

2027 Premium Rates

Transamerica – Kaiser (medical only)

Kaiser California, Colorado, Georgia, Maryland, Virginia, District of Columbia

Medical	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
\$900 Deductible Plan		
Employee Only	\$63.38	\$373.29
Employee + Spouse	\$147.89	\$790.85
Employee + Child(ren)	\$118.29	\$667.71
Employee + Family	\$224.03	\$1,107.90
\$1,850 Deductible Plan		
Employee Only	\$29.27	\$373.29
Employee + Spouse	\$61.78	\$790.85
Employee + Child(ren)	\$52.24	\$667.71
Employee + Family	\$86.28	\$1,107.90

Kaiser Hawaii

Medical	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
Employee Only	\$9.50	\$413.61
Employee + Spouse	\$118.84	\$790.85
Employee + Child(ren)	\$93.89	\$667.71
Employee + Family	\$182.59	\$1,107.90