

# Find your rate



Apply on [buykp.org/apply](https://buykp.org/apply) 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/apply](https://buykp.org/apply) or call us at **1-800-494-5314 (TTY 711)** to see if you may qualify.
- If you use tobacco. Go to [buykp.org/apply](https://buykp.org/apply) 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 his or her 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.

## What plans are available in your county?









Below is a list of our service area counties and plan availability. 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.

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

# 2024 Monthly rates

## Tobacco non-user King county

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

Age on 2024 effective date	 Virtual Plus Bronze	 Bronze	 Bronze HSA X	 Flex Bronze	 Virtual Plus Silver X	 Silver HSA	 Flex Silver HD	 Flex Gold
0-14	\$216.82	\$220.93	\$223.25	\$227.04	\$234.84	\$252.13	\$242.60	\$297.61
15	236.09	240.57	243.10	247.22	255.71	274.54	264.16	324.06
16	243.46	248.07	250.69	254.94	263.69	283.11	272.41	334.18
17	250.83	255.58	258.27	262.65	271.67	291.68	280.65	344.29
18	258.77	263.67	266.45	270.96	280.27	300.91	289.53	355.19
19	266.70	271.76	274.62	279.27	288.86	310.14	298.41	366.08
20	274.92	280.13	283.08	287.88	297.76	319.69	307.61	377.36
21-24	283.43	288.79	291.84	296.78	306.97	329.58	317.12	389.03
25	284.56	289.95	293.00	297.97	308.20	330.90	318.39	390.59
26	290.23	295.73	298.84	303.90	314.34	337.49	324.73	398.37
27	297.03	302.66	305.84	311.03	321.71	345.40	332.34	407.71
28	308.09	313.92	317.23	322.60	333.68	358.25	344.71	422.88
29	317.15	323.16	326.56	332.10	343.50	368.80	354.86	435.33
30	321.69	327.78	331.23	336.85	348.42	374.07	359.93	441.55
31	328.49	334.71	338.24	343.97	355.78	381.98	367.54	450.89
32	335.29	341.64	345.24	351.09	363.15	389.89	375.15	460.22
33	339.55	345.98	349.62	355.54	367.75	394.84	379.91	466.06
34	344.08	350.60	354.29	360.29	372.67	400.11	384.98	472.28
35	346.35	352.91	356.62	362.67	375.12	402.75	387.52	475.40
36	348.62	355.22	358.96	365.04	377.58	405.38	390.06	478.51
37	350.88	357.53	361.29	367.42	380.03	408.02	392.59	481.62
38	353.15	359.84	363.63	369.79	382.49	410.66	395.13	484.73
39	357.68	364.46	368.30	374.54	387.40	415.93	400.21	490.96
40	362.22	369.08	372.97	379.29	392.31	421.20	405.28	497.18
41	369.02	376.01	379.97	386.41	399.68	429.11	412.89	506.52
42	375.54	382.65	386.68	393.24	406.74	436.69	420.18	515.47
43	384.61	391.89	396.02	402.73	416.56	447.24	430.33	527.92
44	395.95	403.45	407.69	414.60	428.84	460.42	443.02	543.48
45	409.27	417.02	421.41	428.55	443.27	475.91	457.92	561.76
46	425.14	433.19	437.75	445.17	460.46	494.37	475.68	583.55
47	443.00	451.39	456.14	463.87	479.80	515.14	495.66	608.06
48	463.40	472.18	477.15	485.24	501.90	538.86	518.49	636.07
49	483.53	492.68	497.87	506.31	523.70	562.27	541.01	663.69
50	506.20	515.79	521.22	530.05	548.26	588.63	566.38	694.81
51	528.59	538.60	544.27	553.50	572.51	614.67	591.43	725.54
52	553.25	563.73	569.66	579.32	599.21	643.34	619.02	759.39
53	578.19	589.14	595.35	605.43	626.23	672.35	646.93	793.62
54	605.12	616.58	623.07	633.63	655.39	703.66	677.05	830.58
55	632.04	644.01	650.79	661.82	684.55	734.97	707.18	867.54
56	661.24	673.76	680.85	692.39	716.17	768.91	739.84	907.61
57	690.71	703.79	711.20	723.26	748.10	803.19	772.82	948.07
58	722.17	735.85	743.60	756.20	782.17	839.77	808.02	991.25
59	737.76	751.73	759.65	772.52	799.05	857.90	825.46	1,012.65
60	769.22	783.79	792.04	805.46	833.13	894.48	860.66	1,055.83
61	796.43	811.51	820.06	833.96	862.60	926.12	891.11	1,093.18
62	814.29	829.71	838.44	852.65	881.94	946.89	911.09	1,117.69
63	836.68	852.52	861.50	876.10	906.19	972.92	936.14	1,148.42
64+	850.28	866.37	875.51	890.34	920.91	988.74	951.36	1,167.09

Rates are effective January 1, 2024, through December 31, 2024. 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.

## 2024 Monthly rates

Tobacco non-user  
King county

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

Age on 2024 effective date	<b>E</b> Bronze HSA	<b>E</b> Kaiser Permanente Cascade Bronze	<b>E</b> Virtual Plus Silver (includes all CSR plan variations)	<b>E</b> Flex Silver (includes all CSR plan variations)	<b>E</b> Kaiser Permanente Cascade Silver (includes all CSR plan variations)	<b>E</b> Kaiser Permanente Cascade Gold	<b>E</b> Basics Plus Catastrophic
0-14	N/A	\$229.86	\$266.17	N/A	\$298.70	\$314.09	\$180.25
15	N/A	250.30	289.83	N/A	325.25	342.01	196.27
16	N/A	258.11	298.87	N/A	335.40	352.69	202.40
17	N/A	265.92	307.92	N/A	345.55	363.36	208.53
18	N/A	274.34	317.66	N/A	356.49	374.86	215.12
19	N/A	282.75	327.40	N/A	367.42	386.36	221.72
20	N/A	291.46	337.49	N/A	378.74	398.26	228.55
21-24	N/A	300.48	347.93	N/A	390.46	410.58	235.62
25	N/A	301.68	349.32	N/A	392.02	412.22	236.56
26	N/A	307.69	356.28	N/A	399.83	420.43	241.28
27	N/A	314.90	364.63	N/A	409.20	430.29	246.93
28	N/A	326.62	378.20	N/A	424.42	446.30	256.12
29	N/A	336.23	389.34	N/A	436.92	459.44	263.66
30	N/A	341.04	394.90	N/A	443.17	466.01	267.43
31	N/A	348.25	403.25	N/A	452.54	475.86	273.09
32	N/A	355.46	411.60	N/A	461.91	485.72	278.74
33	N/A	359.97	416.82	N/A	467.77	491.88	282.27
34	N/A	364.78	422.39	N/A	474.01	498.44	286.04
35	N/A	367.18	425.17	N/A	477.14	501.73	287.93
36	N/A	369.59	427.96	N/A	480.26	505.01	289.81
37	N/A	371.99	430.74	N/A	483.38	508.30	291.70
38	N/A	374.39	433.52	N/A	486.51	511.58	293.58
39	N/A	379.20	439.09	N/A	492.75	518.15	297.35
40	N/A	384.01	444.66	N/A	499.00	524.72	301.12
41	N/A	391.22	453.01	N/A	508.37	534.58	306.78
42	N/A	398.13	461.01	N/A	517.35	544.02	312.20
43	N/A	407.75	472.14	N/A	529.85	557.16	319.74
44	N/A	419.77	486.06	N/A	545.47	573.58	329.16
45	N/A	433.89	502.41	N/A	563.82	592.88	340.24
46	N/A	450.71	521.90	N/A	585.68	615.87	353.43
47	N/A	469.64	543.82	N/A	610.28	641.74	368.28
48	N/A	491.28	568.87	N/A	638.39	671.30	385.24
49	N/A	512.61	593.57	N/A	666.12	700.45	401.97
50	N/A	536.65	621.41	N/A	697.35	733.30	420.82
51	N/A	560.39	648.89	N/A	728.20	765.73	439.43
52	N/A	586.53	679.16	N/A	762.17	801.45	459.93
53	N/A	612.97	709.78	N/A	796.53	837.58	480.67
54	N/A	641.52	742.83	N/A	833.62	876.59	503.05
55	N/A	670.06	775.89	N/A	870.71	915.59	525.44
56	N/A	701.01	811.73	N/A	910.93	957.88	549.71
57	N/A	732.26	847.91	N/A	951.54	1,000.59	574.21
58	N/A	765.61	886.53	N/A	994.88	1,046.16	600.36
59	N/A	782.14	905.67	N/A	1,016.35	1,068.74	613.32
60	N/A	815.49	944.29	N/A	1,059.70	1,114.32	639.48
61	N/A	844.34	977.69	N/A	1,097.18	1,153.73	662.10
62	N/A	863.27	999.61	N/A	1,121.78	1,179.60	676.94
63	N/A	887.01	1,027.09	N/A	1,152.62	1,212.03	695.56
64+	N/A	901.43	1,043.79	N/A	1,171.37	1,231.74	706.86

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# 2024 Monthly rates

Tobacco non-user  
Kitsap and Lewis counties

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

Age on 2024 effective date	KP E	KP	KP	KP E	KP	KP	KP	KP E
	Virtual Plus Bronze*	Bronze	Bronze HSA X	Flex Bronze	Virtual Plus Silver X*	Silver HSA	Flex Silver HD	Flex Gold
0-14	\$249.34	\$254.07	\$256.74	\$261.09	\$270.06	\$289.95	\$278.99	\$342.25
15	271.51	276.65	279.56	284.30	294.07	315.72	303.79	372.67
16	279.98	285.29	288.29	293.18	303.24	325.58	313.27	384.30
17	288.46	293.92	297.02	302.05	312.42	335.43	322.75	395.94
18	297.58	303.22	306.41	311.61	322.31	346.04	332.96	408.46
19	306.71	312.52	315.81	321.16	332.19	356.66	343.17	420.99
20	316.16	322.15	325.54	331.06	342.43	367.65	353.75	433.96
21-24	325.94	332.11	335.61	341.30	353.02	379.02	364.69	447.39
25	327.24	333.44	336.95	342.66	354.43	380.53	366.15	449.18
26	333.76	340.08	343.67	349.49	361.49	388.11	373.44	458.12
27	341.59	348.05	351.72	357.68	369.96	397.21	382.19	468.86
28	354.30	361.01	364.81	370.99	383.73	411.99	396.42	486.31
29	364.73	371.64	375.55	381.91	395.03	424.12	408.09	500.63
30	369.94	376.95	380.92	387.37	400.68	430.19	413.92	507.78
31	377.77	384.92	388.97	395.56	409.15	439.28	422.67	518.52
32	385.59	392.89	397.03	403.76	417.62	448.38	431.43	529.26
33	390.48	397.87	402.06	408.88	422.92	454.06	436.90	535.97
34	395.69	403.19	407.43	414.34	428.57	460.13	442.73	543.13
35	398.30	405.84	410.12	417.07	431.39	463.16	445.65	546.71
36	400.91	408.50	412.80	419.80	434.21	466.19	448.57	550.29
37	403.51	411.16	415.49	422.53	437.04	469.22	451.48	553.86
38	406.12	413.81	418.17	425.26	439.86	472.26	454.40	557.44
39	411.34	419.13	423.54	430.72	445.51	478.32	460.24	564.60
40	416.55	424.44	428.91	436.18	451.16	484.39	466.07	571.76
41	424.38	432.41	436.97	444.37	459.63	493.48	474.82	582.50
42	431.87	440.05	444.69	452.22	467.75	502.20	483.21	592.79
43	442.30	450.68	455.42	463.14	479.05	514.33	494.88	607.10
44	455.34	463.96	468.85	476.79	493.17	529.49	509.47	625.00
45	470.66	479.57	484.62	492.83	509.76	547.30	526.61	646.03
46	488.91	498.17	503.42	511.95	529.53	568.53	547.03	671.08
47	509.45	519.09	524.56	533.45	551.77	592.41	570.01	699.26
48	532.91	543.01	548.72	558.02	577.19	619.69	596.27	731.48
49	556.06	566.59	572.55	582.26	602.25	646.60	622.16	763.24
50	582.13	593.15	599.40	609.56	630.49	676.93	651.33	799.03
51	607.88	619.39	625.92	636.52	658.38	706.87	680.14	834.38
52	636.24	648.29	655.11	666.21	689.09	739.84	711.87	873.30
53	664.92	677.51	684.65	696.25	720.16	773.20	743.96	912.67
54	695.88	709.06	716.53	728.67	753.70	809.20	778.61	955.17
55	726.85	740.61	748.41	761.10	787.23	845.21	813.25	997.67
56	760.42	774.82	782.98	796.25	823.60	884.25	850.82	1,043.75
57	794.32	809.36	817.88	831.74	860.31	923.67	888.75	1,090.28
58	830.50	846.23	855.14	869.63	899.49	965.74	929.23	1,139.94
59	848.42	864.49	873.60	888.40	918.91	986.58	949.28	1,164.55
60	884.60	901.36	910.85	926.28	958.10	1,028.66	989.76	1,214.21
61	915.89	933.24	943.07	959.05	991.99	1,065.04	1,024.77	1,257.16
62	936.43	954.16	964.21	980.55	1,014.23	1,088.92	1,047.75	1,285.34
63	962.18	980.40	990.72	1,007.51	1,042.11	1,118.86	1,076.56	1,320.68
64+	977.82	996.33	1,006.83	1,023.90	1,059.06	1,137.05	1,094.06	1,342.16

\*Available only in Kitsap county

Rates are effective January 1, 2024, through December 31, 2024. 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.

# 2024 Monthly rates

## Tobacco non-user Kitsap and Lewis counties

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

Age on 2024 effective date	<b>E</b> Bronze HSA**	<b>E</b> Kaiser Permanente Cascade Bronze	<b>E</b> Virtual Plus Silver* (includes all CSR plan variations)	<b>E</b> Flex Silver** (includes all CSR plan variations)	<b>E</b> Kaiser Permanente Cascade Silver (includes all CSR plan variations)	<b>E</b> Kaiser Permanente Cascade Gold	<b>E</b> Basics Plus Catastrophic
0-14	\$256.74	\$264.34	\$306.09	\$330.05	\$343.50	\$361.21	\$207.29
15	279.56	287.84	333.30	359.38	374.04	393.32	225.71
16	288.29	296.83	343.70	370.60	385.71	405.59	232.76
17	297.02	305.81	354.11	381.82	397.39	417.87	239.80
18	306.41	315.49	365.31	393.90	409.96	431.09	247.39
19	315.81	325.16	376.51	405.98	422.53	444.31	254.98
20	325.54	335.18	388.12	418.49	435.55	458.00	262.84
21-24	335.61	345.55	400.12	431.43	449.02	472.17	270.96
25	336.95	346.93	401.72	433.16	450.82	474.06	272.05
26	343.67	353.84	409.72	441.79	459.80	483.50	277.47
27	351.72	362.13	419.33	452.14	470.58	494.83	283.97
28	364.81	375.61	434.93	468.97	488.09	513.25	294.54
29	375.55	386.67	447.74	482.77	502.46	528.36	303.21
30	380.92	392.20	454.14	489.68	509.64	535.91	307.55
31	388.97	400.49	463.74	500.03	520.42	547.24	314.05
32	397.03	408.78	473.34	510.38	531.19	558.57	320.55
33	402.06	413.97	479.35	516.86	537.93	565.66	324.62
34	407.43	419.50	485.75	523.76	545.11	573.21	328.95
35	410.12	422.26	488.95	527.21	548.71	576.99	331.12
36	412.80	425.02	492.15	530.66	552.30	580.77	333.29
37	415.49	427.79	495.35	534.11	555.89	584.54	335.45
38	418.17	430.55	498.55	537.56	559.48	588.32	337.62
39	423.54	436.08	504.95	544.47	566.67	595.88	341.96
40	428.91	441.61	511.36	551.37	573.85	603.43	346.29
41	436.97	449.90	520.96	561.72	584.63	614.76	352.80
42	444.69	457.85	530.16	571.65	594.96	625.62	359.03
43	455.42	468.91	542.97	585.45	609.32	640.73	367.70
44	468.85	482.73	558.97	602.71	627.29	659.62	378.54
45	484.62	498.97	577.78	622.99	648.39	681.81	391.27
46	503.42	518.32	600.18	647.15	673.53	708.25	406.45
47	524.56	540.09	625.39	674.33	701.82	738.00	423.52
48	548.72	564.97	654.20	705.39	734.15	771.99	443.03
49	572.55	589.51	682.61	736.02	766.03	805.52	462.27
50	599.40	617.15	714.62	770.54	801.96	843.29	483.94
51	625.92	644.45	746.23	804.62	837.43	880.59	505.35
52	655.11	674.51	781.04	842.16	876.49	921.67	528.92
53	684.65	704.92	816.25	880.12	916.01	963.22	552.77
54	716.53	737.75	854.26	921.11	958.66	1,008.08	578.51
55	748.41	770.57	892.27	962.09	1,001.32	1,052.93	604.25
56	782.98	806.16	933.48	1,006.53	1,047.57	1,101.57	632.16
57	817.88	842.10	975.10	1,051.40	1,094.27	1,150.67	660.34
58	855.14	880.46	1,019.51	1,099.29	1,144.11	1,203.08	690.42
59	873.60	899.46	1,041.52	1,123.02	1,168.81	1,229.05	705.32
60	910.85	937.82	1,085.93	1,170.91	1,218.65	1,281.46	735.40
61	943.07	970.99	1,124.34	1,212.32	1,261.76	1,326.79	761.41
62	964.21	992.76	1,149.55	1,239.51	1,290.04	1,356.54	778.48
63	990.72	1,020.06	1,181.16	1,273.59	1,325.52	1,393.84	799.89
64+	1,006.83	1,036.64	1,200.36	1,294.29	1,347.06	1,416.50	812.88

\*Available only in Kitsap county









\*\*Available only in Lewis county

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## 2024 Monthly rates

Tobacco non-user  
Spokane county

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

Age on 2024 effective date	 Virtual Plus Bronze	 Bronze	 Bronze HSA X	 Flex Bronze	 Virtual Plus Silver X	 Silver HSA	 Flex Silver HD	 Flex Gold
0-14	\$236.12	\$240.59	\$243.12	\$247.24	\$255.74	\$274.57	\$264.19	\$324.10
15	257.11	261.98	264.74	269.22	278.47	298.98	287.67	352.90
16	265.13	270.15	273.00	277.62	287.16	308.31	296.65	363.92
17	273.16	278.33	281.26	286.03	295.85	317.64	305.63	374.93
18	281.80	287.14	290.16	295.08	305.21	327.69	315.30	386.80
19	290.44	295.94	299.06	304.13	314.57	337.74	324.97	398.66
20	299.39	305.06	308.28	313.50	324.27	348.15	334.98	410.95
21-24	308.65	314.50	317.81	323.19	334.29	358.91	345.34	423.66
25	309.89	315.76	319.08	324.49	335.63	360.35	346.73	425.35
26	316.06	322.04	325.44	330.95	342.32	367.53	353.63	433.82
27	323.47	329.59	333.06	338.71	350.34	376.14	361.92	443.99
28	335.50	341.86	345.46	351.31	363.38	390.14	375.39	460.51
29	345.38	351.92	355.63	361.65	374.08	401.62	386.44	474.07
30	350.32	356.95	360.71	366.83	379.42	407.37	391.97	480.85
31	357.73	364.50	368.34	374.58	387.45	415.98	400.25	491.02
32	365.14	372.05	375.97	382.34	395.47	424.59	408.54	501.18
33	369.77	376.77	380.74	387.19	400.48	429.98	413.72	507.54
34	374.70	381.80	385.82	392.36	405.83	435.72	419.25	514.32
35	377.17	384.32	388.36	394.94	408.51	438.59	422.01	517.71
36	379.64	386.83	390.91	397.53	411.18	441.46	424.77	521.10
37	382.11	389.35	393.45	400.12	413.86	444.34	427.54	524.49
38	384.58	391.86	395.99	402.70	416.53	447.21	430.30	527.87
39	389.52	396.90	401.08	407.87	421.88	452.95	435.82	534.65
40	394.46	401.93	406.16	413.04	427.23	458.69	441.35	541.43
41	401.86	409.48	413.79	420.80	435.25	467.31	449.64	551.60
42	408.96	416.71	421.10	428.23	442.94	475.56	457.58	561.34
43	418.84	426.77	431.27	438.58	453.64	487.05	468.63	574.90
44	431.19	439.35	443.98	451.50	467.01	501.40	482.45	591.85
45	445.69	454.13	458.92	466.69	482.72	518.27	498.68	611.76
46	462.98	471.75	476.71	484.79	501.44	538.37	518.02	635.48
47	482.42	491.56	496.74	505.15	522.50	560.98	539.77	662.17
48	504.65	514.20	519.62	528.42	546.57	586.82	564.64	692.68
49	526.56	536.53	542.18	551.37	570.31	612.31	589.16	722.76
50	551.25	561.69	567.61	577.23	597.05	641.02	616.78	756.65
51	575.64	586.54	592.71	602.76	623.46	669.37	644.07	790.12
52	602.49	613.90	620.36	630.88	652.54	700.60	674.11	826.98
53	629.65	641.57	648.33	659.32	681.96	732.18	704.50	864.26
54	658.97	671.45	678.52	690.02	713.72	766.28	737.31	904.50
55	688.29	701.33	708.71	720.72	745.48	800.38	770.12	944.75
56	720.09	733.72	741.45	754.01	779.91	837.35	805.69	988.39
57	752.18	766.43	774.50	787.63	814.68	874.67	841.60	1,032.45
58	786.45	801.34	809.78	823.50	851.78	914.51	879.94	1,079.47
59	803.42	818.64	827.26	841.28	870.17	934.25	898.93	1,102.77
60	837.68	853.55	862.53	877.15	907.28	974.09	937.26	1,149.80
61	867.31	883.74	893.04	908.18	939.37	1,008.55	970.42	1,190.47
62	886.76	903.55	913.07	928.54	960.43	1,031.16	992.17	1,217.16
63	911.14	928.40	938.17	954.07	986.84	1,059.51	1,019.46	1,250.63
64+	925.95	943.49	953.43	969.57	1,002.87	1,076.73	1,036.02	1,270.97

Rates are effective January 1, 2024, through December 31, 2024. 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.

## 2024 Monthly rates

Tobacco non-user  
Spokane county

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

Age on 2024 effective date	<b>E</b> Bronze HSA	<b>E</b> Kaiser Permanente Cascade Bronze	<b>E</b> Virtual Plus Silver (includes all CSR plan variations)	<b>E</b> Flex Silver (includes all CSR plan variations)	<b>E</b> Kaiser Permanente Cascade Silver (includes all CSR plan variations)	<b>E</b> Kaiser Permanente Cascade Gold	<b>E</b> Basics Plus Catastrophic
0-14	N/A	\$250.32	\$289.86	N/A	\$325.28	\$342.05	\$196.29
15	N/A	272.57	315.62	N/A	354.20	372.45	213.74
16	N/A	281.08	325.47	N/A	365.25	384.08	220.41
17	N/A	289.59	335.32	N/A	376.31	395.70	227.08
18	N/A	298.75	345.93	N/A	388.21	408.22	234.27
19	N/A	307.91	356.54	N/A	400.12	420.74	241.45
20	N/A	317.40	367.53	N/A	412.45	433.71	248.89
21-24	N/A	327.22	378.90	N/A	425.21	447.12	256.59
25	N/A	328.53	380.41	N/A	426.91	448.91	257.62
26	N/A	335.07	387.99	N/A	435.41	457.85	262.75
27	N/A	342.93	397.08	N/A	445.62	468.58	268.91
28	N/A	355.69	411.86	N/A	462.20	486.02	278.92
29	N/A	366.16	423.99	N/A	475.81	500.33	287.13
30	N/A	371.39	430.05	N/A	482.61	507.48	291.23
31	N/A	379.25	439.14	N/A	492.81	518.21	297.39
32	N/A	387.10	448.24	N/A	503.02	528.95	303.55
33	N/A	392.01	453.92	N/A	509.40	535.65	307.40
34	N/A	397.24	459.98	N/A	516.20	542.81	311.50
35	N/A	399.86	463.01	N/A	519.60	546.38	313.56
36	N/A	402.48	466.04	N/A	523.00	549.96	315.61
37	N/A	405.10	469.08	N/A	526.40	553.54	317.66
38	N/A	407.71	472.11	N/A	529.81	557.11	319.71
39	N/A	412.95	478.17	N/A	536.61	564.27	323.82
40	N/A	418.19	484.23	N/A	543.41	571.42	327.92
41	N/A	426.04	493.32	N/A	553.62	582.15	334.08
42	N/A	433.57	502.04	N/A	563.40	592.44	339.98
43	N/A	444.04	514.16	N/A	577.00	606.75	348.20
44	N/A	457.13	529.32	N/A	594.01	624.63	358.46
45	N/A	472.50	547.13	N/A	614.00	645.64	370.52
46	N/A	490.83	568.35	N/A	637.81	670.68	384.89
47	N/A	511.44	592.22	N/A	664.60	698.85	401.05
48	N/A	535.00	619.50	N/A	695.21	731.05	419.53
49	N/A	558.24	646.40	N/A	725.40	762.79	437.75
50	N/A	584.41	676.71	N/A	759.42	798.56	458.27
51	N/A	610.26	706.64	N/A	793.01	833.88	478.54
52	N/A	638.73	739.61	N/A	830.00	872.78	500.87
53	N/A	667.53	772.95	N/A	867.42	912.13	523.45
54	N/A	698.61	808.95	N/A	907.81	954.61	547.82
55	N/A	729.70	844.94	N/A	948.21	997.08	572.20
56	N/A	763.40	883.97	N/A	992.00	1,043.14	598.63
57	N/A	797.43	923.37	N/A	1,036.23	1,089.64	625.31
58	N/A	833.75	965.43	N/A	1,083.42	1,139.27	653.80
59	N/A	851.75	986.27	N/A	1,106.81	1,163.86	667.91
60	N/A	888.07	1,028.33	N/A	1,154.01	1,213.49	696.39
61	N/A	919.49	1,064.70	N/A	1,194.83	1,256.41	721.02
62	N/A	940.10	1,088.57	N/A	1,221.62	1,284.58	737.19
63	N/A	965.95	1,118.51	N/A	1,255.21	1,319.91	757.46
64+	N/A	981.66	1,136.69	N/A	1,275.62	1,341.36	769.77

Rates are effective January 1, 2024, through December 31, 2024. 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.



## 2024 Monthly rates

Tobacco non-user

Mason, Pierce and Thurston counties

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

Age on 2024 effective date	<b>KP</b> <b>E</b> Virtual Plus Bronze*	<b>KP</b> Bronze	<b>KP</b> Bronze HSA X	<b>KP</b> <b>E</b> Flex Bronze	<b>KP</b> Virtual Plus Silver X*	<b>KP</b> Silver HSA	<b>KP</b> Flex Silver HD	<b>KP</b> <b>E</b> Flex Gold
0-14	\$246.31	\$250.97	\$253.62	\$257.91	\$266.77	\$286.42	\$275.59	\$338.08
15	268.20	273.28	276.16	280.84	290.49	311.88	300.09	368.14
16	276.57	281.81	284.78	289.61	299.55	321.61	309.45	379.63
17	284.95	290.34	293.40	298.37	308.62	331.35	318.82	391.12
18	293.96	299.53	302.68	307.81	318.38	341.83	328.91	403.49
19	302.98	308.71	311.97	317.25	328.15	352.31	338.99	415.87
20	312.31	318.23	321.58	327.03	338.26	363.17	349.44	428.68
21-24	321.97	328.07	331.53	337.14	348.72	374.40	360.25	441.94
25	323.26	329.38	332.85	338.49	350.12	375.90	361.69	443.71
26	329.70	335.94	339.48	345.23	357.09	383.39	368.89	452.55
27	337.43	343.82	347.44	353.33	365.46	392.38	377.54	463.15
28	349.98	356.61	360.37	366.47	379.06	406.98	391.59	480.39
29	360.29	367.11	370.98	377.26	390.22	418.96	403.12	494.53
30	365.44	372.36	376.28	382.66	395.80	424.95	408.88	501.60
31	373.17	380.23	384.24	390.75	404.17	433.93	417.53	512.21
32	380.89	388.11	392.19	398.84	412.54	442.92	426.17	522.81
33	385.72	393.03	397.17	403.90	417.77	448.54	431.58	529.44
34	390.88	398.28	402.47	409.29	423.35	454.53	437.34	536.51
35	393.45	400.90	405.12	411.99	426.14	457.52	440.22	540.05
36	396.03	403.53	407.78	414.69	428.93	460.52	443.11	543.59
37	398.60	406.15	410.43	417.38	431.72	463.51	445.99	547.12
38	401.18	408.78	413.08	420.08	434.51	466.51	448.87	550.66
39	406.33	414.02	418.39	425.48	440.09	472.50	454.63	557.73
40	411.48	419.27	423.69	430.87	445.67	478.49	460.40	564.80
41	419.21	427.15	431.65	438.96	454.04	487.47	469.04	575.41
42	426.61	434.69	439.27	446.72	462.06	496.09	477.33	585.57
43	436.92	445.19	449.88	457.50	473.22	508.07	488.86	599.71
44	449.80	458.31	463.14	470.99	487.17	523.04	503.27	617.39
45	464.93	473.73	478.72	486.84	503.56	540.64	520.20	638.16
46	482.96	492.11	497.29	505.72	523.08	561.61	540.37	662.91
47	503.24	512.77	518.17	526.96	545.05	585.19	563.07	690.75
48	526.43	536.40	542.04	551.23	570.16	612.15	589.01	722.57
49	549.29	559.69	565.58	575.17	594.92	638.73	614.58	753.95
50	575.04	585.93	592.10	602.14	622.82	668.69	643.40	789.30
51	600.48	611.85	618.30	628.77	650.37	698.26	671.86	824.22
52	628.49	640.39	647.14	658.10	680.71	730.84	703.21	862.67
53	656.83	669.26	676.31	687.77	711.39	763.78	734.91	901.56
54	687.41	700.43	707.81	719.80	744.52	799.35	769.13	943.54
55	718.00	731.60	739.30	751.83	777.65	834.92	803.35	985.53
56	751.16	765.39	773.45	786.56	813.57	873.48	840.46	1,031.05
57	784.65	799.51	807.93	821.62	849.84	912.42	877.93	1,077.01
58	820.39	835.92	844.73	859.04	888.54	953.98	917.91	1,126.06
59	838.10	853.97	862.96	877.58	907.72	974.57	937.73	1,150.37
60	873.83	890.38	899.76	915.01	946.43	1,016.13	977.71	1,199.42
61	904.74	921.88	931.59	947.37	979.91	1,052.08	1,012.30	1,241.85
62	925.03	942.55	952.47	968.61	1,001.88	1,075.66	1,034.99	1,269.69
63	950.46	968.46	978.66	995.25	1,029.43	1,105.24	1,063.45	1,304.61
64+	965.91	984.21	994.58	1,011.42	1,046.16	1,123.20	1,080.75	1,325.82

\*Available only in Pierce and Thurston counties

Rates are effective January 1, 2024, through December 31, 2024. 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.



# 2024 Monthly rates

Tobacco non-user

Mason, Pierce and Thurston counties

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

Age on 2024 effective date	E Bronze HSA**	E Kaiser Permanente Cascade Bronze	E Virtual Plus Silver* (includes all CSR plan variations)	E Flex 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	\$253.62	\$261.13	\$302.37	\$326.03	\$339.32	\$356.81	\$204.76
15	276.16	284.34	329.24	355.01	369.48	388.53	222.97
16	284.78	293.21	339.52	366.09	381.02	400.65	229.93
17	293.40	302.09	349.80	377.17	392.55	412.78	236.88
18	302.68	311.64	360.86	389.10	404.97	425.84	244.38
19	311.97	321.20	371.93	401.04	417.39	438.90	251.87
20	321.58	331.10	383.39	413.39	430.25	452.43	259.64
21-24	331.53	341.34	395.25	426.18	443.56	466.42	267.67
25	332.85	342.71	396.83	427.88	445.33	468.29	268.74
26	339.48	349.53	404.74	436.41	454.20	477.61	274.09
27	347.44	357.73	414.22	446.64	464.85	488.81	280.51
28	360.37	371.04	429.64	463.26	482.15	507.00	290.95
29	370.98	381.96	442.29	476.90	496.34	521.92	299.52
30	376.28	387.42	448.61	483.71	503.44	529.39	303.80
31	384.24	395.61	458.10	493.94	514.08	540.58	310.23
32	392.19	403.81	467.58	504.17	524.73	551.77	316.65
33	397.17	408.93	473.51	510.56	531.38	558.77	320.66
34	402.47	414.39	479.83	517.38	538.48	566.23	324.95
35	405.12	417.12	483.00	520.79	542.03	569.96	327.09
36	407.78	419.85	486.16	524.20	545.58	573.70	329.23
37	410.43	422.58	489.32	527.61	549.12	577.43	331.37
38	413.08	425.31	492.48	531.02	552.67	581.16	333.51
39	418.39	430.77	498.81	537.84	559.77	588.62	337.79
40	423.69	436.23	505.13	544.66	566.87	596.08	342.08
41	431.65	444.43	514.62	554.89	577.51	607.28	348.50
42	439.27	452.28	523.71	564.69	587.71	618.01	354.66
43	449.88	463.20	536.36	578.33	601.91	632.93	363.22
44	463.14	476.85	552.17	595.37	619.65	651.59	373.93
45	478.72	492.90	570.74	615.40	640.50	673.51	386.51
46	497.29	512.01	592.88	639.27	665.34	699.63	401.50
47	518.17	533.52	617.78	666.12	693.28	729.01	418.36
48	542.04	558.09	646.23	696.80	725.22	762.60	437.63
49	565.58	582.33	674.30	727.06	756.71	795.71	456.64
50	592.10	609.64	705.92	761.16	792.19	833.03	478.05
51	618.30	636.60	737.14	794.83	827.23	869.87	499.20
52	647.14	666.30	771.53	831.90	865.82	910.45	522.48
53	676.31	696.34	806.31	869.41	904.86	951.50	546.04
54	707.81	728.76	843.86	909.89	946.99	995.81	571.47
55	739.30	761.19	881.41	950.38	989.13	1,040.12	596.90
56	773.45	796.35	922.12	994.28	1,034.82	1,088.16	624.47
57	807.93	831.85	963.23	1,038.60	1,080.95	1,136.66	652.30
58	844.73	869.74	1,007.10	1,085.91	1,130.18	1,188.44	682.01
59	862.96	888.51	1,028.84	1,109.35	1,154.58	1,214.09	696.74
60	899.76	926.40	1,072.71	1,156.65	1,203.81	1,265.86	726.45
61	931.59	959.17	1,110.65	1,197.57	1,246.39	1,310.64	752.14
62	952.47	980.67	1,135.56	1,224.42	1,274.34	1,340.02	769.01
63	978.66	1,007.64	1,166.78	1,258.08	1,309.38	1,376.87	790.15
64+	994.58	1,024.02	1,185.75	1,278.54	1,330.67	1,399.26	803.00

\*Available only in Mason county

\*\*Available only in Pierce and Thurston counties









Rates are effective January 1, 2024, through December 31, 2024. 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.

## 2024 Monthly rates

Tobacco non-user

Benton, Franklin and Yakima counties

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

Age on 2024 effective date	 Virtual Plus Bronze	 Bronze	 Bronze HSA X	 Flex Bronze	 Virtual Plus Silver X	 Silver HSA	 Flex Silver HD	 Flex Gold
0-14	N/A	\$254.07	\$256.74	\$261.09	N/A	\$289.95	\$278.99	\$342.25
15	N/A	276.65	279.56	284.30	N/A	315.72	303.79	372.67
16	N/A	285.29	288.29	293.18	N/A	325.58	313.27	384.30
17	N/A	293.92	297.02	302.05	N/A	335.43	322.75	395.94
18	N/A	303.22	306.41	311.61	N/A	346.04	332.96	408.46
19	N/A	312.52	315.81	321.76	N/A	356.66	343.17	420.99
20	N/A	322.15	325.54	331.06	N/A	367.65	353.75	433.96
21-24	N/A	332.11	335.61	341.30	N/A	379.02	364.69	447.39
25	N/A	333.44	336.95	342.66	N/A	380.53	366.15	449.18
26	N/A	340.08	343.67	349.49	N/A	388.11	373.44	458.12
27	N/A	348.05	351.72	357.68	N/A	397.21	382.19	468.86
28	N/A	361.01	364.81	370.99	N/A	411.99	396.42	486.31
29	N/A	371.64	375.55	381.91	N/A	424.12	408.09	500.63
30	N/A	376.95	380.92	387.37	N/A	430.19	413.92	507.78
31	N/A	384.92	388.97	395.56	N/A	439.28	422.67	518.52
32	N/A	392.89	397.03	403.76	N/A	448.38	431.43	529.26
33	N/A	397.87	402.06	408.88	N/A	454.06	436.90	535.97
34	N/A	403.19	407.43	414.34	N/A	460.13	442.73	543.13
35	N/A	405.84	410.12	417.07	N/A	463.16	445.65	546.71
36	N/A	408.50	412.80	419.80	N/A	466.19	448.57	550.29
37	N/A	411.16	415.49	422.53	N/A	469.22	451.48	553.86
38	N/A	413.81	418.17	425.26	N/A	472.26	454.40	557.44
39	N/A	419.13	423.54	430.72	N/A	478.32	460.24	564.60
40	N/A	424.44	428.91	436.18	N/A	484.39	466.07	571.76
41	N/A	432.41	436.97	444.37	N/A	493.48	474.82	582.50
42	N/A	440.05	444.69	452.22	N/A	502.20	483.21	592.79
43	N/A	450.68	455.42	463.14	N/A	514.33	494.88	607.10
44	N/A	463.96	468.85	476.79	N/A	529.49	509.47	625.00
45	N/A	479.57	484.62	492.83	N/A	547.30	526.61	646.03
46	N/A	498.17	503.42	511.95	N/A	568.53	547.03	671.08
47	N/A	519.09	524.56	533.45	N/A	592.41	570.01	699.26
48	N/A	543.01	548.72	558.02	N/A	619.69	596.27	731.48
49	N/A	566.59	572.55	582.26	N/A	646.60	622.16	763.24
50	N/A	593.15	599.40	609.56	N/A	676.93	651.33	799.03
51	N/A	619.39	625.92	636.52	N/A	706.87	680.14	834.38
52	N/A	648.29	655.11	666.21	N/A	739.84	711.87	873.30
53	N/A	677.51	684.65	696.25	N/A	773.20	743.96	912.67
54	N/A	709.06	716.53	728.67	N/A	809.20	778.61	955.17
55	N/A	740.61	748.41	761.10	N/A	845.21	813.25	997.67
56	N/A	774.82	782.98	796.25	N/A	884.25	850.82	1,043.75
57	N/A	809.36	817.88	831.74	N/A	923.67	888.75	1,090.28
58	N/A	846.23	855.14	869.63	N/A	965.74	929.23	1,139.94
59	N/A	864.49	873.60	888.40	N/A	986.58	949.28	1,164.55
60	N/A	901.36	910.85	926.28	N/A	1,028.66	989.76	1,214.21
61	N/A	933.24	943.07	959.05	N/A	1,065.04	1,024.77	1,257.16
62	N/A	954.16	964.21	980.55	N/A	1,088.92	1,047.75	1,285.34
63	N/A	980.40	990.72	1,007.51	N/A	1,118.86	1,076.56	1,320.68
64+	N/A	996.33	1,006.83	1,023.90	N/A	1,137.05	1,094.06	1,342.16

Rates are effective January 1, 2024, through December 31, 2024. 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.

## 2024 Monthly rates

Tobacco non-user

Benton, Franklin and Yakima counties

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

Age on 2024 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E Virtual Plus Silver (includes all CSR plan variations)	E Flex 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	\$256.74	\$264.34	N/A	\$330.05	\$343.50	\$361.21	\$207.29
15	279.56	287.84	N/A	359.38	374.04	393.32	225.71
16	288.29	296.83	N/A	370.60	385.71	405.59	232.76
17	297.02	305.81	N/A	381.82	397.39	417.87	239.80
18	306.41	315.49	N/A	393.90	409.96	431.09	247.39
19	315.81	325.16	N/A	405.98	422.53	444.31	254.98
20	325.54	335.18	N/A	418.49	435.55	458.00	262.84
21-24	335.61	345.55	N/A	431.43	449.02	472.17	270.96
25	336.95	346.93	N/A	433.16	450.82	474.06	272.05
26	343.67	353.84	N/A	441.79	459.80	483.50	277.47
27	351.72	362.13	N/A	452.14	470.58	494.83	283.97
28	364.81	375.61	N/A	468.97	488.09	513.25	294.54
29	375.55	386.67	N/A	482.77	502.46	528.36	303.21
30	380.92	392.20	N/A	489.68	509.64	535.91	307.55
31	388.97	400.49	N/A	500.03	520.42	547.24	314.05
32	397.03	408.78	N/A	510.38	531.19	558.57	320.55
33	402.06	413.97	N/A	516.86	537.93	565.66	324.62
34	407.43	419.50	N/A	523.76	545.11	573.21	328.95
35	410.12	422.26	N/A	527.21	548.71	576.99	331.12
36	412.80	425.02	N/A	530.66	552.30	580.77	333.29
37	415.49	427.79	N/A	534.11	555.89	584.54	335.45
38	418.17	430.55	N/A	537.56	559.48	588.32	337.62
39	423.54	436.08	N/A	544.47	566.67	595.88	341.96
40	428.91	441.61	N/A	551.37	573.85	603.43	346.29
41	436.97	449.90	N/A	561.72	584.63	614.76	352.80
42	444.69	457.85	N/A	571.65	594.96	625.62	359.03
43	455.42	468.91	N/A	585.45	609.32	640.73	367.70
44	468.85	482.73	N/A	602.71	627.29	659.62	378.54
45	484.62	498.97	N/A	622.99	648.39	681.81	391.27
46	503.42	518.32	N/A	647.15	673.53	708.25	406.45
47	524.56	540.09	N/A	674.33	701.82	738.00	423.52
48	548.72	564.97	N/A	705.39	734.15	771.99	443.03
49	572.55	589.51	N/A	736.02	766.03	805.52	462.27
50	599.40	617.15	N/A	770.54	801.96	843.29	483.94
51	625.92	644.45	N/A	804.62	837.43	880.59	505.35
52	655.11	674.51	N/A	842.16	876.49	921.67	528.92
53	684.65	704.92	N/A	880.12	916.01	963.22	552.77
54	716.53	737.75	N/A	921.11	958.66	1,008.08	578.51
55	748.41	770.57	N/A	962.09	1,001.32	1,052.93	604.25
56	782.98	806.16	N/A	1,006.53	1,047.57	1,101.57	632.16
57	817.88	842.10	N/A	1,051.40	1,094.27	1,150.67	660.34
58	855.14	880.46	N/A	1,099.29	1,144.11	1,203.08	690.42
59	873.60	899.46	N/A	1,123.02	1,168.81	1,229.05	705.32
60	910.85	937.82	N/A	1,170.91	1,218.65	1,281.46	735.40
61	943.07	970.99	N/A	1,212.32	1,261.76	1,326.79	761.41
62	964.21	992.76	N/A	1,239.51	1,290.04	1,356.54	778.48
63	990.72	1,020.06	N/A	1,273.59	1,325.52	1,393.84	799.89
64+	1,006.83	1,036.64	N/A	1,294.29	1,347.06	1,416.50	812.88

Rates are effective January 1, 2024, through December 31, 2024. 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.

# 2024 Monthly rates

Tobacco non-user

Island, Skagit, Snohomish and Whatcom counties

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

Age on 2024 effective date	<b>KP</b> <b>E</b> Virtual Plus Bronze*	<b>KP</b> Bronze	<b>KP</b> Bronze HSA X	<b>KP</b> <b>E</b> Flex Bronze	<b>KP</b> Virtual Plus Silver X*	<b>KP</b> Silver HSA	<b>KP</b> Flex Silver HD	<b>KP</b> <b>E</b> Flex Gold
0-14	\$249.34	\$254.07	\$256.74	\$261.09	\$270.06	\$289.95	\$278.99	\$342.25
15	271.51	276.65	279.56	284.30	294.07	315.72	303.79	372.67
16	279.98	285.29	288.29	293.18	303.24	325.58	313.27	384.30
17	288.46	293.92	297.02	302.05	312.42	335.43	322.75	395.94
18	297.58	303.22	306.41	311.61	322.31	346.04	332.96	408.46
19	306.71	312.52	315.81	321.16	332.19	356.66	343.17	420.99
20	316.16	322.15	325.54	331.06	342.43	367.65	353.75	433.96
21-24	325.94	332.11	335.61	341.30	353.02	379.02	364.69	447.39
25	327.24	333.44	336.95	342.66	354.43	380.53	366.15	449.18
26	333.76	340.08	343.67	349.49	361.49	388.11	373.44	458.12
27	341.59	348.05	351.72	357.68	369.96	397.21	382.19	468.86
28	354.30	361.01	364.81	370.99	383.73	411.99	396.42	486.31
29	364.73	371.64	375.55	381.91	395.03	424.12	408.09	500.63
30	369.94	376.95	380.92	387.37	400.68	430.19	413.92	507.78
31	377.77	384.92	388.97	395.56	409.15	439.28	422.67	518.52
32	385.59	392.89	397.03	403.76	417.62	448.38	431.43	529.26
33	390.48	397.87	402.06	408.88	422.92	454.06	436.90	535.97
34	395.69	403.19	407.43	414.34	428.57	460.13	442.73	543.13
35	398.30	405.84	410.12	417.07	431.39	463.16	445.65	546.71
36	400.91	408.50	412.80	419.80	434.21	466.19	448.57	550.29
37	403.51	411.16	415.49	422.53	437.04	469.22	451.48	553.86
38	406.12	413.81	418.17	425.26	439.86	472.26	454.40	557.44
39	411.34	419.13	423.54	430.72	445.51	478.32	460.24	564.60
40	416.55	424.44	428.91	436.18	451.16	484.39	466.07	571.76
41	424.38	432.41	436.97	444.37	459.63	493.48	474.82	582.50
42	431.87	440.05	444.69	452.22	467.75	502.20	483.21	592.79
43	442.30	450.68	455.42	463.14	479.05	514.33	494.88	607.10
44	455.34	463.96	468.85	476.79	493.17	529.49	509.47	625.00
45	470.66	479.57	484.62	492.83	509.76	547.30	526.61	646.03
46	488.91	498.17	503.42	511.95	529.53	568.53	547.03	671.08
47	509.45	519.09	524.56	533.45	551.77	592.41	570.01	699.26
48	532.91	543.01	548.72	558.02	577.19	619.69	596.27	731.48
49	556.06	566.59	572.55	582.26	602.25	646.60	622.16	763.24
50	582.13	593.15	599.40	609.56	630.49	676.93	651.33	799.03
51	607.88	619.39	625.92	636.52	658.38	706.87	680.14	834.38
52	636.24	648.29	655.11	666.21	689.09	739.84	711.87	873.30
53	664.92	677.51	684.65	696.25	720.16	773.20	743.96	912.67
54	695.88	709.06	716.53	728.67	753.70	809.20	778.61	955.17
55	726.85	740.61	748.41	761.10	787.23	845.21	813.25	997.67
56	760.42	774.82	782.98	796.25	823.60	884.25	850.82	1,043.75
57	794.32	809.36	817.88	831.74	860.31	923.67	888.75	1,090.28
58	830.50	846.23	855.14	869.63	899.49	965.74	929.23	1,139.94
59	848.42	864.49	873.60	888.40	918.91	986.58	949.28	1,164.55
60	884.60	901.36	910.85	926.28	958.10	1,028.66	989.76	1,214.21
61	915.89	933.24	943.07	959.05	991.99	1,065.04	1,024.77	1,257.16
62	936.43	954.16	964.21	980.55	1,014.23	1,088.92	1,047.75	1,285.34
63	962.18	980.40	990.72	1,007.51	1,042.11	1,118.86	1,076.56	1,320.68
64+	977.82	996.33	1,006.83	1,023.90	1,059.06	1,137.05	1,094.06	1,342.16

\*Available only in Snohomish county

Rates are effective January 1, 2024, through December 31, 2024. 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.

# 2024 Monthly rates

Tobacco non-user

Island, Skagit, Snohomish and Whatcom counties

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

Age on 2024 effective date	<b>E</b> Bronze HSA**	<b>E</b> Kaiser Permanente Cascade Bronze	<b>E</b> Virtual Plus Silver* (includes all CSR plan variations)	<b>E</b> Flex Silver** (includes all CSR plan variations)	<b>E</b> Kaiser Permanente Cascade Silver (includes all CSR plan variations)	<b>E</b> Kaiser Permanente Cascade Gold	<b>E</b> Basics Plus Catastrophic
0-14	\$256.74	\$264.34	\$306.09	\$330.05	\$343.50	\$361.21	\$207.29
15	279.56	287.84	333.30	359.38	374.04	393.32	225.71
16	288.29	296.83	343.70	370.60	385.71	405.59	232.76
17	297.02	305.81	354.11	381.82	397.39	417.87	239.80
18	306.41	315.49	365.31	393.90	409.96	431.09	247.39
19	315.81	325.16	376.51	405.98	422.53	444.31	254.98
20	325.54	335.18	388.12	418.49	435.55	458.00	262.84
21-24	335.61	345.55	400.12	431.43	449.02	472.17	270.96
25	336.95	346.93	401.72	433.16	450.82	474.06	272.05
26	343.67	353.84	409.72	441.79	459.80	483.50	277.47
27	351.72	362.13	419.33	452.14	470.58	494.83	283.97
28	364.81	375.61	434.93	468.97	488.09	513.25	294.54
29	375.55	386.67	447.74	482.77	502.46	528.36	303.21
30	380.92	392.20	454.14	489.68	509.64	535.91	307.55
31	388.97	400.49	463.74	500.03	520.42	547.24	314.05
32	397.03	408.78	473.34	510.38	531.19	558.57	320.55
33	402.06	413.97	479.35	516.86	537.93	565.66	324.62
34	407.43	419.50	485.75	523.76	545.11	573.21	328.95
35	410.12	422.26	488.95	527.21	548.71	576.99	331.12
36	412.80	425.02	492.15	530.66	552.30	580.77	333.29
37	415.49	427.79	495.35	534.11	555.89	584.54	335.45
38	418.17	430.55	498.55	537.56	559.48	588.32	337.62
39	423.54	436.08	504.95	544.47	566.67	595.88	341.96
40	428.91	441.61	511.36	551.37	573.85	603.43	346.29
41	436.97	449.90	520.96	561.72	584.63	614.76	352.80
42	444.69	457.85	530.16	571.65	594.96	625.62	359.03
43	455.42	468.91	542.97	585.45	609.32	640.73	367.70
44	468.85	482.73	558.97	602.71	627.29	659.62	378.54
45	484.62	498.97	577.78	622.99	648.39	681.81	391.27
46	503.42	518.32	600.18	647.15	673.53	708.25	406.45
47	524.56	540.09	625.39	674.33	701.82	738.00	423.52
48	548.72	564.97	654.20	705.39	734.15	771.99	443.03
49	572.55	589.51	682.61	736.02	766.03	805.52	462.27
50	599.40	617.15	714.62	770.54	801.96	843.29	483.94
51	625.92	644.45	746.23	804.62	837.43	880.59	505.35
52	655.11	674.51	781.04	842.16	876.49	921.67	528.92
53	684.65	704.92	816.25	880.12	916.01	963.22	552.77
54	716.53	737.75	854.26	921.11	958.66	1,008.08	578.51
55	748.41	770.57	892.27	962.09	1,001.32	1,052.93	604.25
56	782.98	806.16	933.48	1,006.53	1,047.57	1,101.57	632.16
57	817.88	842.10	975.10	1,051.40	1,094.27	1,150.67	660.34
58	855.14	880.46	1,019.51	1,099.29	1,144.11	1,203.08	690.42
59	873.60	899.46	1,041.52	1,123.02	1,168.81	1,229.05	705.32
60	910.85	937.82	1,085.93	1,170.91	1,218.65	1,281.46	735.40
61	943.07	970.99	1,124.34	1,212.32	1,261.76	1,326.79	761.41
62	964.21	992.76	1,149.55	1,239.51	1,290.04	1,356.54	778.48
63	990.72	1,020.06	1,181.16	1,273.59	1,325.52	1,393.84	799.89
64+	1,006.83	1,036.64	1,200.36	1,294.29	1,347.06	1,416.50	812.88

\*Available only in Snohomish county

\*\*Available only in Island, Skagit and Whatcom counties

Rates are effective January 1, 2024, through December 31, 2024. 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.

## 2024 Monthly rates

Tobacco non-user

Columbia, Walla Walla and Whitman counties

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

Age on 2024 effective date	KP E		KP	KP	KP E		KP	KP	KP E	
	Virtual Plus Bronze	Bronze	Bronze HSA X	Flex Bronze	Virtual Plus Silver X	Silver HSA	Flex Silver HD	Flex Gold		
0-14	N/A	\$254.07	\$256.74	\$261.09	N/A	\$289.95	\$278.99	\$342.25		
15	N/A	276.65	279.56	284.30	N/A	315.72	303.79	372.67		
16	N/A	285.29	288.29	293.18	N/A	325.58	313.27	384.30		
17	N/A	293.92	297.02	302.05	N/A	335.43	322.75	395.94		
18	N/A	303.22	306.41	311.61	N/A	346.04	332.96	408.46		
19	N/A	312.52	315.81	321.16	N/A	356.66	343.17	420.99		
20	N/A	322.15	325.54	331.06	N/A	367.65	353.75	433.96		
21-24	N/A	332.11	335.61	341.30	N/A	379.02	364.69	447.39		
25	N/A	333.44	336.95	342.66	N/A	380.53	366.15	449.18		
26	N/A	340.08	343.67	349.49	N/A	388.11	373.44	458.12		
27	N/A	348.05	351.72	357.68	N/A	397.21	382.19	468.86		
28	N/A	361.01	364.81	370.99	N/A	411.99	396.42	486.31		
29	N/A	371.64	375.55	381.91	N/A	424.12	408.09	500.63		
30	N/A	376.95	380.92	387.37	N/A	430.19	413.92	507.78		
31	N/A	384.92	388.97	395.56	N/A	439.28	422.67	518.52		
32	N/A	392.89	397.03	403.76	N/A	448.38	431.43	529.26		
33	N/A	397.87	402.06	408.88	N/A	454.06	436.90	535.97		
34	N/A	403.19	407.43	414.34	N/A	460.13	442.73	543.13		
35	N/A	405.84	410.12	417.07	N/A	463.16	445.65	546.71		
36	N/A	408.50	412.80	419.80	N/A	466.19	448.57	550.29		
37	N/A	411.16	415.49	422.53	N/A	469.22	451.48	553.86		
38	N/A	413.81	418.17	425.26	N/A	472.26	454.40	557.44		
39	N/A	419.13	423.54	430.72	N/A	478.32	460.24	564.60		
40	N/A	424.44	428.91	436.18	N/A	484.39	466.07	571.76		
41	N/A	432.41	436.97	444.37	N/A	493.48	474.82	582.50		
42	N/A	440.05	444.69	452.22	N/A	502.20	483.21	592.79		
43	N/A	450.68	455.42	463.14	N/A	514.33	494.88	607.10		
44	N/A	463.96	468.85	476.79	N/A	529.49	509.47	625.00		
45	N/A	479.57	484.62	492.83	N/A	547.30	526.61	646.03		
46	N/A	498.17	503.42	511.95	N/A	568.53	547.03	671.08		
47	N/A	519.09	524.56	533.45	N/A	592.41	570.01	699.26		
48	N/A	543.01	548.72	558.02	N/A	619.69	596.27	731.48		
49	N/A	566.59	572.55	582.26	N/A	646.60	622.16	763.24		
50	N/A	593.15	599.40	609.56	N/A	676.93	651.33	799.03		
51	N/A	619.39	625.92	636.52	N/A	706.87	680.14	834.38		
52	N/A	648.29	655.11	666.21	N/A	739.84	711.87	873.30		
53	N/A	677.51	684.65	696.25	N/A	773.20	743.96	912.67		
54	N/A	709.06	716.53	728.67	N/A	809.20	778.61	955.17		
55	N/A	740.61	748.41	761.10	N/A	845.21	813.25	997.67		
56	N/A	774.82	782.98	796.25	N/A	884.25	850.82	1,043.75		
57	N/A	809.36	817.88	831.74	N/A	923.67	888.75	1,090.28		
58	N/A	846.23	855.14	869.63	N/A	965.74	929.23	1,139.94		
59	N/A	864.49	873.60	888.40	N/A	986.58	949.28	1,164.55		
60	N/A	901.36	910.85	926.28	N/A	1,028.66	989.76	1,214.21		
61	N/A	933.24	943.07	959.05	N/A	1,065.04	1,024.77	1,257.16		
62	N/A	954.16	964.21	980.55	N/A	1,088.92	1,047.75	1,285.34		
63	N/A	980.40	990.72	1,007.51	N/A	1,118.86	1,076.56	1,320.68		
64+	N/A	996.33	1,006.83	1,023.90	N/A	1,137.05	1,094.06	1,342.16		

Rates are effective January 1, 2024, through December 31, 2024. 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.

## 2024 Monthly rates

Tobacco non-user

Columbia, Walla Walla and Whitman counties

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

Age on 2024 effective date	<b>E</b> Bronze HSA	<b>E</b> Kaiser Permanente Cascade Bronze	<b>E</b> Virtual Plus Silver (includes all CSR plan variations)	<b>E</b> Flex Silver (includes all CSR plan variations)	<b>E</b> Kaiser Permanente Cascade Silver (includes all CSR plan variations)	<b>E</b> Kaiser Permanente Cascade Gold	<b>E</b> Basics Plus Catastrophic
0-14	\$256.74	\$264.34	N/A	\$330.05	\$343.50	\$361.21	\$207.29
15	279.56	287.84	N/A	359.38	374.04	393.32	225.71
16	288.29	296.83	N/A	370.60	385.71	405.59	232.76
17	297.02	305.81	N/A	381.82	397.39	417.87	239.80
18	306.41	315.49	N/A	393.90	409.96	431.09	247.39
19	315.81	325.16	N/A	405.98	422.53	444.31	254.98
20	325.54	335.18	N/A	418.49	435.55	458.00	262.84
21-24	335.61	345.55	N/A	431.43	449.02	472.17	270.96
25	336.95	346.93	N/A	433.16	450.82	474.06	272.05
26	343.67	353.84	N/A	441.79	459.80	483.50	277.47
27	351.72	362.13	N/A	452.14	470.58	494.83	283.97
28	364.81	375.61	N/A	468.97	488.09	513.25	294.54
29	375.55	386.67	N/A	482.77	502.46	528.36	303.21
30	380.92	392.20	N/A	489.68	509.64	535.91	307.55
31	388.97	400.49	N/A	500.03	520.42	547.24	314.05
32	397.03	408.78	N/A	510.38	531.19	558.57	320.55
33	402.06	413.97	N/A	516.86	537.93	565.66	324.62
34	407.43	419.50	N/A	523.76	545.11	573.21	328.95
35	410.12	422.26	N/A	527.21	548.71	576.99	331.12
36	412.80	425.02	N/A	530.66	552.30	580.77	333.29
37	415.49	427.79	N/A	534.11	555.89	584.54	335.45
38	418.17	430.55	N/A	537.56	559.48	588.32	337.62
39	423.54	436.08	N/A	544.47	566.67	595.88	341.96
40	428.91	441.61	N/A	551.37	573.85	603.43	346.29
41	436.97	449.90	N/A	561.72	584.63	614.76	352.80
42	444.69	457.85	N/A	571.65	594.96	625.62	359.03
43	455.42	468.91	N/A	585.45	609.32	640.73	367.70
44	468.85	482.73	N/A	602.71	627.29	659.62	378.54
45	484.62	498.97	N/A	622.99	648.39	681.81	391.27
46	503.42	518.32	N/A	647.15	673.53	708.25	406.45
47	524.56	540.09	N/A	674.33	701.82	738.00	423.52
48	548.72	564.97	N/A	705.39	734.15	771.99	443.03
49	572.55	589.51	N/A	736.02	766.03	805.52	462.27
50	599.40	617.15	N/A	770.54	801.96	843.29	483.94
51	625.92	644.45	N/A	804.62	837.43	880.59	505.35
52	655.11	674.51	N/A	842.16	876.49	921.67	528.92
53	684.65	704.92	N/A	880.12	916.01	963.22	552.77
54	716.53	737.75	N/A	921.11	958.66	1,008.08	578.51
55	748.41	770.57	N/A	962.09	1,001.32	1,052.93	604.25
56	782.98	806.16	N/A	1,006.53	1,047.57	1,101.57	632.16
57	817.88	842.10	N/A	1,051.40	1,094.27	1,150.67	660.34
58	855.14	880.46	N/A	1,099.29	1,144.11	1,203.08	690.42
59	873.60	899.46	N/A	1,123.02	1,168.81	1,229.05	705.32
60	910.85	937.82	N/A	1,170.91	1,218.65	1,281.46	735.40
61	943.07	970.99	N/A	1,212.32	1,261.76	1,326.79	761.41
62	964.21	992.76	N/A	1,239.51	1,290.04	1,356.54	778.48
63	990.72	1,020.06	N/A	1,273.59	1,325.52	1,393.84	799.89
64+	1,006.83	1,036.64	N/A	1,294.29	1,347.06	1,416.50	812.88

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