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 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
VisitsPlus Bronze	KP E	Core	Benton, Columbia, Franklin, Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Kaiser Permanente Cascade Bronze	E		
Bronze	KP		
Bronze HSA	KP E		
VisitsPlus Silver 4500	KP		
Silver HSA	KP		
VisitsPlus Silver HD	KP		
Kaiser Permanente Cascade Silver	E		
VisitsPlus Silver X	KP		
VisitsPlus Silver	E		
Gold HSA	KP E		
Kaiser Permanente Cascade Vital Gold	E		
VisitsPlus Gold	KP E		
Kaiser Permanente Cascade Complete Gold	E		
VisitsPlus Gold LD	KP		
Basics Plus Catastrophic	E		

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Bronze	KP Bronze	KP E Bronze HSA	KP VisitsPlus Silver 4500	KP Silver HSA	KP VisitsPlus Silver HD	KP VisitsPlus Silver X	KP E Gold HSA
0-14	$284.08	$285.71	$279.19	$300.14	$312.73	$308.61	$313.62	$354.26
15	309.33	311.10	304.00	326.82	340.53	336.04	341.49	385.75
16	318.99	320.81	313.49	337.02	351.16	346.53	352.15	397.79
17	328.64	330.52	322.98	347.23	361.78	357.02	362.81	409.83
18	339.04	340.98	333.20	358.21	373.23	368.31	374.29	422.80
19	349.44	351.44	343.42	369.20	384.68	379.61	385.77	435.77
20	360.21	362.27	354.00	380.57	396.53	391.31	397.66	449.20
21-24	371.35	373.47	364.95	392.34	408.80	403.41	409.95	463.09
25	372.83	374.97	366.41	393.91	410.43	405.02	411.59	464.94
26	380.26	382.44	373.71	401.76	418.61	413.09	419.79	474.20
27	389.17	391.40	382.47	411.18	428.42	422.77	429.63	485.32
28	403.65	405.97	396.70	426.48	444.36	438.50	445.62	503.38
29	415.54	417.92	408.38	439.03	457.44	451.41	458.74	518.20
30	421.48	423.89	414.22	445.31	463.98	457.87	465.30	525.61
31	430.39	432.86	422.98	454.73	473.80	467.55	475.14	536.72
32	439.30	441.82	431.74	464.14	483.61	477.23	484.98	547.84
33	444.87	447.42	437.21	470.03	489.74	483.28	491.13	554.78
34	450.82	453.40	443.05	476.31	496.28	489.74	497.69	562.19
35	453.79	456.38	445.97	479.45	499.55	492.96	500.96	565.90
36	456.76	459.37	448.89	482.58	502.82	496.19	504.24	569.60
37	459.73	462.36	451.81	485.72	506.09	499.42	507.52	573.31
38	462.70	465.35	454.73	488.86	509.36	502.65	510.80	577.01
39	468.64	471.32	460.57	495.14	515.90	509.10	517.36	584.42
40	474.58	477.30	466.41	501.42	522.44	515.56	523.92	591.83
41	483.49	486.26	475.17	510.83	532.25	525.24	533.76	602.94
42	492.03	494.85	483.56	519.86	541.66	534.52	543.19	613.59
43	503.92	506.80	495.24	532.41	554.74	547.42	556.31	628.41
44	518.77	521.74	509.84	548.11	571.09	563.56	572.71	646.94
45	536.23	539.30	526.99	566.55	590.30	582.52	591.97	668.70
46	557.02	560.21	547.43	588.52	613.19	605.11	614.93	694.63
47	580.42	583.74	570.42	613.24	638.95	630.53	640.76	723.81
48	607.15	610.63	596.69	641.48	668.38	659.57	670.28	757.15
49	633.52	637.15	622.61	669.34	697.41	688.21	699.38	790.03
50	663.23	667.02	651.80	700.73	730.11	720.49	732.18	827.08
51	692.56	696.53	680.63	731.72	762.41	752.36	764.57	863.66
52	724.87	729.02	712.38	765.86	797.97	787.45	800.23	903.95
53	757.55	761.89	744.50	800.38	833.94	822.95	836.31	944.70
54	792.83	797.37	779.17	837.66	872.78	861.28	875.25	988.70
55	828.10	832.85	813.84	874.93	911.62	899.60	914.20	1,032.69
56	866.35	871.31	851.43	915.34	953.72	941.15	956.42	1,080.39
57	904.97	910.15	889.38	956.14	996.24	983.11	999.06	1,128.55
58	946.19	951.61	929.89	999.69	1,041.61	1,027.88	1,044.56	1,179.95
59	966.62	972.15	949.97	1,021.27	1,064.10	1,050.07	1,067.11	1,205.42
60	1,007.84	1,013.61	990.48	1,064.82	1,109.47	1,094.85	1,112.62	1,256.83
61	1,043.49	1,049.46	1,025.51	1,102.49	1,148.72	1,133.58	1,151.97	1,301.28
62	1,066.88	1,072.99	1,048.50	1,127.21	1,174.47	1,158.99	1,177.80	1,330.46
63	1,096.22	1,102.49	1,077.33	1,158.20	1,206.77	1,190.86	1,210.19	1,367.04
64+	1,114.04	1,120.41	1,094.85	1,177.02	1,226.39	1,210.22	1,229.85	1,389.27

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Gold	KP VisitsPlus Gold LD	E Kaiser Permanente Cascade Bronze	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Vital Gold	E Kaiser Permanente Cascade Complete Gold	E Basics Plus Catastrophic
0-14	$367.42	$374.39	$284.46	$449.15	$446.12	$354.09	$378.42	$149.68
15	400.08	407.67	309.75	489.08	485.77	385.57	412.06	162.98
16	412.56	420.39	319.41	504.34	500.93	397.60	424.92	168.07
17	425.05	433.12	329.08	519.61	516.09	409.64	437.78	173.16
18	438.50	446.82	339.49	536.05	532.42	422.60	451.63	178.64
19	451.95	460.52	349.90	552.49	548.75	435.56	465.48	184.11
20	465.88	474.71	360.69	569.52	565.66	448.98	479.83	189.79
21-24	480.28	489.40	371.84	587.13	583.16	462.87	494.67	195.66
25	482.21	491.35	373.33	589.48	585.49	464.72	496.64	196.44
26	491.81	501.14	380.77	601.22	597.15	473.98	506.54	200.35
27	503.34	512.89	389.69	615.31	611.15	485.08	518.41	205.05
28	522.07	531.97	404.19	638.21	633.89	503.14	537.70	212.68
29	537.44	547.63	416.09	657.00	652.55	517.95	553.53	218.94
30	545.12	555.46	422.04	666.39	661.88	525.35	561.45	222.07
31	556.65	567.21	430.97	680.48	675.88	536.46	573.32	226.77
32	568.18	578.95	439.89	694.57	689.88	547.57	585.19	231.46
33	575.38	586.30	445.47	703.38	698.62	554.51	592.61	234.40
34	583.07	594.13	451.42	712.78	707.95	561.92	600.52	237.53
35	586.91	598.04	454.39	717.47	712.62	565.62	604.48	239.09
36	590.75	601.96	457.37	722.17	717.28	569.33	608.44	240.66
37	594.59	605.87	460.34	726.87	721.95	573.03	612.40	242.22
38	598.43	609.79	463.32	731.56	726.61	576.73	616.35	243.79
39	606.12	617.62	469.27	740.96	735.94	584.14	624.27	246.92
40	613.80	625.45	475.22	750.35	745.27	591.54	632.18	250.05
41	625.33	637.19	484.14	764.44	759.27	602.65	644.06	254.75
42	636.38	648.45	492.69	777.95	772.68	613.30	655.43	259.25
43	651.75	664.11	504.59	796.73	791.34	628.11	671.26	265.51
44	670.96	683.69	519.47	820.22	814.67	646.63	691.05	273.33
45	693.53	706.69	536.94	847.82	842.08	668.38	714.30	282.53
46	720.43	734.09	557.77	880.69	874.74	694.30	742.00	293.49
47	750.68	764.93	581.19	917.68	911.47	723.46	773.16	305.81
48	785.26	800.16	607.96	959.96	953.46	756.79	808.78	319.90
49	819.36	834.91	634.37	1,001.64	994.87	789.65	843.90	333.79
50	857.79	874.06	664.11	1,048.61	1,041.52	826.68	883.47	349.44
51	895.73	912.72	693.49	1,095.00	1,087.59	863.25	922.55	364.90
52	937.51	955.30	725.84	1,146.08	1,138.32	903.52	965.59	381.92
53	979.78	998.37	758.56	1,197.74	1,189.64	944.25	1,009.12	399.14
54	1,025.41	1,044.86	793.89	1,253.52	1,245.04	988.22	1,056.11	417.73
55	1,071.03	1,091.35	829.21	1,309.30	1,300.44	1,032.19	1,103.11	436.32
56	1,120.50	1,141.76	867.51	1,369.77	1,360.51	1,079.87	1,154.06	456.47
57	1,170.45	1,192.66	906.18	1,430.84	1,421.15	1,128.01	1,205.50	476.82
58	1,223.76	1,246.98	947.46	1,496.01	1,485.88	1,179.39	1,260.41	498.54
59	1,250.18	1,273.90	967.91	1,528.30	1,517.96	1,204.84	1,287.62	509.30
60	1,303.49	1,328.22	1,009.18	1,593.47	1,582.69	1,256.22	1,342.52	531.01
61	1,349.60	1,375.20	1,044.88	1,649.83	1,638.67	1,300.66	1,390.01	549.80
62	1,379.86	1,406.03	1,068.31	1,686.82	1,675.41	1,329.82	1,421.18	562.12
63	1,417.80	1,444.70	1,097.68	1,733.21	1,721.48	1,366.38	1,460.25	577.58
64+	1,440.84	1,468.19	1,115.52	1,761.39	1,749.47	1,388.60	1,484.00	586.97

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Bronze	KP Bronze	KP E Bronze HSA	KP VisitsPlus Silver 4500	KP Silver HSA	KP VisitsPlus Silver HD	KP VisitsPlus Silver X	KP E Gold HSA
0-14	$280.08	$281.68	$275.25	$295.91	$308.32	$304.26	$309.19	$349.27
15	304.97	306.72	299.72	322.22	335.73	331.30	336.68	380.32
16	314.49	316.29	309.07	332.27	346.21	341.64	347.19	392.19
17	324.01	325.86	318.43	342.33	356.68	351.98	357.70	404.06
18	334.26	336.17	328.50	353.16	367.97	363.12	369.01	416.84
19	344.51	346.48	338.58	363.99	379.25	374.26	380.33	429.62
20	355.13	357.16	349.01	375.21	390.94	385.79	392.05	442.86
21-24	366.11	368.21	359.81	386.81	403.03	397.72	404.18	456.56
25	367.58	369.68	361.24	388.36	404.65	399.31	405.79	458.39
26	374.90	377.05	368.44	396.10	412.71	407.27	413.88	467.52
27	383.69	385.88	377.08	405.38	422.38	416.81	423.58	478.48
28	397.96	400.24	391.11	420.47	438.10	432.32	439.34	496.28
29	409.68	412.03	402.62	432.84	450.99	445.05	452.27	510.89
30	415.54	417.92	408.38	439.03	457.44	451.41	458.74	518.20
31	424.32	426.75	417.01	448.32	467.12	460.96	468.44	529.15
32	433.11	435.59	425.65	457.60	476.79	470.50	478.14	540.11
33	438.60	441.11	431.05	463.40	482.83	476.47	484.20	546.96
34	444.46	447.01	436.80	469.59	489.28	482.83	490.67	554.27
35	447.39	449.95	439.68	472.69	492.51	486.02	493.90	557.92
36	450.32	452.90	442.56	475.78	495.73	489.20	497.14	561.57
37	453.25	455.84	445.44	478.88	498.96	492.38	500.37	565.22
38	456.18	458.79	448.32	481.97	502.18	495.56	503.60	568.88
39	462.03	464.68	454.07	488.16	508.63	501.92	510.07	576.18
40	467.89	470.57	459.83	494.35	515.08	508.29	516.54	583.49
41	476.68	479.41	468.47	503.63	524.75	517.83	526.24	594.44
42	485.10	487.88	476.74	512.53	534.02	526.98	535.53	604.94
43	496.81	499.66	488.26	524.91	546.92	539.71	548.47	619.55
44	511.46	514.39	502.65	540.38	563.04	555.62	564.63	637.82
45	528.67	531.69	519.56	558.56	581.98	574.31	583.63	659.27
46	549.17	552.31	539.71	580.22	604.55	596.58	606.26	684.84
47	572.23	575.51	562.38	604.59	629.94	621.64	631.73	713.61
48	598.59	602.02	588.28	632.44	658.96	650.27	660.83	746.48
49	624.59	628.16	613.83	659.90	687.58	678.51	689.52	778.89
50	653.88	657.62	642.61	690.85	719.82	710.33	721.86	815.42
51	682.80	686.71	671.04	721.41	751.66	741.75	753.79	851.49
52	714.65	718.74	702.34	755.06	786.72	776.35	788.95	891.21
53	746.87	751.15	734.00	789.10	822.19	811.35	824.52	931.39
54	781.65	786.13	768.19	825.85	860.48	849.13	862.91	974.76
55	816.43	821.10	802.37	862.60	898.76	886.92	901.31	1,018.13
56	854.14	859.03	839.43	902.44	940.28	927.88	942.94	1,065.16
57	892.22	897.32	876.85	942.67	982.19	969.25	984.98	1,112.64
58	932.85	938.20	916.78	985.60	1,026.93	1,013.39	1,029.84	1,163.32
59	952.99	958.45	936.57	1,006.88	1,049.10	1,035.27	1,052.07	1,188.43
60	993.63	999.32	976.51	1,049.81	1,093.83	1,079.42	1,096.93	1,239.11
61	1,028.78	1,034.67	1,011.05	1,086.95	1,132.52	1,117.60	1,135.73	1,282.94
62	1,051.84	1,057.86	1,033.72	1,111.32	1,157.92	1,142.65	1,161.20	1,311.70
63	1,080.76	1,086.95	1,062.15	1,141.87	1,189.75	1,174.07	1,193.13	1,347.77
64+	1,098.33	1,104.63	1,079.42	1,160.43	1,209.09	1,193.16	1,212.53	1,369.68

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Gold	KP VisitsPlus Gold LD	E Kaiser Permanente Cascade Bronze	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Vital Gold	E Kaiser Permanente Cascade Complete Gold	E Basics Plus Catastrophic
0-14	$362.24	$369.11	$280.45	$442.82	$439.83	$349.10	$373.08	$147.57
15	394.44	401.92	305.38	482.18	478.92	380.13	406.25	160.69
16	406.75	414.46	314.91	497.23	493.87	392.00	418.93	165.70
17	419.06	427.01	324.44	512.28	508.82	403.86	431.61	170.72
18	432.32	440.52	334.71	528.49	524.92	416.64	445.26	176.12
19	445.58	454.03	344.97	544.70	541.02	429.42	458.92	181.52
20	459.31	468.02	355.60	561.49	557.69	442.65	473.06	187.11
21-24	473.51	482.50	366.60	578.85	574.94	456.34	487.69	192.90
25	475.41	484.43	368.07	581.17	577.24	458.17	489.64	193.67
26	484.88	494.08	375.40	592.75	588.73	467.29	499.40	197.53
27	496.24	505.66	384.20	606.64	602.53	478.25	511.10	202.16
28	514.71	524.47	398.50	629.21	624.96	496.04	530.12	209.68
29	529.86	539.91	410.23	647.74	643.35	510.65	545.73	215.85
30	537.44	547.63	416.09	657.00	652.55	517.95	553.53	218.94
31	548.80	559.21	424.89	670.89	666.35	528.90	565.24	223.57
32	560.17	570.79	433.69	684.78	680.15	539.85	576.94	228.20
33	567.27	578.03	439.19	693.47	688.77	546.70	584.26	231.09
34	574.85	585.75	445.05	702.73	697.97	554.00	592.06	234.18
35	578.63	589.61	447.99	707.36	702.57	557.65	595.96	235.72
36	582.42	593.47	450.92	711.99	707.17	561.30	599.86	237.27
37	586.21	597.33	453.85	716.62	711.77	564.95	603.76	238.81
38	590.00	601.19	456.79	721.25	716.37	568.60	607.66	240.35
39	597.57	608.91	462.65	730.51	725.57	575.90	615.47	243.44
40	605.15	616.63	468.52	739.77	734.77	583.21	623.27	246.53
41	616.51	628.21	477.32	753.67	748.57	594.16	634.98	251.16
42	627.41	639.31	485.75	766.98	761.79	604.65	646.19	255.59
43	642.56	654.75	497.48	785.50	780.19	619.26	661.80	261.76
44	661.50	674.05	512.14	808.66	803.19	637.51	681.31	269.48
45	683.75	696.72	529.37	835.86	830.21	658.96	704.23	278.55
46	710.27	723.74	549.90	868.28	862.40	684.51	731.54	289.35
47	740.10	754.14	573.00	904.75	898.63	713.26	762.26	301.50
48	774.19	788.88	599.39	946.42	940.02	746.12	797.38	315.39
49	807.81	823.14	625.42	987.52	980.84	778.52	832.00	329.09
50	845.70	861.74	654.75	1,033.83	1,026.84	815.03	871.02	344.52
51	883.10	899.86	683.71	1,079.56	1,072.26	851.08	909.55	359.76
52	924.30	941.83	715.61	1,129.92	1,122.28	890.78	951.98	376.54
53	965.97	984.29	747.87	1,180.86	1,172.87	930.94	994.89	393.51
54	1,010.95	1,030.13	782.69	1,235.85	1,227.49	974.29	1,041.22	411.84
55	1,055.94	1,075.97	817.52	1,290.84	1,282.11	1,017.64	1,087.55	430.17
56	1,104.71	1,125.66	855.28	1,350.46	1,341.33	1,064.65	1,137.79	450.03
57	1,153.95	1,175.84	893.41	1,410.66	1,401.12	1,112.11	1,188.51	470.10
58	1,206.51	1,229.40	934.10	1,474.92	1,464.94	1,162.76	1,242.64	491.51
59	1,232.56	1,255.94	954.26	1,506.75	1,496.56	1,187.86	1,269.46	502.12
60	1,285.12	1,309.50	994.96	1,571.01	1,560.38	1,238.51	1,323.60	523.53
61	1,330.57	1,355.81	1,030.15	1,626.58	1,615.57	1,282.32	1,370.42	542.05
62	1,360.40	1,386.21	1,053.25	1,663.04	1,651.79	1,311.07	1,401.14	554.20
63	1,397.81	1,424.33	1,082.21	1,708.77	1,697.21	1,347.12	1,439.67	569.44
64+	1,420.53	1,447.49	1,099.80	1,736.55	1,724.81	1,369.02	1,463.07	578.70

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Bronze	KP Bronze	KP E Bronze HSA	KP VisitsPlus Silver 4500	KP Silver HSA	KP VisitsPlus Silver HD	KP VisitsPlus Silver X	KP E Gold HSA
0-14	$283.43	$285.05	$278.55	$299.45	$312.01	$307.90	$312.90	$353.45
15	308.62	310.39	303.31	326.07	339.75	335.27	340.71	384.87
16	318.25	320.08	312.77	336.25	350.35	345.73	351.34	396.88
17	327.89	329.77	322.24	346.43	360.95	356.20	361.98	408.89
18	338.26	340.20	332.43	357.39	372.37	367.47	373.43	421.83
19	348.64	350.63	342.63	368.35	383.79	378.74	384.88	434.77
20	359.38	361.44	353.19	379.70	395.62	390.41	396.74	448.17
21-24	370.49	372.62	364.11	391.44	407.86	402.48	409.01	462.03
25	371.98	374.11	365.57	393.01	409.49	404.09	410.65	463.87
26	379.39	381.56	372.85	400.84	417.65	412.14	418.83	473.12
27	388.28	390.50	381.59	410.23	427.44	421.80	428.65	484.20
28	402.73	405.03	395.79	425.50	443.34	437.50	444.60	502.22
29	414.58	416.96	407.44	438.03	456.39	450.38	457.69	517.01
30	420.51	422.92	413.27	444.29	462.92	456.82	464.23	524.40
31	429.40	431.86	422.01	453.68	472.71	466.48	474.05	535.49
32	438.30	440.80	430.75	463.08	482.50	476.14	483.86	546.58
33	443.85	446.39	436.21	468.95	488.61	482.17	490.00	553.51
34	449.78	452.36	442.03	475.21	495.14	488.61	496.54	560.90
35	452.74	455.34	444.95	478.34	498.40	491.83	499.81	564.60
36	455.71	458.32	447.86	481.48	501.67	495.05	503.09	568.29
37	458.67	461.30	450.77	484.61	504.93	498.27	506.36	571.99
38	461.64	464.28	453.68	487.74	508.19	501.49	509.63	575.69
39	467.56	470.24	459.51	494.00	514.72	507.93	516.18	583.08
40	473.49	476.20	465.34	500.27	521.24	514.37	522.72	590.47
41	482.38	485.15	474.07	509.66	531.03	524.03	532.54	601.56
42	490.91	493.72	482.45	518.66	540.41	533.29	541.94	612.19
43	502.76	505.64	494.10	531.19	553.46	546.17	555.03	626.97
44	517.58	520.54	508.67	546.85	569.78	562.27	571.39	645.45
45	534.99	538.06	525.78	565.25	588.95	581.18	590.62	667.17
46	555.74	558.92	546.17	587.17	611.79	603.72	613.52	693.04
47	579.08	582.40	569.11	611.83	637.48	629.08	639.29	722.15
48	605.76	609.23	595.32	640.01	666.85	658.06	668.74	755.41
49	632.06	635.68	621.18	667.80	695.81	686.63	697.78	788.22
50	661.70	665.49	650.31	699.12	728.43	718.83	730.50	825.18
51	690.97	694.93	679.07	730.04	760.66	750.63	762.81	861.68
52	723.21	727.35	710.75	764.10	796.14	785.65	798.39	901.88
53	755.81	760.14	742.79	798.55	832.03	821.06	834.39	942.53
54	791.01	795.54	777.38	835.73	870.78	859.30	873.24	986.43
55	826.20	830.93	811.97	872.92	909.52	897.54	912.10	1,030.32
56	864.36	869.31	849.47	913.24	951.53	938.99	954.23	1,077.91
57	902.90	908.07	887.34	953.95	993.95	980.85	996.77	1,125.96
58	944.02	949.43	927.76	997.40	1,039.22	1,025.52	1,042.17	1,177.24
59	964.40	969.92	947.79	1,018.93	1,061.65	1,047.66	1,064.66	1,202.66
60	1,005.52	1,011.28	988.20	1,062.38	1,106.93	1,092.34	1,110.06	1,253.94
61	1,041.09	1,047.05	1,023.16	1,099.96	1,146.08	1,130.97	1,149.33	1,298.29
62	1,064.43	1,070.53	1,046.10	1,124.62	1,171.78	1,156.33	1,175.10	1,327.40
63	1,093.70	1,099.96	1,074.86	1,155.54	1,204.00	1,188.13	1,207.41	1,363.90
64+	1,111.47	1,117.85	1,092.33	1,174.32	1,223.57	1,207.44	1,227.03	1,386.08

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Gold	KP VisitsPlus Gold LD	E Kaiser Permanente Cascade Bronze	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Vital Gold	E Kaiser Permanente Cascade Complete Gold	E Basics Plus Catastrophic
0-14	$366.57	$373.53	$283.81	$448.12	$445.09	$353.28	$377.55	$149.33
15	399.16	406.73	309.03	487.96	484.65	384.68	411.11	162.61
16	411.62	419.43	318.68	503.19	499.78	396.69	423.94	167.68
17	424.08	432.12	328.33	518.42	514.91	408.70	436.77	172.76
18	437.49	445.79	338.71	534.82	531.20	421.63	450.59	178.23
19	450.91	459.46	349.10	551.22	547.49	434.56	464.41	183.69
20	464.81	473.62	359.86	568.21	564.36	447.95	478.72	189.35
21-24	479.18	488.27	370.99	585.78	581.82	461.80	493.53	195.21
25	481.10	490.23	372.47	588.12	584.15	463.65	495.50	195.99
26	490.68	499.99	379.89	599.84	595.78	472.89	505.38	199.89
27	502.18	511.71	388.80	613.90	609.75	483.97	517.22	204.58
28	520.87	530.75	403.27	636.74	632.44	501.98	536.47	212.19
29	536.20	546.38	415.14	655.49	651.05	516.76	552.26	218.44
30	543.87	554.19	421.07	664.86	660.36	524.15	560.16	221.56
31	555.37	565.91	429.98	678.92	674.33	535.23	572.00	226.25
32	566.87	577.63	438.88	692.98	688.29	546.31	583.85	230.93
33	574.06	584.95	444.45	701.77	697.02	553.24	591.25	233.86
34	581.73	592.76	450.38	711.14	706.33	560.63	599.15	236.98
35	585.56	596.67	453.35	715.83	710.98	564.33	603.09	238.54
36	589.39	600.57	456.32	720.51	715.64	568.02	607.04	240.11
37	593.23	604.48	459.29	725.20	720.29	571.71	610.99	241.67
38	597.06	608.39	462.25	729.88	724.95	575.41	614.94	243.23
39	604.73	616.20	468.19	739.26	734.25	582.80	622.84	246.35
40	612.39	624.01	474.13	748.63	743.56	590.19	630.73	249.48
41	623.89	635.73	483.03	762.69	757.53	601.27	642.58	254.16
42	634.92	646.96	491.56	776.16	770.91	611.89	653.93	258.65
43	650.25	662.59	503.43	794.91	789.53	626.67	669.72	264.90
44	669.42	682.12	518.27	818.34	812.80	645.14	689.46	272.71
45	691.94	705.06	535.71	845.87	840.15	666.85	712.66	281.88
46	718.77	732.41	556.49	878.67	872.73	692.71	740.30	292.81
47	748.96	763.17	579.86	915.58	909.38	721.80	771.39	305.11
48	783.46	798.32	606.57	957.75	951.27	755.05	806.92	319.17
49	817.48	832.99	632.91	999.34	992.58	787.84	841.96	333.03
50	855.82	872.05	662.59	1,046.21	1,039.13	824.78	881.45	348.64
51	893.67	910.63	691.90	1,092.48	1,085.09	861.27	920.43	364.06
52	935.36	953.11	724.17	1,143.45	1,135.71	901.44	963.37	381.05
53	977.53	996.07	756.82	1,194.99	1,186.91	942.08	1,006.80	398.23
54	1,023.05	1,042.46	792.06	1,250.64	1,242.18	985.95	1,053.69	416.77
55	1,068.58	1,088.85	827.31	1,306.29	1,297.46	1,029.82	1,100.57	435.32
56	1,117.93	1,139.14	865.52	1,366.63	1,357.38	1,077.39	1,151.41	455.42
57	1,167.77	1,189.92	904.10	1,427.55	1,417.89	1,125.42	1,202.73	475.72
58	1,220.95	1,244.12	945.28	1,492.57	1,482.47	1,176.68	1,257.52	497.39
59	1,247.31	1,270.97	965.69	1,524.79	1,514.47	1,202.08	1,284.66	508.13
60	1,300.50	1,325.17	1,006.87	1,589.81	1,579.06	1,253.34	1,339.44	529.80
61	1,346.50	1,372.04	1,042.48	1,646.05	1,634.91	1,297.67	1,386.82	548.54
62	1,376.69	1,402.81	1,065.85	1,682.95	1,671.56	1,326.76	1,417.91	560.83
63	1,414.54	1,441.38	1,095.16	1,729.23	1,717.53	1,363.25	1,456.90	576.26
64+	1,437.54	1,464.81	1,112.97	1,757.34	1,745.46	1,385.40	1,480.59	585.63

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Bronze	KP Bronze	KP E Bronze HSA	KP VisitsPlus Silver 4500	KP Silver HSA	KP VisitsPlus Silver HD	KP VisitsPlus Silver X	KP E Gold HSA
0-14	$287.77	$289.42	$282.81	$304.04	$316.79	$312.62	$317.69	$358.86
15	313.35	315.14	307.95	331.07	344.95	340.40	345.93	390.76
16	323.13	324.98	317.56	341.40	355.72	351.03	356.72	402.96
17	332.91	334.82	327.18	351.74	366.48	361.65	367.52	415.16
18	343.44	345.41	337.53	362.86	378.08	373.10	379.15	428.29
19	353.98	356.00	347.88	373.99	389.67	384.54	390.78	441.43
20	364.89	366.97	358.60	385.52	401.68	396.39	402.82	455.03
21-24	376.17	378.32	369.69	397.44	414.11	408.65	415.28	469.10
25	377.68	379.84	371.17	399.03	415.76	410.28	416.94	470.98
26	385.20	387.40	378.56	406.98	424.04	418.46	425.25	480.36
27	394.23	396.48	387.44	416.52	433.98	428.26	435.21	491.62
28	408.90	411.24	401.85	432.02	450.13	444.20	451.41	509.92
29	420.93	423.34	413.68	444.74	463.38	457.28	464.70	524.93
30	426.95	429.40	419.60	451.10	470.01	463.82	471.34	532.43
31	435.98	438.48	428.47	460.63	479.95	473.62	481.31	543.69
32	445.01	447.56	437.34	470.17	489.89	483.43	491.28	554.95
33	450.65	453.23	442.89	476.13	496.10	489.56	497.50	561.99
34	456.67	459.29	448.80	482.49	502.72	496.10	504.15	569.49
35	459.68	462.31	451.76	485.67	506.04	499.37	507.47	573.25
36	462.69	465.34	454.72	488.85	509.35	502.64	510.79	577.00
37	465.70	468.37	457.68	492.03	512.66	505.91	514.12	580.75
38	468.71	471.39	460.63	495.21	515.98	509.18	517.44	584.50
39	474.73	477.45	466.55	501.57	522.60	515.71	524.08	592.01
40	480.75	483.50	472.46	507.93	529.23	522.25	530.73	599.52
41	489.77	492.58	481.34	517.47	539.17	532.06	540.69	610.77
42	498.43	501.28	489.84	526.61	548.69	541.46	550.25	621.56
43	510.46	513.39	501.67	539.33	561.94	554.54	563.53	636.57
44	525.51	528.52	516.46	555.22	578.51	570.88	580.15	655.34
45	543.19	546.30	533.83	573.90	597.97	590.09	599.66	677.39
46	564.26	567.49	554.54	596.16	621.16	612.97	622.92	703.66
47	587.95	591.32	577.83	621.20	647.25	638.72	649.08	733.21
48	615.04	618.56	604.44	649.82	677.06	668.14	678.98	766.99
49	641.75	645.42	630.69	678.03	706.46	697.15	708.47	800.29
50	671.84	675.69	660.27	709.83	739.59	729.84	741.69	837.82
51	701.56	705.57	689.47	741.23	772.31	762.13	774.50	874.88
52	734.28	738.49	721.64	775.80	808.33	797.68	810.63	915.69
53	767.39	771.78	754.17	810.78	844.78	833.64	847.17	956.97
54	803.12	807.72	789.29	848.54	884.12	872.46	886.62	1,001.54
55	838.86	843.66	824.41	886.29	923.46	911.28	926.07	1,046.10
56	877.61	882.63	862.49	927.23	966.11	953.38	968.85	1,094.42
57	916.73	921.98	900.94	968.56	1,009.18	995.87	1,012.04	1,143.21
58	958.48	963.97	941.97	1,012.68	1,055.14	1,041.23	1,058.13	1,195.28
59	979.17	984.78	962.30	1,034.54	1,077.92	1,063.71	1,080.97	1,221.08
60	1,020.93	1,026.77	1,003.34	1,078.65	1,123.88	1,109.07	1,127.07	1,273.15
61	1,057.04	1,063.09	1,038.83	1,116.81	1,163.64	1,148.30	1,166.94	1,318.18
62	1,080.74	1,086.93	1,062.12	1,141.85	1,189.73	1,174.05	1,193.10	1,347.74
63	1,110.45	1,116.81	1,091.33	1,173.25	1,222.44	1,206.33	1,225.90	1,384.80
64+	1,128.51	1,134.96	1,109.07	1,192.32	1,242.32	1,225.94	1,245.84	1,407.30

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Gold	KP VisitsPlus Gold LD	E Kaiser Permanente Cascade Bronze	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Vital Gold	E Kaiser Permanente Cascade Complete Gold	E Basics Plus Catastrophic
0-14	$372.19	$379.25	$288.16	$454.99	$451.91	$358.69	$383.33	$151.62
15	405.27	412.96	313.77	495.43	492.08	390.58	417.41	165.10
16	417.92	425.85	323.56	510.90	507.44	402.77	430.44	170.25
17	430.57	438.74	333.36	526.36	522.80	414.96	443.47	175.41
18	444.19	452.62	343.90	543.01	539.34	428.09	457.50	180.96
19	457.82	466.50	354.45	559.66	555.88	441.22	471.53	186.51
20	471.93	480.88	365.37	576.91	573.01	454.81	486.06	192.25
21-24	486.52	495.75	376.67	594.76	590.73	468.88	501.09	198.20
25	488.47	497.73	378.18	597.13	593.09	470.75	503.10	198.99
26	498.20	507.65	385.71	609.03	604.91	480.13	513.12	202.96
27	509.88	519.55	394.75	623.30	619.09	491.39	525.14	207.71
28	528.85	538.88	409.44	646.50	642.13	509.67	544.69	215.44
29	544.42	554.75	421.50	665.53	661.03	524.68	560.72	221.78
30	552.20	562.68	427.52	675.05	670.48	532.18	568.74	224.96
31	563.88	574.58	436.56	689.32	684.66	543.43	580.76	229.71
32	575.56	586.47	445.60	703.60	698.84	554.68	592.79	234.47
33	582.85	593.91	451.25	712.52	707.70	561.72	600.31	237.44
34	590.64	601.84	457.28	722.03	717.15	569.22	608.32	240.61
35	594.53	605.81	460.29	726.79	721.87	572.97	612.33	242.20
36	598.42	609.77	463.31	731.55	726.60	576.72	616.34	243.78
37	602.31	613.74	466.32	736.31	731.33	580.47	620.35	245.37
38	606.21	617.71	469.34	741.07	736.05	584.22	624.36	246.96
39	613.99	625.64	475.36	750.58	745.50	591.73	632.38	250.13
40	621.78	633.57	481.39	760.10	754.95	599.23	640.39	253.30
41	633.45	645.47	490.43	774.37	769.13	610.48	652.42	258.06
42	644.64	656.87	499.09	788.05	782.72	621.26	663.95	262.61
43	660.21	672.74	511.15	807.08	801.62	636.27	679.98	268.96
44	679.67	692.57	526.21	830.87	825.25	655.02	700.02	276.88
45	702.54	715.87	543.92	858.83	853.02	677.06	723.58	286.20
46	729.78	743.63	565.01	892.13	886.10	703.32	751.64	297.30
47	760.43	774.86	588.74	929.60	923.31	732.86	783.21	309.78
48	795.46	810.55	615.86	972.43	965.85	766.62	819.28	324.06
49	830.01	845.75	642.60	1,014.65	1,007.79	799.91	854.86	338.13
50	868.93	885.41	672.74	1,062.23	1,055.05	837.42	894.95	353.98
51	907.36	924.58	702.50	1,109.22	1,101.71	874.46	934.53	369.64
52	949.69	967.71	735.27	1,160.96	1,153.11	915.25	978.13	386.88
53	992.51	1,011.33	768.41	1,213.30	1,205.09	956.51	1,022.23	404.33
54	1,038.73	1,058.43	804.20	1,269.80	1,261.21	1,001.06	1,069.83	423.15
55	1,084.94	1,105.53	839.98	1,326.30	1,317.33	1,045.60	1,117.43	441.98
56	1,135.06	1,156.59	878.78	1,387.56	1,378.18	1,093.89	1,169.04	462.40
57	1,185.65	1,208.15	917.95	1,449.42	1,439.61	1,142.66	1,221.16	483.01
58	1,239.66	1,263.18	959.76	1,515.44	1,505.18	1,194.70	1,276.78	505.01
59	1,266.42	1,290.44	980.48	1,548.15	1,537.67	1,220.49	1,304.34	515.91
60	1,320.42	1,345.47	1,022.29	1,614.17	1,603.25	1,272.54	1,359.96	537.91
61	1,367.13	1,393.06	1,058.45	1,671.26	1,659.96	1,317.55	1,408.07	556.94
62	1,397.78	1,424.30	1,082.18	1,708.73	1,697.17	1,347.09	1,439.63	569.43
63	1,436.21	1,463.46	1,111.94	1,755.72	1,743.84	1,384.13	1,479.22	585.08
64+	1,459.56	1,487.25	1,130.01	1,784.27	1,772.19	1,406.64	1,503.27	594.60

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Bronze	KP Bronze	KP E Bronze HSA	KP VisitsPlus Silver 4500	KP Silver HSA	KP VisitsPlus Silver HD	KP VisitsPlus Silver X	KP E Gold HSA
0-14	$272.72	$274.28	$268.02	$288.14	$300.22	$296.26	$301.07	$340.09
15	296.96	298.66	291.84	313.75	326.91	322.60	327.83	370.32
16	306.23	307.98	300.95	323.54	337.11	332.67	338.07	381.88
17	315.50	317.30	310.06	333.34	347.31	342.74	348.30	393.44
18	325.48	327.34	319.87	343.88	358.30	353.58	359.32	405.89
19	335.46	337.38	329.68	354.43	369.29	364.42	370.34	418.34
20	345.80	347.78	339.84	365.35	380.67	375.65	381.75	431.23
21-24	356.49	358.53	350.35	376.65	392.44	387.27	393.56	444.57
25	357.92	359.97	351.75	378.16	394.01	388.82	395.13	446.34
26	365.05	367.14	358.76	385.69	401.86	396.57	403.00	455.24
27	373.60	375.74	367.17	394.73	411.28	405.86	412.45	465.91
28	387.51	389.73	380.83	409.42	426.59	420.96	427.80	483.24
29	398.92	401.20	392.04	421.47	439.15	433.36	440.39	497.47
30	404.62	406.94	397.65	427.50	445.42	439.55	446.69	504.58
31	413.18	415.54	406.06	436.54	454.84	448.85	456.13	515.25
32	421.73	424.15	414.47	445.58	464.26	458.14	465.58	525.92
33	427.08	429.52	419.72	451.23	470.15	463.95	471.48	532.59
34	432.78	435.26	425.33	457.25	476.43	470.15	477.78	539.70
35	435.63	438.13	428.13	460.27	479.57	473.25	480.93	543.26
36	438.49	441.00	430.93	463.28	482.71	476.34	484.07	546.82
37	441.34	443.87	433.74	466.29	485.85	479.44	487.22	550.37
38	444.19	446.73	436.54	469.31	488.99	482.54	490.37	553.93
39	449.89	452.47	442.14	475.33	495.27	488.74	496.67	561.04
40	455.60	458.21	447.75	481.36	501.54	494.93	502.97	568.16
41	464.15	466.81	456.16	490.40	510.96	504.23	512.41	578.83
42	472.35	475.06	464.22	499.06	519.99	513.14	521.46	589.05
43	483.76	486.53	475.43	511.12	532.55	525.53	534.06	603.28
44	498.02	500.87	489.44	526.18	548.25	541.02	549.80	621.06
45	514.78	517.72	505.91	543.88	566.69	559.22	568.30	641.95
46	534.74	537.80	525.53	564.98	588.67	580.91	590.33	666.85
47	557.20	560.39	547.60	588.71	613.39	605.31	615.13	694.86
48	582.87	586.20	572.83	615.82	641.65	633.19	643.46	726.87
49	608.18	611.66	597.70	642.57	669.51	660.69	671.41	758.43
50	636.70	640.34	625.73	672.70	700.91	691.67	702.89	794.00
51	664.86	668.67	653.41	702.45	731.91	722.26	733.98	829.12
52	695.87	699.86	683.89	735.22	766.05	755.95	768.22	867.79
53	727.25	731.41	714.72	768.37	800.59	790.03	802.86	906.91
54	761.11	765.47	748.00	804.15	837.87	826.83	840.24	949.15
55	794.98	799.53	781.29	839.93	875.15	863.62	877.63	991.38
56	831.70	836.46	817.37	878.73	915.57	903.51	918.17	1,037.17
57	868.77	873.75	853.81	917.90	956.39	943.78	959.10	1,083.41
58	908.34	913.55	892.70	959.71	999.95	986.77	1,002.78	1,132.75
59	927.95	933.27	911.97	980.42	1,021.53	1,008.07	1,024.43	1,157.21
60	967.52	973.06	950.86	1,022.23	1,065.09	1,051.06	1,068.11	1,206.55
61	1,001.75	1,007.48	984.49	1,058.39	1,102.77	1,088.23	1,105.89	1,249.23
62	1,024.21	1,030.07	1,006.56	1,082.12	1,127.49	1,112.63	1,130.69	1,277.24
63	1,052.37	1,058.39	1,034.24	1,111.87	1,158.50	1,143.23	1,161.78	1,312.36
64+	1,069.47	1,075.59	1,051.05	1,129.95	1,177.32	1,161.81	1,180.67	1,333.70

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Gold	KP VisitsPlus Gold LD	E Kaiser Permanente Cascade Bronze	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Vital Gold	E Kaiser Permanente Cascade Complete Gold	E Basics Plus Catastrophic
0-14	$352.72	$359.41	$273.08	$431.19	$428.27	$339.93	$363.28	$143.69
15	384.07	391.36	297.36	469.52	466.34	370.15	395.57	156.46
16	396.06	403.58	306.64	484.17	480.89	381.70	407.92	161.35
17	408.05	415.79	315.92	498.83	495.45	393.25	420.27	166.23
18	420.96	428.95	325.91	514.61	511.13	405.69	433.56	171.49
19	433.87	442.10	335.91	530.39	526.80	418.14	446.86	176.75
20	447.24	455.73	346.26	546.74	543.04	431.02	460.63	182.20
21-24	461.07	469.82	356.97	563.64	559.83	444.35	474.88	187.83
25	462.92	471.70	358.40	565.90	562.07	446.13	476.78	188.58
26	472.14	481.10	365.54	577.17	573.27	455.02	486.28	192.34
27	483.20	492.37	374.10	590.70	586.70	465.68	497.67	196.85
28	501.19	510.69	388.03	612.68	608.54	483.01	516.19	204.17
29	515.94	525.73	399.45	630.72	626.45	497.23	531.39	210.18
30	523.32	533.25	405.16	639.74	635.41	504.34	538.99	213.19
31	534.38	544.52	413.73	653.26	648.84	515.00	550.39	217.70
32	545.45	555.80	422.30	666.79	662.28	525.67	561.78	222.20
33	552.37	562.84	427.65	675.25	670.68	532.33	568.91	225.02
34	559.74	570.36	433.36	684.26	679.63	539.44	576.50	228.03
35	563.43	574.12	436.22	688.77	684.11	543.00	580.30	229.53
36	567.12	577.88	439.07	693.28	688.59	546.55	584.10	231.03
37	570.81	581.64	441.93	697.79	693.07	550.11	587.90	232.54
38	574.50	585.40	444.78	702.30	697.55	553.66	591.70	234.04
39	581.87	592.91	450.50	711.32	706.51	560.77	599.30	237.04
40	589.25	600.43	456.21	720.34	715.46	567.88	606.90	240.05
41	600.32	611.71	464.77	733.87	728.90	578.55	618.29	244.56
42	610.92	622.51	472.99	746.83	741.78	588.77	629.22	248.88
43	625.68	637.55	484.41	764.87	759.69	602.99	644.41	254.89
44	644.12	656.34	498.69	787.41	782.08	620.76	663.41	262.40
45	665.79	678.42	515.46	813.90	808.40	641.64	685.73	271.23
46	691.61	704.73	535.46	845.47	839.75	666.53	712.32	281.75
47	720.66	734.33	557.94	880.98	875.02	694.52	742.24	293.58
48	753.85	768.16	583.65	921.56	915.32	726.52	776.43	307.10
49	786.59	801.51	608.99	961.58	955.07	758.07	810.14	320.44
50	823.48	839.10	637.55	1,006.67	999.86	793.61	848.13	335.47
51	859.90	876.21	665.75	1,051.20	1,044.08	828.72	885.65	350.31
52	900.01	917.09	696.81	1,100.23	1,092.79	867.38	926.96	366.65
53	940.59	958.43	728.22	1,149.83	1,142.06	906.48	968.75	383.18
54	984.39	1,003.07	762.13	1,203.38	1,195.24	948.69	1,013.87	401.02
55	1,028.19	1,047.70	796.04	1,256.93	1,248.42	990.91	1,058.98	418.86
56	1,075.68	1,096.09	832.81	1,314.98	1,306.09	1,036.67	1,107.89	438.21
57	1,123.63	1,144.95	869.94	1,373.60	1,364.31	1,082.89	1,157.28	457.75
58	1,174.81	1,197.10	909.56	1,436.17	1,426.45	1,132.21	1,209.99	478.59
59	1,200.17	1,222.94	929.19	1,467.17	1,457.24	1,156.65	1,236.11	488.93
60	1,251.35	1,275.09	968.82	1,529.73	1,519.38	1,205.97	1,288.82	509.77
61	1,295.61	1,320.19	1,003.09	1,583.84	1,573.12	1,248.63	1,334.41	527.81
62	1,324.66	1,349.79	1,025.57	1,619.35	1,608.39	1,276.62	1,364.33	539.64
63	1,361.09	1,386.91	1,053.78	1,663.88	1,652.62	1,311.73	1,401.84	554.48
64+	1,383.21	1,409.46	1,070.91	1,690.92	1,679.49	1,333.05	1,424.64	563.49

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Bronze	KP Bronze	KP E Bronze HSA	KP VisitsPlus Silver 4500	KP Silver HSA	KP VisitsPlus Silver HD	KP VisitsPlus Silver X	KP E Gold HSA
0-14	$289.87	$291.53	$284.88	$306.26	$319.10	$314.90	$320.01	$361.48
15	315.64	317.44	310.20	333.48	347.47	342.89	348.45	393.61
16	325.49	327.35	319.88	343.89	358.31	353.59	359.33	405.90
17	335.34	337.26	329.56	354.30	369.16	364.29	370.20	418.19
18	345.95	347.93	339.99	365.51	380.84	375.82	381.92	431.42
19	356.56	358.60	350.42	376.72	392.52	387.34	393.63	444.65
20	367.55	369.65	361.22	388.33	404.61	399.28	405.76	458.35
21-24	378.91	381.08	372.39	400.34	417.13	411.63	418.31	472.53
25	380.43	382.61	373.88	401.94	418.79	413.27	419.98	474.42
26	388.01	390.23	381.32	409.95	427.14	421.51	428.35	483.87
27	397.10	399.38	390.26	419.56	437.15	431.39	438.39	495.21
28	411.88	414.24	404.78	435.17	453.42	447.44	454.70	513.64
29	424.00	426.43	416.70	447.98	466.76	460.61	468.09	528.76
30	430.07	432.53	422.66	454.39	473.44	467.20	474.78	536.32
31	439.16	441.68	431.60	463.99	483.45	477.08	484.82	547.66
32	448.26	450.82	440.53	473.60	493.46	486.96	494.86	559.00
33	453.94	456.54	446.12	479.61	499.72	493.13	501.13	566.09
34	460.00	462.64	452.08	486.01	506.39	499.72	507.83	573.65
35	463.03	465.68	455.06	489.21	509.73	503.01	511.17	577.43
36	466.06	468.73	458.04	492.42	513.07	506.30	514.52	581.21
37	469.10	471.78	461.01	495.62	516.40	509.60	517.87	584.99
38	472.13	474.83	463.99	498.82	519.74	512.89	521.21	588.77
39	478.19	480.93	469.95	505.23	526.41	519.47	527.90	596.33
40	484.25	487.02	475.91	511.63	533.09	526.06	534.60	603.89
41	493.35	496.17	484.85	521.24	543.10	535.94	544.64	615.23
42	502.06	504.94	493.41	530.45	552.69	545.41	554.26	626.10
43	514.19	517.13	505.33	543.26	566.04	558.58	567.64	641.22
44	529.34	532.37	520.22	559.27	582.73	575.04	584.38	660.12
45	547.15	550.28	537.73	578.09	602.33	594.39	604.04	682.33
46	568.37	571.63	558.58	600.51	625.69	617.44	627.46	708.79
47	592.24	595.63	582.04	625.73	651.97	643.37	653.82	738.56
48	619.52	623.07	608.85	654.56	682.00	673.01	683.93	772.58
49	646.43	650.13	635.29	682.98	711.62	702.24	713.63	806.13
50	676.74	680.62	665.08	715.01	744.99	735.17	747.10	843.93
51	706.67	710.72	694.50	746.63	777.94	767.69	780.14	881.26
52	739.64	743.87	726.90	781.46	814.23	803.50	816.54	922.37
53	772.98	777.41	759.67	816.69	850.94	839.72	853.35	963.95
54	808.98	813.61	795.05	854.72	890.56	878.83	893.09	1,008.84
55	844.98	849.82	830.42	892.76	930.19	917.93	932.83	1,053.73
56	884.01	889.07	868.78	933.99	973.16	960.33	975.91	1,102.40
57	923.41	928.70	907.51	975.63	1,016.54	1,003.14	1,019.42	1,151.55
58	965.47	971.00	948.84	1,020.07	1,062.84	1,048.83	1,065.85	1,204.00
59	986.31	991.96	969.32	1,042.08	1,085.78	1,071.47	1,088.86	1,229.98
60	1,028.37	1,034.26	1,010.66	1,086.52	1,132.08	1,117.16	1,135.29	1,282.44
61	1,064.75	1,070.84	1,046.41	1,124.95	1,172.12	1,156.68	1,175.45	1,327.80
62	1,088.62	1,094.85	1,069.87	1,150.18	1,198.40	1,182.61	1,201.80	1,357.57
63	1,118.55	1,124.96	1,099.29	1,181.80	1,231.36	1,215.13	1,234.85	1,394.90
64+	1,136.73	1,143.24	1,117.16	1,201.02	1,251.38	1,234.88	1,254.92	1,417.58

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Gold	KP VisitsPlus Gold LD	E Kaiser Permanente Cascade Bronze	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Vital Gold	E Kaiser Permanente Cascade Complete Gold	E Basics Plus Catastrophic
0-14	$374.90	$382.02	$290.26	$458.31	$455.21	$361.31	$386.13	$152.73
15	408.23	415.97	316.06	499.04	495.67	393.42	420.45	166.30
16	420.97	428.96	325.92	514.62	511.14	405.70	433.58	171.49
17	433.71	441.94	335.79	530.20	526.61	417.98	446.70	176.69
18	447.43	455.92	346.41	546.97	543.27	431.21	460.83	182.28
19	461.16	469.90	357.03	563.75	559.93	444.43	474.97	187.87
20	475.37	484.39	368.04	581.12	577.19	458.13	489.60	193.66
21-24	490.07	499.37	379.42	599.09	595.04	472.30	504.75	199.64
25	492.03	501.37	380.94	601.49	597.42	474.19	506.76	200.44
26	501.83	511.35	388.53	613.47	609.32	483.63	516.86	204.44
27	513.59	523.34	397.63	627.85	623.60	494.97	528.97	209.23
28	532.71	542.81	412.43	651.21	646.81	513.39	548.66	217.01
29	548.39	558.79	424.57	670.39	665.85	528.50	564.81	223.40
30	556.23	566.78	430.64	679.97	675.37	536.06	572.89	226.60
31	567.99	578.77	439.75	694.35	689.65	547.39	585.00	231.39
32	579.75	590.75	448.85	708.73	703.93	558.73	597.11	236.18
33	587.10	598.24	454.55	717.71	712.86	565.81	604.69	239.17
34	594.95	606.23	460.62	727.30	722.38	573.37	612.76	242.37
35	598.87	610.23	463.65	732.09	727.14	577.15	616.80	243.97
36	602.79	614.22	466.69	736.88	731.90	580.93	620.84	245.56
37	606.71	618.22	469.72	741.68	736.66	584.71	624.87	247.16
38	610.63	622.21	472.76	746.47	741.42	588.48	628.91	248.76
39	618.47	630.20	478.83	756.06	750.94	596.04	636.99	251.95
40	626.31	638.19	484.90	765.64	760.46	603.60	645.06	255.15
41	638.07	650.18	494.01	780.02	774.74	614.93	657.18	259.94
42	649.34	661.66	502.73	793.80	788.43	625.80	668.79	264.53
43	665.03	677.64	514.87	812.97	807.47	640.91	684.94	270.92
44	684.63	697.62	530.05	836.93	831.27	659.80	705.13	278.90
45	707.66	721.09	547.88	865.09	859.24	682.00	728.85	288.29
46	735.11	749.05	569.13	898.64	892.56	708.45	757.12	299.47
47	765.98	780.51	593.03	936.38	930.05	738.20	788.92	312.04
48	801.27	816.47	620.35	979.52	972.89	772.21	825.26	326.42
49	836.06	851.92	647.29	1,022.05	1,015.14	805.74	861.10	340.59
50	875.27	891.87	677.65	1,069.98	1,062.74	843.53	901.48	356.57
51	913.98	931.32	707.62	1,117.31	1,109.75	880.84	941.35	372.34
52	956.62	974.77	740.63	1,169.43	1,161.52	921.93	985.26	389.71
53	999.74	1,018.71	774.02	1,222.15	1,213.88	963.49	1,029.68	407.27
54	1,046.30	1,066.15	810.06	1,279.06	1,270.41	1,008.36	1,077.63	426.24
55	1,092.86	1,113.59	846.11	1,335.98	1,326.94	1,053.23	1,125.58	445.21
56	1,143.33	1,165.02	885.19	1,397.68	1,388.23	1,101.87	1,177.57	465.77
57	1,194.30	1,216.96	924.65	1,459.99	1,450.11	1,150.99	1,230.06	486.53
58	1,248.70	1,272.39	966.76	1,526.49	1,516.16	1,203.42	1,286.09	508.69
59	1,275.65	1,299.85	987.63	1,559.44	1,548.89	1,229.39	1,313.85	519.67
60	1,330.05	1,355.28	1,029.75	1,625.94	1,614.94	1,281.82	1,369.88	541.84
61	1,377.10	1,403.22	1,066.17	1,683.45	1,672.06	1,327.16	1,418.33	561.00
62	1,407.97	1,434.68	1,090.08	1,721.19	1,709.55	1,356.91	1,450.13	573.58
63	1,446.69	1,474.13	1,120.05	1,768.52	1,756.56	1,394.23	1,490.01	589.35
64+	1,470.21	1,498.10	1,138.26	1,797.27	1,785.12	1,416.90	1,514.24	598.92

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Bronze	KP Bronze	KP E Bronze HSA	KP VisitsPlus Silver 4500	KP Silver HSA	KP VisitsPlus Silver HD	KP VisitsPlus Silver X	KP E Gold HSA
0-14	$313.62	$315.42	$308.22	$331.36	$345.25	$340.70	$346.23	$391.11
15	341.50	343.46	335.62	360.81	375.94	370.99	377.01	425.87
16	352.16	354.18	346.10	372.07	387.68	382.57	388.77	439.16
17	362.82	364.90	356.57	383.34	399.41	394.15	400.54	452.46
18	374.30	376.44	367.85	395.46	412.05	406.62	413.21	466.77
19	385.78	387.99	379.13	407.59	424.68	419.09	425.89	481.09
20	397.67	399.95	390.82	420.15	437.77	432.00	439.01	495.91
21-24	409.97	412.31	402.91	433.15	451.31	445.36	452.59	511.25
25	411.61	413.96	404.52	434.88	453.12	447.14	454.40	513.30
26	419.81	422.21	412.57	443.54	462.14	456.05	463.45	523.52
27	429.65	432.11	422.24	453.94	472.97	466.74	474.31	535.79
28	445.63	448.19	437.96	470.83	490.58	484.11	491.97	555.73
29	458.75	461.38	450.85	484.69	505.02	498.36	506.45	572.09
30	465.31	467.98	457.30	491.62	512.24	505.49	513.69	580.27
31	475.15	477.87	466.97	502.02	523.07	516.18	524.55	592.54
32	484.99	487.77	476.64	512.42	533.90	526.86	535.41	604.81
33	491.14	493.95	482.68	518.91	540.67	533.54	542.20	612.48
34	497.70	500.55	489.13	525.84	547.89	540.67	549.44	620.66
35	500.98	503.85	492.35	529.31	551.50	544.23	553.07	624.75
36	504.26	507.15	495.57	532.77	555.11	547.80	556.69	628.84
37	507.54	510.45	498.80	536.24	558.72	551.36	560.31	632.93
38	510.82	513.74	502.02	539.70	562.33	554.92	563.93	637.02
39	517.38	520.34	508.47	546.63	569.55	562.05	571.17	645.20
40	523.94	526.94	514.91	553.56	576.78	569.17	578.41	653.38
41	533.78	536.83	524.58	563.96	587.61	579.86	589.27	665.65
42	543.21	546.32	533.85	573.92	597.99	590.11	599.68	677.41
43	556.33	559.51	546.74	587.78	612.43	604.36	614.16	693.77
44	572.72	576.00	562.86	605.11	630.48	622.17	632.27	714.22
45	591.99	595.38	581.80	625.47	651.69	643.10	653.54	738.25
46	614.95	618.47	604.36	649.72	676.97	668.04	678.89	766.88
47	640.78	644.45	629.74	677.01	705.40	696.10	707.40	799.09
48	670.30	674.13	658.75	708.20	737.89	728.17	739.98	835.90
49	699.40	703.41	687.36	738.95	769.94	759.79	772.12	872.19
50	732.20	736.39	719.59	773.60	806.04	795.42	808.33	913.09
51	764.59	768.97	751.42	807.82	841.70	830.60	844.08	953.48
52	800.26	804.84	786.47	845.51	880.96	869.35	883.46	997.96
53	836.33	841.12	821.93	883.62	920.67	908.54	923.28	1,042.95
54	875.28	880.29	860.20	924.77	963.55	950.85	966.28	1,091.52
55	914.23	919.46	898.48	965.92	1,006.42	993.16	1,009.28	1,140.09
56	956.45	961.93	939.98	1,010.54	1,052.91	1,039.03	1,055.89	1,192.75
57	999.09	1,004.81	981.88	1,055.58	1,099.85	1,085.35	1,102.96	1,245.92
58	1,044.60	1,050.58	1,026.60	1,103.66	1,149.94	1,134.78	1,153.20	1,302.67
59	1,067.14	1,073.26	1,048.76	1,127.49	1,174.76	1,159.28	1,178.09	1,330.79
60	1,112.65	1,119.02	1,093.48	1,175.57	1,224.86	1,208.71	1,228.33	1,387.54
61	1,152.01	1,158.60	1,132.16	1,217.15	1,268.18	1,251.47	1,271.78	1,436.62
62	1,177.84	1,184.58	1,157.55	1,244.44	1,296.62	1,279.53	1,300.29	1,468.82
63	1,210.22	1,217.15	1,189.38	1,278.66	1,332.27	1,314.71	1,336.05	1,509.21
64+	1,229.90	1,236.93	1,208.72	1,299.45	1,353.93	1,336.08	1,357.77	1,533.75

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

2026 Monthly rates

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 2026 effective date	KP E VisitsPlus Gold	KP VisitsPlus Gold LD	E Kaiser Permanente Cascade Bronze	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E VisitsPlus Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Vital Gold	E Kaiser Permanente Cascade Complete Gold	E Basics Plus Catastrophic
0-14	$405.63	$413.32	$314.04	$495.87	$492.51	$390.92	$417.78	$165.24
15	441.68	450.06	341.96	539.94	536.29	425.67	454.91	179.93
16	455.47	464.11	352.63	556.80	553.03	438.95	469.11	185.55
17	469.26	478.16	363.31	573.65	569.77	452.24	483.31	191.17
18	484.10	493.29	374.80	591.80	587.79	466.55	498.60	197.21
19	498.95	508.42	386.30	609.95	605.82	480.86	513.89	203.26
20	514.33	524.08	398.20	628.75	624.49	495.68	529.73	209.53
21-24	530.23	540.29	410.52	648.19	643.81	511.01	546.11	216.01
25	532.35	542.45	412.16	650.78	646.38	513.05	548.30	216.87
26	542.96	553.26	420.37	663.75	659.26	523.27	559.22	221.19
27	555.68	566.23	430.22	679.30	674.71	535.53	572.32	226.37
28	576.36	587.30	446.23	704.58	699.82	555.46	593.62	234.80
29	593.33	604.59	459.37	725.33	720.42	571.81	611.10	241.71
30	601.82	613.23	465.94	735.70	730.72	579.99	619.84	245.17
31	614.54	626.20	475.79	751.25	746.17	592.26	632.94	250.35
32	627.27	639.17	485.64	766.81	761.62	604.52	646.05	255.54
33	635.22	647.27	491.80	776.53	771.28	612.18	654.24	258.78
34	643.70	655.92	498.37	786.90	781.58	620.36	662.98	262.23
35	647.95	660.24	501.65	792.09	786.73	624.45	667.35	263.96
36	652.19	664.56	504.93	797.28	791.88	628.54	671.72	265.69
37	656.43	668.88	508.22	802.46	797.03	632.62	676.09	267.42
38	660.67	673.20	511.50	807.65	802.18	636.71	680.45	269.14
39	669.15	681.85	518.07	818.02	812.48	644.89	689.19	272.60
40	677.64	690.49	524.64	828.39	822.78	653.06	697.93	276.06
41	690.36	703.46	534.49	843.94	838.23	665.33	711.04	281.24
42	702.56	715.89	543.93	858.85	853.04	677.08	723.60	286.21
43	719.53	733.18	557.07	879.60	873.64	693.43	741.07	293.12
44	740.74	754.79	573.49	905.52	899.40	713.87	762.92	301.76
45	765.66	780.18	592.78	935.99	929.66	737.89	788.58	311.91
46	795.35	810.44	615.77	972.29	965.71	766.51	819.17	324.01
47	828.76	844.48	641.64	1,013.12	1,006.27	798.70	853.57	337.62
48	866.93	883.38	671.19	1,059.79	1,052.62	835.49	892.89	353.17
49	904.58	921.74	700.34	1,105.81	1,098.33	871.77	931.67	368.51
50	947.00	964.96	733.18	1,157.67	1,149.84	912.66	975.35	385.79
51	988.89	1,007.65	765.61	1,208.88	1,200.70	953.02	1,018.50	402.85
52	1,035.02	1,054.65	801.33	1,265.27	1,256.71	997.48	1,066.01	421.64
53	1,081.68	1,102.20	837.45	1,322.31	1,313.36	1,042.45	1,114.07	440.65
54	1,132.05	1,153.52	876.45	1,383.89	1,374.52	1,091.00	1,165.95	461.17
55	1,182.42	1,204.85	915.45	1,445.47	1,435.69	1,139.54	1,217.83	481.69
56	1,237.04	1,260.50	957.73	1,512.23	1,502.00	1,192.18	1,274.08	503.94
57	1,292.18	1,316.69	1,000.43	1,579.64	1,568.95	1,245.32	1,330.87	526.41
58	1,351.04	1,376.67	1,045.99	1,651.59	1,640.42	1,302.04	1,391.49	550.38
59	1,380.20	1,406.38	1,068.57	1,687.24	1,675.83	1,330.15	1,421.53	562.26
60	1,439.05	1,466.35	1,114.14	1,759.19	1,747.29	1,386.87	1,482.15	586.24
61	1,489.96	1,518.22	1,153.55	1,821.42	1,809.09	1,435.92	1,534.57	606.98
62	1,523.36	1,552.26	1,179.41	1,862.25	1,849.65	1,468.12	1,568.98	620.59
63	1,565.25	1,594.94	1,211.84	1,913.46	1,900.51	1,508.49	1,612.12	637.65
64+	1,590.69	1,620.87	1,231.55	1,944.57	1,931.42	1,533.02	1,638.33	648.02

Rates are effective January 1, 2026, through December 31, 2026. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

Notes