



TransDigm 2026 Medical Rates

This page outlines the monthly employee contribution rates for the 2026 plan year. Your monthly deductions will be taken on a pre-tax basis and will vary based on the plan and coverage level you choose. As a reminder, Kaiser Permanente is only available in certain areas of Northern and Southern California.

Anthem Blue Cross Blue Shield Plans - Monthly Premiums

	\$400 DEDUCTIBLE	\$900 DEDUCTIBLE	\$1,850 DEDUCTIBLE	\$3,400 DEDUCTIBLE	\$4,500 DEDUCTIBLE
EMPLOYEE ONLY	\$379.33	\$211.81	\$98.13	\$72.22	\$33.18
EMPLOYEE + SPOUSE	\$893.60	\$456.28	\$212.26	\$151.79	\$69.67
EMPLOYEE + CHILD(REN)	\$800.78	\$401.70	\$186.86	\$134.12	\$63.03
EMPLOYEE + FAMILY	\$1,276.56	\$651.58	\$303.88	\$223.03	\$99.53

Kaiser Permanente - Monthly Premiums (California Only)

	HMO MEDIUM PLAN		\$3,400 DEDUCTIBLE		\$4,500 DEDUCTIBLE	
	Kaiser South	Kaiser North	Kaiser South	Kaiser North	Kaiser South	Kaiser North
EMPLOYEE ONLY	\$250.54	\$260.56	\$94.96	\$98.76	\$71.75	\$74.62
EMPLOYEE + SPOUSE	\$526.14	\$547.18	\$171.82	\$178.69	\$131.93	\$137.21
EMPLOYEE + CHILD(REN)	\$476.03	\$495.07	\$162.02	\$168.50	\$123.92	\$128.88
EMPLOYEE + FAMILY	\$751.62	\$781.69	\$261.88	\$272.36	\$199.82	\$207.81

