

BMO Financial Group U.S. Retiree Medical Program 2025 Full Monthly Medical Premiums

Pre-65 Plan Option	Retiree Only or Spouse Only	Retiree + Spouse	Retiree + Child(ren) or Spouse + Child(ren)	Child(ren) Only	Family
HDHP – BCBSIL	\$1,536.00	\$3,072.00	\$2,304.00	\$768.00	\$3,840.00
HDHP – Kaiser (N. California)	\$1,323.16	\$2,911.14	\$2,342.24	-	\$3,929.67
HDHP – Kaiser (S. California)	\$1,029.42	\$2,264.91	\$1,822.32	-	\$3,057.26
HDHP – Kaiser (Colorado)	\$1,018.76	\$2,139.25	\$1,935.13	-	\$3,055.28
HDHP – Kaiser (Oregon)	\$828.01	\$1,821.77	\$1,614.53	-	\$3,442.21

PPO Plan – BCBSIL	\$1,659.00	\$3,318.00	\$2,489.00	\$830.00	\$4,148.00
PPO Plan – Kaiser (N. California)	\$1,628.74	\$3,583.41	\$2,883.12	-	\$4,837.24
PPO Plan – Kaiser (S. California)	\$1,267.07	\$2,787.74	\$2,242.96	-	\$3,763.05
PPO Plan – Kaiser (Colorado)	\$1,253.94	\$2,633.01	\$2,381.86	-	\$3,760.63
PPO Plan – Kaiser (Oregon)	\$1,019.08	\$2,242.15	\$1,987.11	-	\$4,237.04

To determine your share of the monthly medical premiums, please refer to the [Summary Plan Description](#) or your retiree letter for the percentages that you pay.