



# 2026 Medical Premiums

BIWEEKLY RATES FOR KAISER CALIFORNIA PLANS

| Kaiser California   | Teammate Only | Teammate & Spouse | Teammate & Child(ren) | Teammate & Family |
|---------------------|---------------|-------------------|-----------------------|-------------------|
| Core Plan HMON12    | \$58.78       | \$184.16          | \$155.88              | \$245.86          |
| Premium Plan HMON04 | \$93.40       | \$305.94          | \$262.38              | \$412.28          |

**Reminder:** Teammates may not change plans during the calendar year, even with a qualifying event. EXCEPTION: Medicare enrollment during the plan year allows for limited plan changes.