

Monthly Premium Chart

The Farm Mutual Water Company

12/01/2025 to 11/30/2026

Age
At
enrollment
until plan
anniversar
y

Option 1 - Blue Shield Health Plan
Platinum Access+ HMO 0/25
Full Network

Region 17 - INLAND EMPIRE

*PedDtl Rate

*Pediatric Dental Rate Included for age 19 and under below

Age	Employee or Dependent
0-14	\$375.78
15	\$409.18
16	\$421.96
17	\$434.73
18	\$448.48
19	\$462.24
20	\$476.48
21	\$491.22
22	\$491.22
23	\$491.22
24	\$491.22
25	\$493.18
26	\$503.01
27	\$514.80
28	\$533.95
29	\$549.67
30	\$557.53
31	\$569.32
32	\$581.11
33	\$588.48
34	\$596.34
35	\$600.27
36	\$604.20
37	\$608.13
38	\$612.06
39	\$619.92
40	\$627.78
41	\$639.57
42	\$650.86
43	\$666.58
44	\$686.23
45	\$709.32
46	\$736.83
47	\$767.77
48	\$803.14
49	\$838.02
50	\$877.32
51	\$916.12
52	\$958.86
53	\$1,002.08
54	\$1,048.75
55	\$1,095.42
56	\$1,146.01
57	\$1,197.10
58	\$1,251.62
59	\$1,278.64
60	\$1,333.17
61	\$1,380.32
62	\$1,411.27
63	\$1,450.08
64+	\$1,473.65

Calculation Tips

Figures on this page are monthly.

For the Health plan -

Use the attained age of each family member.

ACA Law requires a premium will apply to each child age 20 or younger for the first 3 children and no premium for the 4th or more children unless the child(ren) are 21 or older.

Dental & Vision plan -

Premiums do not use age.

Option - A DHMO Voluntary Dental Plan Blue Shield

	Employee	Employee & Spouse	EE/Child(ren)	Employee & Spouse & Child(ren)
All Ages	\$21.30	\$42.50	\$49.80	\$64.00

Option - B Voluntary Vision Blue Shield

All Ages	\$12.00	\$22.80	\$29.60
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