

# Kansas Farm Bureau Health Plans

## Premium Chart 2025

Kansas Farm Bureau Health Plans 2025 Non-Tobacco Rates		Age										
		0	3	8	19	30	35	40	45	50	55	60
Individual Plan & Deductible	Advanced Choice \$1,500	\$342.75	\$262.50	\$188.50	\$249.75	\$273.00	\$302.00	\$352.25	\$403.75	\$451.50	\$494.75	\$597.75
	Advanced Choice \$3,000	\$281.25	\$215.25	\$153.00	\$204.75	\$221.75	\$245.50	\$286.50	\$330.00	\$369.25	\$403.75	\$488.00
	Classic Choice \$3,000	\$506.75	\$217.25	\$180.00	\$238.75	\$261.00	\$288.75	\$350.75	\$402.50	\$449.00	\$491.75	\$595.75
	Classic Choice \$6,000	\$371.50	\$155.75	\$133.25	\$176.25	\$191.50	\$211.50	\$259.00	\$297.75	\$333.25	\$363.75	\$441.25
	High Deductible (HSA) \$2,250				\$155.25	\$199.50	\$199.50	\$255.00	\$310.25	\$387.75	\$432.00	\$465.50
	High Deductible (HSA) \$3,750				\$124.00	\$159.50	\$159.50	\$204.00	\$248.75	\$310.25	\$345.50	\$372.25
	Major Medical \$7,500				\$94.75	\$117.25	\$117.25	\$137.75	\$155.50	\$173.75	\$185.25	\$230.00
Family Plans & Deductible	Advanced Choice \$1,500				\$626.50	\$703.50	\$781.00	\$824.75	\$857.50	\$910.50	\$981.50	\$1,162.50
	Advanced Choice \$3,000				\$510.50	\$574.00	\$637.25	\$671.50	\$700.50	\$741.25	\$800.75	\$948.50
	High Deductible (HSA) \$4,500				\$620.75	\$643.25	\$643.25	\$709.25	\$731.50	\$776.25	\$798.00	\$875.50
	High Deductible (HSA) \$7,500 2 Person				\$248.75	\$299.25	\$299.25	\$394.25	\$476.75	\$543.00	\$618.75	\$640.50
	High Deductible (HSA) \$7,500 3 Person				\$366.00	\$390.25	\$390.25	\$470.25	\$549.75	\$609.75	\$636.50	\$660.50
	High Deductible (HSA) \$7,500 Family				\$399.00	\$441.00	\$441.00	\$514.25	\$574.50	\$640.50	\$669.50	\$711.25

Kansas Farm Bureau Health Plans 2025 Tobacco Rates		Age										
		0	3	8	19	30	35	40	45	50	55	60
Individual Plan & Deductible	Advanced Choice \$1,500	\$342.75	\$262.50	\$208.25	\$267.50	\$293.00	\$321.75	\$376.00	\$431.50	\$482.75	\$527.75	\$641.00
	Advanced Choice \$3,000	\$281.25	\$215.25	\$170.25	\$219.25	\$237.75	\$263.75	\$306.00	\$351.00	\$393.25	\$430.00	\$522.75
	Classic Choice \$3,000	\$506.75	\$217.25	\$180.00	\$266.00	\$288.75	\$320.50	\$389.75	\$446.25	\$498.50	\$546.00	\$661.00
	Classic Choice \$6,000	\$371.50	\$155.75	\$133.25	\$195.50	\$210.25	\$234.50	\$289.00	\$329.50	\$370.25	\$404.50	\$489.50
	High Deductible (HSA) \$2,250				\$175.50	\$222.00	\$222.00	\$283.75	\$344.25	\$419.25	\$470.25	\$519.00
	High Deductible (HSA) \$3,750				\$136.75	\$175.75	\$175.75	\$224.00	\$273.25	\$341.50	\$380.75	\$410.00
	Major Medical \$7,500				\$104.00	\$127.75	\$127.75	\$150.00	\$169.50	\$189.50	\$201.50	\$250.50
Family Plans & Deductible	Advanced Choice \$1,500				\$670.25	\$751.75	\$836.50	\$882.25	\$916.75	\$972.25	\$1,050.50	\$1,244.00
	Advanced Choice \$3,000				\$546.00	\$613.50	\$682.00	\$719.00	\$748.25	\$793.25	\$856.25	\$1,015.75
	High Deductible (HSA) \$4,500				\$663.00	\$687.25	\$687.25	\$742.50	\$771.25	\$822.00	\$882.25	\$949.00
	High Deductible (HSA) \$7,500 2 Person				\$273.25	\$329.25	\$329.25	\$433.25	\$524.75	\$597.75	\$680.75	\$705.00
	High Deductible (HSA) \$7,500 3 Person				\$402.50	\$429.00	\$429.00	\$517.00	\$604.50	\$670.75	\$700.00	\$726.75
	High Deductible (HSA) \$7,500 Family				\$438.50	\$485.50	\$485.50	\$565.50	\$631.75	\$705.00	\$736.50	\$782.75
	Major Medical \$7,500				\$260.75	\$325.25	\$325.25	\$349.50	\$361.75	\$381.00	\$398.25	\$466.75

Rates are subject to underwriting. Visit [www.kfbhealthplans.com](http://www.kfbhealthplans.com) for Schedule of Benefits or to apply. A paid KFB membership is required to apply for coverage.