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. Go to **buykp.org** to see your rate.
- If you add an optional adult/family or pediatric only dental rider to your plan

Interested in a family plan?

Find the rate for each family member, based on their 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.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Plan name	KP / E	Provider Network	Service area counties
Bronze	KP	Core	Benton, Columbia, Franklin, Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Bronze HSA	E		
Bronze HSA X	KP		
Kaiser Permanente Cascade Bronze	E		
VisitsPlus Bronze	KP E		
VisitsPlus Silver HD	KP		
Silver HSA	KP		
Kaiser Permanente Cascade Silver	E		
VisitsPlus Silver	E		
VisitsPlus Gold	KP E		
Kaiser Permanente Cascade Gold	E		
Basics Plus Catastrophic	E		

2025 Monthly rates

Tobacco non-user

King county

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	KP Bronze	KP Bronze HSA X	KP E VisitsPlus Bronze	KP Silver HSA	KP VisitsPlus Silver HD	KP E VisitsPlus Gold
0-14	$253.70	$267.08	$242.49	$291.40	$274.14	$325.40
15	276.25	290.82	264.04	317.30	298.50	354.33
16	284.87	299.90	272.28	327.21	307.82	365.39
17	293.49	308.98	280.52	337.11	317.14	376.44
18	302.78	318.75	289.40	347.78	327.17	388.36
19	312.06	328.53	298.27	358.44	337.20	400.27
20	321.68	338.65	307.46	369.49	347.60	412.60
21-24	331.63	349.13	316.97	380.92	358.35	425.36
25	332.96	350.52	318.24	382.44	359.78	427.06
26	339.59	357.51	324.58	390.06	366.95	435.57
27	347.55	365.88	332.19	399.20	375.55	445.78
28	360.48	379.50	344.55	414.06	389.52	462.37
29	371.09	390.67	354.69	426.25	400.99	475.98
30	376.40	396.26	359.77	432.34	406.72	482.79
31	384.36	404.64	367.37	441.48	415.32	492.99
32	392.32	413.02	374.98	450.63	423.92	503.20
33	397.29	418.25	379.73	456.34	429.30	509.58
34	402.60	423.84	384.81	462.43	435.03	516.39
35	405.25	426.63	387.34	465.48	437.90	519.79
36	407.91	429.43	389.88	468.53	440.77	523.19
37	410.56	432.22	392.41	471.58	443.63	526.60
38	413.21	435.01	394.95	474.62	446.50	530.00
39	418.52	440.60	400.02	480.72	452.23	536.81
40	423.82	446.18	405.09	486.81	457.97	543.61
41	431.78	454.56	412.70	495.95	466.57	553.82
42	439.41	462.59	419.99	504.72	474.81	563.60
43	450.02	473.76	430.13	516.90	486.28	577.22
44	463.29	487.73	442.81	532.14	500.61	594.23
45	478.87	504.14	457.71	550.04	517.45	614.22
46	497.45	523.69	475.46	571.38	537.52	638.04
47	518.34	545.68	495.43	595.37	560.10	664.84
48	542.22	570.82	518.25	622.80	585.90	695.47
49	565.76	595.61	540.76	649.85	611.34	725.67
50	592.29	623.54	566.12	680.32	640.01	759.70
51	618.49	651.12	591.16	710.41	668.32	793.30
52	647.34	681.49	618.73	743.55	699.49	830.31
53	676.53	712.22	646.63	777.07	731.03	867.74
54	708.03	745.38	676.74	813.26	765.07	908.15
55	739.54	778.55	706.85	849.45	799.11	948.56
56	773.69	814.51	739.50	888.68	836.02	992.37
57	808.18	850.82	772.47	928.30	873.29	1,036.61
58	845.00	889.57	807.65	970.58	913.07	1,083.82
59	863.24	908.78	825.08	991.53	932.78	1,107.22
60	900.05	947.53	860.27	1,033.81	972.55	1,154.43
61	931.88	981.05	890.70	1,070.38	1,006.96	1,195.27
62	952.78	1,003.04	910.67	1,094.38	1,029.53	1,222.06
63	978.97	1,030.62	935.71	1,124.47	1,057.84	1,255.67
64+	994.89	1,047.38	950.91	1,142.75	1,075.04	1,276.08

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

King county

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus Catastrophic
0-14	$266.97	$264.58	$313.69	$327.84	$348.99	$175.27
15	290.70	288.09	341.58	356.98	380.01	190.84
16	299.77	297.09	352.24	368.13	391.87	196.80
17	308.84	306.08	362.90	379.27	403.73	202.76
18	318.61	315.76	374.38	391.27	416.51	209.17
19	328.39	325.45	385.86	403.27	429.28	215.59
20	338.51	335.48	397.75	415.69	442.51	222.23
21-24	348.98	345.85	410.05	428.55	456.20	229.11
25	350.37	347.24	411.69	430.27	458.02	230.02
26	357.35	354.15	419.90	438.84	467.15	234.60
27	365.73	362.45	429.74	449.12	478.09	240.10
28	379.34	375.94	445.73	465.84	495.89	249.04
29	390.50	387.01	458.85	479.55	510.48	256.37
30	396.09	392.54	465.41	486.41	517.78	260.03
31	404.46	400.84	475.25	496.69	528.73	265.53
32	412.84	409.14	485.09	506.98	539.68	271.03
33	418.07	414.33	491.24	513.40	546.52	274.47
34	423.66	419.86	497.81	520.26	553.82	278.13
35	426.45	422.63	501.09	523.69	557.47	279.97
36	429.24	425.40	504.37	527.12	561.12	281.80
37	432.03	428.16	507.65	530.55	564.77	283.63
38	434.82	430.93	510.93	533.97	568.42	285.47
39	440.41	436.47	517.49	540.83	575.72	289.13
40	445.99	442.00	524.05	547.69	583.02	292.80
41	454.37	450.30	533.89	557.97	593.97	298.30
42	462.39	458.25	543.32	567.83	604.46	303.56
43	473.56	469.32	556.44	581.54	619.06	310.90
44	487.52	483.16	572.85	598.69	637.31	320.06
45	503.92	499.41	592.12	618.83	658.75	330.83
46	523.46	518.78	615.08	642.83	684.30	343.66
47	545.45	540.57	640.91	669.83	713.04	358.09
48	570.58	565.47	670.44	700.68	745.88	374.59
49	595.35	590.02	699.55	731.11	778.27	390.85
50	623.27	617.69	732.36	765.39	814.77	409.18
51	650.84	645.01	764.75	799.25	850.81	427.28
52	681.20	675.10	800.43	836.53	890.50	447.21
53	711.91	705.54	836.51	874.24	930.64	467.38
54	745.06	738.39	875.47	914.96	973.98	489.14
55	778.22	771.25	914.42	955.67	1,017.32	510.91
56	814.16	806.87	956.66	999.81	1,064.31	534.50
57	850.45	842.84	999.30	1,044.38	1,111.75	558.33
58	889.19	881.23	1,044.82	1,091.95	1,162.39	583.76
59	908.38	900.25	1,067.37	1,115.52	1,187.48	596.36
60	947.12	938.64	1,112.89	1,163.09	1,238.12	621.79
61	980.62	971.84	1,152.25	1,204.23	1,281.91	643.79
62	1,002.61	993.63	1,178.09	1,231.23	1,310.65	658.22
63	1,030.18	1,020.96	1,210.48	1,265.08	1,346.69	676.32
64+	1,046.93	1,037.55	1,230.15	1,285.65	1,368.59	687.32

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Kitsap and Lewis counties

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	KP Bronze	KP Bronze HSA X	KP E VisitsPlus Bronze	KP Silver HSA	KP VisitsPlus Silver HD	KP E VisitsPlus Gold
0-14	$271.55	$285.87	$259.55	$311.91	$293.43	$348.30
15	295.69	311.29	282.62	339.63	319.51	379.26
16	304.92	321.00	291.44	350.23	329.48	391.10
17	314.15	330.72	300.26	360.83	339.45	402.93
18	324.08	341.18	309.76	372.25	350.19	415.68
19	334.02	351.64	319.26	383.67	360.93	428.43
20	344.32	362.48	329.10	395.49	372.06	441.63
21-24	354.97	373.69	339.28	407.72	383.56	455.29
25	356.39	375.19	340.64	409.35	385.10	457.11
26	363.49	382.66	347.42	417.51	392.77	466.22
27	372.00	391.63	355.56	427.29	401.97	477.15
28	385.85	406.20	368.80	443.19	416.93	494.90
29	397.21	418.16	379.65	456.24	429.21	509.47
30	402.89	424.14	385.08	462.76	435.34	516.76
31	411.41	433.11	393.22	472.55	444.55	527.68
32	419.92	442.08	401.37	482.33	453.75	538.61
33	425.25	447.68	406.45	488.45	459.51	545.44
34	430.93	453.66	411.88	494.97	465.64	552.72
35	433.77	456.65	414.60	498.23	468.71	556.37
36	436.61	459.64	417.31	501.50	471.78	560.01
37	439.45	462.63	420.03	504.76	474.85	563.65
38	442.29	465.62	422.74	508.02	477.92	567.29
39	447.97	471.60	428.17	514.54	484.06	574.58
40	453.65	477.58	433.60	521.07	490.19	581.86
41	462.17	486.55	441.74	530.85	499.40	592.79
42	470.33	495.14	449.54	540.23	508.22	603.26
43	481.69	507.10	460.40	553.28	520.49	617.83
44	495.89	522.05	473.97	569.59	535.84	636.04
45	512.57	539.61	489.92	588.75	553.86	657.44
46	532.45	560.54	508.92	611.58	575.34	682.94
47	554.81	584.08	530.29	637.27	599.51	711.62
48	580.37	610.99	554.72	666.62	627.12	744.40
49	605.57	637.52	578.81	695.57	654.36	776.73
50	633.97	667.42	605.95	728.19	685.04	813.15
51	662.01	696.94	632.75	760.40	715.34	849.12
52	692.89	729.45	662.27	795.87	748.71	888.73
53	724.13	762.33	692.13	831.75	782.47	928.80
54	757.85	797.83	724.36	870.48	818.91	972.05
55	791.57	833.33	756.59	909.22	855.34	1,015.30
56	828.14	871.83	791.54	951.21	894.85	1,062.20
57	865.05	910.69	826.82	993.62	934.74	1,109.55
58	904.45	952.17	864.48	1,038.87	977.32	1,160.08
59	923.98	972.72	883.14	1,061.30	998.41	1,185.13
60	963.38	1,014.20	920.80	1,106.55	1,040.99	1,235.66
61	997.45	1,050.08	953.37	1,145.70	1,077.81	1,279.37
62	1,019.82	1,073.62	974.75	1,171.38	1,101.97	1,308.05
63	1,047.86	1,103.14	1,001.55	1,203.59	1,132.28	1,344.02
64+	1,064.90	1,121.07	1,017.83	1,223.16	1,150.68	1,365.87

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Kitsap and Lewis counties

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus Catastrophic
0-14	$285.75	$283.19	$335.76	$350.91	$373.55	$187.60
15	311.15	308.37	365.61	382.10	406.75	204.27
16	320.86	317.99	377.02	394.03	419.45	210.65
17	330.58	327.62	388.43	405.95	432.14	217.03
18	341.03	337.98	400.72	418.80	445.82	223.89
19	351.49	348.35	413.01	431.64	459.49	230.76
20	362.33	359.08	425.74	444.94	473.65	237.87
21-24	373.53	370.19	438.91	458.71	488.30	245.23
25	375.03	371.67	440.66	460.54	490.25	246.21
26	382.50	379.07	449.44	469.72	500.02	251.11
27	391.46	387.96	459.98	480.72	511.74	257.00
28	406.03	402.39	477.09	498.61	530.78	266.56
29	417.98	414.24	491.14	513.29	546.40	274.41
30	423.96	420.16	498.16	520.63	554.22	278.33
31	432.92	429.05	508.69	531.64	565.94	284.22
32	441.89	437.93	519.23	542.65	577.66	290.10
33	447.49	443.49	525.81	549.53	584.98	293.78
34	453.47	449.41	532.83	556.87	592.79	297.70
35	456.46	452.37	536.34	560.54	596.70	299.67
36	459.44	455.33	539.86	564.21	600.61	301.63
37	462.43	458.29	543.37	567.88	604.51	303.59
38	465.42	461.25	546.88	571.55	608.42	305.55
39	471.40	467.18	553.90	578.89	616.23	309.48
40	477.37	473.10	560.92	586.23	624.04	313.40
41	486.34	481.98	571.46	597.24	635.76	319.28
42	494.93	490.50	581.55	607.79	646.99	324.93
43	506.88	502.34	595.60	622.46	662.62	332.77
44	521.82	517.15	613.15	640.81	682.15	342.58
45	539.38	534.55	633.78	662.37	705.10	354.11
46	560.30	555.28	658.36	688.06	732.45	367.84
47	583.83	578.60	686.01	716.96	763.21	383.29
48	610.72	605.26	717.61	749.98	798.37	400.95
49	637.24	631.54	748.78	782.55	833.03	418.36
50	667.13	661.16	783.89	819.25	872.10	437.97
51	696.64	690.40	818.56	855.49	910.67	457.35
52	729.13	722.61	856.75	895.39	953.16	478.68
53	762.00	755.18	895.37	935.76	996.13	500.26
54	797.49	790.35	937.07	979.34	1,042.51	523.56
55	832.98	825.52	978.76	1,022.91	1,088.90	546.85
56	871.45	863.65	1,023.97	1,070.16	1,139.20	572.11
57	910.30	902.15	1,069.62	1,117.87	1,189.98	597.62
58	951.76	943.24	1,118.34	1,168.78	1,244.18	624.84
59	972.30	963.60	1,142.48	1,194.01	1,271.04	638.32
60	1,013.76	1,004.69	1,191.20	1,244.93	1,325.24	665.54
61	1,049.62	1,040.23	1,233.33	1,288.96	1,372.11	689.09
62	1,073.16	1,063.55	1,260.98	1,317.86	1,402.88	704.54
63	1,102.66	1,092.79	1,295.66	1,354.10	1,441.45	723.91
64+	1,120.59	1,110.56	1,316.72	1,376.12	1,464.89	735.68

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Spokane county

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	KP Bronze	KP Bronze HSA X	KP E VisitsPlus Bronze	KP Silver HSA	KP VisitsPlus Silver HD	KP E VisitsPlus Gold
0-14	$264.79	$278.76	$253.09	$304.14	$286.12	$339.63
15	288.33	303.54	275.58	331.18	311.55	369.82
16	297.32	313.01	284.18	341.51	321.28	381.36
17	306.32	322.48	292.79	351.85	331.00	392.90
18	316.02	332.69	302.05	362.98	341.47	405.33
19	325.71	342.89	311.31	374.11	351.95	417.76
20	335.75	353.46	320.91	385.64	362.79	430.64
21-24	346.13	364.39	330.83	397.57	374.01	443.96
25	347.51	365.85	332.15	399.16	375.51	445.73
26	354.44	373.13	338.77	407.11	382.99	454.61
27	362.74	381.88	346.71	416.65	391.97	465.27
28	376.24	396.09	359.61	432.16	406.55	482.58
29	387.32	407.75	370.20	444.88	418.52	496.79
30	392.86	413.58	375.49	451.24	424.51	503.89
31	401.16	422.33	383.43	460.78	433.48	514.55
32	409.47	431.07	391.37	470.33	442.46	525.20
33	414.66	436.54	396.34	476.29	448.07	531.86
34	420.20	442.37	401.63	482.65	454.05	538.96
35	422.97	445.28	404.28	485.83	457.04	542.52
36	425.74	448.20	406.92	489.01	460.04	546.07
37	428.51	451.11	409.57	492.19	463.03	549.62
38	431.28	454.03	412.22	495.37	466.02	553.17
39	436.81	459.86	417.51	501.73	472.00	560.27
40	442.35	465.69	422.80	508.09	477.99	567.38
41	450.66	474.44	430.74	517.64	486.97	578.03
42	458.62	482.82	438.35	526.78	495.57	588.24
43	469.70	494.48	448.94	539.50	507.54	602.45
44	483.54	509.05	462.17	555.41	522.50	620.21
45	499.81	526.18	477.72	574.09	540.08	641.07
46	519.19	546.58	496.25	596.36	561.02	665.94
47	541.00	569.54	517.09	621.40	584.58	693.91
48	565.92	595.78	540.91	650.03	611.51	725.87
49	590.50	621.65	564.40	678.25	638.07	757.39
50	618.19	650.80	590.86	710.06	667.99	792.91
51	645.53	679.59	617.00	741.47	697.53	827.98
52	675.64	711.29	645.78	776.06	730.07	866.60
53	706.10	743.35	674.90	811.04	762.99	905.67
54	738.99	777.97	706.33	848.81	798.52	947.85
55	771.87	812.59	737.75	886.58	834.05	990.02
56	807.52	850.12	771.83	927.53	872.57	1,035.75
57	843.52	888.02	806.24	968.88	911.47	1,081.92
58	881.94	928.46	842.96	1,013.01	952.99	1,131.20
59	900.97	948.51	861.15	1,034.88	973.56	1,155.62
60	939.39	988.95	897.88	1,079.01	1,015.07	1,204.90
61	972.62	1,023.93	929.64	1,117.17	1,050.98	1,247.52
62	994.43	1,046.89	950.48	1,142.22	1,074.54	1,275.49
63	1,021.77	1,075.68	976.61	1,173.63	1,104.09	1,310.56
64+	1,038.39	1,093.17	992.49	1,192.71	1,122.03	1,331.87

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Spokane county

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus Catastrophic
0-14	$278.64	$276.14	$327.41	$342.17	$364.25	$182.93
15	303.41	300.69	356.51	372.59	396.63	199.19
16	312.88	310.07	367.64	384.22	409.00	205.41
17	322.35	319.46	378.76	395.85	421.38	211.62
18	332.54	329.57	390.75	408.37	434.72	218.32
19	342.74	339.67	402.73	420.90	448.05	225.01
20	353.31	350.14	415.14	433.87	461.86	231.95
21-24	364.23	360.97	427.98	447.29	476.14	239.12
25	365.69	362.42	429.69	449.08	478.05	240.08
26	372.97	369.64	438.25	458.02	487.57	244.86
27	381.72	378.30	448.52	468.76	499.00	250.60
28	395.92	392.38	465.21	486.20	517.56	259.92
29	407.58	403.93	478.91	500.51	532.80	267.58
30	413.40	409.70	485.76	507.67	540.42	271.40
31	422.15	418.37	496.03	518.40	551.85	277.14
32	430.89	427.03	506.30	529.14	563.27	282.88
33	436.35	432.44	512.72	535.85	570.42	286.47
34	442.18	438.22	519.57	543.01	578.03	290.29
35	445.09	441.11	522.99	546.58	581.84	292.21
36	448.01	444.00	526.42	550.16	585.65	294.12
37	450.92	446.88	529.84	553.74	589.46	296.03
38	453.83	449.77	533.26	557.32	593.27	297.95
39	459.66	455.55	540.11	564.48	600.89	301.77
40	465.49	461.32	546.96	571.63	608.51	305.60
41	474.23	469.99	557.23	582.37	619.94	311.34
42	482.61	478.29	567.07	592.65	630.89	316.84
43	494.26	489.84	580.77	606.97	646.12	324.49
44	508.83	504.28	597.89	624.86	665.17	334.05
45	525.95	521.24	618.00	645.88	687.55	345.29
46	546.35	541.46	641.97	670.93	714.21	358.68
47	569.29	564.20	668.93	699.11	744.21	373.75
48	595.52	590.19	699.75	731.31	778.49	390.96
49	621.38	615.82	730.14	763.07	812.30	407.94
50	650.52	644.70	764.37	798.85	850.39	427.07
51	679.29	673.21	798.18	834.19	888.00	445.96
52	710.98	704.62	835.42	873.10	929.43	466.76
53	743.03	736.38	873.08	912.46	971.33	487.81
54	777.64	770.67	913.74	954.96	1,016.56	510.52
55	812.24	804.97	954.40	997.45	1,061.79	533.24
56	849.75	842.15	998.48	1,043.52	1,110.84	557.87
57	887.63	879.69	1,042.99	1,090.04	1,160.35	582.74
58	928.06	919.76	1,090.49	1,139.69	1,213.21	609.28
59	948.10	939.61	1,114.03	1,164.29	1,239.39	622.43
60	988.53	979.68	1,161.54	1,213.94	1,292.25	648.98
61	1,023.49	1,014.33	1,202.63	1,256.87	1,337.96	671.93
62	1,046.44	1,037.07	1,229.59	1,285.05	1,367.95	687.00
63	1,075.21	1,065.59	1,263.40	1,320.39	1,405.57	705.89
64+	1,092.69	1,082.91	1,283.94	1,341.86	1,428.42	717.36

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Mason, Pierce, and Thurston counties

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	KP Bronze	KP Bronze HSA X	KP E VisitsPlus Bronze	KP Silver HSA	KP VisitsPlus Silver HD	KP E VisitsPlus Gold
0-14	$270.89	$285.19	$258.92	$311.15	$292.72	$347.46
15	294.97	310.53	281.94	338.81	318.74	378.34
16	304.18	320.23	290.74	349.39	328.68	390.15
17	313.39	329.92	299.54	359.96	338.63	401.96
18	323.30	340.36	309.01	371.35	349.35	414.68
19	333.22	350.80	318.49	382.74	360.06	427.40
20	343.49	361.61	328.31	394.53	371.16	440.57
21-24	354.11	372.79	338.46	406.74	382.64	454.19
25	355.53	374.28	339.81	408.36	384.17	456.01
26	362.61	381.74	346.58	416.50	391.82	465.09
27	371.11	390.68	354.71	426.26	401.00	475.99
28	384.92	405.22	367.91	442.12	415.93	493.71
29	396.25	417.15	378.74	455.14	428.17	508.24
30	401.91	423.12	384.15	461.65	434.29	515.51
31	410.41	432.06	392.27	471.41	443.48	526.41
32	418.91	441.01	400.40	481.17	452.66	537.31
33	424.22	446.60	405.47	487.27	458.40	544.12
34	429.89	452.57	410.89	493.78	464.52	551.39
35	432.72	455.55	413.60	497.03	467.58	555.02
36	435.55	458.53	416.30	500.29	470.64	558.66
37	438.39	461.52	419.01	503.54	473.70	562.29
38	441.22	464.50	421.72	506.79	476.77	565.92
39	446.89	470.46	427.14	513.30	482.89	573.19
40	452.55	476.43	432.55	519.81	489.01	580.46
41	461.05	485.37	440.67	529.57	498.19	591.36
42	469.20	493.95	448.46	538.93	506.99	601.81
43	480.53	505.88	459.29	551.94	519.24	616.34
44	494.69	520.79	472.83	568.21	534.54	634.51
45	511.33	538.31	488.74	587.33	552.53	655.86
46	531.16	559.19	507.69	610.11	573.96	681.29
47	553.47	582.67	529.01	635.73	598.06	709.90
48	578.97	609.51	553.38	665.01	625.61	742.61
49	604.11	635.98	577.41	693.89	652.78	774.85
50	632.44	665.80	604.49	726.43	683.39	811.19
51	660.41	695.26	631.23	758.56	713.62	847.07
52	691.22	727.69	660.67	793.95	746.91	886.59
53	722.38	760.49	690.46	829.74	780.58	926.55
54	756.02	795.91	722.61	868.38	816.93	969.70
55	789.66	831.32	754.76	907.02	853.28	1,012.85
56	826.14	869.72	789.63	948.92	892.69	1,059.63
57	862.96	908.49	824.83	991.22	932.49	1,106.87
58	902.27	949.87	862.39	1,036.37	974.96	1,157.28
59	921.75	970.37	881.01	1,058.74	996.00	1,182.27
60	961.05	1,011.75	918.58	1,103.88	1,038.48	1,232.68
61	995.05	1,047.54	951.07	1,142.93	1,075.21	1,276.28
62	1,017.36	1,071.03	972.39	1,168.55	1,099.32	1,304.90
63	1,045.33	1,100.48	999.13	1,200.69	1,129.54	1,340.78
64+	1,062.33	1,118.37	1,015.38	1,220.21	1,147.91	1,362.57

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Mason, Pierce, and Thurston counties

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus Catastrophic
0-14	$285.06	$282.51	$334.95	$350.06	$372.65	$187.15
15	310.40	307.62	364.73	381.18	405.77	203.78
16	320.09	317.22	376.11	393.08	418.44	210.14
17	329.78	326.83	387.50	404.98	431.10	216.50
18	340.21	337.17	399.76	417.79	444.74	223.35
19	350.64	347.51	412.02	430.60	458.38	230.20
20	361.45	358.22	424.71	443.87	472.51	237.30
21-24	372.63	369.29	437.85	457.60	487.12	244.63
25	374.12	370.77	439.60	459.43	489.07	245.61
26	381.57	378.16	448.36	468.58	498.81	250.51
27	390.52	387.02	458.87	479.56	510.50	256.38
28	405.05	401.42	475.94	497.41	529.50	265.92
29	416.97	413.24	489.95	512.05	545.09	273.75
30	422.94	419.15	496.96	519.38	552.88	277.66
31	431.88	428.01	507.47	530.36	564.57	283.53
32	440.82	436.88	517.97	541.34	576.26	289.40
33	446.41	442.41	524.54	548.20	583.57	293.07
34	452.37	448.32	531.55	555.53	591.36	296.99
35	455.35	451.28	535.05	559.19	595.26	298.94
36	458.34	454.23	538.55	562.85	599.16	300.90
37	461.32	457.19	542.06	566.51	603.05	302.86
38	464.30	460.14	545.56	570.17	606.95	304.81
39	470.26	466.05	552.56	577.49	614.74	308.73
40	476.22	471.96	559.57	584.81	622.54	312.64
41	485.16	480.82	570.08	595.79	634.23	318.51
42	493.73	489.32	580.15	606.32	645.43	324.14
43	505.66	501.13	594.16	620.96	661.02	331.97
44	520.56	515.90	611.67	639.27	680.50	341.75
45	538.08	533.26	632.25	660.77	703.40	353.25
46	558.95	553.94	656.77	686.40	730.68	366.95
47	582.42	577.21	684.36	715.23	761.37	382.36
48	609.25	603.80	715.88	748.17	796.44	399.98
49	635.71	630.02	746.97	780.66	831.02	417.35
50	665.52	659.56	782.00	817.27	869.99	436.92
51	694.96	688.73	816.59	853.42	908.48	456.24
52	727.37	720.86	854.68	893.23	950.86	477.53
53	760.17	753.36	893.21	933.50	993.72	499.05
54	795.57	788.44	934.81	976.97	1,040.00	522.30
55	830.97	823.53	976.40	1,020.45	1,086.27	545.54
56	869.35	861.56	1,021.50	1,067.58	1,136.45	570.73
57	908.10	899.97	1,067.04	1,115.17	1,187.11	596.17
58	949.46	940.96	1,115.64	1,165.96	1,241.18	623.33
59	969.96	961.27	1,139.72	1,191.13	1,267.97	636.78
60	1,011.32	1,002.27	1,188.32	1,241.92	1,322.04	663.94
61	1,047.09	1,037.72	1,230.35	1,285.85	1,368.80	687.42
62	1,070.57	1,060.98	1,257.94	1,314.68	1,399.49	702.84
63	1,100.00	1,090.16	1,292.53	1,350.83	1,437.97	722.16
64+	1,117.89	1,107.87	1,313.55	1,372.80	1,461.36	733.89

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Benton, Franklin, and Yakima counties

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	KP Bronze	KP Bronze HSA X	KP E VisitsPlus Bronze	KP Silver HSA	KP VisitsPlus Silver HD	KP E VisitsPlus Gold
0-14	$257.20	$270.77	$245.83	$295.43	$277.92	$329.89
15	280.06	294.84	267.68	321.69	302.62	359.22
16	288.80	304.04	276.04	331.73	312.07	370.43
17	297.55	313.24	284.40	341.77	321.52	381.64
18	306.96	323.15	293.39	352.58	331.69	393.72
19	316.37	333.06	302.39	363.39	341.86	405.79
20	326.12	343.33	311.71	374.59	352.40	418.30
21-24	336.21	353.95	321.35	386.18	363.29	431.23
25	337.55	355.36	322.64	387.72	364.75	432.96
26	344.28	362.44	329.06	395.44	372.01	441.58
27	352.35	370.94	336.78	404.71	380.73	451.93
28	365.46	384.74	349.31	419.77	394.90	468.75
29	376.22	396.07	359.59	432.13	406.53	482.55
30	381.60	401.73	364.73	438.31	412.34	489.45
31	389.67	410.22	372.45	447.58	421.06	499.80
32	397.74	418.72	380.16	456.85	429.78	510.15
33	402.78	424.03	384.98	462.64	435.23	516.62
34	408.16	429.69	390.12	468.82	441.04	523.52
35	410.85	432.52	392.69	471.91	443.95	526.97
36	413.54	435.35	395.26	475.00	446.85	530.42
37	416.23	438.19	397.83	478.09	449.76	533.87
38	418.92	441.02	400.40	481.18	452.67	537.32
39	424.30	446.68	405.54	487.35	458.48	544.22
40	429.68	452.34	410.69	493.53	464.29	551.12
41	437.74	460.84	418.40	502.80	473.01	561.47
42	445.48	468.98	425.79	511.68	481.37	571.39
43	456.24	480.31	436.07	524.04	492.99	585.19
44	469.68	494.46	448.93	539.49	507.52	602.43
45	485.49	511.10	464.03	557.64	524.60	622.70
46	504.31	530.92	482.03	579.27	544.94	646.85
47	525.50	553.22	502.27	603.59	567.83	674.02
48	549.70	578.70	525.41	631.40	593.99	705.07
49	573.57	603.83	548.22	658.82	619.78	735.69
50	600.47	632.15	573.93	689.71	648.84	770.18
51	627.03	660.11	599.32	720.22	677.54	804.25
52	656.28	690.90	627.28	753.82	709.15	841.77
53	685.87	722.05	655.55	787.80	741.12	879.72
54	717.81	755.68	686.08	824.49	775.63	920.69
55	749.75	789.30	716.61	861.17	810.15	961.65
56	784.38	825.76	749.71	900.95	847.57	1,006.07
57	819.34	862.57	783.13	941.11	885.35	1,050.92
58	856.66	901.86	818.80	983.98	925.68	1,098.79
59	875.15	921.32	836.48	1,005.22	945.66	1,122.50
60	912.47	960.61	872.14	1,048.08	985.98	1,170.37
61	944.75	994.59	902.99	1,085.16	1,020.86	1,211.77
62	965.93	1,016.89	923.24	1,109.49	1,043.75	1,238.94
63	992.49	1,044.85	948.63	1,139.99	1,072.45	1,273.00
64+	1,008.63	1,061.84	964.05	1,158.53	1,089.87	1,293.69

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Benton, Franklin, and Yakima counties

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus Catastrophic
0-14	$270.65	$268.23	$318.02	$332.37	$353.81	$177.69
15	294.71	292.07	346.29	361.91	385.26	193.48
16	303.91	301.19	357.10	373.21	397.28	199.52
17	313.11	310.30	367.91	384.50	409.31	205.56
18	323.01	320.12	379.55	396.67	422.26	212.06
19	332.92	329.94	391.19	408.83	435.21	218.56
20	343.18	340.11	403.24	421.43	448.62	225.30
21-24	353.79	350.63	415.72	434.47	462.50	232.27
25	355.21	352.03	417.38	436.21	464.35	233.20
26	362.29	359.04	425.69	444.90	473.60	237.84
27	370.78	367.46	435.67	455.32	484.70	243.42
28	384.57	381.13	451.88	472.27	502.73	252.48
29	395.90	392.35	465.19	486.17	517.53	259.91
30	401.56	397.96	471.84	493.12	524.93	263.62
31	410.05	406.38	481.81	503.55	536.03	269.20
32	418.54	414.79	491.79	513.98	547.13	274.77
33	423.85	420.05	498.03	520.49	554.07	278.26
34	429.51	425.66	504.68	527.44	561.47	281.97
35	432.34	428.47	508.00	530.92	565.17	283.83
36	435.17	431.27	511.33	534.40	568.87	285.69
37	438.00	434.08	514.66	537.87	572.57	287.55
38	440.83	436.88	517.98	541.35	576.27	289.41
39	446.49	442.49	524.63	548.30	583.67	293.12
40	452.15	448.10	531.28	555.25	591.07	296.84
41	460.64	456.52	541.26	565.68	602.17	302.41
42	468.78	464.58	550.82	575.67	612.81	307.76
43	480.10	475.80	564.13	589.57	627.61	315.19
44	494.25	489.83	580.75	606.95	646.11	324.48
45	510.88	506.31	600.29	627.37	667.84	335.40
46	530.69	525.94	623.57	651.70	693.74	348.40
47	552.98	548.03	649.76	679.07	722.88	363.04
48	578.45	573.28	679.69	710.36	756.18	379.76
49	603.57	598.17	709.21	741.20	789.02	396.25
50	631.88	626.22	742.47	775.96	826.02	414.83
51	659.83	653.92	775.31	810.28	862.55	433.18
52	690.61	684.42	811.48	848.08	902.79	453.39
53	721.74	715.28	848.06	886.31	943.49	473.83
54	755.35	748.59	887.55	927.59	987.43	495.89
55	788.96	781.90	927.05	968.86	1,031.36	517.96
56	825.40	818.01	969.86	1,013.61	1,079.00	541.88
57	862.20	854.48	1,013.10	1,058.80	1,127.10	566.04
58	901.47	893.40	1,059.24	1,107.02	1,178.44	591.82
59	920.93	912.68	1,082.11	1,130.92	1,203.88	604.60
60	960.20	951.60	1,128.25	1,179.15	1,255.21	630.38
61	994.16	985.26	1,168.16	1,220.86	1,299.61	652.67
62	1,016.45	1,007.35	1,194.35	1,248.23	1,328.75	667.31
63	1,044.40	1,035.05	1,227.19	1,282.55	1,365.29	685.66
64+	1,061.37	1,051.88	1,247.15	1,303.40	1,387.49	696.81

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Island, Skagit, Snohomish, and Whatcom counties

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	KP Bronze	KP Bronze HSA X	KP E VisitsPlus Bronze	KP Silver HSA	KP VisitsPlus Silver HD	KP E VisitsPlus Gold
0-14	$275.24	$289.76	$263.08	$316.15	$297.42	$353.04
15	299.71	315.52	286.46	344.25	323.85	384.42
16	309.06	325.37	295.40	355.00	333.96	396.42
17	318.42	335.22	304.35	365.74	344.07	408.41
18	328.49	345.82	313.97	377.31	354.96	421.34
19	338.57	356.43	323.60	388.88	365.84	434.26
20	349.00	367.41	333.58	400.87	377.12	447.64
21-24	359.79	378.78	343.89	413.27	388.78	461.49
25	361.23	380.29	345.27	414.92	390.34	463.33
26	368.43	387.87	352.15	423.19	398.11	472.56
27	377.07	396.96	360.40	433.10	407.44	483.64
28	391.10	411.73	373.81	449.22	422.60	501.64
29	402.61	423.85	384.82	462.45	435.05	516.40
30	408.37	429.91	390.32	469.06	441.27	523.79
31	417.00	439.00	398.57	478.98	450.60	534.86
32	425.64	448.09	406.83	488.90	459.93	545.94
33	431.03	453.77	411.98	495.09	465.76	552.86
34	436.79	459.83	417.49	501.71	471.98	560.24
35	439.67	462.86	420.24	505.01	475.09	563.94
36	442.55	465.89	422.99	508.32	478.20	567.63
37	445.43	468.93	425.74	511.62	481.31	571.32
38	448.30	471.96	428.49	514.93	484.42	575.01
39	454.06	478.02	433.99	521.54	490.64	582.40
40	459.82	484.08	439.50	528.16	496.86	589.78
41	468.45	493.17	447.75	538.07	506.19	600.85
42	476.73	501.88	455.66	547.58	515.13	611.47
43	488.24	514.00	466.66	560.80	527.57	626.24
44	502.63	529.15	480.42	577.33	543.13	644.70
45	519.54	546.95	496.58	596.76	561.40	666.39
46	539.69	568.16	515.84	619.90	583.17	692.23
47	562.36	592.03	537.51	645.94	607.66	721.30
48	588.26	619.30	562.27	675.69	635.66	754.53
49	613.81	646.19	586.68	705.03	663.26	787.29
50	642.59	676.49	614.19	738.10	694.36	824.21
51	671.02	706.42	641.36	770.74	725.08	860.67
52	702.32	739.37	671.28	806.70	758.90	900.82
53	733.98	772.70	701.54	843.07	793.11	941.43
54	768.16	808.69	734.21	882.33	830.05	985.27
55	802.34	844.67	766.88	921.59	866.98	1,029.11
56	839.40	883.69	802.30	964.15	907.02	1,076.65
57	876.82	923.08	838.07	1,007.13	947.46	1,124.64
58	916.76	965.12	876.24	1,053.00	990.61	1,175.87
59	936.55	985.95	895.15	1,075.73	1,011.99	1,201.25
60	976.48	1,028.00	933.33	1,121.61	1,055.15	1,252.47
61	1,011.02	1,064.36	966.34	1,161.28	1,092.47	1,296.78
62	1,033.69	1,088.22	988.01	1,187.32	1,116.97	1,325.85
63	1,062.11	1,118.15	1,015.17	1,219.96	1,147.68	1,362.31
64+	1,079.37	1,136.33	1,031.67	1,239.80	1,166.34	1,384.46

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Island, Skagit, Snohomish, and Whatcom counties

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus Catastrophic
0-14	$289.64	$287.05	$340.33	$355.68	$378.63	$190.15
15	315.38	312.56	370.58	387.30	412.28	207.05
16	325.23	322.32	382.15	399.39	425.15	213.52
17	335.07	332.07	393.72	411.48	438.02	219.98
18	345.67	342.58	406.17	424.50	451.88	226.94
19	356.27	353.09	418.63	437.51	465.74	233.90
20	367.25	363.97	431.53	451.00	480.09	241.11
21-24	378.61	375.22	444.88	464.95	494.94	248.56
25	380.13	376.72	446.66	466.81	496.92	249.56
26	387.70	384.23	455.56	476.10	506.82	254.53
27	396.79	393.23	466.23	487.26	518.70	260.49
28	411.55	407.87	483.58	505.40	538.00	270.19
29	423.67	419.88	497.82	520.27	553.84	278.14
30	429.73	425.88	504.94	527.71	561.76	282.12
31	438.81	434.88	515.61	538.87	573.64	288.08
32	447.90	443.89	526.29	550.03	585.51	294.05
33	453.58	449.52	532.96	557.01	592.94	297.78
34	459.64	455.52	540.08	564.44	600.86	301.75
35	462.66	458.52	543.64	568.16	604.82	303.74
36	465.69	461.53	547.20	571.88	608.78	305.73
37	468.72	464.53	550.76	575.60	612.74	307.72
38	471.75	467.53	554.32	579.32	616.69	309.71
39	477.81	473.53	561.44	586.76	624.61	313.69
40	483.87	479.54	568.55	594.20	632.53	317.66
41	492.95	488.54	579.23	605.36	644.41	323.63
42	501.66	497.17	589.46	616.05	655.80	329.35
43	513.78	509.18	603.70	630.93	671.63	337.30
44	528.92	524.19	621.50	649.53	691.43	347.24
45	546.72	541.82	642.40	671.38	714.69	358.92
46	567.92	562.84	667.32	697.42	742.41	372.84
47	591.77	586.47	695.34	726.71	773.59	388.50
48	619.03	613.49	727.38	760.19	809.23	406.40
49	645.91	640.13	758.96	793.20	844.37	424.05
50	676.20	670.15	794.55	830.39	883.96	443.93
51	706.11	699.79	829.70	867.12	923.06	463.57
52	739.05	732.44	868.40	907.58	966.12	485.19
53	772.37	765.46	907.55	948.49	1,009.68	507.07
54	808.34	801.10	949.82	992.66	1,056.70	530.68
55	844.31	836.75	992.08	1,036.83	1,103.72	554.29
56	883.30	875.40	1,037.90	1,084.72	1,154.69	579.90
57	922.68	914.42	1,084.17	1,133.07	1,206.17	605.75
58	964.71	956.07	1,133.55	1,184.68	1,261.11	633.34
59	985.53	976.71	1,158.02	1,210.26	1,288.33	647.01
60	1,027.56	1,018.36	1,207.40	1,261.86	1,343.27	674.60
61	1,063.90	1,054.38	1,250.11	1,306.50	1,390.78	698.46
62	1,087.75	1,078.02	1,278.14	1,335.79	1,421.96	714.12
63	1,117.67	1,107.66	1,313.28	1,372.52	1,461.06	733.76
64+	1,135.83	1,125.66	1,334.63	1,394.84	1,484.82	745.68

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Columbia, Walla Walla, and Whitman counties

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	KP Bronze	KP Bronze HSA X	KP E VisitsPlus Bronze	KP Silver HSA	KP VisitsPlus Silver HD	KP E VisitsPlus Gold
0-14	$285.24	$300.29	$272.64	$327.64	$308.22	$365.86
15	310.60	326.99	296.87	356.76	335.62	398.39
16	320.29	337.19	306.14	367.90	346.10	410.82
17	329.99	347.40	315.40	379.03	356.57	423.25
18	340.43	358.39	325.38	391.02	367.85	436.65
19	350.87	369.38	335.36	403.01	379.13	450.04
20	361.68	380.76	345.70	415.43	390.82	463.91
21-24	372.87	392.54	356.39	428.28	402.91	478.25
25	374.36	394.11	357.81	430.00	404.52	480.17
26	381.82	401.96	364.94	438.56	412.58	489.73
27	390.77	411.38	373.50	448.84	422.25	501.21
28	405.31	426.69	387.39	465.54	437.96	519.86
29	417.24	439.25	398.80	479.25	450.85	535.17
30	423.21	445.53	404.50	486.10	457.30	542.82
31	432.15	454.95	413.05	496.38	466.97	554.30
32	441.10	464.37	421.61	506.66	476.64	565.77
33	446.70	470.26	426.95	513.08	482.68	572.95
34	452.66	476.54	432.66	519.94	489.13	580.60
35	455.64	479.68	435.51	523.36	492.35	584.43
36	458.63	482.82	438.36	526.79	495.57	588.25
37	461.61	485.96	441.21	530.21	498.80	592.08
38	464.59	489.10	444.06	533.64	502.02	595.90
39	470.56	495.38	449.76	540.49	508.47	603.56
40	476.53	501.67	455.46	547.35	514.91	611.21
41	485.47	511.09	464.02	557.62	524.58	622.69
42	494.05	520.11	472.21	567.48	533.85	633.69
43	505.98	532.68	483.62	581.18	546.74	648.99
44	520.90	548.38	497.87	598.31	562.86	668.12
45	538.42	566.83	514.63	618.44	581.80	690.60
46	559.30	588.81	534.58	642.42	604.36	717.38
47	582.79	613.54	557.04	669.41	629.74	747.51
48	609.64	641.80	582.70	700.24	658.75	781.94
49	636.11	669.67	608.00	730.65	687.36	815.90
50	665.94	701.07	636.51	764.91	719.59	854.16
51	695.40	732.09	664.66	798.75	751.42	891.94
52	727.84	766.24	695.67	836.01	786.47	933.55
53	760.65	800.78	727.03	873.70	821.93	975.64
54	796.07	838.07	760.89	914.38	860.21	1,021.07
55	831.50	875.36	794.75	955.07	898.48	1,066.51
56	869.90	915.79	831.45	999.18	939.98	1,115.77
57	908.68	956.62	868.52	1,043.73	981.88	1,165.50
58	950.07	1,000.19	908.08	1,091.27	1,026.61	1,218.59
59	970.58	1,021.78	927.68	1,114.82	1,048.77	1,244.89
60	1,011.96	1,065.35	967.24	1,162.36	1,093.49	1,297.98
61	1,047.76	1,103.03	1,001.45	1,203.48	1,132.17	1,343.89
62	1,071.25	1,127.76	1,023.90	1,230.46	1,157.55	1,374.02
63	1,100.71	1,158.78	1,052.06	1,264.29	1,189.38	1,411.81
64+	1,118.60	1,177.62	1,069.17	1,284.84	1,208.72	1,434.75

Rates are effective January 1, 2025, through December 31, 2025. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2025 Monthly rates

Tobacco non-user

Columbia, Walla Walla, and Whitman counties

E Offered through the health benefit exchange, Washington Healthplanfinder

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2025 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus Catastrophic
0-14	$300.16	$297.48	$352.70	$368.61	$392.39	$197.06
15	326.84	323.92	384.05	401.37	427.27	214.58
16	337.05	334.03	396.04	413.90	440.60	221.27
17	347.25	344.14	408.02	426.43	453.94	227.97
18	358.23	355.03	420.93	439.92	468.30	235.18
19	369.22	365.91	433.84	453.41	482.66	242.40
20	380.60	377.19	447.21	467.38	497.54	249.87
21-24	392.37	388.86	461.04	481.84	512.92	257.59
25	393.94	390.41	462.89	483.77	514.98	258.62
26	401.79	398.19	472.11	493.40	525.23	263.78
27	411.20	407.52	483.17	504.97	537.54	269.96
28	426.51	422.69	501.15	523.76	557.55	280.00
29	439.06	435.13	515.91	539.18	573.96	288.25
30	445.34	441.35	523.28	546.89	582.17	292.37
31	454.76	450.69	534.35	558.45	594.48	298.55
32	464.17	460.02	545.41	570.02	606.79	304.73
33	470.06	465.85	552.33	577.24	614.48	308.60
34	476.34	472.07	559.71	584.95	622.69	312.72
35	479.48	475.18	563.39	588.81	626.79	314.78
36	482.61	478.29	567.08	592.66	630.90	316.84
37	485.75	481.41	570.77	596.52	635.00	318.90
38	488.89	484.52	574.46	600.37	639.10	320.96
39	495.17	490.74	581.84	608.08	647.31	325.08
40	501.45	496.96	589.21	615.79	655.52	329.21
41	510.87	506.29	600.28	627.36	667.83	335.39
42	519.89	515.24	610.88	638.44	679.62	341.31
43	532.45	527.68	625.64	653.86	696.04	349.55
44	548.14	543.23	644.08	673.13	716.55	359.86
45	566.58	561.51	665.75	695.78	740.66	371.97
46	588.55	583.29	691.56	722.76	769.38	386.39
47	613.27	607.78	720.61	753.12	801.70	402.62
48	641.52	635.78	753.81	787.81	838.63	421.17
49	669.38	663.39	786.54	822.02	875.05	439.46
50	700.77	694.50	823.42	860.57	916.08	460.06
51	731.77	725.22	859.84	898.63	956.60	480.41
52	765.91	759.05	899.96	940.55	1,001.23	502.82
53	800.43	793.27	940.53	982.95	1,046.36	525.49
54	837.71	830.21	984.33	1,028.73	1,095.09	549.96
55	874.98	867.15	1,028.13	1,074.50	1,143.82	574.43
56	915.40	907.20	1,075.61	1,124.13	1,196.65	600.97
57	956.21	947.65	1,123.56	1,174.24	1,249.99	627.76
58	999.76	990.81	1,174.74	1,227.73	1,306.93	656.35
59	1,021.34	1,012.20	1,200.09	1,254.23	1,335.14	670.52
60	1,064.89	1,055.36	1,251.27	1,307.71	1,392.07	699.11
61	1,102.56	1,092.69	1,295.53	1,353.97	1,441.31	723.84
62	1,127.28	1,117.19	1,324.58	1,384.33	1,473.63	740.07
63	1,158.28	1,147.91	1,361.00	1,422.39	1,514.15	760.42
64+	1,177.11	1,166.57	1,383.12	1,445.52	1,538.76	772.77

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Notes