96	757.01	721.42	806.42
54	642.39	657.78	677.07	684.41	792.26	755.01	843.97
55	670.97	687.05	707.20	714.86	827.52	788.61	881.52
56	701.96	718.79	739.86	747.88	865.74	825.03	922.24
57	733.26	750.83	772.84	781.22	904.33	861.81	963.35
58	766.66	785.03	808.05	816.80	945.52	901.06	1,007.23
59	783.20	801.97	825.49	834.44	965.93	920.51	1,028.97
60	816.60	836.17	860.69	870.02	1,007.12	959.77	1,072.85
61	845.49	865.75	891.13	900.79	1,042.75	993.71	1,110.80
62	864.44	885.16	911.11	920.99	1,066.12	1,015.99	1,135.70
63	888.21	909.50	936.17	946.31	1,095.44	1,043.93	1,166.93
64+	902.67	924.30	951.39	961.71	1,113.24	1,060.92	1,185.90

2027 Monthly rates
Rate Area 15

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$285.82	$329.55	$299.68	$335.16	$348.60	$198.38	$298.65
15	311.22	358.84	326.32	364.95	379.58	216.01	325.19
16	320.94	370.05	336.50	376.34	391.43	222.76	335.34
17	330.65	381.25	346.69	387.74	403.28	229.50	345.49
18	341.11	393.31	357.66	400.00	416.04	236.76	356.42
19	351.58	405.37	368.62	412.27	428.80	244.02	367.35
20	362.41	417.86	379.98	424.98	442.01	251.54	378.67
21	373.62	430.79	391.74	438.12	455.68	259.32	390.39
22	373.62	430.79	391.74	438.12	455.68	259.32	390.39
23	373.62	430.79	391.74	438.12	455.68	259.32	390.39
24	373.62	430.79	391.74	438.12	455.68	259.32	390.39
25	375.11	432.51	393.30	439.87	457.50	260.36	391.95
26	382.59	441.13	401.14	448.63	466.62	265.54	399.76
27	391.55	451.46	410.54	459.15	477.55	271.77	409.13
28	406.12	468.26	425.82	476.23	495.33	281.88	424.35
29	418.08	482.05	438.35	490.25	509.91	290.18	436.84
30	424.06	488.94	444.62	497.26	517.20	294.33	443.09
31	433.02	499.28	454.02	507.78	528.14	300.55	452.46
32	441.99	509.62	463.42	518.29	539.07	306.77	461.83
33	447.60	516.08	469.30	524.87	545.91	310.66	467.68
34	453.57	522.97	475.57	531.88	553.20	314.81	473.93
35	456.56	526.42	478.70	535.38	556.84	316.89	477.05
36	459.55	529.87	481.84	538.89	560.49	318.96	480.18
37	462.54	533.31	484.97	542.39	564.13	321.04	483.30
38	465.53	536.76	488.10	545.90	567.78	323.11	486.42
39	471.51	543.65	494.37	552.91	575.07	327.26	492.67
40	477.48	550.54	500.64	559.92	582.36	331.41	498.91
41	486.45	560.88	510.04	570.43	593.30	337.63	508.28
42	495.04	570.79	519.05	580.51	603.78	343.60	517.26
43	507.00	584.58	531.59	594.53	618.36	351.90	529.75
44	521.95	601.81	547.26	612.05	636.59	362.27	545.37
45	539.51	622.06	565.67	632.64	658.00	374.46	563.72
46	560.43	646.18	587.60	657.18	683.52	388.98	585.58
47	583.97	673.32	612.28	684.78	712.23	405.32	610.17
48	610.87	704.34	640.49	716.32	745.04	423.99	638.28
49	637.39	734.92	668.30	747.43	777.39	442.40	666.00
50	667.28	769.38	699.64	782.48	813.85	463.14	697.23
51	696.80	803.42	730.59	817.09	849.85	483.63	728.07
52	729.30	840.89	764.67	855.21	889.49	506.19	762.03
53	762.18	878.80	799.14	893.76	929.59	529.01	796.39
54	797.68	919.73	836.36	935.38	972.88	553.65	833.48
55	833.17	960.65	873.57	977.00	1,016.17	578.28	870.56
56	871.65	1,005.02	913.92	1,022.13	1,063.11	604.99	910.77
57	910.51	1,049.83	954.66	1,067.70	1,110.50	631.96	951.37
58	951.98	1,097.64	998.14	1,116.33	1,161.08	660.75	994.70
59	972.53	1,121.34	1,019.69	1,140.42	1,186.14	675.01	1,016.18
60	1,014.00	1,169.15	1,063.17	1,189.05	1,236.72	703.79	1,059.51
61	1,049.87	1,210.51	1,100.78	1,231.11	1,280.47	728.69	1,096.99
62	1,073.41	1,237.65	1,125.46	1,258.71	1,309.17	745.02	1,121.58
63	1,102.92	1,271.68	1,156.40	1,293.33	1,345.17	765.51	1,152.42
64+	1,120.86	1,292.37	1,175.22	1,314.36	1,367.04	777.96	1,171.17

2027 Monthly rates
Rate Area 16

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$235.32	$240.96	$248.02	$250.71	$290.22	$276.58	$309.16
15	256.24	262.38	270.07	273.00	316.02	301.16	336.64
16	264.23	270.57	278.50	281.52	325.88	310.56	347.15
17	272.23	278.76	286.93	290.04	335.75	319.96	357.66
18	280.85	287.58	296.01	299.22	346.37	330.08	368.97
19	289.46	296.40	305.09	308.39	356.99	340.21	380.29
20	298.38	305.53	314.49	317.90	367.99	350.69	392.01
21	307.61	314.98	324.21	327.73	379.37	361.54	404.13
22	307.61	314.98	324.21	327.73	379.37	361.54	404.13
23	307.61	314.98	324.21	327.73	379.37	361.54	404.13
24	307.61	314.98	324.21	327.73	379.37	361.54	404.13
25	308.84	316.24	325.51	329.04	380.89	362.98	405.75
26	314.99	322.54	332.00	335.59	388.48	370.21	413.83
27	322.37	330.10	339.78	343.46	397.58	378.89	423.53
28	334.37	342.38	352.42	356.24	412.38	392.99	439.29
29	344.21	352.46	362.80	366.73	424.52	404.56	452.23
30	349.13	357.50	367.98	371.97	430.59	410.34	458.69
31	356.52	365.06	375.76	379.84	439.70	419.02	468.39
32	363.90	372.62	383.55	387.70	448.80	427.70	478.09
33	368.51	377.35	388.41	392.62	454.49	433.12	484.15
34	373.44	382.38	393.60	397.86	460.56	438.90	490.62
35	375.90	384.90	396.19	400.48	463.60	441.80	493.85
36	378.36	387.42	398.78	403.11	466.63	444.69	497.08
37	380.82	389.94	401.38	405.73	469.67	447.58	500.32
38	383.28	392.46	403.97	408.35	472.70	450.47	503.55
39	388.20	397.50	409.16	413.59	478.77	456.26	510.02
40	393.12	402.54	414.35	418.84	484.84	462.04	516.48
41	400.50	410.10	422.13	426.70	493.95	470.72	526.18
42	407.58	417.35	429.58	434.24	502.67	479.04	535.48
43	417.42	427.43	439.96	444.73	514.81	490.60	548.41
44	429.73	440.03	452.93	457.84	529.99	505.07	564.58
45	444.19	454.83	468.17	473.24	547.82	522.06	583.57
46	461.41	472.47	486.32	491.59	569.06	542.30	606.20
47	480.79	492.31	506.75	512.24	592.96	565.08	631.66
48	502.94	514.99	530.09	535.84	620.28	591.11	660.76
49	524.78	537.35	553.11	559.11	647.21	616.78	689.45
50	549.39	562.55	579.05	585.32	677.56	645.70	721.78
51	573.69	587.44	604.66	611.21	707.53	674.26	753.71
52	600.45	614.84	632.87	639.73	740.54	705.72	788.87
53	627.52	642.56	661.40	668.57	773.92	737.53	824.43
54	656.74	672.48	692.20	699.70	809.97	771.88	862.83
55	685.96	702.40	723.00	730.84	846.01	806.23	901.22
56	717.65	734.85	756.39	764.59	885.08	843.46	942.84
57	749.64	767.60	790.11	798.68	924.54	881.06	984.87
58	783.78	802.57	826.10	835.05	966.65	921.19	1,029.73
59	800.70	819.89	843.93	853.08	987.51	941.08	1,051.96
60	834.85	854.85	879.92	889.46	1,029.62	981.21	1,096.82
61	864.38	885.09	911.04	920.92	1,066.04	1,015.92	1,135.62
62	883.76	904.94	931.47	941.57	1,089.94	1,038.69	1,161.08
63	908.06	929.82	957.08	967.46	1,119.91	1,067.25	1,193.00
64+	922.83	944.94	972.63	983.19	1,138.11	1,084.62	1,212.39

2027 Monthly rates
Rate Area 16

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$292.20	$336.91	$306.37	$342.65	$356.38	$202.81	$305.32
15	318.18	366.86	333.61	373.11	388.06	220.84	332.46
16	328.11	378.31	344.02	384.75	400.18	227.73	342.83
17	338.04	389.76	354.43	396.40	412.29	234.63	353.21
18	348.74	402.10	365.65	408.94	425.33	242.05	364.39
19	359.43	414.43	376.86	421.48	438.38	249.47	375.56
20	370.51	427.20	388.47	434.47	451.89	257.16	387.14
21	381.97	440.41	400.49	447.91	465.86	265.11	399.11
22	381.97	440.41	400.49	447.91	465.86	265.11	399.11
23	381.97	440.41	400.49	447.91	465.86	265.11	399.11
24	381.97	440.41	400.49	447.91	465.86	265.11	399.11
25	383.49	442.17	402.09	449.70	467.73	266.17	400.71
26	391.13	450.98	410.10	458.66	477.04	271.48	408.69
27	400.30	461.55	419.71	469.41	488.22	277.84	418.27
28	415.20	478.73	435.33	486.88	506.39	288.18	433.83
29	427.42	492.82	448.15	501.21	521.30	296.66	446.60
30	433.53	499.87	454.55	508.37	528.75	300.90	452.99
31	442.70	510.44	464.17	519.12	539.93	307.27	462.57
32	451.87	521.01	473.78	529.87	551.12	313.63	472.15
33	457.60	527.61	479.78	536.59	558.10	317.61	478.13
34	463.71	534.66	486.19	543.76	565.56	321.85	484.52
35	466.76	538.18	489.40	547.34	569.28	323.97	487.71
36	469.82	541.71	492.60	550.93	573.01	326.09	490.90
37	472.87	545.23	495.80	554.51	576.74	328.21	494.10
38	475.93	548.75	499.01	558.09	580.46	330.33	497.29
39	482.04	555.80	505.42	565.26	587.92	334.57	503.68
40	488.15	562.85	511.82	572.43	595.37	338.81	510.06
41	497.32	573.42	521.44	583.18	606.55	345.18	519.64
42	506.11	583.54	530.65	593.48	617.27	351.27	528.82
43	518.33	597.64	543.46	607.81	632.18	359.76	541.59
44	533.61	615.25	559.48	625.73	650.81	370.36	557.55
45	551.56	635.95	578.31	646.78	672.71	382.82	576.31
46	572.95	660.62	600.73	671.86	698.79	397.67	598.66
47	597.01	688.36	625.96	700.08	728.14	414.37	623.81
48	624.51	720.07	654.80	732.33	761.69	433.46	652.54
49	651.63	751.34	683.23	764.13	794.76	452.28	680.88
50	682.19	786.57	715.27	799.96	832.03	473.49	712.81
51	712.37	821.37	746.91	835.35	868.83	494.44	744.34
52	745.60	859.68	781.75	874.31	909.36	517.50	779.06
53	779.21	898.44	817.00	913.73	950.36	540.83	814.18
54	815.50	940.28	855.04	956.28	994.62	566.02	852.10
55	851.78	982.12	893.09	998.83	1,038.87	591.20	890.01
56	891.13	1,027.48	934.34	1,044.97	1,086.86	618.51	931.12
57	930.85	1,073.28	975.99	1,091.55	1,135.31	646.08	972.63
58	973.25	1,122.17	1,020.44	1,141.27	1,187.02	675.51	1,016.93
59	994.26	1,146.39	1,042.47	1,165.90	1,212.64	690.09	1,038.88
60	1,036.66	1,195.28	1,086.93	1,215.62	1,264.35	719.52	1,083.18
61	1,073.32	1,237.55	1,125.37	1,258.62	1,309.07	744.97	1,121.50
62	1,097.39	1,265.30	1,150.60	1,286.84	1,338.42	761.67	1,146.64
63	1,127.56	1,300.09	1,182.24	1,322.22	1,375.23	782.61	1,178.17
64+	1,145.91	1,321.23	1,201.47	1,343.73	1,397.58	795.33	1,197.33

2027 Monthly rates
Rate Area 17

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$255.89	$262.02	$269.71	$272.63	$315.59	$300.75	$336.19
15	278.64	285.31	293.68	296.86	343.64	327.49	366.07
16	287.33	294.22	302.85	306.13	354.37	337.71	377.50
17	296.03	303.12	312.01	315.39	365.10	347.93	388.92
18	305.40	312.71	321.88	325.37	376.65	358.94	401.23
19	314.76	322.31	331.76	335.35	388.20	369.94	413.53
20	324.46	332.24	341.98	345.69	400.16	381.35	426.28
21	334.50	342.51	352.56	356.38	412.54	393.14	439.46
22	334.50	342.51	352.56	356.38	412.54	393.14	439.46
23	334.50	342.51	352.56	356.38	412.54	393.14	439.46
24	334.50	342.51	352.56	356.38	412.54	393.14	439.46
25	335.84	343.88	353.97	357.80	414.19	394.71	441.22
26	342.53	350.73	361.02	364.93	422.44	402.58	450.01
27	350.55	358.95	369.48	373.48	432.34	412.01	460.56
28	363.60	372.31	383.23	387.38	448.43	427.34	477.69
29	374.30	383.27	394.51	398.79	461.63	439.92	491.76
30	379.65	388.75	400.15	404.49	468.23	446.21	498.79
31	387.68	396.97	408.61	413.04	478.13	455.65	509.34
32	395.71	405.19	417.07	421.59	488.03	465.08	519.88
33	400.73	410.33	422.36	426.94	494.22	470.98	526.47
34	406.08	415.81	428.00	432.64	500.82	477.27	533.51
35	408.76	418.55	430.82	435.49	504.12	480.42	537.02
36	411.43	421.29	433.64	438.34	507.42	483.56	540.54
37	414.11	424.03	436.46	441.20	510.72	486.71	544.05
38	416.78	426.77	439.28	444.05	514.02	489.85	547.57
39	422.14	432.25	444.93	449.75	520.62	496.14	554.60
40	427.49	437.73	450.57	455.45	527.22	502.43	561.63
41	435.52	445.95	459.03	464.00	537.12	511.87	572.18
42	443.21	453.83	467.14	472.20	546.61	520.91	582.29
43	453.91	464.79	478.42	483.60	559.81	533.49	596.35
44	467.29	478.49	492.52	497.86	576.32	549.22	613.93
45	483.01	494.59	509.09	514.61	595.71	567.69	634.58
46	501.75	513.77	528.83	534.57	618.81	589.71	659.19
47	522.82	535.35	551.05	557.02	644.80	614.48	686.88
48	546.90	560.01	576.43	582.68	674.50	642.78	718.52
49	570.65	584.33	601.46	607.98	703.79	670.70	749.72
50	597.41	611.73	629.67	636.49	736.79	702.15	784.88
51	623.84	638.79	657.52	664.64	769.38	733.21	819.60
52	652.94	668.59	688.19	695.65	805.27	767.41	857.83
53	682.37	698.73	719.21	727.01	841.58	802.01	896.50
54	714.15	731.27	752.71	760.87	880.77	839.35	938.25
55	745.93	763.80	786.20	794.72	919.96	876.70	980.00
56	780.38	799.08	822.51	831.43	962.45	917.20	1,025.26
57	815.17	834.71	859.18	868.49	1,005.36	958.08	1,070.97
58	852.30	872.72	898.31	908.05	1,051.15	1,001.72	1,119.75
59	870.70	891.56	917.70	927.65	1,073.84	1,023.34	1,143.92
60	907.83	929.58	956.84	967.21	1,119.63	1,066.98	1,192.70
61	939.94	962.46	990.68	1,001.42	1,159.23	1,104.72	1,234.89
62	961.01	984.04	1,012.89	1,023.87	1,185.22	1,129.49	1,262.57
63	987.44	1,011.10	1,040.75	1,052.03	1,217.81	1,160.55	1,297.29
64+	1,003.50	1,027.53	1,057.68	1,069.14	1,237.62	1,179.42	1,318.38

2027 Monthly rates
Rate Area 17

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$317.75	$366.37	$333.16	$372.60	$387.54	$220.54	$332.01
15	345.99	398.93	362.77	405.72	421.99	240.14	361.52
16	356.79	411.38	374.09	418.39	435.16	247.64	372.80
17	367.59	423.84	385.41	431.05	448.33	255.13	384.09
18	379.22	437.24	397.61	444.69	462.51	263.21	396.24
19	390.85	450.65	409.80	458.32	476.70	271.28	408.39
20	402.90	464.54	422.43	472.45	491.39	279.64	420.98
21	415.36	478.91	435.50	487.06	506.59	288.29	434.00
22	415.36	478.91	435.50	487.06	506.59	288.29	434.00
23	415.36	478.91	435.50	487.06	506.59	288.29	434.00
24	415.36	478.91	435.50	487.06	506.59	288.29	434.00
25	417.02	480.83	437.24	489.01	508.61	289.44	435.73
26	425.32	490.40	445.95	498.75	518.74	295.21	444.41
27	435.29	501.90	456.40	510.44	530.90	302.13	454.83
28	451.49	520.57	473.39	529.44	550.66	313.37	471.75
29	464.78	535.90	487.32	545.02	566.87	322.59	485.64
30	471.43	543.56	494.29	552.81	574.98	327.21	492.59
31	481.40	555.06	504.74	564.50	587.13	334.13	503.00
32	491.37	566.55	515.19	576.19	599.29	341.04	513.42
33	497.60	573.73	521.73	583.50	606.89	345.37	519.93
34	504.24	581.40	528.69	591.29	615.00	349.98	526.87
35	507.56	585.23	532.18	595.19	619.05	352.29	530.34
36	510.89	589.06	535.66	599.09	623.10	354.59	533.82
37	514.21	592.89	539.15	602.98	627.15	356.90	537.29
38	517.53	596.72	542.63	606.88	631.21	359.21	540.76
39	524.18	604.38	549.60	614.67	639.31	363.82	547.70
40	530.82	612.05	556.57	622.46	647.42	368.43	554.65
41	540.79	623.54	567.02	634.15	659.58	375.35	565.06
42	550.35	634.56	577.03	645.36	671.23	381.98	575.05
43	563.64	649.88	590.97	660.94	687.44	391.21	588.93
44	580.25	669.04	608.39	680.42	707.70	402.74	606.29
45	599.77	691.55	628.86	703.32	731.51	416.29	626.69
46	623.03	718.36	653.25	730.59	759.88	432.43	651.00
47	649.20	748.54	680.68	761.28	791.79	450.59	678.34
48	679.11	783.02	712.04	796.35	828.27	471.35	709.58
49	708.60	817.02	742.96	830.93	864.24	491.82	740.40
50	741.83	855.33	777.80	869.89	904.76	514.88	775.12
51	774.64	893.17	812.20	908.37	944.78	537.66	809.40
52	810.77	934.83	850.09	950.74	988.86	562.74	847.16
53	847.33	976.98	888.41	993.60	1,033.44	588.11	885.35
54	886.78	1,022.47	929.79	1,039.88	1,081.56	615.49	926.58
55	926.24	1,067.97	971.16	1,086.15	1,129.69	642.88	967.81
56	969.03	1,117.30	1,016.01	1,136.31	1,181.87	672.58	1,012.51
57	1,012.22	1,167.10	1,061.31	1,186.97	1,234.55	702.56	1,057.65
58	1,058.33	1,220.26	1,109.65	1,241.03	1,290.78	734.56	1,105.82
59	1,081.17	1,246.60	1,133.60	1,267.82	1,318.64	750.41	1,129.69
60	1,127.28	1,299.76	1,181.94	1,321.88	1,374.87	782.41	1,177.87
61	1,167.15	1,345.74	1,223.75	1,368.64	1,423.51	810.09	1,219.53
62	1,193.32	1,375.91	1,251.18	1,399.33	1,455.42	828.25	1,246.87
63	1,226.13	1,413.74	1,285.59	1,437.80	1,495.44	851.03	1,281.16
64+	1,246.08	1,436.73	1,306.50	1,461.18	1,519.77	864.87	1,302.00

2027 Monthly rates
Rate Area 18

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$256.00	$262.14	$269.82	$272.75	$315.73	$300.88	$336.33
15	278.76	285.44	293.81	296.99	343.79	327.63	366.23
16	287.46	294.35	302.98	306.26	354.52	337.85	377.66
17	296.16	303.26	312.15	315.53	365.25	348.08	389.09
18	305.53	312.85	322.02	325.51	376.81	359.09	401.40
19	314.90	322.45	331.90	335.50	388.37	370.11	413.71
20	324.60	332.38	342.13	345.84	400.34	381.51	426.46
21	334.64	342.66	352.71	356.53	412.72	393.31	439.65
22	334.64	342.66	352.71	356.53	412.72	393.31	439.65
23	334.64	342.66	352.71	356.53	412.72	393.31	439.65
24	334.64	342.66	352.71	356.53	412.72	393.31	439.65
25	335.98	344.03	354.12	357.96	414.37	394.88	441.41
26	342.67	350.89	361.17	365.09	422.62	402.75	450.20
27	350.71	359.11	369.64	373.65	432.53	412.19	460.76
28	363.76	372.47	383.39	387.55	448.62	427.53	477.90
29	374.46	383.44	394.68	398.96	461.83	440.11	491.97
30	379.82	388.92	400.32	404.66	468.43	446.41	499.01
31	387.85	397.15	408.79	413.22	478.34	455.85	509.56
32	395.88	405.37	417.25	421.78	488.24	465.29	520.11
33	400.90	410.51	422.55	427.13	494.44	471.19	526.70
34	406.26	415.99	428.19	432.83	501.04	477.48	533.74
35	408.93	418.73	431.01	435.68	504.34	480.63	537.26
36	411.61	421.47	433.83	438.53	507.64	483.77	540.77
37	414.29	424.22	436.65	441.39	510.94	486.92	544.29
38	416.96	426.96	439.48	444.24	514.25	490.07	547.81
39	422.32	432.44	445.12	449.94	520.85	496.36	554.84
40	427.67	437.92	450.76	455.65	527.45	502.65	561.88
41	435.70	446.15	459.23	464.21	537.36	512.09	572.43
42	443.40	454.03	467.34	472.41	546.85	521.14	582.54
43	454.11	464.99	478.63	483.81	560.06	533.72	596.61
44	467.50	478.70	492.73	498.08	576.57	549.45	614.19
45	483.22	494.80	509.31	514.83	595.96	567.94	634.86
46	501.96	513.99	529.06	534.80	619.08	589.97	659.48
47	523.05	535.58	551.28	557.26	645.08	614.74	687.18
48	547.14	560.25	576.68	582.93	674.79	643.06	718.83
49	570.90	584.58	601.72	608.24	704.10	670.99	750.05
50	597.67	611.99	629.94	636.77	737.11	702.45	785.22
51	624.11	639.06	657.80	664.93	769.72	733.52	819.95
52	653.22	668.88	688.49	695.95	805.62	767.74	858.20
53	682.67	699.03	719.53	727.33	841.94	802.35	896.89
54	714.46	731.58	753.03	761.20	881.15	839.72	938.66
55	746.25	764.14	786.54	795.07	920.36	877.08	980.42
56	780.72	799.43	822.87	831.79	962.87	917.59	1,025.71
57	815.52	835.07	859.55	868.87	1,005.79	958.50	1,071.43
58	852.67	873.10	898.70	908.44	1,051.60	1,002.16	1,120.23
59	871.07	891.95	918.10	928.05	1,074.30	1,023.79	1,144.41
60	908.22	929.99	957.25	967.63	1,120.12	1,067.44	1,193.22
61	940.35	962.88	991.11	1,001.86	1,159.74	1,105.20	1,235.42
62	961.43	984.47	1,013.33	1,024.32	1,185.74	1,129.98	1,263.12
63	987.86	1,011.54	1,041.20	1,052.48	1,218.34	1,161.05	1,297.85
64+	1,003.92	1,027.98	1,058.13	1,069.59	1,238.16	1,179.93	1,318.95

2027 Monthly rates
Rate Area 18

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$317.89	$366.53	$333.30	$372.76	$387.71	$220.64	$332.15
15	346.14	399.11	362.93	405.90	422.17	240.25	361.68
16	356.95	411.56	374.25	418.57	435.35	247.75	372.97
17	367.75	424.02	385.58	431.24	448.52	255.25	384.25
18	379.38	437.43	397.78	444.88	462.71	263.32	396.41
19	391.02	450.85	409.98	458.52	476.90	271.40	408.57
20	403.07	464.74	422.62	472.65	491.60	279.76	421.16
21	415.54	479.12	435.69	487.27	506.81	288.41	434.19
22	415.54	479.12	435.69	487.27	506.81	288.41	434.19
23	415.54	479.12	435.69	487.27	506.81	288.41	434.19
24	415.54	479.12	435.69	487.27	506.81	288.41	434.19
25	417.20	481.03	437.43	489.22	508.83	289.57	435.92
26	425.51	490.62	446.14	498.97	518.97	295.34	444.61
27	435.48	502.12	456.60	510.66	531.13	302.26	455.03
28	451.69	520.80	473.59	529.67	550.90	313.51	471.96
29	464.99	536.13	487.53	545.26	567.12	322.73	485.85
30	471.63	543.80	494.50	553.05	575.23	327.35	492.80
31	481.61	555.30	504.96	564.75	587.39	334.27	503.22
32	491.58	566.80	515.42	576.44	599.55	341.19	513.64
33	497.81	573.98	521.95	583.75	607.15	345.52	520.15
34	504.46	581.65	528.92	591.55	615.26	350.13	527.10
35	507.79	585.48	532.41	595.45	619.32	352.44	530.57
36	511.11	589.31	535.89	599.35	623.37	354.75	534.05
37	514.43	593.15	539.38	603.24	627.43	357.06	537.52
38	517.76	596.98	542.87	607.14	631.48	359.36	541.00
39	524.41	604.65	549.84	614.94	639.59	363.98	547.94
40	531.06	612.31	556.81	622.73	647.70	368.59	554.89
41	541.03	623.81	567.26	634.43	659.86	375.51	565.31
42	550.59	634.83	577.28	645.64	671.52	382.15	575.30
43	563.88	650.16	591.23	661.23	687.74	391.38	589.19
44	580.50	669.33	608.65	680.72	708.01	402.91	606.56
45	600.03	691.85	629.13	703.62	731.83	416.47	626.96
46	623.30	718.68	653.53	730.91	760.21	432.62	651.28
47	649.48	748.86	680.98	761.61	792.14	450.79	678.63
48	679.40	783.36	712.35	796.69	828.63	471.56	709.89
49	708.91	817.37	743.28	831.29	864.61	492.03	740.72
50	742.15	855.70	778.14	870.27	905.16	515.11	775.46
51	774.98	893.55	812.55	908.76	945.19	537.89	809.76
52	811.13	935.24	850.46	951.16	989.29	562.98	847.53
53	847.69	977.40	888.80	994.04	1,033.88	588.36	885.74
54	887.17	1,022.92	930.19	1,040.33	1,082.03	615.76	926.99
55	926.65	1,068.43	971.58	1,086.62	1,130.18	643.16	968.23
56	969.45	1,117.78	1,016.46	1,136.81	1,182.38	672.87	1,012.95
57	1,012.66	1,167.61	1,061.77	1,187.48	1,235.09	702.86	1,058.11
58	1,058.79	1,220.79	1,110.13	1,241.57	1,291.34	734.88	1,106.30
59	1,081.64	1,247.14	1,134.09	1,268.37	1,319.22	750.74	1,130.18
60	1,127.77	1,300.33	1,182.45	1,322.46	1,375.47	782.75	1,178.38
61	1,167.66	1,346.32	1,224.28	1,369.24	1,424.13	810.44	1,220.06
62	1,193.84	1,376.51	1,251.73	1,399.93	1,456.05	828.61	1,247.41
63	1,226.66	1,414.36	1,286.15	1,438.43	1,496.09	851.40	1,281.72
64+	1,246.62	1,437.36	1,307.07	1,461.81	1,520.43	865.23	1,302.57

2027 Monthly rates
Rate Area 19

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$258.88	$265.09	$272.86	$275.82	$319.28	$304.27	$340.12
15	281.89	288.65	297.11	300.33	347.66	331.31	370.35
16	290.69	297.66	306.39	309.71	358.51	341.66	381.91
17	299.49	306.67	315.66	319.08	369.37	352.00	393.47
18	308.97	316.37	325.65	329.18	381.05	363.13	405.92
19	318.44	326.07	335.63	339.27	392.74	374.27	418.37
20	328.26	336.12	345.98	349.73	404.84	385.80	431.26
21	338.41	346.52	356.68	360.54	417.36	397.74	444.60
22	338.41	346.52	356.68	360.54	417.36	397.74	444.60
23	338.41	346.52	356.68	360.54	417.36	397.74	444.60
24	338.41	346.52	356.68	360.54	417.36	397.74	444.60
25	339.76	347.90	358.11	361.99	419.03	399.33	446.38
26	346.53	354.84	365.24	369.20	427.38	407.28	455.27
27	354.65	363.15	373.80	377.85	437.40	416.83	465.94
28	367.85	376.67	387.71	391.91	453.67	432.34	483.28
29	378.68	387.75	399.12	403.45	467.03	445.07	497.51
30	384.09	393.30	404.83	409.22	473.71	451.43	504.62
31	392.22	401.62	413.39	417.87	483.72	460.98	515.29
32	400.34	409.93	421.95	426.52	493.74	470.52	525.96
33	405.41	415.13	427.30	431.93	500.00	476.49	532.63
34	410.83	420.67	433.01	437.70	506.68	482.85	539.74
35	413.54	423.45	435.86	440.59	510.02	486.03	543.30
36	416.24	426.22	438.71	443.47	513.36	489.22	546.86
37	418.95	428.99	441.57	446.35	516.69	492.40	550.42
38	421.66	431.76	444.42	449.24	520.03	495.58	553.97
39	427.07	437.31	450.13	455.01	526.71	501.94	561.09
40	432.49	442.85	455.84	460.78	533.39	508.31	568.20
41	440.61	451.17	464.40	469.43	543.41	517.85	578.87
42	448.39	459.14	472.60	477.72	553.01	527.00	589.10
43	459.22	470.23	484.01	489.26	566.36	539.73	603.32
44	472.76	484.09	498.28	503.68	583.06	555.64	621.11
45	488.66	500.37	515.04	520.63	602.67	574.33	642.00
46	507.61	519.78	535.02	540.82	626.04	596.61	666.90
47	528.93	541.61	557.49	563.53	652.34	621.66	694.91
48	553.30	566.56	583.17	589.49	682.39	650.30	726.92
49	577.33	591.16	608.49	615.09	712.02	678.54	758.49
50	604.40	618.88	637.03	643.93	745.41	710.36	794.06
51	631.13	646.26	665.21	672.42	778.38	741.78	829.18
52	660.57	676.40	696.24	703.78	814.69	776.38	867.86
53	690.35	706.90	727.62	735.51	851.42	811.38	906.98
54	722.50	739.82	761.51	769.76	891.07	849.17	949.22
55	754.65	772.74	795.39	804.02	930.72	886.95	991.46
56	789.51	808.43	832.13	841.15	973.71	927.92	1,037.25
57	824.70	844.47	869.23	878.65	1,017.11	969.29	1,083.49
58	862.27	882.93	908.82	918.67	1,063.44	1,013.43	1,132.84
59	880.88	901.99	928.43	938.50	1,086.39	1,035.31	1,157.29
60	918.44	940.45	968.03	978.52	1,132.72	1,079.46	1,206.65
61	950.93	973.72	1,002.27	1,013.13	1,172.79	1,117.64	1,249.33
62	972.25	995.55	1,024.74	1,035.85	1,199.08	1,142.70	1,277.34
63	998.98	1,022.92	1,052.92	1,064.33	1,232.05	1,174.12	1,312.46
64+	1,015.23	1,039.56	1,070.04	1,081.62	1,252.08	1,193.22	1,333.80

2027 Monthly rates
Rate Area 19

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$321.46	$370.65	$337.05	$376.96	$392.07	$223.12	$335.89
15	350.04	403.60	367.01	410.47	426.92	242.95	365.75
16	360.96	416.19	378.47	423.28	440.25	250.54	377.16
17	371.89	428.79	389.92	436.09	453.57	258.12	388.58
18	383.65	442.36	402.26	449.89	467.92	266.28	400.87
19	395.42	455.92	414.59	463.68	482.27	274.45	413.17
20	407.61	469.97	427.37	477.97	497.13	282.91	425.90
21	420.21	484.51	440.59	492.76	512.51	291.66	439.07
22	420.21	484.51	440.59	492.76	512.51	291.66	439.07
23	420.21	484.51	440.59	492.76	512.51	291.66	439.07
24	420.21	484.51	440.59	492.76	512.51	291.66	439.07
25	421.89	486.45	442.35	494.73	514.56	292.83	440.83
26	430.30	496.14	451.16	504.58	524.81	298.66	449.61
27	440.38	507.77	461.74	516.41	537.11	305.66	460.15
28	456.77	526.66	478.92	535.63	557.10	317.03	477.27
29	470.22	542.17	493.02	551.39	573.50	326.37	491.32
30	476.94	549.92	500.07	559.28	581.70	331.03	498.35
31	487.03	561.55	510.64	571.11	594.00	338.03	508.88
32	497.11	573.18	521.22	582.93	606.30	345.03	519.42
33	503.42	580.44	527.83	590.32	613.99	349.41	526.01
34	510.14	588.19	534.88	598.21	622.19	354.07	533.03
35	513.50	592.07	538.40	602.15	626.29	356.41	536.55
36	516.86	595.95	541.93	606.09	630.39	358.74	540.06
37	520.22	599.82	545.45	610.03	634.49	361.07	543.57
38	523.59	603.70	548.97	613.97	638.59	363.41	547.08
39	530.31	611.45	556.02	621.86	646.79	368.07	554.11
40	537.03	619.20	563.07	629.74	654.99	372.74	561.13
41	547.12	630.83	573.65	641.57	667.29	379.74	571.67
42	556.78	641.98	583.78	652.90	679.08	386.45	581.77
43	570.23	657.48	597.88	668.67	695.48	395.78	595.82
44	587.04	676.86	615.50	688.38	715.98	407.45	613.38
45	606.79	699.63	636.21	711.54	740.06	421.16	634.02
46	630.32	726.76	660.88	739.14	768.76	437.49	658.61
47	656.79	757.29	688.64	770.18	801.05	455.86	686.27
48	687.05	792.17	720.36	805.66	837.95	476.86	717.88
49	716.88	826.57	751.65	840.64	874.34	497.57	749.06
50	750.50	865.33	786.89	880.06	915.34	520.90	784.18
51	783.70	903.61	821.70	918.99	955.83	543.94	818.87
52	820.26	945.76	860.03	961.86	1,000.42	569.32	857.07
53	857.23	988.40	898.80	1,005.22	1,045.52	594.98	895.71
54	897.15	1,034.43	940.66	1,052.04	1,094.21	622.69	937.42
55	937.07	1,080.46	982.52	1,098.85	1,142.90	650.40	979.13
56	980.36	1,130.36	1,027.90	1,149.60	1,195.69	680.44	1,024.35
57	1,024.06	1,180.75	1,073.72	1,200.85	1,248.99	710.77	1,070.02
58	1,070.70	1,234.53	1,122.62	1,255.54	1,305.88	743.15	1,118.76
59	1,093.81	1,261.18	1,146.85	1,282.65	1,334.06	759.19	1,142.90
60	1,140.46	1,314.96	1,195.76	1,337.34	1,390.95	791.56	1,191.64
61	1,180.80	1,361.47	1,238.06	1,384.65	1,440.15	819.56	1,233.79
62	1,207.27	1,392.00	1,265.81	1,415.69	1,472.44	837.94	1,261.45
63	1,240.47	1,430.27	1,300.62	1,454.62	1,512.93	860.98	1,296.14
64+	1,260.63	1,453.53	1,321.77	1,478.28	1,537.53	874.98	1,317.21

2027 Monthly rates
Outside Rate Areas 1-19

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2850/50 PCP	Kaiser Permanente - Gold 80 HMO 750/35 PCP
0-14	$360.70	$369.35	$380.18	$384.30	$444.86	$423.94	$473.89
15	392.76	402.18	413.97	418.46	484.40	461.62	516.01
16	405.02	414.73	426.89	431.52	499.52	476.03	532.12
17	417.28	427.28	439.81	444.58	514.64	490.44	548.22
18	430.48	440.80	453.73	458.64	530.92	505.96	565.57
19	443.69	454.32	467.64	472.71	547.20	521.47	582.91
20	457.36	468.32	482.05	487.28	564.07	537.54	600.88
21	471.51	482.81	496.96	502.35	581.51	554.17	619.46
22	471.51	482.81	496.96	502.35	581.51	554.17	619.46
23	471.51	482.81	496.96	502.35	581.51	554.17	619.46
24	471.51	482.81	496.96	502.35	581.51	554.17	619.46
25	473.39	484.74	498.95	504.36	583.84	556.38	621.94
26	482.82	494.39	508.89	514.40	595.47	567.47	634.33
27	494.14	505.98	520.82	526.46	609.42	580.77	649.20
28	512.53	524.81	540.20	546.05	632.10	602.38	673.36
29	527.61	540.26	556.10	562.13	650.71	620.11	693.18
30	535.16	547.98	564.05	570.16	660.02	628.98	703.09
31	546.47	559.57	575.98	582.22	673.97	642.28	717.96
32	557.79	571.16	587.91	594.28	687.93	655.58	732.82
33	564.86	578.40	595.36	601.81	696.65	663.89	742.12
34	572.41	586.13	603.31	609.85	705.96	672.76	752.03
35	576.18	589.99	607.29	613.87	710.61	677.19	756.98
36	579.95	593.85	611.26	617.89	715.26	681.63	761.94
37	583.72	597.71	615.24	621.91	719.91	686.06	766.89
38	587.50	601.58	619.21	625.93	724.56	690.49	771.85
39	595.04	609.30	627.16	633.96	733.87	699.36	781.76
40	602.58	617.02	635.12	642.00	743.17	708.23	791.67
41	613.90	628.61	647.04	654.06	757.13	721.53	806.54
42	624.74	639.72	658.47	665.61	770.50	734.27	820.79
43	639.83	655.17	674.38	681.69	789.11	752.01	840.61
44	658.69	674.48	694.25	701.78	812.37	774.17	865.39
45	680.85	697.17	717.61	725.39	839.70	800.22	894.50
46	707.26	724.21	745.44	753.52	872.27	831.25	929.19
47	736.96	754.62	776.75	785.17	908.90	866.16	968.22
48	770.91	789.39	812.53	821.34	950.77	906.06	1,012.82
49	804.39	823.67	847.82	857.01	992.06	945.41	1,056.80
50	842.11	862.29	887.57	897.19	1,038.58	989.74	1,106.36
51	879.36	900.43	926.83	936.88	1,084.52	1,033.52	1,155.30
52	920.38	942.44	970.07	980.58	1,135.11	1,081.74	1,209.19
53	961.87	984.92	1,013.80	1,024.79	1,186.28	1,130.50	1,263.70
54	1,006.66	1,030.79	1,061.01	1,072.51	1,241.53	1,183.15	1,322.55
55	1,051.46	1,076.66	1,108.22	1,120.24	1,296.77	1,235.79	1,381.40
56	1,100.02	1,126.38	1,159.41	1,171.98	1,356.67	1,292.87	1,445.21
57	1,149.06	1,176.60	1,211.09	1,224.22	1,417.14	1,350.51	1,509.63
58	1,201.40	1,230.19	1,266.26	1,279.98	1,481.69	1,412.02	1,578.39
59	1,227.33	1,256.74	1,293.59	1,307.61	1,513.68	1,442.50	1,612.46
60	1,279.67	1,310.33	1,348.75	1,363.37	1,578.22	1,504.01	1,681.22
61	1,324.93	1,356.68	1,396.46	1,411.60	1,634.05	1,557.21	1,740.69
62	1,354.64	1,387.10	1,427.77	1,443.25	1,670.68	1,592.12	1,779.72
63	1,391.88	1,425.24	1,467.03	1,482.93	1,716.62	1,635.90	1,828.65
64+	1,414.53	1,448.43	1,490.88	1,507.05	1,744.53	1,662.51	1,858.38

2027 Monthly rates
Outside Rate Areas 1-19

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2027 effective date	Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO 0/30 PCP	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$447.89	$516.43	$469.61	$525.22	$546.27	$310.87	$468.00
15	487.71	562.33	511.36	571.90	594.83	338.51	509.60
16	502.93	579.88	527.32	589.75	613.40	349.07	525.50
17	518.15	597.44	543.28	607.60	631.96	359.64	541.41
18	534.55	616.34	560.47	626.83	651.96	371.02	558.54
19	550.94	635.24	577.66	646.05	671.95	382.39	575.67
20	567.92	654.82	595.46	665.96	692.66	394.18	593.41
21	585.48	675.07	613.87	686.56	714.08	406.37	611.76
22	585.48	675.07	613.87	686.56	714.08	406.37	611.76
23	585.48	675.07	613.87	686.56	714.08	406.37	611.76
24	585.48	675.07	613.87	686.56	714.08	406.37	611.76
25	587.83	677.77	616.33	689.31	716.94	407.99	614.21
26	599.54	691.27	628.61	703.04	731.22	416.12	626.44
27	613.59	707.47	643.34	719.51	748.36	425.88	641.12
28	636.42	733.80	667.28	746.29	776.21	441.72	664.98
29	655.16	755.40	686.93	768.26	799.06	454.73	684.56
30	664.52	766.20	696.75	779.24	810.48	461.23	694.35
31	678.58	782.40	711.48	795.72	827.62	470.98	709.03
32	692.63	798.61	726.21	812.20	844.76	480.73	723.71
33	701.41	808.73	735.42	822.50	855.47	486.83	732.89
34	710.78	819.53	745.24	833.48	866.89	493.33	742.68
35	715.46	824.93	750.15	838.98	872.61	496.58	747.57
36	720.14	830.33	755.07	844.47	878.32	499.83	752.46
37	724.83	835.73	759.98	849.96	884.03	503.09	757.36
38	729.51	841.14	764.89	855.45	889.75	506.34	762.25
39	738.88	851.94	774.71	866.44	901.17	512.84	772.04
40	748.25	862.74	784.53	877.42	912.60	519.34	781.83
41	762.30	878.94	799.26	893.90	929.73	529.09	796.51
42	775.77	894.47	813.38	909.69	946.16	538.44	810.58
43	794.50	916.07	833.03	931.66	969.01	551.44	830.16
44	817.92	943.07	857.58	959.12	997.57	567.70	854.63
45	845.44	974.80	886.43	991.39	1,031.13	586.80	883.38
46	878.23	1,012.60	920.81	1,029.84	1,071.12	609.55	917.64
47	915.11	1,055.13	959.49	1,073.09	1,116.11	635.16	956.18
48	957.27	1,103.74	1,003.68	1,122.52	1,167.52	664.41	1,000.23
49	998.84	1,151.67	1,047.27	1,171.27	1,218.22	693.27	1,043.66
50	1,045.67	1,205.67	1,096.38	1,226.19	1,275.35	725.78	1,092.60
51	1,091.93	1,259.00	1,144.88	1,280.43	1,331.76	757.88	1,140.93
52	1,142.86	1,317.73	1,198.28	1,340.16	1,393.89	793.23	1,194.16
53	1,194.39	1,377.14	1,252.30	1,400.58	1,456.73	828.99	1,247.99
54	1,250.01	1,441.27	1,310.62	1,465.80	1,524.56	867.60	1,306.11
55	1,305.63	1,505.40	1,368.94	1,531.03	1,592.40	906.20	1,364.22
56	1,365.93	1,574.94	1,432.17	1,601.74	1,665.95	948.06	1,427.24
57	1,426.82	1,645.14	1,496.01	1,673.14	1,740.22	990.32	1,490.86
58	1,491.81	1,720.07	1,564.15	1,749.35	1,819.48	1,035.43	1,558.76
59	1,524.01	1,757.20	1,597.92	1,787.11	1,858.75	1,057.78	1,592.41
60	1,589.00	1,832.14	1,666.06	1,863.32	1,938.02	1,102.89	1,660.32
61	1,645.21	1,896.94	1,724.99	1,929.23	2,006.57	1,141.90	1,719.05
62	1,682.09	1,939.47	1,763.66	1,972.48	2,051.56	1,167.50	1,757.59
63	1,728.35	1,992.80	1,812.16	2,026.72	2,107.97	1,199.60	1,805.91
64+	1,756.44	2,025.21	1,841.61	2,059.68	2,142.24	1,219.11	1,835.28

Notes

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KAISER PERMANENTE®