Find your rate

Apply on **buykp.org** to have your rate calculated automatically.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your ZIP code
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit **buykp.org** or call us at **1-800-494-5314** (TTY **711**) to see if you may qualify.
- If you use tobacco
- If you already have pediatric dental coverage for children 18 and younger

Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

Please check that your ZIP code is listed in the service area table. If it isn't, call us at **1-800-494-5314** (TTY **711**) for information on other rate areas.

Service Area			
96701	96759-96774	96828	96853-54
96703-96710	96776-96786	96830	96857-61
96712-96722	96788-96793	96836-41	96863
96725-96734	96795-96797	96843-44	96898
96737-96757	96801-96826	96846-50	

Pediatric Dental

When you purchase a health plan directly from Kaiser Permanente, your plan includes Hawaii Dental Service (HDS) pediatric dental benefits for children age 18 and younger. The pediatric dental plan includes 2 free examinations, cleanings, and fluoride treatments per calendar year. Plus you'll have access to the large HDS network of dentists – 9 out of 10 of Hawaii's licensed, practicing dentists accept HDS.

If you buy your health plan through HealthCare.gov, individuals on your plan aged 18 and younger must still have pediatric dental benefits. You can purchase the same HDS pediatric dental plan on healthcare.gov by selecting the pediatric dental plan named "HDS 2990."

Pediatric dental plan features	
You pay:	
Monthly rate	$27.08 per child age 18 and younger
Examination	Twice per calendar year: $0 Bitewing X-rays – twice per calendar year: 70%
Cleanings	Twice per calendar year: $0
Sealants	$0
Fillings	70%
Fluoride	Twice per calendar year: $0

2025 Monthly rates

Off Exchange

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Non-Tobacco User							
Age on 2025 effective date	KP HI Standard Bronze 7500/50 Off	KP HI Bronze 6000/65 Off	KP HI Bronze 6000/65 Plus CAM Off	KP HI Standard Silver 5000/40 Off	KP HI Silver 4000 Ded/600 Rx Ded Off	KP HI Silver 3000 Ded/600 Rx Ded Off	KP HI Silver 3000 Ded/600 Rx Ded Plus CAM Off
0-14	$223.20	$237.66	$238.79	$255.61	$251.50	$258.69	$259.82
15	243.04	258.79	260.02	278.33	273.86	281.69	282.92
16	250.62	266.87	268.14	287.02	282.40	290.48	291.75
17	258.21	274.94	276.25	295.71	290.95	299.27	300.58
18	266.38	283.64	284.99	305.06	300.16	308.74	310.09
19	274.55	292.34	293.73	314.42	309.36	318.21	319.60
20	283.01	301.35	302.79	324.11	318.90	328.02	329.45
21	291.76	310.67	312.15	334.13	328.76	338.16	339.64
22	291.76	310.67	312.15	334.13	328.76	338.16	339.64
23	291.76	310.67	312.15	334.13	328.76	338.16	339.64
24	291.76	310.67	312.15	334.13	328.76	338.16	339.64
25	292.93	311.91	313.40	335.47	330.08	339.51	341.00
26	298.76	318.13	319.64	342.15	336.65	346.28	347.79
27	305.76	325.58	327.13	350.17	344.54	354.39	355.94
28	317.14	337.70	339.31	363.20	357.36	367.58	369.19
29	326.48	347.64	349.30	373.89	367.88	378.40	380.06
30	331.15	352.61	354.29	379.24	373.14	383.81	385.49
31	338.15	360.07	361.78	387.26	381.03	391.93	393.64
32	345.15	367.52	369.27	395.28	388.92	400.04	401.79
33	349.53	372.18	373.96	400.29	393.85	405.12	406.89
34	354.20	377.15	378.95	405.63	399.11	410.53	412.32
35	356.53	379.64	381.45	408.31	401.74	413.23	415.04
36	358.86	382.12	383.94	410.98	404.37	415.94	417.76
37	361.20	384.61	386.44	413.65	407.00	418.64	420.47
38	363.53	387.09	388.94	416.33	409.63	421.35	423.19
39	368.20	392.07	393.93	421.67	414.90	426.76	428.63
40	372.87	397.04	398.93	427.02	420.16	432.17	434.06
41	379.87	404.49	406.42	435.04	428.05	440.28	442.21
42	386.58	411.64	413.60	442.72	435.61	448.06	450.02
43	395.92	421.58	423.59	453.41	446.13	458.88	460.89
44	407.59	434.01	436.07	466.78	459.28	472.41	474.48
45	421.30	448.61	450.74	482.48	474.73	488.30	490.44
46	437.64	466.01	468.23	501.20	493.14	507.24	509.46
47	456.02	485.58	487.89	522.25	513.85	528.54	530.86
48	477.03	507.95	510.37	546.30	537.52	552.89	555.31
49	497.74	530.00	532.53	570.03	560.86	576.90	579.43
50	521.08	554.86	557.50	596.76	587.17	603.95	606.60
51	544.13	579.40	582.16	623.15	613.14	630.67	633.43
52	569.52	606.43	609.32	652.22	641.74	660.09	662.98
53	595.19	633.77	636.79	681.63	670.67	689.85	692.87
54	622.91	663.28	666.44	713.37	701.90	721.97	725.13
55	650.62	692.79	696.09	745.11	733.13	754.10	757.40
56	680.68	724.79	728.25	779.53	767.00	788.93	792.38
57	711.02	757.10	760.71	814.27	801.19	824.10	827.70
58	743.40	791.59	795.36	851.36	837.68	861.63	865.40
59	759.45	808.67	812.53	869.74	855.76	880.23	884.08
60	791.84	843.16	847.18	906.83	892.25	917.77	921.78
61	819.85	872.98	877.14	938.91	923.82	950.23	954.39
62	838.23	892.55	896.81	959.96	944.53	971.53	975.79
63	861.28	917.10	921.47	986.35	970.50	998.25	1,002.62
64+	875.28	932.01	936.45	1,002.39	986.28	1,014.48	1,018.92

Pediatric dental plan: Add the $27.08 per child age 18 and younger.
Rates for tobacco users 21 and older are 20% higher than rates shown.

Rates are effective January 1, 2025, through December 31, 2025.

2025 Monthly rates

Off Exchange

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Non-Tobacco User							
Age on 2025 effective date	KP HI Gold 1000 Ded/250 Rx Ded Off	KP HI Standard Gold 1500/30 Off	KP HI Gold 0/40 Off	KP HI Gold 0/40 Plus CAM Off	KP HI Platinum 0/5 Off	KP HI Platinum 0/5 Plus CAM Off	KP HI Standard Platinum 0/10 Off
0-14	$306.49	$299.89	$325.42	$326.56	$377.64	$378.81	$375.65
15	333.73	326.54	354.34	355.58	411.21	412.48	409.04
16	344.15	336.74	365.40	366.68	424.05	425.35	421.80
17	354.57	346.93	376.46	377.78	436.88	438.23	434.57
18	365.78	357.91	388.37	389.73	450.70	452.09	448.32
19	377.00	368.88	400.28	401.68	464.52	465.95	462.07
20	388.62	380.25	412.62	414.06	478.84	480.31	476.31
21	400.64	392.01	425.38	426.87	493.65	495.17	491.04
22	400.64	392.01	425.38	426.87	493.65	495.17	491.04
23	400.64	392.01	425.38	426.87	493.65	495.17	491.04
24	400.64	392.01	425.38	426.87	493.65	495.17	491.04
25	402.24	393.58	427.08	428.58	495.62	497.15	493.00
26	410.26	401.42	435.59	437.11	505.50	507.05	502.82
27	419.87	410.83	445.80	447.36	517.35	518.94	514.61
28	435.50	426.11	462.39	464.01	536.60	538.25	533.76
29	448.32	438.66	476.00	477.67	552.39	554.10	549.47
30	454.73	444.93	482.81	484.50	560.29	562.02	557.33
31	464.34	454.34	493.02	494.74	572.14	573.90	569.12
32	473.96	463.75	503.22	504.99	583.99	585.79	580.90
33	479.97	469.63	509.61	511.39	591.39	593.21	588.27
34	486.38	475.90	516.41	518.22	599.29	601.14	596.12
35	489.58	479.04	519.81	521.64	603.24	605.10	600.05
36	492.79	482.17	523.22	525.05	607.19	609.06	603.98
37	495.99	485.31	526.62	528.47	611.14	613.02	607.91
38	499.20	488.44	530.02	531.88	615.09	616.98	611.84
39	505.61	494.72	536.83	538.71	622.99	624.90	619.69
40	512.02	500.99	543.64	545.54	630.88	632.83	627.55
41	521.63	510.40	553.84	555.78	642.73	644.71	639.33
42	530.85	519.41	563.63	565.60	654.09	656.10	650.63
43	543.67	531.96	577.24	579.26	669.88	671.95	666.34
44	559.69	547.64	594.26	596.34	689.63	691.75	685.98
45	578.52	566.06	614.25	616.40	712.83	715.03	709.06
46	600.96	588.02	638.07	640.31	740.48	742.76	736.56
47	626.20	612.71	664.87	667.20	771.57	773.95	767.50
48	655.05	640.94	695.50	697.93	807.12	809.60	802.85
49	683.49	668.77	725.70	728.24	842.17	844.76	837.71
50	715.54	700.13	759.73	762.39	881.66	884.37	877.00
51	747.19	731.10	793.33	796.11	920.66	923.49	915.79
52	782.05	765.20	830.34	833.25	963.60	966.57	958.51
53	817.31	799.70	867.78	870.81	1,007.05	1,010.15	1,001.72
54	855.37	836.94	908.19	911.37	1,053.94	1,057.19	1,048.37
55	893.43	874.18	948.60	951.92	1,100.84	1,104.23	1,095.02
56	934.69	914.56	992.41	995.89	1,151.69	1,155.23	1,145.60
57	976.36	955.33	1,036.65	1,040.28	1,203.03	1,206.73	1,196.66
58	1,020.83	998.84	1,083.87	1,087.66	1,257.82	1,261.69	1,251.17
59	1,042.87	1,020.40	1,107.26	1,111.14	1,284.97	1,288.93	1,278.18
60	1,087.34	1,063.92	1,154.48	1,158.53	1,339.77	1,343.89	1,332.68
61	1,125.80	1,101.55	1,195.32	1,199.50	1,387.16	1,391.43	1,379.82
62	1,151.04	1,126.24	1,222.12	1,226.40	1,418.26	1,422.62	1,410.76
63	1,182.69	1,157.21	1,255.72	1,260.12	1,457.25	1,461.74	1,449.55
64+	1,201.92	1,176.03	1,276.14	1,280.61	1,480.95	1,485.51	1,473.12

Pediatric dental plan: Add the $27.08 per child age 18 and younger.
Rates for tobacco users 21 and older are 20% higher than rates shown.

Rates are effective January 1, 2025, through December 31, 2025.

2025 Monthly rates

On Exchange

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Non-Tobacco User										
Age on 2025 effective date	KP HI Standard Bronze 7500/50	KP HI Bronze 6000/65 Plus CAM	KP HI Standard Silver 5000/40	KP HI Silver 4000 Ded/600 Rx Ded	KP HI Silver 3000 Ded/600 Rx Ded Plus CAM	KP HI Gold 1000 Ded/250 Rx Ded	KP HI Standard Gold 1500/30	KP HI Gold 0/40 Plus CAM	KP HI Platinum 0/5 Plus CAM	KP HI Standard Platinum 0/10
0-14	$223.20	$238.79	$295.95	$291.20	$300.66	$306.49	$299.89	$326.56	$378.81	$375.65
15	243.04	260.02	322.25	317.08	327.39	333.73	326.54	355.58	412.48	409.04
16	250.62	268.14	332.31	326.98	337.60	344.15	336.74	366.68	425.35	421.80
17	258.21	276.25	342.37	336.88	347.82	354.57	346.93	377.78	438.23	434.57
18	266.38	284.99	353.20	347.53	358.83	365.78	357.91	389.73	452.09	448.32
19	274.55	293.73	364.04	358.19	369.83	377.00	368.88	401.68	465.95	462.07
20	283.01	302.79	375.25	369.23	381.23	388.62	380.25	414.06	480.31	476.31
21	291.76	312.15	386.86	380.65	393.02	400.64	392.01	426.87	495.17	491.04
22	291.76	312.15	386.86	380.65	393.02	400.64	392.01	426.87	495.17	491.04
23	291.76	312.15	386.86	380.65	393.02	400.64	392.01	426.87	495.17	491.04
24	291.76	312.15	386.86	380.65	393.02	400.64	392.01	426.87	495.17	491.04
25	292.93	313.40	388.41	382.17	394.59	402.24	393.58	428.58	497.15	493.00
26	298.76	319.64	396.14	389.79	402.45	410.26	401.42	437.11	507.05	502.82
27	305.76	327.13	405.43	398.92	411.88	419.87	410.83	447.36	518.94	514.61
28	317.14	339.31	420.52	413.77	427.21	435.50	426.11	464.01	538.25	533.76
29	326.48	349.30	432.90	425.95	439.79	448.32	438.66	477.67	554.10	549.47
30	331.15	354.29	439.09	432.04	446.08	454.73	444.93	484.50	562.02	557.33
31	338.15	361.78	448.37	441.17	455.51	464.34	454.34	494.74	573.90	569.12
32	345.15	369.27	457.66	450.31	464.94	473.96	463.75	504.99	585.79	580.90
33	349.53	373.96	463.46	456.02	470.84	479.97	469.63	511.39	593.21	588.27
34	354.20	378.95	469.65	462.11	477.13	486.38	475.90	518.22	601.14	596.12
35	356.53	381.45	472.74	465.15	480.27	489.58	479.04	521.64	605.10	600.05
36	358.86	383.94	475.84	468.20	483.41	492.79	482.17	525.05	609.06	603.98
37	361.20	386.44	478.93	471.24	486.56	495.99	485.31	528.47	613.02	607.91
38	363.53	388.94	482.03	474.29	489.70	499.20	488.44	531.88	616.98	611.84
39	368.20	393.93	488.22	480.38	495.99	505.61	494.72	538.71	624.90	619.69
40	372.87	398.93	494.41	486.47	502.28	512.02	500.99	545.54	632.83	627.55
41	379.87	406.42	503.69	495.61	511.71	521.63	510.40	555.78	644.71	639.33
42	386.58	413.60	512.59	504.36	520.75	530.85	519.41	565.60	656.10	650.63
43	395.92	423.59	524.97	516.54	533.33	543.67	531.96	579.26	671.95	666.34
44	407.59	436.07	540.44	531.77	549.05	559.69	547.64	596.34	691.75	685.98
45	421.30	450.74	558.63	549.66	567.52	578.52	566.06	616.40	715.03	709.06
46	437.64	468.23	580.29	570.98	589.53	600.96	588.02	640.31	742.76	736.56
47	456.02	487.89	604.66	594.96	614.29	626.20	612.71	667.20	773.95	767.50
48	477.03	510.37	632.52	622.36	642.59	655.05	640.94	697.93	809.60	802.85
49	497.74	532.53	659.98	649.39	670.49	683.49	668.77	728.24	844.76	837.71
50	521.08	557.50	690.93	679.84	701.93	715.54	700.13	762.39	884.37	877.00
51	544.13	582.16	721.49	709.91	732.98	747.19	731.10	796.11	923.49	915.79
52	569.52	609.32	755.15	743.03	767.18	782.05	765.20	833.25	966.57	958.51
53	595.19	636.79	789.19	776.53	801.76	817.31	799.70	870.81	1,010.15	1,001.72
54	622.91	666.44	825.95	812.69	839.10	855.37	836.94	911.37	1,057.19	1,048.37
55	650.62	696.09	862.70	848.85	876.43	893.43	874.18	951.92	1,104.23	1,095.02
56	680.68	728.25	902.54	888.06	916.92	934.69	914.56	995.89	1,155.23	1,145.60
57	711.02	760.71	942.78	927.64	957.79	976.36	955.33	1,040.28	1,206.73	1,196.66
58	743.40	795.36	985.72	969.90	1,001.41	1,020.83	998.84	1,087.66	1,261.69	1,251.17
59	759.45	812.53	1,007.00	990.83	1,023.03	1,042.87	1,020.40	1,111.14	1,288.93	1,278.18
60	791.84	847.18	1,049.94	1,033.08	1,066.66	1,087.34	1,063.92	1,158.53	1,343.89	1,332.68
61	819.85	877.14	1,087.08	1,069.63	1,104.39	1,125.80	1,101.55	1,199.50	1,391.43	1,379.82
62	838.23	896.81	1,111.45	1,093.61	1,129.15	1,151.04	1,126.24	1,226.40	1,422.62	1,410.76
63	861.28	921.47	1,142.01	1,123.68	1,160.20	1,182.69	1,157.21	1,260.12	1,461.74	1,449.55
64+	875.28	936.45	1,160.58	1,141.95	1,179.06	1,201.92	1,176.03	1,280.61	1,485.51	1,473.12

Pediatric dental plan: Add the $27.08 per child age 18 and younger.
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2025 Monthly rates

On Exchange

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Non-Tobacco User									
Age on 2025 effective date	KP HI Standard Silver 3000/40 CSR73	KP HI Standard Silver 500/20 CSR87	KP HI Standard Silver 0/0 CSR94	KP HI Silver 2000 Ded/300 Rx Ded CSR73	KP HI Silver 750/20 CSR87	KP HI Silver 25/5 CSR94	KP HI Silver 2850 Ded/600 Rx Ded CSR73 Plus CAM	KP HI Silver 200 Ded/100 Rx Ded CSR87 Plus CAM	KP HI Silver 0/5 CSR94 Plus CAM
0-14	$295.95	$295.95	$295.95	$291.20	$291.20	$291.20	$300.66	$300.66	$300.66
15	322.25	322.25	322.25	317.08	317.08	317.08	327.39	327.39	327.39
16	332.31	332.31	332.31	326.98	326.98	326.98	337.60	337.60	337.60
17	342.37	342.37	342.37	336.88	336.88	336.88	347.82	347.82	347.82
18	353.20	353.20	353.20	347.53	347.53	347.53	358.83	358.83	358.83
19	364.04	364.04	364.04	358.19	358.19	358.19	369.83	369.83	369.83
20	375.25	375.25	375.25	369.23	369.23	369.23	381.23	381.23	381.23
21	386.86	386.86	386.86	380.65	380.65	380.65	393.02	393.02	393.02
22	386.86	386.86	386.86	380.65	380.65	380.65	393.02	393.02	393.02
23	386.86	386.86	386.86	380.65	380.65	380.65	393.02	393.02	393.02
24	386.86	386.86	386.86	380.65	380.65	380.65	393.02	393.02	393.02
25	388.41	388.41	388.41	382.17	382.17	382.17	394.59	394.59	394.59
26	396.14	396.14	396.14	389.79	389.79	389.79	402.45	402.45	402.45
27	405.43	405.43	405.43	398.92	398.92	398.92	411.88	411.88	411.88
28	420.52	420.52	420.52	413.77	413.77	413.77	427.21	427.21	427.21
29	432.90	432.90	432.90	425.95	425.95	425.95	439.79	439.79	439.79
30	439.09	439.09	439.09	432.04	432.04	432.04	446.08	446.08	446.08
31	448.37	448.37	448.37	441.17	441.17	441.17	455.51	455.51	455.51
32	457.66	457.66	457.66	450.31	450.31	450.31	464.94	464.94	464.94
33	463.46	463.46	463.46	456.02	456.02	456.02	470.84	470.84	470.84
34	469.65	469.65	469.65	462.11	462.11	462.11	477.13	477.13	477.13
35	472.74	472.74	472.74	465.15	465.15	465.15	480.27	480.27	480.27
36	475.84	475.84	475.84	468.20	468.20	468.20	483.41	483.41	483.41
37	478.93	478.93	478.93	471.24	471.24	471.24	486.56	486.56	486.56
38	482.03	482.03	482.03	474.29	474.29	474.29	489.70	489.70	489.70
39	488.22	488.22	488.22	480.38	480.38	480.38	495.99	495.99	495.99
40	494.41	494.41	494.41	486.47	486.47	486.47	502.28	502.28	502.28
41	503.69	503.69	503.69	495.61	495.61	495.61	511.71	511.71	511.71
42	512.59	512.59	512.59	504.36	504.36	504.36	520.75	520.75	520.75
43	524.97	524.97	524.97	516.54	516.54	516.54	533.33	533.33	533.33
44	540.44	540.44	540.44	531.77	531.77	531.77	549.05	549.05	549.05
45	558.63	558.63	558.63	549.66	549.66	549.66	567.52	567.52	567.52
46	580.29	580.29	580.29	570.98	570.98	570.98	589.53	589.53	589.53
47	604.66	604.66	604.66	594.96	594.96	594.96	614.29	614.29	614.29
48	632.52	632.52	632.52	622.36	622.36	622.36	642.59	642.59	642.59
49	659.98	659.98	659.98	649.39	649.39	649.39	670.49	670.49	670.49
50	690.93	690.93	690.93	679.84	679.84	679.84	701.93	701.93	701.93
51	721.49	721.49	721.49	709.91	709.91	709.91	732.98	732.98	732.98
52	755.15	755.15	755.15	743.03	743.03	743.03	767.18	767.18	767.18
53	789.19	789.19	789.19	776.53	776.53	776.53	801.76	801.76	801.76
54	825.95	825.95	825.95	812.69	812.69	812.69	839.10	839.10	839.10
55	862.70	862.70	862.70	848.85	848.85	848.85	876.43	876.43	876.43
56	902.54	902.54	902.54	888.06	888.06	888.06	916.92	916.92	916.92
57	942.78	942.78	942.78	927.64	927.64	927.64	957.79	957.79	957.79
58	985.72	985.72	985.72	969.90	969.90	969.90	1,001.41	1,001.41	1,001.41
59	1,007.00	1,007.00	1,007.00	990.83	990.83	990.83	1,023.03	1,023.03	1,023.03
60	1,049.94	1,049.94	1,049.94	1,033.08	1,033.08	1,033.08	1,066.66	1,066.66	1,066.66
61	1,087.08	1,087.08	1,087.08	1,069.63	1,069.63	1,069.63	1,104.39	1,104.39	1,104.39
62	1,111.45	1,111.45	1,111.45	1,093.61	1,093.61	1,093.61	1,129.15	1,129.15	1,129.15
63	1,142.01	1,142.01	1,142.01	1,123.68	1,123.68	1,123.68	1,160.20	1,160.20	1,160.20
64+	1,160.58	1,160.58	1,160.58	1,141.95	1,141.95	1,141.95	1,179.06	1,179.06	1,179.06

Pediatric dental plan: Add the $27.08 per child age 18 and younger.
Rates for tobacco users 21 and older are 20% higher than rates shown.

Rates are effective January 1, 2025, through December 31, 2025.

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