

2025 – 2026 MONTHLY PLAN PREMIUMS

Medicare HMOs (Over 65)

Individuals and dependents all have Medicare
Members must assign Medicare Parts A and B

KAISER PERMANENTE SENIOR ADVANTAGE			HEALTH NET SENIORITY PLUS		
	Traditional High Option Plan	Traditional Low Option Plan	Kaiser Northwest	High Option Plan	Low Option Plan
Retiree Only	\$301.75	\$219.59	\$397.82	\$1,155.38	\$922.37
Retiree + 1 Dependent	\$597.77	\$433.45	\$789.91	\$2,305.03	\$1,839.01

Individuals and dependents all have Medicare No assignment of Medicare required

Medicare Coordinated Plan (Over 65)

	CMCP or CMCP Out-Of-Area	Anthem Blue Cross Medicare Advantage	Health Net COB*	Health Net PPO 1 Out-Of-Area*
Retiree Only	\$1,262.12	\$784.84	\$1,484.84	\$2,276.72
Retiree + 1 Dependent	\$2,520.13	\$1,563.95	\$2,963.96	\$4,547.72

*The current Health Net plans will be discontinued after the 2025/2026 plan year due to the plans no longer aligning with Health Net's evolving service requirement.

Non-Medicare Plans (Under 65)

Individuals and dependents all under age 65*

	CMCP or CMCP Out-Of-Area	Sutter Health Plus HMO	Kaiser Permanente California	Kaiser Permanente Northwest
Retiree Only	\$1,804.38	\$1,099.73	\$970.53	\$1,344.20
Retiree + 1 Dependent	\$3,604.68	\$2,193.73	\$1,935.33	\$2,682.67
Retiree with Family	\$5,044.89	\$3,101.73	\$2,736.10	\$4,021.14

*Anyone under the age of 65 who is eligible for Medicare must enroll in Parts A and B -this includes the CMCP plan. If eligible to enroll and the retiree does not enroll, claims will be paid as if enrolled in Medicare, reducing the claims payments, and increasing your out-of-pocket costs.

Blended Family Plans

Families with Medicare and non-Medicare enrollees

CMCP		Kaiser Permanente Senior Advantage and Kaiser California		
	Over 65 and Under 65	High Option Plan	Low Option Plan*	Kaiser Northwest
1 with and 1 without Medicare	\$3,062.39	\$1,266.55	\$1,184.39	\$1,736.29
1 with and 2 without Medicare	\$4,502.60	\$2,067.32	\$1,985.16	N/A

*Blended low option only available if the retiree or subscriber has Medicare

Dental and Vision

	United Healthcare Dental (DHMO Plan D125H)	Delta Dental (PPO Plan)	Vision Service Plan (VSP)
Retiree Only	\$18.21	\$42.63	\$5.88
Retiree + 1 Dependent	\$26.53	\$80.02	\$11.32
Retiree + Family	\$41.24	\$107.05	\$13.22