2027 Monthly Plan Premiums

Medicare HMOs (over 65)

Individuals and dependents all have Medicare. Members must assign Medicare Parts A and B.

	KAISER PERMANENTE SENIOR ADVANTAGE		
	Traditional High Option Plan	Traditional Low Option Plan	Kaiser Northwest
Retiree	**$340.34**	**$250.78**	$437.29
Retire + 1 Dependent	**$674.65**	**$495.53**	$868.55

Medicare Coordinated (over 65)

Individuals and dependents all have Medicare. No assignment of Medicare required.

	CMCP or CMCP (Out of Area)	Anthem Blue Cross Medicare Advantage
Retiree	**$1,731.95**	**$800.14**
Retire + 1 Dependent	**$3,459.47**	**$1,594.25**

Non-Medicare Plans (under 65)

Individuals and dependents all under age 65*.

	CMPCP or CMCP (Out of Area)	Sutter Health Plus HMO	Kaiser Permanente CA	Kaiser Permanente Northwest
Retiree Only	**$2,476.58**	**$1,395.83**	**$1,098.52**	**$1,585.68**
Retire + 1 Dependent	**$4,948.80**	**$2,785.73**	**$2,191.01**	**$3,165.33**
Retiree + Family	**$6,926.53**	**$3,939.43**	**$3,097.78**	**$4,744.98**

*Anyone under the age of 65 who is eligible for Medicare must enroll in Parts A and B, including the CMCP plan. If eligible to enroll and the retiree does not enroll, claims will be paid as if enrolled in Medicare, reducing the claims payments and increasing your out-of-pocket costs.

2027 Monthly Plan Premiums

Blended Family Plans
Families with Medicare and non-Medicare enrollees

	CMCP Over 65 and Under 65	Kaiser Permanente N. California Senior Advantage		Kaiser Northwest
		HIGH	LOW	
1 with and 1 without Medicare	$4,204.12	$1,432.83	$1,343.27	$1,999.93
1 with and 2 without Medicare	$6,181.84	$2,339.60	$2,250.04	NA

*Blended low option is only available if the retiree or subscriber has Medicare.

Dental and Vision

	United Healthcare Dental (DHMO Plan D125H)	Delta Dental (PPO Plan)	Vision Service Plan (VSP)
Retiree Only	$16.54	$42.68	$5.91
Retiree + 1 Dependent	$24.03	$80.07	$11.35
Retiree + Family	$37.27	$107.10	$13.25