Retiree Medical Premium Rates for Plan Year 2026

Proposed 2026 Retiree Medical Premium Rates - Kaiser (rates apply to California and Out-of-State)

Plan	Coverage Type	2025 Published Monthly Rate	2026 Published Monthly Rate2	Dollar Change	Percent Change
Kaiser Permanente Medicare Advantage High Option	Retiree only	\$220.22	\$235.41	\$15.19	6.90%
	One dependent (Medicare Eligible) - INCREMENTAL Rate	\$215.86	\$231.05	\$15.19	7.10%
	Two dependents (Medicare Eligible) - INCREMENTAL Rate	\$431.72	\$462.10	\$30.38	7.10%
	Retiree (>65, w/MC Part B Only)	\$534.94	\$572.28	\$37.34	7.00%
	One dependent (>65, w/MC Part B Only) - INCREMENTAL Rate	\$530.58	\$567.92	\$37.34	7.10%
Kaiser Permanente Medicare Advantage Low Option	Retiree only	\$134.13	\$143.26	\$9.13	6.90%
	One dependent (Medicare Eligible) - INCREMENTAL Rate	\$129.77	\$138.90	\$9.13	7.10%
	Two dependents (Medicare Eligible) - INCREMENTAL Rate	\$259.54	\$277.80	\$18.26	7.10%
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	Retiree (>65, w/MC Part B Only)	\$470.67	\$503.49	\$32.82	7.00%
	One dependent (>65, w/MC Part B Only) - INCREMENTAL Rate	\$466.31	\$499.13	\$32.82	7.10%
	Retiree only	\$1,400.75	\$1,519.13	\$118.38	8.50%
	One dependent (non-MC) - INCREMENTAL Rate	\$1,396.39	\$1,514.77	\$118.38	8.50%
	Two or more dependents (non-MC) - INCREMENTAL Rate	\$2,555.39	\$2,772.03	\$216.64	8.50%
	Retiree (>65 w/Medicare) Part A Only	\$1,298.07	\$1,519.13	\$221.06	17.10%
Kaiser Permanente Non-Medicare High Option	Retiree (>65 w/Medicare) Part B Only	\$1,606.72	\$1,519.13	-\$87.59	-5.50%
	Retiree (>65, Eligible for MC but unassigned to KP or unknown)	\$1,606.72	\$1,519.13	-\$87.59	-5.50%
	Retiree (>65, No MC Part A&B or assignment unknown)	\$1,606.72	\$1,519.13	-\$87.59	-5.50%
	Each dependent (Age 65 and older, with MC Part A&B but unassigned to KP or unknown) - INCREMENTAL Rate	\$1,606.72	\$1,514.77	-\$91.95	-5.80%
	Each dependent (Age 65 and older, no MC Part A&B) - INCREMENTAL Rate	\$1,606.72	\$1,514.77	-\$91.95	-5.80%
	Retiree only	\$1,065.32	\$1,155.26	\$89.94	8.50%
	One dependent (non-MC) - INCREMENTAL Rate	\$1,060.96	\$1,150.90	\$89.94	8.50%
	Two or more dependents (non-MC) - INCREMENTAL Rate	\$1,941.55	\$2,106.15	\$164.60	8.50%
	Retiree (>65 w/Medicare) Part A Only	\$1,150.11	\$1,155.26	\$5.15	0.50%
Kaiser Permanente Non-Medicare	Retiree (>65 w/Medicare) Part B Only	\$1,299.64	\$1,155.26	-\$144.38	-11.20%
Low Option	Retiree (>65, Eligible for MC but unassigned to KP or unknown)	\$1,463.12	\$1,155.26	-\$307.86	-21.10%
	Retiree (>65, No MC Part A&B or assignment unknown)	\$1,463.12	\$1,155.26	-\$307.86	-21.10%
	Each dependent (Age 65 and older, with MC Part A&B but unassigned to KP or unknown) - INCREMENTAL Rate	\$1,458.76	\$1,150.90	-\$307.86	-21.20%
	Each dependent (Age 65 and older, no MC Part A&B) - INCREMENTAL Rate	\$1,458.76	\$1,150.90	-\$307.86	-21.20%
Kaiser Permanente Non-Medicare HDHP Option	Retiree only	\$853.12	\$925.08	\$71.96	8.50%
	One dependent (non-MC) - INCREMENTAL Rate	\$848.76	\$920.72	\$71.96	8.50%
	Two or more dependents (non-MC) - INCREMENTAL Rate	\$1,553.23	\$1,684.92	\$131.69	8.50%
	Retiree (>65 w/Medicare) Part A Only	\$1,476.96	\$925.08	-\$551.88	-37.40%
	Retiree (>65 w/Medicare) Part B Only	\$1,789.97	\$925.08	-\$864.89	-48.40%
	Retiree (>65, Eligible for MC but unassigned to KP or unknown)	\$1,789.97	\$925.08	-\$864.89	-48.40%
	Retiree (>65, No MC Part A&B or assignment unknown)	\$1,789.97	\$925.08	-\$864.89	-48.40%
	Each dependent (Age 65 and older, with MC Part A&B but unassigned to KP or unknown) - INCREMENTAL Rate	\$1,785.61	\$920.72	-\$864.89	-48.50%

Retiree Medical Premium Rates for Plan Year 2026

Proposed 2026 Retiree Medical Premium Rates - Kaiser (rates apply to California and Out-of-State)

Non-California Retirees 2025 Published 2026 Published Dollar Percent Plan Coverage Type Monthly Rate **Monthly Rate** Change Change Subscriber (non-MC) \$1,805.36 \$1,904.36 \$99.00 5.48% Subscriber + 1 dependent (non-MC) \$3,605.36 \$3,803.36 \$198.00 5.49% Subscriber + 2 dependent (non-MC) \$5,207.36 \$5,493.36 \$286.00 5.49% **Kaiser Permanente** One Subscriber with Medicare \$236.79 \$250.74 \$13.95 5.89% Colorado One dependent eligible for Medicare (sub/ w MC) - INCREMENTAL (Denver, Boulder \$232.43 \$246.38 6.00% \$13.95 Longmont, Colorado Two dependents, one eligible for Medicare (sub w/ MC) -\$2,033.43 \$2,146.38 \$112.95 5.55% Springs) INCREMENTAL Rate Family, Two dependents with Medicare (includes sub w/ MC) \$697.29 \$739.14 \$41.85 6.00% Family, One dependent with Medicare (includes sub w/ MC) \$2,265.86 \$2,397.12 \$131.26 5.79% \$3,635.43 \$3,836.44 \$201.01 Family, Two+ dependent non-Medicare (includes sub w/ MC) 5.53% Subscriber (non-MC) \$1,360.97 \$1,443.73 \$82.76 6.08% Subscriber + 1 dependent (non-MC) \$2,717.58 \$2,883.10 \$165.52 6.09% Subscriber + 2 dependent (non-MC) \$4,074.19 \$4,322.47 \$248.28 6.09% **Kaiser Permanente OREGON** Retiree only (with MC) \$348.04 \$365.77 \$17.73 5.09% One Dependent (with MC) - INCREMENTAL Rate \$343.69 \$361.41 \$17.72 5.16% 5.90% Retiree MC Subscriber + One dependent non-MC \$1,704.65 \$1,805.14 \$100.49 \$1,382.65 \$1,623.85 \$241.20 17.44% Subscriber (non-MC) Subscriber + 1 dependent (non-MC) \$1,954.72 \$341.31 17.46% \$2,296.03 **Kaiser Permanente** Subscriber + 2 dependent (non-MC) \$2,785.34 \$3,272.01 \$486.67 17.47% **WASHINGTON** Retiree only (with MC) \$440.01 \$478.17 \$38.16 8.67% One Dependent (with MC) - INCREMENTAL Rate \$435.65 \$473.81 \$38.16 8.76%

NOTE: Published rates include a \$4.36 administrative fee for retirees/subscribers

Retiree Medical Premium Rates for Plan Year 2026

Proposed 2026 Retiree Medical Premium Rates - Blue Shield (rates apply to California and Out-of-State)

Plan	Coverage Type	2025 Published Monthly Rate	2026 Published Monthly Rate2	Dollar Change	Percent Change
Blue Shield 65 Plus HMO	Retiree only	\$265.68	\$265.68	\$0.00	0.00%
(Medicare Advantage)	One dependent (Medicare) - INCREMENTAL Rate	\$261.32	\$261.32	\$0.00	0.00%
High Option	Two or more dependents (Medicare) - INCREMENTAL Rate	\$522.64	\$522.64	\$0.00	0.00%
Blue Shield 65 Plus HMO	Retiree only	\$110.07	\$110.07	\$0.00	0.00%
(Medicare Advantage)	One dependent (Medicare) - INCREMENTAL Rate	\$105.71	\$105.71	\$0.00	0.00%
Low Option	Two or more dependents (Medicare) - INCREMENTAL Rate	\$211.42	\$211.42	\$0.00	0.00%
Blue Shield Shield Signature	Retiree only	\$1,049.02	\$1,049.02	\$0.00	0.00%
Non-Medicare (<65 and 65 & older)	One dependent (non-Medicare) - INCREMENTAL Rate	\$1,200.57	\$1,200.57	\$0.00	0.00%
HMO - High Option	Two or more dependents (non-Medicare) - INCREMENTAL Rate	\$2,036.12	\$2,036.12	\$0.00	0.00%
Riuo Shiold Signaturo	Retiree only	\$862.46	\$862.46	\$0.00	0.00%
Blue Shield Signature Non-Medicare	One dependent (non-Medicare) - INCREMENTAL Rate	\$986.12	\$986.12	\$0.00	0.00%
(<65) HMO - Low Option	Two or more dependents (non-Medicare) - INCREMENTAL Rate	\$1,672.43	\$1,672.43	\$0.00	0.00%
Dive Objekt	Retiree only	\$788.14	\$788.14	\$0.00	0.00%
Blue Shield Non-Medicare	One dependent (non-Medicare) - INCREMENTAL Rate	\$900.70	\$900.70	\$0.00	0.00%
(<65) HMO - Trio Option	Two or more dependents (non-Medicare) - INCREMENTAL Rate	\$1,527.57	\$1,527.57	\$0.00	0.00%
Blue Shield	Retiree only	\$1,718.54	\$1,718.54	\$0.00	0.00%
Non-Medicare (<65 and 65 & older)	One dependent (non-Medicare) - INCREMENTAL Rate	\$1,759.95	\$1,759.95	\$0.00	0.00%
PPO - High Option (CA & OOS)	Two or more dependents (non-Medicare) - INCREMENTAL Rate	\$3,663.84	\$3,663.84	\$0.00	0.00%
Blue Shield	Retiree only	\$1,345.63	\$1,345.63	\$0.00	0.00%
Non-Medicare	One dependent (non-Medicare) - INCREMENTAL Rate	\$1,377.06	\$1,377.06	\$0.00	0.00%
(<65) PPO - Low Option	Two or more dependents (non-Medicare) - INCREMENTAL Rate	\$2,849.14	\$2,849.14	\$0.00	0.00%
	Retiree only	\$791.68	\$791.68	\$0.00	0.00%
Blue Shield PPO COB CA	One dependent - INCREMENTAL Rate	\$787.34	\$787.34	\$0.00	0.00%
	Two or more dependents - INCREMENTAL Rate	\$1,574.66	\$1,574.66	\$0.00	0.00%
Blue Shield PPO	Retiree only	\$791.68	\$791.68	\$0.00	0.00%
Hybrid COB W/PDP	One dependent - INCREMENTAL Rate	\$787.34	\$787.34	\$0.00	0.00%
FROZEN	Two or more dependents - INCREMENTAL Rate	\$1,574.66	\$1,574.66	\$0.00	0.00%
Blue Shield PPO	Retiree only	\$1,178.95	\$1,178.95	\$0.00	0.00%
Hybrid COB W/PDP	One dependent - INCREMENTAL Rate	\$1,174.60	\$1,174.60	\$0.00	0.00%
FROZEN (Part A only)	Two or more dependents - INCREMENTAL Rate	\$2,349.19	\$2,349.19	\$0.00	0.00%
Blue Shield Shield Signature	Retiree only	\$768.22	\$768.22	\$0.00	0.00%
COB W/PDP FROZEN	One dependent - INCREMENTAL Rate	\$763.87	\$763.87	\$0.00	0.00%
FROZEN	Two or more dependents - INCREMENTAL Rate	\$1,527.72	\$1,527.72	\$0.00	0.00%

NOTE: Published rates include a \$4.36 administrative fee for retirees/subscribers