



2020 Monthly Rates

Kaiser Permanente HMO \$0/\$2000 HSA Qualified Deductible Plan

Age	EE	EE + SP	EE + Chd	Family
0-29	\$43.00	\$426.00	\$322.00	\$550.00
30-39	\$43.00	\$479.00	\$308.00	\$598.00
40-49	\$43.00	\$410.00	\$242.00	\$604.00
50-54	\$43.00	\$549.00	\$217.00	\$654.00
55-59	\$43.00	\$673.00	\$216.00	\$790.00
60-64	\$43.00	\$792.00	\$220.00	\$951.00
65+	\$43.00	\$1,205.00	\$213.00	\$1,306.00

Effective:

January 1, 2020 - December 31, 2020