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 and 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 add an optional dental rider for family members 19 and older

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.

Additional financial assistance

The state of Maryland has created a premium assistance program for individual and family health coverage. Depending on your income, you could get help paying for your plan from the state in addition to any federal assistance you are receiving.

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

ZIP codes for Maryland				
20588	20781–85	20918	21108	21284–87
20601–04	20787–88	20993	21111	21289–90
20607–08	20790–92	20997	21113–14	21297–98
20610	20794	21001	21117	21401–05
20612–13	20797	21005	21120	21409
20616–17	20799	21009–10	21122–23	21411–12
20623	20810–18	21012–15	21128	21701–05
20637	20824–25	21017–18	21130–33	21709–10
20639–40	20827	21020	21136	21714
20643	20830	21022–23	21139–40	21716–18
20645–46	20832–33	21027–32	21144	21723
20658	20837–39	21034–37	21146	21737–38
20675	20841–42	21040–48	21150	21754–55
20677–78	20847–55	21050–54	21152–58	21757–59†
20689	20857	21056–57	21160–63	21762
20695	20859–62	21060–62	21201–31	21765
20697	20866	21065	21233–37	21769–71†
20701	20868	21071	21239–41	21774–77
20703–12	20871–72	21074–78	21244	21784
20714–26	20874–80	21082	21250–52	21787†
20731–33	20882–86	21084–85	21263–64	21790–94
20735–38	20889	21087–88	21270	21797
20740–55	20891–92	21090	21273	
20757–59	20894–99	21092–94	21275	
20762–65	20901–08	21102	21278–79	
20768–79	20910–16	21104–06	21281–82	

†Portions of ZIP code not in service area: 21758, 21769, and 21787.

2026 Monthly rates

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

KP Offered through Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

E Offered through the health benefit exchange, Maryland Health Insurance Marketplace

Age on 2026 effective date	KP E KP MD Bronze Value 10150 Ded/Vision	KP E KP MD Bronze 7500 Ded/HSA/Vision	KP E KP MD Bronze 6700 Ded/Vision	KP KP MD Silver 6000 Ded/Vision/Off	KP KP MD Silver 4800 Ded/HSA/Vision	KP KP MD Silver Virtual Forward 5000 Ded
0-14	$198.73	$196.20	$201.88	$232.33	$206.08	$208.91
15	216.40	213.64	219.82	252.98	224.39	227.48
16	223.15	220.31	226.68	260.88	231.40	234.58
17	229.91	226.98	233.54	268.77	238.40	241.68
18	237.18	234.16	240.93	277.28	245.94	249.33
19	244.45	241.34	248.32	285.78	253.49	256.98
20	251.99	248.78	255.97	294.59	261.30	264.90
21	259.78	256.47	263.89	303.70	269.38	273.09
22	259.78	256.47	263.89	303.70	269.38	273.09
23	259.78	256.47	263.89	303.70	269.38	273.09
24	259.78	256.47	263.89	303.70	269.38	273.09
25	260.82	257.50	264.95	304.91	270.46	274.18
26	266.01	262.63	270.22	310.99	275.85	279.64
27	272.25	268.78	276.56	318.28	282.31	286.20
28	282.38	278.78	286.85	330.12	292.82	296.85
29	290.69	286.99	295.29	339.84	301.44	305.59
30	294.85	291.09	299.52	344.70	305.75	309.96
31	301.09	297.25	305.85	351.99	312.21	316.51
32	307.32	303.40	312.18	359.28	318.68	323.07
33	311.22	307.25	316.14	363.83	322.72	327.16
34	315.37	311.35	320.36	368.69	327.03	331.53
35	317.45	313.41	322.47	371.12	329.18	333.72
36	319.53	315.46	324.58	373.55	331.34	335.90
37	321.61	317.51	326.70	375.98	333.49	338.09
38	323.69	319.56	328.81	378.41	335.65	340.27
39	327.84	323.67	333.03	383.27	339.96	344.64
40	332.00	327.77	337.25	388.13	344.27	349.01
41	338.23	333.92	343.58	395.42	350.73	355.56
42	344.21	339.82	349.65	402.40	356.93	361.84
43	352.52	348.03	358.10	412.12	365.55	370.58
44	362.91	358.29	368.65	424.27	376.32	381.51
45	375.12	370.34	381.06	438.54	388.98	394.34
46	389.67	384.71	395.84	455.55	404.07	409.64
47	406.04	400.86	412.46	474.68	421.04	426.84
48	424.74	419.33	431.46	496.55	440.44	446.50
49	443.18	437.54	450.20	518.11	459.56	465.89
50	463.97	458.06	471.31	542.41	481.11	487.74
51	484.49	478.32	492.15	566.40	502.39	509.31
52	507.09	500.63	515.11	592.82	525.83	533.07
53	529.95	523.20	538.34	619.55	549.54	557.10
54	554.63	547.56	563.41	648.40	575.13	583.05
55	579.31	571.93	588.47	677.25	600.72	608.99
56	606.07	598.34	615.66	708.53	628.46	637.12
57	633.08	625.02	643.10	740.12	656.48	665.52
58	661.92	653.49	672.39	773.83	686.38	695.83
59	676.21	667.59	686.91	790.53	701.20	710.85
60	705.04	696.06	716.20	824.24	731.10	741.17
61	729.98	720.68	741.53	853.40	756.96	767.38
62	746.35	736.84	758.16	872.53	773.93	784.59
63	766.87	757.10	779.00	896.52	795.21	806.16
64+	779.34	769.41	791.67	911.10	808.14	819.27

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

2026 Monthly rates

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

KP Offered through Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

E Offered through the health benefit exchange, Maryland Health Insurance Marketplace

Age on 2026 effective date	KP MD Silver Value 4500 Ded/750 RxDed/Vision/ Off	KP MD Silver Virtual Forward 3600 Ded/Off	KP MD Silver 3000 Ded/700 RxDed/Vision	KP E MD Gold 1750 Ded/250 RxDed/Vision	KP MD Gold Plus 1750 Ded/Vision	KP MD Gold 1100 Ded/200 RxDed/Vision
0-14	$240.89	$213.95	$230.82	$250.89	$278.25	$267.20
15	262.30	232.97	251.34	273.19	302.98	290.95
16	270.49	240.24	259.19	281.72	312.44	300.03
17	278.68	247.51	267.03	290.24	321.89	309.11
18	287.49	255.34	275.48	299.43	332.08	318.89
19	296.31	263.17	283.93	308.61	342.26	328.67
20	305.44	271.28	292.68	318.12	352.81	338.80
21	314.89	279.67	301.73	327.96	363.72	349.28
22	314.89	279.67	301.73	327.96	363.72	349.28
23	314.89	279.67	301.73	327.96	363.72	349.28
24	314.89	279.67	301.73	327.96	363.72	349.28
25	316.15	280.79	302.94	329.27	365.17	350.68
26	322.45	286.38	308.97	335.83	372.45	357.66
27	330.00	293.09	316.21	343.70	381.18	366.05
28	342.29	304.00	327.98	356.49	395.36	379.67
29	352.36	312.95	337.64	366.99	407.00	390.84
30	357.40	317.43	342.46	372.23	412.82	396.43
31	364.96	324.14	349.71	380.11	421.55	404.82
32	372.51	330.85	356.95	387.98	430.28	413.20
33	377.24	335.04	361.47	392.90	435.74	418.44
34	382.28	339.52	366.30	398.14	441.56	424.03
35	384.80	341.76	368.71	400.77	444.47	426.82
36	387.31	343.99	371.13	403.39	447.38	429.61
37	389.83	346.23	373.54	406.01	450.29	432.41
38	392.35	348.47	375.96	408.64	453.20	435.20
39	397.39	352.94	380.78	413.89	459.01	440.79
40	402.43	357.42	385.61	419.13	464.83	446.38
41	409.99	364.13	392.85	427.00	473.56	454.76
42	417.23	370.56	399.79	434.55	481.93	462.80
43	427.31	379.51	409.45	445.04	493.57	473.97
44	439.90	390.70	421.52	458.16	508.12	487.94
45	454.70	403.84	435.70	473.57	525.21	504.36
46	472.34	419.51	452.60	491.94	545.58	523.92
47	492.17	437.12	471.60	512.60	568.49	545.92
48	514.85	457.26	493.33	536.21	594.68	571.07
49	537.20	477.12	514.75	559.50	620.51	595.87
50	562.39	499.49	538.89	585.74	649.60	623.81
51	587.27	521.58	562.73	611.65	678.34	651.41
52	614.67	545.92	588.98	640.18	709.98	681.79
53	642.38	570.53	615.53	669.04	741.99	712.53
54	672.29	597.10	644.19	700.19	776.54	745.71
55	702.20	623.66	672.86	731.35	811.10	778.89
56	734.64	652.47	703.94	765.13	848.56	814.87
57	767.39	681.56	735.32	799.24	886.39	851.20
58	802.34	712.60	768.81	835.64	926.76	889.97
59	819.66	727.98	785.40	853.68	946.76	909.18
60	854.61	759.02	818.90	890.08	987.14	947.95
61	884.84	785.87	847.86	921.57	1,022.05	981.48
62	904.68	803.49	866.87	942.23	1,044.97	1,003.48
63	929.56	825.59	890.71	968.14	1,073.70	1,031.07
64+	944.67	839.01	905.19	983.88	1,091.16	1,047.84

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

2026 Monthly rates

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

KP Offered through Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

E Offered through the health benefit exchange, Maryland Health Insurance Marketplace

Age on 2026 effective date	E KP MD Gold 2400 Ded/ HSA/Vision	KP E KP MD Gold Value 1000 Ded/150 RxDed/Vision	KP E KP MD Gold 500 Ded/ Vision	KP E KP MD Gold 0 Ded/150 RxDed/Vision	KP E KP MD Platinum 0 Ded/ Vision	KP E KP MD Catastrophic 10600 Ded/Vision
0-14	$247.99	$292.30	$270.38	$277.50	$311.49	$134.79
15	270.03	318.28	294.42	302.16	339.18	146.77
16	278.46	328.22	303.60	311.59	349.77	151.35
17	286.89	338.15	312.79	321.02	360.35	155.93
18	295.97	348.85	322.69	331.18	371.76	160.86
19	305.04	359.55	332.59	341.34	383.16	165.79
20	314.44	370.63	342.84	351.86	394.96	170.90
21	324.17	382.09	353.44	362.74	407.18	176.19
22	324.17	382.09	353.44	362.74	407.18	176.19
23	324.17	382.09	353.44	362.74	407.18	176.19
24	324.17	382.09	353.44	362.74	407.18	176.19
25	325.47	383.62	354.85	364.19	408.81	176.89
26	331.95	391.26	361.92	371.45	416.95	180.42
27	339.73	400.43	370.41	380.15	426.72	184.65
28	352.37	415.33	384.19	394.30	442.60	191.52
29	362.75	427.56	395.50	405.91	455.63	197.16
30	367.93	433.67	401.15	411.71	462.15	199.98
31	375.71	442.84	409.64	420.42	471.92	204.20
32	383.49	452.01	418.12	429.12	481.69	208.43
33	388.36	457.74	423.42	434.56	487.80	211.08
34	393.54	463.86	429.08	440.37	494.32	213.89
35	396.14	466.91	431.90	443.27	497.57	215.30
36	398.73	469.97	434.73	446.17	500.83	216.71
37	401.32	473.03	437.56	449.07	504.09	218.12
38	403.92	476.08	440.39	451.97	507.35	219.53
39	409.10	482.20	446.04	457.78	513.86	222.35
40	414.29	488.31	451.70	463.58	520.38	225.17
41	422.07	497.48	460.18	472.29	530.15	229.40
42	429.53	506.27	468.31	480.63	539.51	233.45
43	439.90	518.50	479.62	492.24	552.54	239.09
44	452.87	533.78	493.76	506.75	568.83	246.14
45	468.10	551.74	510.37	523.80	587.97	254.42
46	486.26	573.14	530.16	544.11	610.77	264.29
47	506.68	597.21	552.43	566.96	636.42	275.38
48	530.02	624.72	577.87	593.08	665.74	288.07
49	553.03	651.85	602.97	618.83	694.65	300.58
50	578.97	682.41	631.24	647.85	727.22	314.68
51	604.58	712.60	659.17	676.51	759.39	328.59
52	632.78	745.84	689.91	708.07	794.82	343.92
53	661.31	779.46	721.02	739.99	830.65	359.43
54	692.10	815.76	754.59	774.45	869.33	376.17
55	722.90	852.06	788.17	808.91	908.01	392.90
56	756.29	891.42	824.58	846.27	949.95	411.05
57	790.00	931.15	861.33	884.00	992.30	429.38
58	825.99	973.57	900.57	924.26	1,037.49	448.93
59	843.81	994.58	920.00	944.21	1,059.89	458.62
60	879.80	1,036.99	959.24	984.48	1,105.09	478.18
61	910.92	1,073.67	993.17	1,019.30	1,144.18	495.09
62	931.34	1,097.74	1,015.43	1,042.15	1,169.83	506.19
63	956.95	1,127.93	1,043.35	1,070.81	1,202.00	520.11
64+	972.51	1,146.27	1,060.32	1,088.22	1,221.54	528.57

2026 Monthly rates

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

KP Offered through Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

E Offered through the health benefit exchange, Maryland Health Insurance Marketplace

Age on 2026 effective date	KP E KP MD Bronze Value 10150 Ded/Vision	KP E KP MD Bronze 7500 Ded/HSA/Vision	KP E KP MD Bronze 6700 Ded/Vision	KP E KP MD Silver 6000 Ded/Vision	KP E KP MD Silver Virtual Forward 3600 Ded	KP KP MD Gold 1750 Ded/250 RxDed/Vision
0-14	$198.73	$196.20	$201.88	$269.63	$248.30	$250.89
15	216.40	213.64	219.82	293.60	270.37	273.19
16	223.15	220.31	226.68	302.76	278.81	281.72
17	229.91	226.98	233.54	311.93	287.24	290.24
18	237.18	234.16	240.93	321.80	296.33	299.43
19	244.45	241.34	248.32	331.66	305.42	308.61
20	251.99	248.78	255.97	341.89	314.83	318.12
21	259.78	256.47	263.89	352.46	324.57	327.96
22	259.78	256.47	263.89	352.46	324.57	327.96
23	259.78	256.47	263.89	352.46	324.57	327.96
24	259.78	256.47	263.89	352.46	324.57	327.96
25	260.82	257.50	264.95	353.87	325.87	329.27
26	266.01	262.63	270.22	360.92	332.36	335.83
27	272.25	268.78	276.56	369.38	340.15	343.70
28	282.38	278.78	286.85	383.12	352.81	356.49
29	290.69	286.99	295.29	394.40	363.19	366.99
30	294.85	291.09	299.52	400.04	368.39	372.23
31	301.09	297.25	305.85	408.50	376.18	380.11
32	307.32	303.40	312.18	416.96	383.97	387.98
33	311.22	307.25	316.14	422.25	388.83	392.90
34	315.37	311.35	320.36	427.89	394.03	398.14
35	317.45	313.41	322.47	430.71	396.62	400.77
36	319.53	315.46	324.58	433.53	399.22	403.39
37	321.61	317.51	326.70	436.35	401.82	406.01
38	323.69	319.56	328.81	439.17	404.41	408.64
39	327.84	323.67	333.03	444.80	409.61	413.89
40	332.00	327.77	337.25	450.44	414.80	419.13
41	338.23	333.92	343.58	458.90	422.59	427.00
42	344.21	339.82	349.65	467.01	430.06	434.55
43	352.52	348.03	358.10	478.29	440.44	445.04
44	362.91	358.29	368.65	492.39	453.42	458.16
45	375.12	370.34	381.06	508.95	468.68	473.57
46	389.67	384.71	395.84	528.69	486.86	491.94
47	406.04	400.86	412.46	550.89	507.30	512.60
48	424.74	419.33	431.46	576.27	530.67	536.21
49	443.18	437.54	450.20	601.30	553.72	559.50
50	463.97	458.06	471.31	629.49	579.68	585.74
51	484.49	478.32	492.15	657.34	605.32	611.65
52	507.09	500.63	515.11	688.00	633.56	640.18
53	529.95	523.20	538.34	719.02	662.12	669.04
54	554.63	547.56	563.41	752.50	692.96	700.19
55	579.31	571.93	588.47	785.99	723.79	731.35
56	606.07	598.34	615.66	822.29	757.22	765.13
57	633.08	625.02	643.10	858.95	790.98	799.24
58	661.92	653.49	672.39	898.07	827.00	835.64
59	676.21	667.59	686.91	917.45	844.86	853.68
60	705.04	696.06	716.20	956.58	880.88	890.08
61	729.98	720.68	741.53	990.41	912.04	921.57
62	746.35	736.84	758.16	1,012.62	932.49	942.23
63	766.87	757.10	779.00	1,040.46	958.13	968.14
64+	779.34	769.41	791.67	1,057.38	973.71	983.88

2026 Monthly rates

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

KP Offered through Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

E Offered through the health benefit exchange, Maryland Health Insurance Marketplace

Age on 2026 effective date	KP E KP MD Gold Value 1000 Ded/150 RxDed/Vision	KP E KP MD Gold 0 Ded/150 RxDed/Vision	KP E KP MD Platinum 0 Ded/ Vision	KP E KP MD Catastrophic 10600 Ded/Vision	E KP MD Silver Value 4500 Ded/750 RxDed/CSR/Vision	KP E KP MD Silver Value 4500 Ded/750 RxDed/Vision
0-14	$292.30	$277.50	$311.49	$134.79	$279.57	$279.57
15	318.28	302.16	339.18	146.77	304.42	304.42
16	328.22	311.59	349.77	151.35	313.92	313.92
17	338.15	321.02	360.35	155.93	323.42	323.42
18	348.85	331.18	371.76	160.86	333.66	333.66
19	359.55	341.34	383.16	165.79	343.89	343.89
20	370.63	351.86	394.96	170.90	354.49	354.49
21	382.09	362.74	407.18	176.19	365.45	365.45
22	382.09	362.74	407.18	176.19	365.45	365.45
23	382.09	362.74	407.18	176.19	365.45	365.45
24	382.09	362.74	407.18	176.19	365.45	365.45
25	383.62	364.19	408.81	176.89	366.91	366.91
26	391.26	371.45	416.95	180.42	374.22	374.22
27	400.43	380.15	426.72	184.65	382.99	382.99
28	415.33	394.30	442.60	191.52	397.24	397.24
29	427.56	405.91	455.63	197.16	408.94	408.94
30	433.67	411.71	462.15	199.98	414.79	414.79
31	442.84	420.42	471.92	204.20	423.56	423.56
32	452.01	429.12	481.69	208.43	432.33	432.33
33	457.74	434.56	487.80	211.08	437.81	437.81
34	463.86	440.37	494.32	213.89	443.66	443.66
35	466.91	443.27	497.57	215.30	446.58	446.58
36	469.97	446.17	500.83	216.71	449.50	449.50
37	473.03	449.07	504.09	218.12	452.43	452.43
38	476.08	451.97	507.35	219.53	455.35	455.35
39	482.20	457.78	513.86	222.35	461.20	461.20
40	488.31	463.58	520.38	225.17	467.05	467.05
41	497.48	472.29	530.15	229.40	475.82	475.82
42	506.27	480.63	539.51	233.45	484.22	484.22
43	518.50	492.24	552.54	239.09	495.92	495.92
44	533.78	506.75	568.83	246.14	510.53	510.53
45	551.74	523.80	587.97	254.42	527.71	527.71
46	573.14	544.11	610.77	264.29	548.18	548.18
47	597.21	566.96	636.42	275.38	571.20	571.20
48	624.72	593.08	665.74	288.07	597.51	597.51
49	651.85	618.83	694.65	300.58	623.46	623.46
50	682.41	647.85	727.22	314.68	652.69	652.69
51	712.60	676.51	759.39	328.59	681.56	681.56
52	745.84	708.07	794.82	343.92	713.36	713.36
53	779.46	739.99	830.65	359.43	745.52	745.52
54	815.76	774.45	869.33	376.17	780.24	780.24
55	852.06	808.91	908.01	392.90	814.95	814.95
56	891.42	846.27	949.95	411.05	852.59	852.59
57	931.15	884.00	992.30	429.38	890.60	890.60
58	973.57	924.26	1,037.49	448.93	931.17	931.17
59	994.58	944.21	1,059.89	458.62	951.27	951.27
60	1,036.99	984.48	1,105.09	478.18	991.83	991.83
61	1,073.67	1,019.30	1,144.18	495.09	1,026.91	1,026.91
62	1,097.74	1,042.15	1,169.83	506.19	1,049.94	1,049.94
63	1,127.93	1,070.81	1,202.00	520.11	1,078.81	1,078.81
64+	1,146.27	1,088.22	1,221.54	528.57	1,096.35	1,096.35

2026 Monthly rates

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

KP Offered through Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

E Offered through the health benefit exchange, Maryland Health Insurance Marketplace

Age on 2026 effective date	E KP MD Silver Value 1000 Ded/150 RxDed/CSR/Vision	E KP MD Silver Value 0 Ded/CSR/Vision	E KP MD Silver 3000 Ded/CSR/Vision	E KP MD Silver 0 Ded/CSR-B/Vision	E KP MD Silver 0 Ded/ CSR-A/Vision
0-14	$279.57	$279.57	$269.63	$269.63	$269.63
15	304.42	304.42	293.60	293.60	293.60
16	313.92	313.92	302.76	302.76	302.76
17	323.42	323.42	311.93	311.93	311.93
18	333.66	333.66	321.80	321.80	321.80
19	343.89	343.89	331.66	331.66	331.66
20	354.49	354.49	341.89	341.89	341.89
21	365.45	365.45	352.46	352.46	352.46
22	365.45	365.45	352.46	352.46	352.46
23	365.45	365.45	352.46	352.46	352.46
24	365.45	365.45	352.46	352.46	352.46
25	366.91	366.91	353.87	353.87	353.87
26	374.22	374.22	360.92	360.92	360.92
27	382.99	382.99	369.38	369.38	369.38
28	397.24	397.24	383.12	383.12	383.12
29	408.94	408.94	394.40	394.40	394.40
30	414.79	414.79	400.04	400.04	400.04
31	423.56	423.56	408.50	408.50	408.50
32	432.33	432.33	416.96	416.96	416.96
33	437.81	437.81	422.25	422.25	422.25
34	443.66	443.66	427.89	427.89	427.89
35	446.58	446.58	430.71	430.71	430.71
36	449.50	449.50	433.53	433.53	433.53
37	452.43	452.43	436.35	436.35	436.35
38	455.35	455.35	439.17	439.17	439.17
39	461.20	461.20	444.80	444.80	444.80
40	467.05	467.05	450.44	450.44	450.44
41	475.82	475.82	458.90	458.90	458.90
42	484.22	484.22	467.01	467.01	467.01
43	495.92	495.92	478.29	478.29	478.29
44	510.53	510.53	492.39	492.39	492.39
45	527.71	527.71	508.95	508.95	508.95
46	548.18	548.18	528.69	528.69	528.69
47	571.20	571.20	550.89	550.89	550.89
48	597.51	597.51	576.27	576.27	576.27
49	623.46	623.46	601.30	601.30	601.30
50	652.69	652.69	629.49	629.49	629.49
51	681.56	681.56	657.34	657.34	657.34
52	713.36	713.36	688.00	688.00	688.00
53	745.52	745.52	719.02	719.02	719.02
54	780.24	780.24	752.50	752.50	752.50
55	814.95	814.95	785.99	785.99	785.99
56	852.59	852.59	822.29	822.29	822.29
57	890.60	890.60	858.95	858.95	858.95
58	931.17	931.17	898.07	898.07	898.07
59	951.27	951.27	917.45	917.45	917.45
60	991.83	991.83	956.58	956.58	956.58
61	1,026.91	1,026.91	990.41	990.41	990.41
62	1,049.94	1,049.94	1,012.62	1,012.62	1,012.62
63	1,078.81	1,078.81	1,040.46	1,040.46	1,040.46
64+	1,096.35	1,096.35	1,057.38	1,057.38	1,057.38

2026 Monthly rates

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

KP Offered through Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

E Offered through the health benefit exchange, Maryland Health Insurance Marketplace

Age on 2026 effective date	E KP MD Silver Virtual Forward 2500 Ded/CSR	E KP MD Silver Virtual Forward 500 Ded/CSR	E KP MD Silver Virtual Forward 0 Ded/CSR
0-14	$248.30	$248.30	$248.30
15	270.37	270.37	270.37
16	278.81	278.81	278.81
17	287.24	287.24	287.24
18	296.33	296.33	296.33
19	305.42	305.42	305.42
20	314.83	314.83	314.83
21	324.57	324.57	324.57
22	324.57	324.57	324.57
23	324.57	324.57	324.57
24	324.57	324.57	324.57
25	325.87	325.87	325.87
26	332.36	332.36	332.36
27	340.15	340.15	340.15
28	352.81	352.81	352.81
29	363.19	363.19	363.19
30	368.39	368.39	368.39
31	376.18	376.18	376.18
32	383.97	383.97	383.97
33	388.83	388.83	388.83
34	394.03	394.03	394.03
35	396.62	396.62	396.62
36	399.22	399.22	399.22
37	401.82	401.82	401.82
38	404.41	404.41	404.41
39	409.61	409.61	409.61
40	414.80	414.80	414.80
41	422.59	422.59	422.59
42	430.06	430.06	430.06
43	440.44	440.44	440.44
44	453.42	453.42	453.42
45	468.68	468.68	468.68
46	486.86	486.86	486.86
47	507.30	507.30	507.30
48	530.67	530.67	530.67
49	553.72	553.72	553.72
50	579.68	579.68	579.68
51	605.32	605.32	605.32
52	633.56	633.56	633.56
53	662.12	662.12	662.12
54	692.96	692.96	692.96
55	723.79	723.79	723.79
56	757.22	757.22	757.22
57	790.98	790.98	790.98
58	827.00	827.00	827.00
59	844.86	844.86	844.86
60	880.88	880.88	880.88
61	912.04	912.04	912.04
62	932.49	932.49	932.49
63	958.13	958.13	958.13
64+	973.71	973.71	973.71

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