

Kaiser Permanente Colorado for Individuals and Families Rate Sheet

Copay Plans

Kaiser Permanente \$30 Copay Plan (ID #1)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$158.06	\$316.15	\$363.54	\$521.62
20-24	\$158.06	\$316.15	\$363.54	\$521.62
25-29	\$164.40	\$328.83	\$369.90	\$534.29
30-34	\$192.87	\$385.68	\$405.00	\$597.85
35-39	\$200.78	\$401.54	\$411.58	\$612.37
40-44	\$221.31	\$442.60	\$431.54	\$652.86
45-49	\$252.90	\$505.81	\$467.88	\$720.77
50-54	\$316.16	\$632.28	\$505.85	\$821.98
55-59	\$395.22	\$790.45	\$592.83	\$988.04
60-64	\$474.22	\$948.43	\$663.91	\$1,138.11
65-69	\$569.04	\$1,138.07	\$758.72	\$1,327.79
70-74	\$694.96	\$1,389.93	\$884.67	\$1,579.65
75-79	\$800.29	\$1,600.59	\$989.96	\$1,790.28
80-84	\$868.39	\$1,736.76	\$1,058.06	\$1,926.46
85-89	\$942.30	\$1,884.60	\$1,131.99	\$2,074.28
90+	\$1,022.48	\$2,045.00	\$1,212.17	\$2,234.69

\$35 Copay Plan with Rx (ID #2)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$160.86	\$321.75	\$369.97	\$530.85
20-24	\$160.86	\$321.75	\$369.97	\$530.85
25-29	\$167.31	\$334.65	\$376.45	\$543.75
30-34	\$196.28	\$392.51	\$412.17	\$608.43
35-39	\$204.33	\$408.65	\$418.86	\$623.21
40-44	\$225.23	\$450.43	\$439.18	\$664.42
45-49	\$257.38	\$514.76	\$476.16	\$733.53
50-54	\$321.76	\$643.47	\$514.80	\$836.53
55-59	\$402.22	\$804.44	\$603.32	\$1,005.53
60-64	\$482.61	\$965.22	\$675.66	\$1,158.25
65-69	\$579.11	\$1,158.21	\$772.15	\$1,351.29
70-74	\$707.26	\$1,414.53	\$900.33	\$1,607.61
75-79	\$814.46	\$1,628.92	\$1,007.48	\$1,821.97
80-84	\$883.76	\$1,767.50	\$1,076.79	\$1,960.56
85-89	\$958.98	\$1,917.96	\$1,152.03	\$2,110.99
90+	\$1,040.58	\$2,081.20	\$1,233.63	\$2,274.24

\$40 Copay Plan with Rx (ID #3)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$159.13	\$318.30	\$366.01	\$525.17
20-24	\$159.13	\$318.30	\$366.01	\$525.17
25-29	\$165.52	\$331.07	\$372.42	\$537.92
30-34	\$194.18	\$388.30	\$407.75	\$601.92
35-39	\$202.15	\$404.27	\$414.38	\$616.53
40-44	\$222.81	\$445.61	\$434.47	\$657.30
45-49	\$254.62	\$509.25	\$471.06	\$725.67
50-54	\$318.31	\$636.58	\$509.29	\$827.57
55-59	\$397.91	\$795.83	\$596.86	\$994.76
60-64	\$477.44	\$954.88	\$668.42	\$1,145.85
65-69	\$572.91	\$1,145.81	\$763.88	\$1,336.82
70-74	\$699.69	\$1,399.38	\$890.69	\$1,590.39
75-79	\$805.73	\$1,611.47	\$996.69	\$1,802.45
80-84	\$874.30	\$1,748.57	\$1,065.25	\$1,939.56
85-89	\$948.71	\$1,897.42	\$1,139.69	\$2,088.39
90+	\$1,029.43	\$2,058.91	\$1,220.41	\$2,249.89

The monthly rate you pay for your coverage depends on the age of the oldest applicant, the number of family members applying, the plan chosen and the rates in effect on the enrollment date. The oldest applicant will become the subscriber on the account. All family members applying must pass a medical review to qualify for these rates. Rates are effective January 1, 2009, and are subject to change. When the subscriber's age changes from one age band to the next during the course of the year, the subscriber will be charged the rate of the higher age band for his or her family status, effective the first of the following month. Family members may apply for different plans, which may result in a lower combined monthly premium.

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Kaiser Permanente Colorado for Individuals and Families Rate Sheet

Deductible Plans

\$2,000 Deductible Plan (70%) (ID #4)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$102.68	\$205.32	\$236.14	\$338.78
20-24	\$102.68	\$205.32	\$236.14	\$338.78
25-29	\$106.77	\$213.55	\$240.23	\$347.01
30-34	\$125.27	\$250.53	\$263.05	\$388.31
35-39	\$130.39	\$260.81	\$267.35	\$397.73
40-44	\$143.74	\$287.49	\$280.28	\$424.04
45-49	\$164.26	\$328.56	\$303.90	\$468.16
50-54	\$205.34	\$410.68	\$328.56	\$533.88
55-59	\$256.69	\$513.36	\$385.03	\$641.72
60-64	\$308.01	\$616.01	\$431.21	\$739.22
65-69	\$369.57	\$739.18	\$492.80	\$862.36
70-74	\$451.38	\$902.76	\$574.57	\$1,025.97
75-79	\$519.77	\$1,039.57	\$643.01	\$1,162.79
80-84	\$564.03	\$1,128.04	\$687.23	\$1,251.24
85-89	\$612.03	\$1,224.03	\$735.23	\$1,347.24
90+	\$664.11	\$1,328.21	\$787.31	\$1,451.41

\$5,000 Deductible Plan (70%) (ID #5)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$78.64	\$157.29	\$180.88	\$259.52
20-24	\$78.64	\$157.29	\$180.88	\$259.52
25-29	\$81.80	\$163.57	\$184.01	\$265.81
30-34	\$95.95	\$191.92	\$201.49	\$297.45
35-39	\$99.87	\$199.78	\$204.79	\$304.66
40-44	\$110.11	\$220.23	\$214.71	\$324.82
45-49	\$125.83	\$251.66	\$232.79	\$358.62
50-54	\$157.30	\$314.58	\$251.66	\$408.95
55-59	\$196.63	\$393.25	\$294.95	\$491.57
60-64	\$235.94	\$471.87	\$330.33	\$566.26
65-69	\$283.10	\$566.21	\$377.49	\$660.58
70-74	\$345.77	\$691.53	\$440.14	\$785.90
75-79	\$398.16	\$796.32	\$492.54	\$890.72
80-84	\$432.05	\$864.09	\$526.42	\$958.46
85-89	\$468.82	\$937.63	\$563.20	\$1,032.00
90+	\$508.72	\$1,017.43	\$603.09	\$1,111.80

\$5,000 Deductible Plan (60%) with Rx ("Children's Plan") (ID #6)	
Age	Single Subscriber
0	\$275.44
1-4	\$62.25
5-19	\$73.78
20-24	\$102.79
25-29	\$119.83
30-34	\$139.69
35-39	\$162.85
40-44	\$189.84
45-49	\$221.31
50-54	\$258.00
55-59	\$300.77
60-64	\$350.63
65-69	\$408.75
70-74	\$476.51
75-79	\$555.50
80-84	\$602.77
85-89	\$654.07
90+	\$709.72

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Deductible Plans

\$2,000 Deductible Plan (70%) with Rx (ID #7)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$108.93	\$217.84	\$250.53	\$359.42
20-24	\$108.93	\$217.84	\$250.53	\$359.42
25-29	\$113.28	\$226.56	\$254.87	\$368.15
30-34	\$132.90	\$265.79	\$279.07	\$411.96
35-39	\$138.33	\$276.70	\$283.64	\$421.97
40-44	\$152.50	\$305.01	\$297.36	\$449.87
45-49	\$174.27	\$348.57	\$322.41	\$496.68
50-54	\$217.85	\$435.70	\$348.57	\$566.41
55-59	\$272.34	\$544.64	\$408.49	\$680.83
60-64	\$326.78	\$653.54	\$457.49	\$784.26
65-69	\$392.10	\$784.22	\$522.82	\$914.91
70-74	\$478.89	\$957.76	\$609.59	\$1,088.48
75-79	\$551.44	\$1,102.92	\$682.19	\$1,233.64
80-84	\$598.40	\$1,196.77	\$729.11	\$1,327.48
85-89	\$649.32	\$1,298.62	\$780.03	\$1,429.34
90+	\$704.58	\$1,409.14	\$835.28	\$1,539.84

\$3,000 Deductible Plan (70%) with Rx (ID #8)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$92.81	\$185.64	\$213.47	\$306.30
20-24	\$92.81	\$185.64	\$213.47	\$306.30
25-29	\$96.54	\$193.09	\$217.21	\$313.74
30-34	\$113.25	\$226.47	\$237.82	\$351.06
35-39	\$117.90	\$235.78	\$241.68	\$359.58
40-44	\$129.95	\$259.89	\$253.40	\$383.36
45-49	\$148.50	\$297.01	\$274.74	\$423.24
50-54	\$185.65	\$371.27	\$297.04	\$482.67
55-59	\$232.07	\$464.15	\$348.11	\$580.18
60-64	\$278.46	\$556.92	\$389.85	\$668.30
65-69	\$334.14	\$668.27	\$445.52	\$779.68
70-74	\$408.08	\$816.17	\$519.48	\$927.57
75-79	\$469.93	\$939.87	\$581.30	\$1,051.25
80-84	\$509.92	\$1,019.83	\$621.29	\$1,131.22
85-89	\$553.32	\$1,106.64	\$664.70	\$1,218.02
90+	\$600.40	\$1,200.82	\$711.79	\$1,312.21

\$1,000 Deductible Plan (80%) with Rx (ID #9)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$134.64	\$269.30	\$309.66	\$444.32
20-24	\$134.64	\$269.30	\$309.66	\$444.32
25-29	\$140.04	\$280.10	\$315.08	\$455.11
30-34	\$164.29	\$328.52	\$344.98	\$509.25
35-39	\$171.02	\$342.03	\$350.58	\$521.62
40-44	\$188.51	\$377.01	\$367.59	\$556.11
45-49	\$215.42	\$430.85	\$398.54	\$613.95
50-54	\$269.31	\$538.58	\$430.88	\$700.16
55-59	\$336.65	\$673.31	\$504.97	\$841.61
60-64	\$403.94	\$807.87	\$565.52	\$969.44
65-69	\$484.71	\$969.41	\$646.28	\$1,131.01
70-74	\$591.97	\$1,183.94	\$753.56	\$1,345.55
75-79	\$681.69	\$1,363.38	\$843.25	\$1,524.96
80-84	\$739.69	\$1,479.37	\$901.26	\$1,640.96
85-89	\$802.65	\$1,605.30	\$964.23	\$1,766.87
90+	\$870.95	\$1,741.93	\$1,032.53	\$1,903.51

\$1,500 Deductible Plan (80%) with Rx (ID #10)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$119.90	\$239.83	\$275.78	\$395.70
20-24	\$119.90	\$239.83	\$275.78	\$395.70
25-29	\$124.71	\$249.45	\$280.61	\$405.31
30-34	\$146.31	\$292.58	\$307.23	\$453.53
35-39	\$152.31	\$304.61	\$312.22	\$464.54
40-44	\$167.89	\$335.76	\$327.37	\$495.26
45-49	\$191.85	\$383.71	\$354.93	\$546.78
50-54	\$239.84	\$479.65	\$383.74	\$623.55
55-59	\$299.81	\$599.64	\$449.72	\$749.53
60-64	\$359.74	\$719.48	\$503.64	\$863.37
65-69	\$431.67	\$863.34	\$575.56	\$1,007.26
70-74	\$527.20	\$1,054.40	\$671.11	\$1,198.32
75-79	\$607.10	\$1,214.21	\$750.98	\$1,358.11
80-84	\$658.76	\$1,317.51	\$802.64	\$1,461.41
85-89	\$714.83	\$1,429.66	\$858.73	\$1,573.55
90+	\$775.65	\$1,551.34	\$919.55	\$1,695.24

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Deductible Plans

\$2,000 HSA-Qualified Deductible Plan (80%) (ID #11)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$104.92	\$209.85	\$241.32	\$346.24
20-24	\$104.92	\$209.85	\$241.32	\$346.24
25-29	\$109.13	\$218.24	\$245.52	\$354.63
30-34	\$128.03	\$256.05	\$268.83	\$396.85
35-39	\$133.26	\$266.54	\$273.21	\$406.49
40-44	\$146.91	\$293.81	\$286.46	\$433.37
45-49	\$167.89	\$335.77	\$310.60	\$478.46
50-54	\$209.86	\$419.71	\$335.77	\$545.63
55-59	\$262.34	\$524.66	\$393.50	\$655.84
60-64	\$314.79	\$629.56	\$440.70	\$755.47
65-69	\$377.72	\$755.44	\$503.62	\$881.33
70-74	\$461.31	\$922.61	\$587.22	\$1,048.54
5-79	\$531.21	\$1,062.43	\$657.14	\$1,188.37
80-84	\$576.44	\$1,152.86	\$702.34	\$1,278.76
85-89	\$625.50	\$1,250.96	\$751.41	\$1,376.89
90+	\$678.72	\$1,357.43	\$804.63	\$1,483.34

\$2,000 HSA-Qualified Deductible Plan (100%) (ID #12)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$131.58	\$263.14	\$302.61	\$434.18
20-24	\$131.58	\$263.14	\$302.61	\$434.18
25-29	\$136.84	\$273.67	\$307.88	\$444.71
30-34	\$160.54	\$321.08	\$337.12	\$497.64
35-39	\$167.11	\$334.25	\$342.61	\$509.72
40-44	\$184.22	\$368.43	\$359.21	\$543.44
45-49	\$210.52	\$421.06	\$389.48	\$599.98
50-54	\$263.16	\$526.32	\$421.06	\$684.20
55-59	\$328.97	\$657.92	\$493.45	\$822.43
60-64	\$394.75	\$789.46	\$552.64	\$947.37
65-69	\$473.65	\$947.33	\$631.56	\$1,105.18
70-74	\$578.49	\$1,156.97	\$736.37	\$1,314.87
75-79	\$666.14	\$1,332.30	\$824.06	\$1,490.22
80-84	\$722.86	\$1,445.67	\$880.74	\$1,603.58
85-89	\$784.37	\$1,568.71	\$942.27	\$1,726.61
90+	\$851.11	\$1,702.22	\$1,009.00	\$1,860.10

\$2,500 HSA-Qualified Deductible Plan (100%) (ID #13)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$115.40	\$230.82	\$265.42	\$380.83
20-24	\$115.40	\$230.82	\$265.42	\$380.83
25-29	\$120.03	\$240.08	\$270.06	\$390.09
30-34	\$140.81	\$281.58	\$295.69	\$436.49
35-39	\$146.59	\$293.16	\$300.49	\$447.09
40-44	\$161.58	\$323.14	\$315.07	\$476.65
45-49	\$184.64	\$369.29	\$341.60	\$526.23
50-54	\$230.83	\$461.63	\$369.32	\$600.13
55-59	\$288.55	\$577.11	\$432.83	\$721.37
60-64	\$346.23	\$692.45	\$484.72	\$830.93
65-69	\$415.46	\$830.90	\$553.94	\$969.42
70-74	\$507.39	\$1,014.79	\$645.90	\$1,153.30
75-79	\$584.29	\$1,168.59	\$722.77	\$1,307.08
80-84	\$634.01	\$1,268.01	\$772.49	\$1,406.51
85-89	\$687.97	\$1,375.95	\$826.47	\$1,514.43
90+	\$746.51	\$1,493.05	\$885.01	\$1,631.55

\$3,000 HSA-Qualified Deductible Plan (100%) (ID #14)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$105.51	\$211.03	\$242.66	\$348.18
20-24	\$105.51	\$211.03	\$242.66	\$348.18
25-29	\$109.74	\$219.49	\$246.91	\$356.64
30-34	\$128.74	\$257.44	\$270.34	\$399.06
35-39	\$134.02	\$268.03	\$274.73	\$408.76
40-44	\$147.72	\$295.44	\$288.05	\$435.78
45-49	\$168.81	\$337.63	\$312.31	\$481.11
50-54	\$211.04	\$422.05	\$337.65	\$548.67
55-59	\$263.81	\$527.63	\$395.71	\$659.52
60-64	\$316.54	\$633.08	\$443.16	\$759.69
65-69	\$379.83	\$759.66	\$506.45	\$886.30
70-74	\$463.89	\$927.78	\$590.52	\$1,054.42
75-79	\$534.19	\$1,068.39	\$660.80	\$1,195.01
80-84	\$579.65	\$1,159.29	\$706.26	\$1,285.91
85-89	\$628.99	\$1,257.97	\$755.60	\$1,384.58
90+	\$682.51	\$1,365.04	\$809.12	\$1,491.66

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Deductible Plans

\$4,000 HSA-Qualified Deductible Plan (100%) (ID #15)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$87.23	\$174.48	\$200.64	\$287.88
20-24	\$87.23	\$174.48	\$200.64	\$287.88
25-29	\$90.73	\$181.48	\$204.15	\$294.87
30-34	\$106.44	\$212.86	\$223.52	\$329.95
35-39	\$110.81	\$221.61	\$227.15	\$337.97
40-44	\$122.14	\$244.27	\$238.17	\$360.31
45-49	\$139.58	\$279.16	\$258.22	\$397.79
50-54	\$174.49	\$348.96	\$279.18	\$453.65
55-59	\$218.12	\$436.25	\$327.18	\$545.30
60-64	\$261.72	\$523.44	\$366.41	\$628.12
65-69	\$314.05	\$628.10	\$418.74	\$732.81
70-74	\$383.55	\$767.10	\$488.25	\$871.81
75-79	\$441.68	\$883.37	\$546.36	\$988.06
80-84	\$479.26	\$958.52	\$583.94	\$1,063.21
85-89	\$520.06	\$1,040.11	\$624.75	\$1,144.80
90+	\$564.31	\$1,128.64	\$669.00	\$1,233.33

\$5,000 HSA-Qualified Deductible Plan (100%) (ID #16)				
Age	Single Subscriber	Subscriber + Spouse	Subscriber + Children	Subscriber + Family
<20	\$76.60	\$153.21	\$176.17	\$252.78
20-24	\$76.60	\$153.21	\$176.17	\$252.78
25-29	\$79.67	\$159.35	\$179.25	\$258.92
30-34	\$93.46	\$186.90	\$196.26	\$289.72
35-39	\$97.30	\$194.59	\$199.45	\$296.75
40-44	\$107.25	\$214.48	\$209.12	\$316.38
45-49	\$122.56	\$245.12	\$226.73	\$349.29
50-54	\$153.21	\$306.40	\$245.13	\$398.33
55-59	\$191.52	\$383.05	\$287.29	\$478.80
60-64	\$229.81	\$459.61	\$321.73	\$551.53
65-69	\$275.76	\$551.51	\$367.68	\$643.45
70-74	\$336.78	\$673.56	\$428.71	\$765.50
75-79	\$387.82	\$775.65	\$479.73	\$867.57
80-84	\$420.82	\$841.63	\$512.74	\$933.56
85-89	\$456.64	\$913.28	\$548.56	\$1,005.20
90+	\$495.49	\$991.01	\$587.42	\$1,082.93

The monthly rate you pay for your coverage depends on the age of the oldest applicant, the number of family members applying, the plan chosen and the rates in effect on the enrollment date. The oldest applicant will become the subscriber on the account. All family members applying must pass a medical review to qualify for these rates. Rates are effective January 1, 2009, and are subject to change. When the subscriber's age changes from one age band to the next during the course of the year, the subscriber will be charged the rate of the higher age band for his or her family status, effective the first of the following month. Family members may apply for different plans, which may result in a lower combined monthly premium.

Monthly rates for the 2009 Kaiser Permanente for Individuals and Families plans are pending approval by the Colorado Division of Insurance and are subject to change. However, your application will be processed pending such approval.