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 county
- 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

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 county is listed below. If it isn't, call us at **1-800-494-5314** (TTY **711**) for information on other rate areas.

Service Area – Counties Signature HMO Plan		
Clayton	DeKalb	Gwinnett
Cobb	Fulton	Henry

Service Area – Counties HMO Plan		
Bartow	Fayette	Pike
Butts	Forsyth	Rockdale
Cherokee	Lamar	Spalding
Coweta	Newton	Walton
Douglas	Paulding	

Pediatric Dental (included only through Kaiser Permanente)

Under the ACA, we are required to include pediatric dental benefits with your Kaiser Permanente health plans for those ages 18 and younger. The pediatric dental services are provided by Delta Dental Insurance Company. If you currently have pediatric dental coverage through a stand-alone plan, you are no longer required to keep it.

Preventive Services	100%
Basic Services	50% after deductible
Major Services	50% after deductible
Orthodontic Benefits (Medically Necessary)	50% after deductible

Services are covered at 100% after deductible on the KP GA Signature Catastrophic 10600 plan and the KP GA Catastrophic 10600 plan.

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

KP Offered through Kaiser Permanente

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

RATE AREA 3							
Age on 2026 effective date	KP GA Signature Bronze HMO $7,500 $50	KP GA Bronze HMO $7,500 $50	KP GA Signature Bronze HMO $6,500 40% HSA	KP GA Bronze HMO $6,500 40% HSA	KP GA Signature Bronze HMO $5,500 $60 Virtual Complete	KP GA Bronze HMO $5,500 $60 Virtual Complete	KP GA Signature Silver HMO $5,500 $50 Virtual Complete
0-14	$322.51	$354.42	$311.36	$342.16	$314.93	$346.08	$321.17
15	351.18	385.92	339.04	372.58	342.92	376.85	349.72
16	362.14	397.97	349.62	384.20	353.62	388.61	360.64
17	373.10	410.01	360.20	395.83	364.33	400.37	371.55
18	384.90	422.98	371.60	408.36	375.85	413.04	383.31
19	396.71	435.96	382.99	420.88	387.38	425.70	395.06
20	408.94	449.39	394.79	433.85	399.32	438.82	407.24
21	421.58	463.29	407.01	447.27	411.67	452.40	419.83
22	421.58	463.29	407.01	447.27	411.67	452.40	419.83
23	421.58	463.29	407.01	447.27	411.67	452.40	419.83
24	421.58	463.29	407.01	447.27	411.67	452.40	419.83
25	423.27	465.14	408.63	449.06	413.32	454.21	421.51
26	431.70	474.41	416.77	458.00	421.55	463.25	429.91
27	441.82	485.53	426.54	468.74	431.43	474.11	439.99
28	458.26	503.60	442.41	486.18	447.49	491.75	456.36
29	471.75	518.42	455.44	500.49	460.66	506.23	469.79
30	478.50	525.83	461.95	507.65	467.25	513.47	476.51
31	488.61	536.95	471.72	518.39	477.13	524.33	486.59
32	498.73	548.07	481.49	529.12	487.01	535.18	496.66
33	505.06	555.02	487.59	535.83	493.18	541.97	502.96
34	511.80	562.43	494.10	542.99	499.77	549.21	509.68
35	515.17	566.14	497.36	546.56	503.06	552.83	513.04
36	518.55	569.85	500.62	550.14	506.35	556.45	516.39
37	521.92	573.55	503.87	553.72	509.65	560.07	519.75
38	525.29	577.26	507.13	557.30	512.94	563.69	523.11
39	532.04	584.67	513.64	564.45	519.53	570.92	529.83
40	538.78	592.08	520.15	571.61	526.11	578.16	536.55
41	548.90	603.20	529.92	582.35	535.99	589.02	546.62
42	558.60	613.86	539.28	592.63	545.46	599.42	556.28
43	572.09	628.68	552.31	606.94	558.64	613.90	569.71
44	588.95	647.22	568.59	624.84	575.10	632.00	586.51
45	608.77	668.99	587.72	645.86	594.45	653.26	606.24
46	632.37	694.93	610.51	670.90	617.50	678.59	629.75
47	658.93	724.12	636.15	699.08	643.44	707.09	656.20
48	689.29	757.48	665.45	731.29	673.08	739.67	686.43
49	719.22	790.37	694.35	763.04	702.31	771.79	716.24
50	752.95	827.43	726.91	798.82	735.24	807.98	749.82
51	786.25	864.03	759.06	834.16	767.76	843.72	782.99
52	822.93	904.34	794.47	873.07	803.58	883.08	819.51
53	860.03	945.11	830.29	912.43	839.81	922.89	856.46
54	900.08	989.12	868.96	954.92	878.92	965.87	896.34
55	940.13	1,033.14	907.62	997.41	918.02	1,008.84	936.23
56	983.55	1,080.85	949.54	1,043.48	960.43	1,055.44	979.47
57	1,027.40	1,129.04	991.87	1,090.00	1,003.24	1,102.49	1,023.13
58	1,074.19	1,180.46	1,037.05	1,139.64	1,048.93	1,152.70	1,069.74
59	1,097.38	1,205.94	1,059.43	1,164.24	1,071.58	1,177.59	1,092.83
60	1,144.18	1,257.37	1,104.61	1,213.89	1,117.27	1,227.80	1,139.43
61	1,184.65	1,301.84	1,143.68	1,256.83	1,156.79	1,271.23	1,179.73
62	1,211.21	1,331.03	1,169.33	1,285.01	1,182.73	1,299.73	1,206.18
63	1,244.51	1,367.63	1,201.48	1,320.34	1,215.25	1,335.47	1,239.35
64+	1,264.74	1,389.86	1,221.01	1,341.80	1,235.00	1,357.18	1,259.49

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

KP Offered through Kaiser Permanente

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

RATE AREA 3							
Age on 2026 effective date	KP GA Silver HMO $5,500 $50 Virtual Complete	KP GA Signature Silver HMO $5,000 $40 Virtual Complete	KP GA Silver HMO $5,000 $40 Virtual Complete	KP GA Signature Silver HMO $5,000 $0 HSA	KP GA Silver HMO $5,000 $0 HSA	KP GA Signature Silver HMO $4,000 $0 HSA	KP GA Silver HMO $4,000 $0 HSA
0-14	$352.95	$332.90	$365.83	$322.06	$353.93	$343.92	$377.95
15	384.32	362.49	398.35	350.69	385.39	374.49	411.54
16	396.31	373.80	410.78	361.64	397.42	386.18	424.39
17	408.31	385.12	423.22	372.58	409.44	397.87	437.23
18	421.23	397.30	436.61	384.37	422.40	410.46	451.06
19	434.15	409.49	450.00	396.16	435.35	423.05	464.90
20	447.53	422.11	463.86	408.37	448.77	436.08	479.23
21	461.37	435.16	478.21	421.00	462.65	449.57	494.05
22	461.37	435.16	478.21	421.00	462.65	449.57	494.05
23	461.37	435.16	478.21	421.00	462.65	449.57	494.05
24	461.37	435.16	478.21	421.00	462.65	449.57	494.05
25	463.21	436.90	480.12	422.68	464.50	451.37	496.02
26	472.44	445.60	489.69	431.10	473.75	460.36	505.90
27	483.51	456.05	501.16	441.21	484.86	471.15	517.76
28	501.51	473.02	519.82	457.63	502.90	488.68	537.03
29	516.27	486.95	535.12	471.10	517.70	503.07	552.84
30	523.65	493.91	542.77	477.83	525.11	510.26	560.74
31	534.72	504.35	554.25	487.94	536.21	521.05	572.60
32	545.80	514.80	565.72	498.04	547.31	531.84	584.46
33	552.72	521.32	572.90	504.36	554.25	538.59	591.87
34	560.10	528.29	580.55	511.09	561.66	545.78	599.77
35	563.79	531.77	584.37	514.46	565.36	549.38	603.73
36	567.48	535.25	588.20	517.83	569.06	552.97	607.68
37	571.17	538.73	592.03	521.20	572.76	556.57	611.63
38	574.86	542.21	595.85	524.57	576.46	560.17	615.58
39	582.25	549.17	603.50	531.30	583.86	567.36	623.49
40	589.63	556.14	611.15	538.04	591.26	574.55	631.39
41	600.70	566.58	622.63	548.14	602.37	585.34	643.25
42	611.31	576.59	633.63	557.82	613.01	595.68	654.61
43	626.07	590.51	648.93	571.30	627.81	610.07	670.42
44	644.53	607.92	668.06	588.14	646.32	628.05	690.18
45	666.21	628.37	690.54	607.92	668.06	649.18	713.40
46	692.05	652.74	717.32	631.50	693.97	674.36	741.07
47	721.12	680.16	747.44	658.02	723.12	702.68	772.20
48	754.33	711.49	781.87	688.33	756.43	735.05	807.77
49	787.09	742.38	815.83	718.23	789.28	766.97	842.84
50	824.00	777.20	854.08	751.91	826.29	802.93	882.37
51	860.45	811.58	891.86	785.16	862.84	838.45	921.40
52	900.59	849.43	933.47	821.79	903.09	877.56	964.38
53	941.19	887.73	975.55	858.84	943.80	917.13	1,007.86
54	985.02	929.07	1,020.98	898.83	987.75	959.84	1,054.79
55	1,028.85	970.41	1,066.41	938.83	1,031.71	1,002.54	1,101.73
56	1,076.37	1,015.23	1,115.67	982.19	1,079.36	1,048.85	1,152.61
57	1,124.35	1,060.49	1,165.40	1,025.98	1,127.47	1,095.61	1,203.99
58	1,175.56	1,108.79	1,218.48	1,072.71	1,178.83	1,145.51	1,258.83
59	1,200.94	1,132.72	1,244.78	1,095.86	1,204.27	1,170.23	1,286.00
60	1,252.15	1,181.03	1,297.86	1,142.59	1,255.63	1,220.14	1,340.84
61	1,296.44	1,222.80	1,343.77	1,183.01	1,300.04	1,263.30	1,388.27
62	1,325.51	1,250.22	1,373.90	1,209.53	1,329.19	1,291.62	1,419.40
63	1,361.96	1,284.59	1,411.68	1,242.79	1,365.74	1,327.14	1,458.43
64+	1,384.09	1,305.47	1,434.62	1,262.99	1,387.94	1,348.70	1,482.13

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

KP Offered through Kaiser Permanente

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

RATE AREA 3							
Age on 2026 effective date	KP GA Signature Silver HMO $6,500 $60	KP GA Silver HMO $6,500 $60	KP GA Signature Silver HMO $6,000 $50	KP GA Silver HMO $6,000 $50	KP GA Signature Silver HMO $4,500 $35	KP GA Silver HMO $4,500 $35	KP GA Silver HMO $3,500 $30
0-14	$331.43	$364.22	$337.23	$370.59	$348.83	$383.34	$394.12
15	360.89	396.60	367.21	403.53	379.84	417.41	429.16
16	372.16	408.97	378.67	416.13	391.69	430.44	442.55
17	383.42	421.35	390.13	428.73	403.55	443.47	455.95
18	395.55	434.68	402.47	442.29	416.31	457.50	470.37
19	407.68	448.01	414.82	455.85	429.08	471.53	484.80
20	420.25	461.82	427.60	469.90	442.31	486.06	499.74
21	433.24	476.11	440.82	484.44	455.99	501.10	515.19
22	433.24	476.11	440.82	484.44	455.99	501.10	515.19
23	433.24	476.11	440.82	484.44	455.99	501.10	515.19
24	433.24	476.11	440.82	484.44	455.99	501.10	515.19
25	434.98	478.01	442.59	486.37	457.81	503.10	517.25
26	443.64	487.53	451.40	496.06	466.93	513.12	527.56
27	454.04	498.96	461.98	507.69	477.87	525.15	539.92
28	470.94	517.53	479.18	526.58	495.66	544.69	560.01
29	484.80	532.76	493.28	542.08	510.25	560.73	576.50
30	491.73	540.38	500.34	549.83	517.54	568.74	584.74
31	502.13	551.81	510.92	561.46	528.49	580.77	597.11
32	512.53	563.23	521.50	573.09	539.43	592.80	609.47
33	519.03	570.37	528.11	580.35	546.27	600.31	617.20
34	525.96	577.99	535.16	588.10	553.57	608.33	625.44
35	529.42	581.80	538.69	591.98	557.21	612.34	629.57
36	532.89	585.61	542.21	595.86	560.86	616.35	633.69
37	536.36	589.42	545.74	599.73	564.51	620.36	637.81
38	539.82	593.23	549.27	603.61	568.16	624.37	641.93
39	546.75	600.84	556.32	611.36	575.45	632.38	650.17
40	553.69	608.46	563.37	619.11	582.75	640.40	658.42
41	564.08	619.89	573.95	630.73	593.69	652.43	670.78
42	574.05	630.84	584.09	641.88	604.18	663.95	682.63
43	587.91	646.07	598.20	657.38	618.77	679.99	699.12
44	605.24	665.12	615.83	676.76	637.01	700.03	719.72
45	625.61	687.50	636.55	699.52	658.44	723.58	743.94
46	649.87	714.16	661.24	726.65	683.98	751.64	772.79
47	677.16	744.15	689.01	757.17	712.71	783.21	805.25
48	708.35	778.43	720.75	792.05	745.54	819.29	842.34
49	739.12	812.24	752.05	826.45	777.91	854.87	878.92
50	773.77	850.32	787.31	865.20	814.39	894.96	920.13
51	808.00	887.94	822.14	903.47	850.41	934.54	960.84
52	845.69	929.36	860.49	945.62	890.08	978.14	1,005.66
53	883.82	971.25	899.28	988.25	930.21	1,022.24	1,050.99
54	924.98	1,016.48	941.16	1,034.27	973.53	1,069.84	1,099.94
55	966.14	1,061.71	983.04	1,080.29	1,016.85	1,117.44	1,148.88
56	1,010.76	1,110.75	1,028.44	1,130.19	1,063.81	1,169.06	1,201.95
57	1,055.82	1,160.27	1,074.29	1,180.57	1,111.24	1,221.17	1,255.53
58	1,103.91	1,213.12	1,123.22	1,234.34	1,161.85	1,276.79	1,312.71
59	1,127.74	1,239.30	1,147.47	1,260.99	1,186.93	1,304.35	1,341.05
60	1,175.83	1,292.15	1,196.40	1,314.76	1,237.54	1,359.97	1,398.23
61	1,217.42	1,337.86	1,238.72	1,361.26	1,281.32	1,408.08	1,447.69
62	1,244.71	1,367.85	1,266.49	1,391.78	1,310.05	1,439.65	1,480.15
63	1,278.94	1,405.46	1,301.32	1,430.05	1,346.07	1,479.23	1,520.85
64+	1,299.72	1,428.31	1,322.46	1,453.30	1,367.95	1,503.28	1,545.57

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

KP Offered through Kaiser Permanente

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

RATE AREA 3					
Age on 2026 effective date	KP GA Signature Silver HMO $3,500 $30	KP GA Signature Gold HMO $4,000 $25	KP GA Gold HMO $4,000 $25	KP GA Signature Gold HMO $3,500 $0 HSA	KP GA Gold HMO $3,500 $0 HSA
0-14	$358.64	$373.36	$410.30	$377.38	$414.71
15	390.52	406.55	446.77	410.92	451.57
16	402.71	419.24	460.72	423.75	465.67
17	414.90	431.93	474.66	436.57	479.76
18	428.03	445.60	489.68	450.39	494.94
19	441.15	459.26	504.70	464.20	510.12
20	454.75	473.41	520.25	478.51	525.84
21	468.81	488.06	536.34	493.30	542.11
22	468.81	488.06	536.34	493.30	542.11
23	468.81	488.06	536.34	493.30	542.11
24	468.81	488.06	536.34	493.30	542.11
25	470.69	490.01	538.48	495.28	544.27
26	480.07	499.77	549.21	505.14	555.12
27	491.32	511.48	562.08	516.98	568.13
28	509.60	530.52	583.00	536.22	589.27
29	524.60	546.13	600.16	552.01	606.62
30	532.10	553.94	608.74	559.90	615.29
31	543.36	565.66	621.62	571.74	628.30
32	554.61	577.37	634.49	583.58	641.31
33	561.64	584.69	642.53	590.98	649.44
34	569.14	592.50	651.12	598.87	658.12
35	572.89	596.40	655.41	602.82	662.45
36	576.64	600.31	659.70	606.76	666.79
37	580.39	604.21	663.99	610.71	671.13
38	584.14	608.12	668.28	614.66	675.46
39	591.64	615.93	676.86	622.55	684.14
40	599.14	623.74	685.44	630.44	692.81
41	610.40	635.45	698.31	642.28	705.82
42	621.18	646.67	710.65	653.63	718.29
43	636.18	662.29	727.81	669.41	735.64
44	654.93	681.81	749.27	689.15	757.32
45	676.97	704.75	774.47	712.33	782.80
46	703.22	732.08	804.51	739.96	813.16
47	732.76	762.83	838.30	771.03	847.31
48	766.51	797.97	876.91	806.55	886.34
49	799.80	832.62	914.99	841.58	924.83
50	837.30	871.67	957.90	881.04	968.20
51	874.34	910.22	1,000.27	920.01	1,011.03
52	915.12	952.69	1,046.93	962.93	1,058.19
53	956.38	995.63	1,094.13	1,006.34	1,105.90
54	1,000.92	1,042.00	1,145.08	1,053.20	1,157.40
55	1,045.45	1,088.37	1,196.04	1,100.07	1,208.90
56	1,093.74	1,138.64	1,251.28	1,150.88	1,264.73
57	1,142.50	1,189.39	1,307.06	1,202.18	1,321.11
58	1,194.54	1,243.57	1,366.59	1,256.94	1,381.29
59	1,220.32	1,270.41	1,396.09	1,284.07	1,411.10
60	1,272.36	1,324.58	1,455.62	1,338.83	1,471.28
61	1,317.37	1,371.44	1,507.11	1,386.18	1,523.32
62	1,346.90	1,402.19	1,540.90	1,417.26	1,557.47
63	1,383.94	1,440.74	1,583.27	1,456.23	1,600.30
64+	1,406.43	1,464.16	1,609.01	1,479.90	1,626.31

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

KP Offered through Kaiser Permanente

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

RATE AREA 3							
Age on 2026 effective date	KP GA Signature Gold HMO $2,000 $20	KP GA Gold HMO $2,000 $20	KP GA Signature Gold HMO $1,500 $30	KP GA Gold HMO $1,500 $30	KP GA Signature Gold HMO $1,000 $20	KP GA Gold HMO $1,000 $20	KP GA Signature Gold HMO $500 $20
0-14	$385.85	$424.03	$409.94	$450.50	$415.29	$456.38	$424.22
15	420.15	461.72	446.38	490.54	452.21	496.95	461.92
16	433.27	476.13	460.31	505.85	466.32	512.46	476.34
17	446.38	490.54	474.25	521.16	480.44	527.97	490.76
18	460.50	506.06	489.25	537.65	495.64	544.67	506.29
19	474.62	521.58	504.25	554.14	510.84	561.38	521.81
20	489.25	537.65	519.79	571.22	526.58	578.68	537.89
21	504.38	554.28	535.87	588.88	542.87	596.57	554.53
22	504.38	554.28	535.87	588.88	542.87	596.57	554.53
23	504.38	554.28	535.87	588.88	542.87	596.57	554.53
24	504.38	554.28	535.87	588.88	542.87	596.57	554.53
25	506.40	556.50	538.01	591.24	545.04	598.96	556.75
26	516.49	567.58	548.73	603.02	555.90	610.89	567.84
27	528.59	580.89	561.59	617.15	568.93	625.21	581.15
28	548.26	602.50	582.49	640.12	590.10	648.47	602.77
29	564.40	620.24	599.64	658.96	607.47	667.57	620.52
30	572.47	629.11	608.21	668.38	616.15	677.11	629.39
31	584.58	642.41	621.07	682.52	629.18	691.43	642.70
32	596.69	655.71	633.93	696.65	642.21	705.75	656.01
33	604.25	664.03	641.97	705.48	650.36	714.69	664.33
34	612.32	672.90	650.55	714.90	659.04	724.24	673.20
35	616.36	677.33	654.83	719.62	663.38	729.01	677.64
36	620.39	681.77	659.12	724.33	667.73	733.78	682.07
37	624.43	686.20	663.41	729.04	672.07	738.56	686.51
38	628.46	690.63	667.69	733.75	676.41	743.33	690.94
39	636.53	699.50	676.27	743.17	685.10	752.88	699.82
40	644.60	708.37	684.84	752.59	693.79	762.42	708.69
41	656.71	721.67	697.70	766.73	706.81	776.74	722.00
42	668.31	734.42	710.03	780.27	719.30	790.46	734.75
43	684.45	752.16	727.18	799.12	736.67	809.55	752.50
44	704.62	774.33	748.61	822.67	758.39	833.41	774.68
45	728.33	800.38	773.80	850.35	783.90	861.45	800.74
46	756.57	831.42	803.81	883.33	814.30	894.86	831.79
47	788.35	866.34	837.57	920.43	848.50	932.44	866.73
48	824.67	906.25	876.15	962.82	887.59	975.40	906.66
49	860.48	945.60	914.20	1,004.64	926.13	1,017.75	946.03
50	900.83	989.95	957.06	1,051.75	969.56	1,065.48	990.39
51	940.67	1,033.73	999.40	1,098.27	1,012.45	1,112.61	1,034.20
52	984.56	1,081.96	1,046.02	1,149.50	1,059.68	1,164.51	1,082.44
53	1,028.94	1,130.73	1,093.18	1,201.32	1,107.45	1,217.01	1,131.24
54	1,076.86	1,183.39	1,144.08	1,257.27	1,159.02	1,273.68	1,183.92
55	1,124.77	1,236.05	1,194.99	1,313.21	1,210.60	1,330.36	1,236.60
56	1,176.73	1,293.14	1,250.19	1,373.87	1,266.51	1,391.80	1,293.72
57	1,229.18	1,350.78	1,305.92	1,435.11	1,322.97	1,453.85	1,351.39
58	1,285.17	1,412.31	1,365.40	1,500.48	1,383.23	1,520.07	1,412.94
59	1,312.91	1,442.79	1,394.87	1,532.86	1,413.08	1,552.88	1,443.44
60	1,368.90	1,504.32	1,454.35	1,598.23	1,473.34	1,619.10	1,504.99
61	1,417.32	1,557.53	1,505.80	1,654.76	1,525.46	1,676.37	1,558.23
62	1,449.09	1,592.45	1,539.56	1,691.86	1,559.66	1,713.95	1,593.16
63	1,488.94	1,636.24	1,581.89	1,738.38	1,602.55	1,761.08	1,636.97
64+	1,513.14	1,662.83	1,607.60	1,766.64	1,628.59	1,789.71	1,663.58

Rates are effective January 1, 2026, through December 31, 2026.

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange.

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

RATE AREA 3							
Age on 2026 effective date	KP GA Gold HMO $500 $20	KP GA Signature Gold HMO $0 $25	KP GA Gold HMO $0 $25	KP GA Signature Catastrophic HMO $10,600 $0	KP GA Catastrophic HMO $10,600 $0	KP GA Signature Bronze HMO $7,500 $50	KP GA Bronze HMO $7,500 $50
0-14	$466.18	$408.16	$448.54	$291.73	$320.59	$322.25	$354.13
15	507.62	444.44	488.40	317.66	349.09	350.90	385.61
16	523.46	458.31	503.65	327.58	359.99	361.85	397.65
17	539.31	472.18	518.89	337.49	370.88	372.80	409.68
18	556.37	487.12	535.31	348.17	382.62	384.60	422.65
19	573.43	502.06	551.73	358.85	394.35	396.39	435.61
20	591.11	517.53	568.73	369.91	406.50	408.61	449.03
21	609.39	533.54	586.32	381.35	419.07	421.25	462.92
22	609.39	533.54	586.32	381.35	419.07	421.25	462.92
23	609.39	533.54	586.32	381.35	419.07	421.25	462.92
24	609.39	533.54	586.32	381.35	419.07	421.25	462.92
25	611.83	535.67	588.67	382.87	420.75	422.93	464.77
26	624.01	546.34	600.39	390.50	429.13	431.36	474.03
27	638.64	559.15	614.46	399.65	439.19	441.47	485.14
28	662.41	579.96	637.33	414.53	455.53	457.90	503.19
29	681.91	597.03	656.09	426.73	468.94	471.37	518.01
30	691.66	605.57	665.47	432.83	475.65	478.11	525.41
31	706.28	618.37	679.55	441.98	485.71	488.22	536.52
32	720.91	631.18	693.62	451.14	495.77	498.33	547.63
33	730.05	639.18	702.41	456.86	502.05	504.65	554.58
34	739.80	647.72	711.79	462.96	508.76	511.39	561.98
35	744.67	651.98	716.48	466.01	512.11	514.76	565.69
36	749.55	656.25	721.17	469.06	515.46	518.13	569.39
37	754.42	660.52	725.86	472.11	518.81	521.50	573.10
38	759.30	664.79	730.56	475.16	522.17	524.87	576.80
39	769.05	673.33	739.94	481.26	528.87	531.61	584.21
40	778.80	681.86	749.32	487.36	535.58	538.35	591.61
41	793.42	694.67	763.39	496.52	545.64	548.46	602.72
42	807.44	706.94	776.87	505.29	555.27	558.15	613.37
43	826.94	724.01	795.64	517.49	568.68	571.63	628.18
44	851.32	745.35	819.09	532.74	585.45	588.48	646.70
45	879.96	770.43	846.65	550.67	605.14	608.28	668.46
46	914.08	800.31	879.48	572.02	628.61	631.87	694.38
47	952.47	833.92	916.42	596.05	655.01	658.41	723.54
48	996.35	872.33	958.63	623.50	685.19	688.74	756.87
49	1,039.62	910.22	1,000.26	650.58	714.94	718.65	789.74
50	1,088.37	952.90	1,047.17	681.09	748.47	752.35	826.78
51	1,136.51	995.05	1,093.49	711.22	781.57	785.62	863.35
52	1,189.53	1,041.47	1,144.50	744.39	818.03	822.27	903.62
53	1,243.15	1,088.42	1,196.09	777.95	854.91	859.34	944.36
54	1,301.05	1,139.10	1,251.79	814.18	894.73	899.36	988.33
55	1,358.94	1,189.79	1,307.49	850.41	934.54	939.38	1,032.31
56	1,421.70	1,244.74	1,367.89	889.69	977.70	982.77	1,079.99
57	1,485.08	1,300.23	1,428.86	929.35	1,021.29	1,026.58	1,128.14
58	1,552.72	1,359.46	1,493.94	971.68	1,067.80	1,073.34	1,179.52
59	1,586.24	1,388.80	1,526.19	992.65	1,090.85	1,096.50	1,204.98
60	1,653.88	1,448.02	1,591.27	1,034.98	1,137.37	1,143.26	1,256.37
61	1,712.38	1,499.24	1,647.56	1,071.59	1,177.60	1,183.70	1,300.81
62	1,750.77	1,532.86	1,684.50	1,095.61	1,204.00	1,210.24	1,329.97
63	1,798.92	1,575.00	1,730.82	1,125.74	1,237.11	1,243.52	1,366.54
64+	1,828.16	1,600.60	1,758.95	1,144.04	1,257.21	1,263.73	1,388.75

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

E Offered through the health benefit exchange.

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

RATE AREA 3							
Age on 2026 effective date	E KP GA Signature Bronze HMO $6,500 40% HSA	E KP GA Bronze HMO $6,500 40% HSA	E KP GA Signature Bronze HMO $5,500 $60 Virtual Complete	E KP GA Bronze HMO $5,500 $60 Virtual Complete	E KP GA Signature Silver HMO $6,000 $50	E KP GA Silver HMO $6,000 $50	E KP GA Signature Silver HMO $5,000 $40 Virtual Complete
0-14	$311.11	$341.89	$314.68	$345.81	$376.57	$413.83	$371.75
15	338.77	372.28	342.65	376.55	410.05	450.61	404.80
16	349.34	383.90	353.34	388.30	422.84	464.68	417.43
17	359.91	395.52	364.04	400.05	435.64	478.74	430.07
18	371.30	408.03	375.56	412.71	449.43	493.89	443.67
19	382.69	420.55	387.07	425.37	463.21	509.03	457.28
20	394.48	433.51	399.00	438.47	477.48	524.72	471.37
21	406.68	446.91	411.34	452.04	492.25	540.95	485.95
22	406.68	446.91	411.34	452.04	492.25	540.95	485.95
23	406.68	446.91	411.34	452.04	492.25	540.95	485.95
24	406.68	446.91	411.34	452.04	492.25	540.95	485.95
25	408.31	448.70	412.99	453.84	494.22	543.11	487.90
26	416.44	457.64	421.21	462.88	504.06	553.93	497.62
27	426.20	468.36	431.09	473.73	515.88	566.91	509.28
28	442.06	485.79	447.13	491.36	535.08	588.01	528.23
29	455.08	500.10	460.29	505.83	550.83	605.32	543.78
30	461.58	507.25	466.87	513.06	558.70	613.98	551.56
31	471.34	517.97	476.75	523.91	570.52	626.96	563.22
32	481.10	528.70	486.62	534.76	582.33	639.94	574.88
33	487.20	535.40	492.79	541.54	589.72	648.06	582.17
34	493.71	542.55	499.37	548.77	597.59	656.71	589.95
35	496.96	546.13	502.66	552.39	601.53	661.04	593.83
36	500.22	549.70	505.95	556.00	605.47	665.37	597.72
37	503.47	553.28	509.24	559.62	609.41	669.69	601.61
38	506.72	556.85	512.53	563.24	613.34	674.02	605.50
39	513.23	564.00	519.11	570.47	621.22	682.68	613.27
40	519.74	571.15	525.69	577.70	629.10	691.33	621.05
41	529.50	581.88	535.57	588.55	640.91	704.32	632.71
42	538.85	592.16	545.03	598.95	652.23	716.76	643.89
43	551.87	606.46	558.19	613.41	667.98	734.07	659.44
44	568.13	624.34	574.64	631.49	687.67	755.71	678.88
45	587.25	645.34	593.98	652.74	710.81	781.13	701.72
46	610.02	670.37	617.01	678.05	738.38	811.42	728.93
47	635.64	698.53	642.93	706.53	769.39	845.50	759.54
48	664.92	730.70	672.54	739.08	804.83	884.45	794.53
49	693.80	762.43	701.75	771.17	839.78	922.86	829.04
50	726.33	798.19	734.66	807.34	879.16	966.13	867.91
51	758.46	833.49	767.15	843.05	918.05	1,008.87	906.30
52	793.84	872.37	802.94	882.37	960.87	1,055.93	948.58
53	829.63	911.70	839.14	922.15	1,004.19	1,103.54	991.34
54	868.26	954.16	878.21	965.10	1,050.96	1,154.93	1,037.51
55	906.90	996.62	917.29	1,008.04	1,097.72	1,206.32	1,083.67
56	948.79	1,042.65	959.66	1,054.60	1,148.42	1,262.03	1,133.73
57	991.08	1,089.13	1,002.44	1,101.61	1,199.62	1,318.29	1,184.27
58	1,036.22	1,138.73	1,048.10	1,151.79	1,254.26	1,378.34	1,238.21
59	1,058.59	1,163.31	1,070.72	1,176.65	1,281.33	1,408.09	1,264.93
60	1,103.73	1,212.92	1,116.38	1,226.82	1,335.97	1,468.14	1,318.88
61	1,142.77	1,255.83	1,155.87	1,270.22	1,383.23	1,520.07	1,365.53
62	1,168.39	1,283.98	1,181.78	1,298.70	1,414.24	1,554.15	1,396.14
63	1,200.52	1,319.29	1,214.28	1,334.41	1,453.12	1,596.88	1,434.53
64+	1,220.03	1,340.73	1,234.02	1,356.10	1,476.74	1,622.84	1,457.85

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

E Offered through the health benefit exchange.

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

RATE AREA 3							
Age on 2026 effective date	E KP GA Silver HMO $5,000 $40 Virtual Complete	E KP GA Signature Silver HMO $4,500 $35	E KP GA Silver HMO $4,500 $35	E KP GA Signature Silver HMO $3,500 $30	E KP GA Silver HMO $3,500 $30	E KP GA Signature Gold HMO $2,000 $20	E KP GA Gold HMO $2,000 $20
0-14	$408.53	$389.52	$428.06	$400.48	$440.10	$385.55	$423.69
15	444.84	424.15	466.11	436.08	479.22	419.82	461.35
16	458.73	437.39	480.66	449.69	494.18	432.92	475.75
17	472.61	450.62	495.20	463.30	509.14	446.02	490.15
18	487.57	464.88	510.87	477.96	525.24	460.13	505.66
19	502.52	479.14	526.54	492.62	541.35	474.25	521.16
20	518.01	493.90	542.77	507.80	558.04	488.86	537.22
21	534.03	509.18	559.55	523.51	575.29	503.98	553.84
22	534.03	509.18	559.55	523.51	575.29	503.98	553.84
23	534.03	509.18	559.55	523.51	575.29	503.98	553.84
24	534.03	509.18	559.55	523.51	575.29	503.98	553.84
25	536.16	511.22	561.79	525.60	577.60	506.00	556.05
26	546.84	521.40	572.98	536.07	589.10	516.08	567.13
27	559.66	533.62	586.41	548.63	602.91	528.17	580.42
28	580.49	553.48	608.23	569.05	625.35	547.83	602.02
29	597.58	569.77	626.14	585.80	643.75	563.95	619.75
30	606.12	577.92	635.09	594.18	652.96	572.02	628.61
31	618.94	590.14	648.52	606.74	666.77	584.11	641.90
32	631.75	602.36	661.95	619.31	680.57	596.21	655.19
33	639.76	610.00	670.34	627.16	689.20	603.77	663.50
34	648.31	618.14	679.30	635.54	698.41	611.83	672.36
35	652.58	622.22	683.77	639.72	703.01	615.86	676.79
36	656.85	626.29	688.25	643.91	707.61	619.90	681.22
37	661.13	630.37	692.73	648.10	712.21	623.93	685.65
38	665.40	634.44	697.20	652.29	716.82	627.96	690.08
39	673.94	642.59	706.16	660.66	726.02	636.02	698.95
40	682.49	650.73	715.11	669.04	735.23	644.09	707.81
41	695.30	662.95	728.54	681.60	749.03	656.18	721.10
42	707.59	674.66	741.41	693.64	762.27	667.77	733.84
43	724.68	690.96	759.31	710.40	780.67	683.90	751.56
44	746.04	711.32	781.70	731.34	803.69	704.06	773.71
45	771.14	735.26	807.99	755.94	830.73	727.75	799.74
46	801.04	763.77	839.33	785.26	862.94	755.97	830.76
47	834.68	795.85	874.58	818.24	899.19	787.72	865.65
48	873.13	832.51	914.87	855.93	940.61	824.01	905.53
49	911.05	868.66	954.60	893.10	981.45	859.79	944.85
50	953.77	909.40	999.36	934.98	1,027.48	900.11	989.16
51	995.96	949.62	1,043.57	976.34	1,072.92	939.92	1,032.91
52	1,042.42	993.92	1,092.25	1,021.88	1,122.98	983.77	1,081.09
53	1,089.42	1,038.73	1,141.49	1,067.95	1,173.60	1,028.12	1,129.83
54	1,140.15	1,087.10	1,194.65	1,117.68	1,228.25	1,076.00	1,182.45
55	1,190.88	1,135.47	1,247.80	1,167.42	1,282.91	1,123.88	1,235.06
56	1,245.89	1,187.92	1,305.44	1,221.34	1,342.16	1,175.79	1,292.11
57	1,301.42	1,240.87	1,363.63	1,275.78	1,401.99	1,228.20	1,349.71
58	1,360.70	1,297.39	1,425.74	1,333.89	1,465.85	1,284.14	1,411.18
59	1,390.07	1,325.40	1,456.52	1,362.68	1,497.49	1,311.86	1,441.64
60	1,449.35	1,381.92	1,518.63	1,420.79	1,561.35	1,367.80	1,503.12
61	1,500.62	1,430.80	1,572.34	1,471.05	1,616.58	1,416.19	1,556.29
62	1,534.26	1,462.87	1,607.60	1,504.03	1,652.82	1,447.94	1,591.18
63	1,576.45	1,503.10	1,651.80	1,545.39	1,698.27	1,487.75	1,634.93
64+	1,602.07	1,527.53	1,678.65	1,570.51	1,725.87	1,511.93	1,661.51

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

E Offered through the health benefit exchange.

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

RATE AREA 3							
Age on 2026 effective date	E KP GA Signature Gold HMO $1,500 $30	E KP GA Gold HMO $1,500 $30	E KP GA Signature Gold HMO $1,000 $20	E KP GA Gold HMO $1,000 $20	E KP GA Signature Gold HMO $500 $20	E KP GA Gold HMO $500 $20	E KP GA Signature Catastrophic HMO $10,600 $0
0-14	$409.61	$450.14	$414.96	$456.01	$423.88	$465.81	$291.50
15	446.02	490.15	451.85	496.55	461.56	507.22	317.41
16	459.95	505.45	465.95	512.05	475.96	523.05	327.32
17	473.87	520.75	480.06	527.55	490.37	538.88	337.22
18	488.86	537.22	495.24	544.24	505.88	555.93	347.89
19	503.85	553.70	510.43	560.93	521.40	572.98	358.56
20	519.38	570.76	526.16	578.21	537.47	590.64	369.61
21	535.44	588.41	542.44	596.10	554.09	608.90	381.04
22	535.44	588.41	542.44	596.10	554.09	608.90	381.04
23	535.44	588.41	542.44	596.10	554.09	608.90	381.04
24	535.44	588.41	542.44	596.10	554.09	608.90	381.04
25	537.59	590.77	544.60	598.48	556.30	611.34	382.57
26	548.29	602.54	555.45	610.40	567.39	623.52	390.19
27	561.14	616.66	568.47	624.71	580.68	638.13	399.33
28	582.03	639.61	589.63	647.96	602.29	661.88	414.20
29	599.16	658.44	606.98	667.03	620.02	681.36	426.39
30	607.73	667.85	615.66	676.57	628.89	691.11	432.49
31	620.58	681.97	628.68	690.88	642.19	705.72	441.63
32	633.43	696.09	641.70	705.18	655.49	720.33	450.78
33	641.46	704.92	649.84	714.12	663.80	729.47	456.49
34	650.03	714.33	658.52	723.66	672.66	739.21	462.59
35	654.31	719.04	662.86	728.43	677.10	744.08	465.64
36	658.60	723.75	667.20	733.20	681.53	748.95	468.68
37	662.88	728.46	671.53	737.97	685.96	753.82	471.73
38	667.16	733.16	675.87	742.74	690.39	758.69	474.78
39	675.73	742.58	684.55	752.28	699.26	768.44	480.88
40	684.30	751.99	693.23	761.81	708.12	778.18	486.98
41	697.15	766.12	706.25	776.12	721.42	792.79	496.12
42	709.46	779.65	718.73	789.83	734.17	806.80	504.88
43	726.60	798.48	736.08	808.90	751.90	826.28	517.08
44	748.01	822.01	757.78	832.75	774.06	850.64	532.32
45	773.18	849.67	783.28	860.76	800.10	879.26	550.23
46	803.17	882.62	813.65	894.15	831.13	913.35	571.57
47	836.90	919.69	847.83	931.70	866.04	951.72	595.57
48	875.45	962.06	886.88	974.62	905.93	995.56	623.01
49	913.47	1,003.83	925.39	1,016.94	945.27	1,038.79	650.06
50	956.30	1,050.91	968.79	1,064.63	989.60	1,087.50	680.55
51	998.60	1,097.39	1,011.64	1,111.72	1,033.37	1,135.60	710.65
52	1,045.19	1,148.58	1,058.83	1,163.58	1,081.58	1,188.58	743.80
53	1,092.30	1,200.37	1,106.57	1,216.04	1,130.34	1,242.16	777.33
54	1,143.17	1,256.26	1,158.10	1,272.67	1,182.98	1,300.01	813.53
55	1,194.04	1,312.16	1,209.63	1,329.30	1,235.62	1,357.85	849.73
56	1,249.19	1,372.77	1,265.50	1,390.70	1,292.69	1,420.57	888.98
57	1,304.88	1,433.97	1,321.91	1,452.69	1,350.31	1,483.90	928.61
58	1,364.31	1,499.28	1,382.12	1,518.86	1,411.82	1,551.49	970.90
59	1,393.76	1,531.64	1,411.96	1,551.64	1,442.29	1,584.97	991.86
60	1,453.19	1,596.96	1,472.17	1,617.81	1,503.79	1,652.56	1,034.16
61	1,504.60	1,653.44	1,524.24	1,675.03	1,556.99	1,711.02	1,070.74
62	1,538.33	1,690.51	1,558.42	1,712.59	1,591.89	1,749.38	1,094.74
63	1,580.63	1,737.00	1,601.27	1,759.68	1,635.67	1,797.48	1,124.84
64+	1,606.32	1,765.23	1,627.30	1,788.28	1,662.25	1,826.70	1,143.12

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

E Offered through the health benefit exchange.

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

RATE AREA 3							
Age on 2026 effective date	E KP GA Catastrophic HMO $10,600 $0	E KP GA Signature Silver HMO $3,000 $40	E KP GA Silver HMO $3,000 $40	E KP GA Signature Silver HMO $700 $20	E KP GA Silver HMO $700 $20	E KP GA Signature Silver HMO $0 $0	E KP GA Silver HMO $0 $0
0-14	$320.34	$376.57	$413.83	$376.57	$413.83	$376.57	$413.83
15	348.81	410.05	450.61	410.05	450.61	410.05	450.61
16	359.70	422.84	464.68	422.84	464.68	422.84	464.68
17	370.59	435.64	478.74	435.64	478.74	435.64	478.74
18	382.31	449.43	493.89	449.43	493.89	449.43	493.89
19	394.04	463.21	509.03	463.21	509.03	463.21	509.03
20	406.18	477.48	524.72	477.48	524.72	477.48	524.72
21	418.74	492.25	540.95	492.25	540.95	492.25	540.95
22	418.74	492.25	540.95	492.25	540.95	492.25	540.95
23	418.74	492.25	540.95	492.25	540.95	492.25	540.95
24	418.74	492.25	540.95	492.25	540.95	492.25	540.95
25	420.42	494.22	543.11	494.22	543.11	494.22	543.11
26	428.79	504.06	553.93	504.06	553.93	504.06	553.93
27	438.84	515.88	566.91	515.88	566.91	515.88	566.91
28	455.17	535.08	588.01	535.08	588.01	535.08	588.01
29	468.57	550.83	605.32	550.83	605.32	550.83	605.32
30	475.27	558.70	613.98	558.70	613.98	558.70	613.98
31	485.32	570.52	626.96	570.52	626.96	570.52	626.96
32	495.37	582.33	639.94	582.33	639.94	582.33	639.94
33	501.65	589.72	648.06	589.72	648.06	589.72	648.06
34	508.35	597.59	656.71	597.59	656.71	597.59	656.71
35	511.70	601.53	661.04	601.53	661.04	601.53	661.04
36	515.05	605.47	665.37	605.47	665.37	605.47	665.37
37	518.40	609.41	669.69	609.41	669.69	609.41	669.69
38	521.75	613.34	674.02	613.34	674.02	613.34	674.02
39	528.45	621.22	682.68	621.22	682.68	621.22	682.68
40	535.15	629.10	691.33	629.10	691.33	629.10	691.33
41	545.20	640.91	704.32	640.91	704.32	640.91	704.32
42	554.83	652.23	716.76	652.23	716.76	652.23	716.76
43	568.23	667.98	734.07	667.98	734.07	667.98	734.07
44	584.98	687.67	755.71	687.67	755.71	687.67	755.71
45	604.66	710.81	781.13	710.81	781.13	710.81	781.13
46	628.11	738.38	811.42	738.38	811.42	738.38	811.42
47	654.49	769.39	845.50	769.39	845.50	769.39	845.50
48	684.64	804.83	884.45	804.83	884.45	804.83	884.45
49	714.37	839.78	922.86	839.78	922.86	839.78	922.86
50	747.87	879.16	966.13	879.16	966.13	879.16	966.13
51	780.95	918.05	1,008.87	918.05	1,008.87	918.05	1,008.87
52	817.38	960.87	1,055.93	960.87	1,055.93	960.87	1,055.93
53	854.23	1,004.19	1,103.54	1,004.19	1,103.54	1,004.19	1,103.54
54	894.01	1,050.96	1,154.93	1,050.96	1,154.93	1,050.96	1,154.93
55	933.79	1,097.72	1,206.32	1,097.72	1,206.32	1,097.72	1,206.32
56	976.92	1,148.42	1,262.03	1,148.42	1,262.03	1,148.42	1,262.03
57	1,020.47	1,199.62	1,318.29	1,199.62	1,318.29	1,199.62	1,318.29
58	1,066.95	1,254.26	1,378.34	1,254.26	1,378.34	1,254.26	1,378.34
59	1,089.98	1,281.33	1,408.09	1,281.33	1,408.09	1,281.33	1,408.09
60	1,136.46	1,335.97	1,468.14	1,335.97	1,468.14	1,335.97	1,468.14
61	1,176.66	1,383.23	1,520.07	1,383.23	1,520.07	1,383.23	1,520.07
62	1,203.04	1,414.24	1,554.15	1,414.24	1,554.15	1,414.24	1,554.15
63	1,236.12	1,453.12	1,596.88	1,453.12	1,596.88	1,453.12	1,596.88
64+	1,256.21	1,476.74	1,622.84	1,476.74	1,622.84	1,476.74	1,622.84

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

E Offered through the health benefit exchange.

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RATE AREA 3						
Age on 2026 effective date	E KP GA Signature Silver HMO $3,000 $40 Virtual Complete	E KP GA Silver HMO $3,000 $40 Virtual Complete	E KP GA Signature Silver HMO $500 $30 Virtual Complete	E KP GA Silver HMO $500 $30 Virtual Complete	E KP GA Signature Silver HMO $0 $0 Virtual Complete	E KP GA Silver HMO $0 $0 Virtual Complete
0-14	$371.75	$408.53	$371.75	$408.53	$371.75	$408.53
15	404.80	444.84	404.80	444.84	404.80	444.84
16	417.43	458.73	417.43	458.73	417.43	458.73
17	430.07	472.61	430.07	472.61	430.07	472.61
18	443.67	487.57	443.67	487.57	443.67	487.57
19	457.28	502.52	457.28	502.52	457.28	502.52
20	471.37	518.01	471.37	518.01	471.37	518.01
21	485.95	534.03	485.95	534.03	485.95	534.03
22	485.95	534.03	485.95	534.03	485.95	534.03
23	485.95	534.03	485.95	534.03	485.95	534.03
24	485.95	534.03	485.95	534.03	485.95	534.03
25	487.90	536.16	487.90	536.16	487.90	536.16
26	497.62	546.84	497.62	546.84	497.62	546.84
27	509.28	559.66	509.28	559.66	509.28	559.66
28	528.23	580.49	528.23	580.49	528.23	580.49
29	543.78	597.58	543.78	597.58	543.78	597.58
30	551.56	606.12	551.56	606.12	551.56	606.12
31	563.22	618.94	563.22	618.94	563.22	618.94
32	574.88	631.75	574.88	631.75	574.88	631.75
33	582.17	639.76	582.17	639.76	582.17	639.76
34	589.95	648.31	589.95	648.31	589.95	648.31
35	593.83	652.58	593.83	652.58	593.83	652.58
36	597.72	656.85	597.72	656.85	597.72	656.85
37	601.61	661.13	601.61	661.13	601.61	661.13
38	605.50	665.40	605.50	665.40	605.50	665.40
39	613.27	673.94	613.27	673.94	613.27	673.94
40	621.05	682.49	621.05	682.49	621.05	682.49
41	632.71	695.30	632.71	695.30	632.71	695.30
42	643.89	707.59	643.89	707.59	643.89	707.59
43	659.44	724.68	659.44	724.68	659.44	724.68
44	678.88	746.04	678.88	746.04	678.88	746.04
45	701.72	771.14	701.72	771.14	701.72	771.14
46	728.93	801.04	728.93	801.04	728.93	801.04
47	759.54	834.68	759.54	834.68	759.54	834.68
48	794.53	873.13	794.53	873.13	794.53	873.13
49	829.04	911.05	829.04	911.05	829.04	911.05
50	867.91	953.77	867.91	953.77	867.91	953.77
51	906.30	995.96	906.30	995.96	906.30	995.96
52	948.58	1,042.42	948.58	1,042.42	948.58	1,042.42
53	991.34	1,089.42	991.34	1,089.42	991.34	1,089.42
54	1,037.51	1,140.15	1,037.51	1,140.15	1,037.51	1,140.15
55	1,083.67	1,190.88	1,083.67	1,190.88	1,083.67	1,190.88
56	1,133.73	1,245.89	1,133.73	1,245.89	1,133.73	1,245.89
57	1,184.27	1,301.42	1,184.27	1,301.42	1,184.27	1,301.42
58	1,238.21	1,360.70	1,238.21	1,360.70	1,238.21	1,360.70
59	1,264.93	1,390.07	1,264.93	1,390.07	1,264.93	1,390.07
60	1,318.88	1,449.35	1,318.88	1,449.35	1,318.88	1,449.35
61	1,365.53	1,500.62	1,365.53	1,500.62	1,365.53	1,500.62
62	1,396.14	1,534.26	1,396.14	1,534.26	1,396.14	1,534.26
63	1,434.53	1,576.45	1,434.53	1,576.45	1,434.53	1,576.45
64+	1,457.85	1,602.07	1,457.85	1,602.07	1,457.85	1,602.07

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

E Offered through the health benefit exchange.

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RATE AREA 3							
Age on 2026 effective date	E KP GA Signature Silver HMO $3,500 $35	E KP GA Silver HMO $3,500 $35	E KP GA Signature Silver HMO $850 $15	E KP GA Silver HMO $850 $15	E KP GA Signature Silver HMO $150 $5	E KP GA Silver HMO $150 $5	E KP GA Signature Silver HMO $3,300 $30
0-14	$389.52	$428.06	$389.52	$428.06	$389.52	$428.06	$400.48
15	424.15	466.11	424.15	466.11	424.15	466.11	436.08
16	437.39	480.66	437.39	480.66	437.39	480.66	449.69
17	450.62	495.20	450.62	495.20	450.62	495.20	463.30
18	464.88	510.87	464.88	510.87	464.88	510.87	477.96
19	479.14	526.54	479.14	526.54	479.14	526.54	492.62
20	493.90	542.77	493.90	542.77	493.90	542.77	507.80
21	509.18	559.55	509.18	559.55	509.18	559.55	523.51
22	509.18	559.55	509.18	559.55	509.18	559.55	523.51
23	509.18	559.55	509.18	559.55	509.18	559.55	523.51
24	509.18	559.55	509.18	559.55	509.18	559.55	523.51
25	511.22	561.79	511.22	561.79	511.22	561.79	525.60
26	521.40	572.98	521.40	572.98	521.40	572.98	536.07
27	533.62	586.41	533.62	586.41	533.62	586.41	548.63
28	553.48	608.23	553.48	608.23	553.48	608.23	569.05
29	569.77	626.14	569.77	626.14	569.77	626.14	585.80
30	577.92	635.09	577.92	635.09	577.92	635.09	594.18
31	590.14	648.52	590.14	648.52	590.14	648.52	606.74
32	602.36	661.95	602.36	661.95	602.36	661.95	619.31
33	610.00	670.34	610.00	670.34	610.00	670.34	627.16
34	618.14	679.30	618.14	679.30	618.14	679.30	635.54
35	622.22	683.77	622.22	683.77	622.22	683.77	639.72
36	626.29	688.25	626.29	688.25	626.29	688.25	643.91
37	630.37	692.73	630.37	692.73	630.37	692.73	648.10
38	634.44	697.20	634.44	697.20	634.44	697.20	652.29
39	642.59	706.16	642.59	706.16	642.59	706.16	660.66
40	650.73	715.11	650.73	715.11	650.73	715.11	669.04
41	662.95	728.54	662.95	728.54	662.95	728.54	681.60
42	674.66	741.41	674.66	741.41	674.66	741.41	693.64
43	690.96	759.31	690.96	759.31	690.96	759.31	710.40
44	711.32	781.70	711.32	781.70	711.32	781.70	731.34
45	735.26	807.99	735.26	807.99	735.26	807.99	755.94
46	763.77	839.33	763.77	839.33	763.77	839.33	785.26
47	795.85	874.58	795.85	874.58	795.85	874.58	818.24
48	832.51	914.87	832.51	914.87	832.51	914.87	855.93
49	868.66	954.60	868.66	954.60	868.66	954.60	893.10
50	909.40	999.36	909.40	999.36	909.40	999.36	934.98
51	949.62	1,043.57	949.62	1,043.57	949.62	1,043.57	976.34
52	993.92	1,092.25	993.92	1,092.25	993.92	1,092.25	1,021.88
53	1,038.73	1,141.49	1,038.73	1,141.49	1,038.73	1,141.49	1,067.95
54	1,087.10	1,194.65	1,087.10	1,194.65	1,087.10	1,194.65	1,117.68
55	1,135.47	1,247.80	1,135.47	1,247.80	1,135.47	1,247.80	1,167.42
56	1,187.92	1,305.44	1,187.92	1,305.44	1,187.92	1,305.44	1,221.34
57	1,240.87	1,363.63	1,240.87	1,363.63	1,240.87	1,363.63	1,275.78
58	1,297.39	1,425.74	1,297.39	1,425.74	1,297.39	1,425.74	1,333.89
59	1,325.40	1,456.52	1,325.40	1,456.52	1,325.40	1,456.52	1,362.68
60	1,381.92	1,518.63	1,381.92	1,518.63	1,381.92	1,518.63	1,420.79
61	1,430.80	1,572.34	1,430.80	1,572.34	1,430.80	1,572.34	1,471.05
62	1,462.87	1,607.60	1,462.87	1,607.60	1,462.87	1,607.60	1,504.03
63	1,503.10	1,651.80	1,503.10	1,651.80	1,503.10	1,651.80	1,545.39
64+	1,527.53	1,678.65	1,527.53	1,678.65	1,527.53	1,678.65	1,570.51

2026 Monthly rates

If you live in Clayton, Cobb, DeKalb, Fulton, Gwinnett, or Henry counties, your rates will be the KP GA Signature plans.

E Offered through the health benefit exchange.

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

RATE AREA 3					
Age on 2026 effective date	E KP GA Silver HMO $3,300 $30	E KP GA Signature Silver HMO $750 $20	E KP GA Silver HMO $750 $20	E KP GA Signature Silver HMO $0 $5 A	E KP GA Silver HMO $0 $5 A
0-14	$440.10	$400.48	$440.10	$400.48	$440.10
15	479.22	436.08	479.22	436.08	479.22
16	494.18	449.69	494.18	449.69	494.18
17	509.14	463.30	509.14	463.30	509.14
18	525.24	477.96	525.24	477.96	525.24
19	541.35	492.62	541.35	492.62	541.35
20	558.04	507.80	558.04	507.80	558.04
21	575.29	523.51	575.29	523.51	575.29
22	575.29	523.51	575.29	523.51	575.29
23	575.29	523.51	575.29	523.51	575.29
24	575.29	523.51	575.29	523.51	575.29
25	577.60	525.60	577.60	525.60	577.60
26	589.10	536.07	589.10	536.07	589.10
27	602.91	548.63	602.91	548.63	602.91
28	625.35	569.05	625.35	569.05	625.35
29	643.75	585.80	643.75	585.80	643.75
30	652.96	594.18	652.96	594.18	652.96
31	666.77	606.74	666.77	606.74	666.77
32	680.57	619.31	680.57	619.31	680.57
33	689.20	627.16	689.20	627.16	689.20
34	698.41	635.54	698.41	635.54	698.41
35	703.01	639.72	703.01	639.72	703.01
36	707.61	643.91	707.61	643.91	707.61
37	712.21	648.10	712.21	648.10	712.21
38	716.82	652.29	716.82	652.29	716.82
39	726.02	660.66	726.02	660.66	726.02
40	735.23	669.04	735.23	669.04	735.23
41	749.03	681.60	749.03	681.60	749.03
42	762.27	693.64	762.27	693.64	762.27
43	780.67	710.40	780.67	710.40	780.67
44	803.69	731.34	803.69	731.34	803.69
45	830.73	755.94	830.73	755.94	830.73
46	862.94	785.26	862.94	785.26	862.94
47	899.19	818.24	899.19	818.24	899.19
48	940.61	855.93	940.61	855.93	940.61
49	981.45	893.10	981.45	893.10	981.45
50	1,027.48	934.98	1,027.48	934.98	1,027.48
51	1,072.92	976.34	1,072.92	976.34	1,072.92
52	1,122.98	1,021.88	1,122.98	1,021.88	1,122.98
53	1,173.60	1,067.95	1,173.60	1,067.95	1,173.60
54	1,228.25	1,117.68	1,228.25	1,117.68	1,228.25
55	1,282.91	1,167.42	1,282.91	1,167.42	1,282.91
56	1,342.16	1,221.34	1,342.16	1,221.34	1,342.16
57	1,401.99	1,275.78	1,401.99	1,275.78	1,401.99
58	1,465.85	1,333.89	1,465.85	1,333.89	1,465.85
59	1,497.49	1,362.68	1,497.49	1,362.68	1,497.49
60	1,561.35	1,420.79	1,561.35	1,420.79	1,561.35
61	1,616.58	1,471.05	1,616.58	1,471.05	1,616.58
62	1,652.82	1,504.03	1,652.82	1,504.03	1,652.82
63	1,698.27	1,545.39	1,698.27	1,545.39	1,698.27
64+	1,725.87	1,570.51	1,725.87	1,570.51	1,725.87