

**BMO Financial Group**  
**2025 Medical Monthly Premiums – Non-Tax Domestic Partners**

Plan Option	Before-Tax premium			After Tax Premium	Imputed Income
	Employee + Spouse/Domestic Partner	Employee + Family		Domestic Partner and Dependents	Domestic Partner and Dependents
<b>BCBSIL HDHP</b>					
\$70,999 and under	\$146.50	\$234.00	+	\$189.50	\$808.46
\$71,000 - \$130,999	\$184.00	\$294.00	+	\$240.50	\$757.46
\$131,000 - \$175,999	\$205.00	\$326.50	+	\$267.50	\$730.46
\$176,000 - \$285,999	\$231.50	\$369.00	+	\$301.00	\$696.96
\$286,000 and over	\$261.50	\$417.50	+	\$340.00	\$657.96
<b>Kaiser Colorado HDHP</b>					
\$70,999 and under	\$146.50	\$234.00	+	\$189.50	\$410.84
\$71,000 - \$130,999	\$184.00	\$294.00	+	\$240.50	\$359.84
\$131,000 - \$175,999	\$205.00	\$326.50	+	\$267.50	\$332.84
\$176,000 - \$285,999	\$231.50	\$369.00	+	\$301.00	\$299.34
\$286,000 and over	\$261.50	\$417.50	+	\$340.00	\$260.34
<b>Kaiser Northern California HDHP</b>					
\$70,999 and under	\$146.50	\$234.00	+	\$189.50	\$725.37
\$71,000 - \$130,999	\$184.00	\$294.00	+	\$240.50	\$674.37
\$131,000 - \$175,999	\$205.00	\$326.50	+	\$267.50	\$647.37
\$176,000 - \$285,999	\$231.50	\$369.00	+	\$301.00	\$613.87
\$286,000 and over	\$261.50	\$417.50	+	\$340.00	\$574.87
<b>Kaiser Southern California HDHP</b>					
\$70,999 and under	\$146.50	\$234.00	+	\$189.50	\$521.44
\$71,000 - \$130,999	\$184.00	\$294.00	+	\$240.50	\$470.44
\$131,000 - \$175,999	\$205.00	\$326.50	+	\$267.50	\$443.44
\$176,000 - \$285,999	\$231.50	\$369.00	+	\$301.00	\$409.94
\$286,000 and over	\$261.50	\$417.50	+	\$340.00	\$370.94
<b>Kaiser Oregon HDHP</b>					
\$70,999 and under	\$146.50	\$234.00	+	\$189.50	\$390.23
\$71,000 - \$130,999	\$184.00	\$294.00	+	\$240.50	\$339.23
\$131,000 - \$175,999	\$205.00	\$326.50	+	\$267.50	\$312.23
\$176,000 - \$285,999	\$231.50	\$369.00	+	\$301.00	\$278.73
\$286,000 and over	\$261.50	\$417.50	+	\$340.00	\$239.73

\*Ranges based on total compensation.