

2017 Rates

Medical

	Employee	Family
Option 1		
Tobacco Free	\$71.67	\$231.35
Tobacco User	\$117.82	\$277.50
Option 2		
Tobacco Free	\$54.65	\$176.39
Tobacco User	\$100.80	\$222.54
Choice Account Plus		
Tobacco Free	\$48.58	\$156.79
Tobacco User	\$94.73	\$202.94
Choice Account		
Tobacco Free	\$41.99	\$135.57
Tobacco User	\$88.14	\$181.72
Kaiser California		
Tobacco Free	\$65.22	\$181.93
Tobacco User	\$111.37	\$228.08
Kaiser Colorado		
Tobacco Free	\$69.42	\$208.38
Tobacco User	\$115.58	\$254.54
Kaiser Georgia		
Tobacco Free	\$51.81	\$190.15
Tobacco User	\$97.97	\$236.30
Kaiser Oregon		
Tobacco Free	\$71.37	\$169.25
Tobacco User	\$117.53	\$215.40
Kaiser of the Mid-Atlantic		
Tobacco Free	\$61.74	\$231.21
Tobacco User	\$107.89	\$277.36
Kaiser Hawaii HMO		
	\$8.94	\$278.06
Kaiser Hawaii POS		
	\$65.79	\$298.81

continued

Dental

Plan	Employee	Family
Low	\$7.21	\$21.61
High	\$9.14	\$27.41

Vision

Plan	Employee	Family
Low	\$2.34	\$6.36
High	\$5.95	\$16.14

Fixed Indemnity

Plan	Employee	Family
	\$6.00	\$13.50

Critical Illness

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
Employee					
<34	\$1.63	\$2.41	\$3.20	\$3.98	\$4.77
35-39	\$2.18	\$3.52	\$4.86	\$6.20	\$7.54
40-44	\$3.06	\$5.28	\$7.49	\$9.71	\$11.92
45-49	\$4.54	\$8.23	\$11.92	\$15.61	\$19.31
50-54	\$6.80	\$12.75	\$18.71	\$24.66	\$30.61
55-59	\$9.20	\$17.55	\$25.91	\$34.26	\$42.61
60-64	\$13.86	\$26.88	\$39.89	\$52.91	\$65.92
65-69	\$17.92	\$35.00	\$52.08	\$69.15	\$86.23
70+	\$21.94	\$43.03	\$64.12	\$85.21	\$106.31
Family					
<34	\$4.20	\$5.86	\$7.52	\$9.18	\$10.84
35-39	\$5.30	\$8.07	\$10.84	\$13.61	\$16.38
40-44	\$7.20	\$11.86	\$16.52	\$21.18	\$25.84
45-49	\$10.29	\$18.04	\$25.80	\$33.55	\$41.30

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50-54	\$15.09	\$27.64	\$40.20	\$52.75	\$65.30
55-59	\$20.07	\$37.61	\$55.15	\$72.69	\$90.23
60-64	\$29.81	\$57.09	\$84.36	\$111.64	\$138.92
65-69	\$38.44	\$74.35	\$110.26	\$146.16	\$182.07
70+	\$46.84	\$91.15	\$135.46	\$179.76	\$224.07

Accident

	Employee	Family
Accident	\$2.22	\$4.43

Long-Term Disability

	Rate Basis	Bi-Weekly Rates
Salaried Employees		
		Company Provided
Hourly Employees		
Under 20	Per Hundred of Monthly Covered Payroll	0.05400
20-24	Per Hundred of Monthly Covered Payroll	0.05400
25-29	Per Hundred of Monthly Covered Payroll	0.05400
30-34	Per Hundred of Monthly Covered Payroll	0.08308
35-39	Per Hundred of Monthly Covered Payroll	0.11631
40-44	Per Hundred of Monthly Covered Payroll	0.19108
45-49	Per Hundred of Monthly Covered Payroll	0.29077
50-54	Per Hundred of Monthly Covered Payroll	0.50677
55-59	Per Hundred of Monthly Covered Payroll	0.75600
60-64	Per Hundred of Monthly Covered Payroll	0.68123
65-69	Per Hundred of Monthly Covered Payroll	0.62308
70-74	Per Hundred of Monthly Covered Payroll	0.62308
75-79	Per Hundred of Monthly Covered Payroll	0.62308
80-84	Per Hundred of Monthly Covered Payroll	0.62308
85+	Per Hundred of Monthly Covered Payroll	0.62308

continued

Life Insurance

	Rate Basis	Bi-Weekly Rates
Basic Life Insurance		
Salaried Employees	Per Thousand of Coverage	Company Provided
Hourly Employees	Per Thousand of Coverage	0.0414
Employee Life Insurance		
Hourly Employees	Per Thousand of Coverage	0.0591
Supplemental Life Insurance		
Under 20	Per Thousand of Coverage	0.0129
20-24	Per Thousand of Coverage	0.0129
25-29	Per Thousand of Coverage	0.0152
30-34	Per Thousand of Coverage	0.0203
35-39	Per Thousand of Coverage	0.0231
40-44	Per Thousand of Coverage	0.0254
45-49	Per Thousand of Coverage	0.0402
50-54	Per Thousand of Coverage	0.0688
55-59	Per Thousand of Coverage	0.1320
60-64	Per Thousand of Coverage	0.2072
65-69	Per Thousand of Coverage	0.3212
70-74	Per Thousand of Coverage	0.5312
75-79	Per Thousand of Coverage	0.5312
80-84	Per Thousand of Coverage	0.5312
85+	Per Thousand of Coverage	0.5312
Spouse/Domestic Partner Life Insurance		
Under 20	Per Thousand of Coverage	0.0185
20-24	Per Thousand of Coverage	0.0185
25-29	Per Thousand of Coverage	0.0277
30-34	Per Thousand of Coverage	0.0369
35-39	Per Thousand of Coverage	0.0415
40-44	Per Thousand of Coverage	0.0415
45-49	Per Thousand of Coverage	0.0646
50-54	Per Thousand of Coverage	0.1200
55-59	Per Thousand of Coverage	0.2262
60-64	Per Thousand of Coverage	0.3554

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65-69	Per Thousand of Coverage	0.5492
70-74	Per Thousand of Coverage	0.9000
75-79	Per Thousand of Coverage	0.9000
80-84	Per Thousand of Coverage	0.9000
85+	Per Thousand of Coverage	0.9000
Dependent Child Life Insurance		
	Per Thousand of Coverage	0.0738

Accidental Death and Dismemberment

	Rate Basis	Bi-Weekly Rates
Employee	Per Thousand of Coverage	0.00692
Employee & Family	Per Thousand of Coverage	0.01385

Pre-Paid Legal

	Employee
Pre-Paid Legal	\$8.08