

## Small Business medical plan rates

Age on 2025 effective date	Platinum 90 HMO 0/10 PCP + Child Dental Alt	Platinum 90 HMO 0/20 PCP + Child Dental	Platinum 90 HMO 250/30 PCP + Child Dental Alt
0-14 <sup>1</sup>	\$380.69	\$373.75	\$369.87
15 <sup>1</sup>	\$413.27	\$405.71	\$401.47
16 <sup>1</sup>	\$425.72	\$417.92	\$413.56
17 <sup>1</sup>	\$438.17	\$430.14	\$425.65
18 <sup>1</sup>	\$451.58	\$443.30	\$438.66
19	\$450.73	\$442.19	\$437.41
20	\$464.62	\$455.81	\$450.89
21	\$478.99	\$469.91	\$464.83
22	\$478.99	\$469.91	\$464.83
23	\$478.99	\$469.91	\$464.83
24	\$478.99	\$469.91	\$464.83
25	\$480.90	\$471.79	\$466.69
26	\$490.48	\$481.19	\$475.99
27	\$501.98	\$492.47	\$487.14
28	\$520.66	\$510.79	\$505.27
29	\$535.99	\$525.83	\$520.15
30	\$543.65	\$533.35	\$527.58
31	\$555.15	\$544.63	\$538.74
32	\$566.64	\$555.90	\$549.89
33	\$573.83	\$562.95	\$556.87
34	\$581.49	\$570.47	\$564.30
35	\$585.32	\$574.23	\$568.02
36	\$589.15	\$577.99	\$571.74
37	\$592.99	\$581.75	\$575.46
38	\$596.82	\$585.51	\$579.18
39	\$604.48	\$593.03	\$586.62
40	\$612.14	\$600.55	\$594.05
41	\$623.64	\$611.82	\$605.21
42	\$634.66	\$622.63	\$615.90
43	\$649.98	\$637.67	\$630.78
44	\$669.14	\$656.46	\$649.37
45	\$691.66	\$678.55	\$671.22
46	\$718.48	\$704.87	\$697.25
47	\$748.66	\$734.47	\$726.53
48	\$783.14	\$768.30	\$760.00
49	\$817.15	\$801.67	\$793.00
50	\$855.47	\$839.26	\$830.19
51	\$893.31	\$876.38	\$866.91
52	\$934.98	\$917.27	\$907.35
53	\$977.13	\$958.62	\$948.25
54	\$1,022.64	\$1,003.26	\$992.41
55	\$1,068.14	\$1,047.90	\$1,036.57
56	\$1,117.48	\$1,096.30	\$1,084.45
57	\$1,167.29	\$1,145.17	\$1,132.79
58	\$1,220.46	\$1,197.33	\$1,184.39
59	\$1,246.80	\$1,223.18	\$1,209.95
60	\$1,299.97	\$1,275.34	\$1,261.55
61	\$1,345.95	\$1,320.45	\$1,306.17
62	\$1,376.13	\$1,350.05	\$1,335.46
63	\$1,413.97	\$1,387.18	\$1,372.18
64+	\$1,436.97	\$1,409.73	\$1,394.49

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates

Age on 2025 effective date	Gold 80 HMO 0/35 PCP + Child Dental Alt	Gold 80 HMO 250/35 PCP + Child Dental	Gold 80 HMO 1000/40 PCP + Child Dental Alt	Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	Gold 80 HRA HMO 2250/35 PCP + Child Dental
0-14 <sup>1</sup>	\$357.16	\$344.90	\$328.41	\$302.16	\$303.75
15 <sup>1</sup>	\$387.64	\$374.28	\$356.33	\$327.75	\$329.48
16 <sup>1</sup>	\$399.29	\$385.52	\$367.01	\$337.54	\$339.32
17 <sup>1</sup>	\$410.95	\$396.76	\$377.69	\$347.32	\$349.16
18 <sup>1</sup>	\$423.50	\$408.86	\$389.18	\$357.86	\$359.75
19	\$421.78	\$406.69	\$386.41	\$354.13	\$356.08
20	\$434.78	\$419.22	\$398.32	\$365.04	\$367.05
21	\$448.22	\$432.19	\$410.64	\$376.33	\$378.41
22	\$448.22	\$432.19	\$410.64	\$376.33	\$378.41
23	\$448.22	\$432.19	\$410.64	\$376.33	\$378.41
24	\$448.22	\$432.19	\$410.64	\$376.33	\$378.41
25	\$450.02	\$433.92	\$412.28	\$377.84	\$379.92
26	\$458.98	\$442.56	\$420.50	\$385.36	\$387.49
27	\$469.74	\$452.94	\$430.35	\$394.40	\$396.57
28	\$487.22	\$469.79	\$446.37	\$409.07	\$411.33
29	\$501.56	\$483.62	\$459.51	\$421.12	\$423.44
30	\$508.73	\$490.54	\$466.08	\$427.14	\$429.49
31	\$519.49	\$500.91	\$475.93	\$436.17	\$438.57
32	\$530.25	\$511.28	\$485.79	\$445.20	\$447.65
33	\$536.97	\$517.76	\$491.95	\$450.85	\$453.33
34	\$544.14	\$524.68	\$498.52	\$456.87	\$459.39
35	\$547.73	\$528.14	\$501.80	\$459.88	\$462.41
36	\$551.31	\$531.59	\$505.09	\$462.89	\$465.44
37	\$554.90	\$535.05	\$508.37	\$465.90	\$468.47
38	\$558.49	\$538.51	\$511.66	\$468.91	\$471.49
39	\$565.66	\$545.42	\$518.23	\$474.93	\$477.55
40	\$572.83	\$552.34	\$524.80	\$480.95	\$483.60
41	\$583.59	\$562.71	\$534.65	\$489.98	\$492.69
42	\$593.90	\$572.65	\$544.10	\$498.64	\$501.39
43	\$608.24	\$586.48	\$557.24	\$510.68	\$513.50
44	\$626.17	\$603.77	\$573.66	\$525.74	\$528.63
45	\$647.23	\$624.08	\$592.97	\$543.42	\$546.42
46	\$672.33	\$648.28	\$615.96	\$564.50	\$567.61
47	\$700.57	\$675.51	\$641.83	\$588.21	\$591.45
48	\$732.84	\$706.63	\$671.40	\$615.30	\$618.69
49	\$764.67	\$737.32	\$700.55	\$642.02	\$645.56
50	\$800.53	\$771.89	\$733.40	\$672.13	\$675.83
51	\$835.94	\$806.03	\$765.84	\$701.86	\$705.73
52	\$874.93	\$843.63	\$801.57	\$734.60	\$738.65
53	\$914.37	\$881.67	\$837.71	\$767.72	\$771.95
54	\$956.96	\$922.73	\$876.72	\$803.47	\$807.90
55	\$999.54	\$963.78	\$915.73	\$839.22	\$843.85
56	\$1,045.70	\$1,008.30	\$958.02	\$877.98	\$882.82
57	\$1,092.32	\$1,053.25	\$1,000.73	\$917.12	\$922.18
58	\$1,142.07	\$1,101.22	\$1,046.31	\$958.89	\$964.18
59	\$1,166.72	\$1,124.99	\$1,068.90	\$979.59	\$984.99
60	\$1,216.48	\$1,172.96	\$1,114.48	\$1,021.36	\$1,026.99
61	\$1,259.51	\$1,214.45	\$1,153.90	\$1,057.49	\$1,063.32
62	\$1,287.74	\$1,241.68	\$1,179.77	\$1,081.20	\$1,087.16
63	\$1,323.15	\$1,275.82	\$1,212.21	\$1,110.93	\$1,117.06
64+	\$1,344.66	\$1,296.57	\$1,231.92	\$1,128.99	\$1,135.23

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates

Age on 2025 effective date	Silver 70 HMO 1900/65 PCP + Child Dental Alt	Silver 70 HMO 2300/65 PCP + Child Dental Alt	Silver 70 HMO 2500/55 PCP + Child Dental	Silver 70 HMO 2900/65 PCP + Child Dental Alt	Silver 70 HDHP HMO 2850/25% PCP + Child Dental
0-14 <sup>1</sup>	\$288.38	\$283.15	\$285.61	\$278.81	\$269.35
15 <sup>1</sup>	\$312.74	\$307.05	\$309.73	\$302.33	\$292.03
16 <sup>1</sup>	\$322.06	\$316.19	\$318.96	\$311.32	\$300.70
17 <sup>1</sup>	\$331.37	\$325.33	\$328.18	\$320.31	\$309.37
18 <sup>1</sup>	\$341.41	\$335.17	\$338.11	\$329.99	\$318.70
19	\$337.17	\$330.74	\$333.77	\$325.41	\$313.77
20	\$347.56	\$340.93	\$344.06	\$335.43	\$323.44
21	\$358.31	\$351.48	\$354.70	\$345.81	\$333.44
22	\$358.31	\$351.48	\$354.70	\$345.81	\$333.44
23	\$358.31	\$351.48	\$354.70	\$345.81	\$333.44
24	\$358.31	\$351.48	\$354.70	\$345.81	\$333.44
25	\$359.74	\$352.88	\$356.12	\$347.19	\$334.77
26	\$366.91	\$359.91	\$363.21	\$354.11	\$341.44
27	\$375.51	\$368.35	\$371.72	\$362.41	\$349.45
28	\$389.48	\$382.06	\$385.56	\$375.89	\$362.45
29	\$400.95	\$393.30	\$396.91	\$386.96	\$373.12
30	\$406.68	\$398.93	\$402.58	\$392.49	\$378.46
31	\$415.28	\$407.36	\$411.10	\$400.79	\$386.46
32	\$423.88	\$415.80	\$419.61	\$409.09	\$394.46
33	\$429.25	\$421.07	\$424.93	\$414.28	\$399.46
34	\$434.99	\$426.70	\$430.60	\$419.81	\$404.80
35	\$437.85	\$429.51	\$433.44	\$422.58	\$407.46
36	\$440.72	\$432.32	\$436.28	\$425.34	\$410.13
37	\$443.59	\$435.13	\$439.12	\$428.11	\$412.80
38	\$446.45	\$437.94	\$441.95	\$430.88	\$415.47
39	\$452.19	\$443.57	\$447.63	\$436.41	\$420.80
40	\$457.92	\$449.19	\$453.30	\$441.94	\$426.14
41	\$466.52	\$457.63	\$461.82	\$450.24	\$434.14
42	\$474.76	\$465.71	\$469.97	\$458.20	\$441.81
43	\$486.23	\$476.96	\$481.33	\$469.26	\$452.48
44	\$500.56	\$491.02	\$495.51	\$483.09	\$465.82
45	\$517.40	\$507.54	\$512.18	\$499.35	\$481.49
46	\$537.46	\$527.22	\$532.05	\$518.71	\$500.16
47	\$560.04	\$549.36	\$554.39	\$540.50	\$521.17
48	\$585.84	\$574.67	\$579.93	\$565.40	\$545.18
49	\$611.28	\$599.62	\$605.11	\$589.95	\$568.85
50	\$639.94	\$627.74	\$633.49	\$617.61	\$595.53
51	\$668.25	\$655.51	\$661.51	\$644.93	\$621.87
52	\$699.42	\$686.09	\$692.37	\$675.02	\$650.88
53	\$730.95	\$717.02	\$723.58	\$705.45	\$680.22
54	\$764.99	\$750.41	\$757.28	\$738.30	\$711.90
55	\$799.03	\$783.80	\$790.98	\$771.15	\$743.57
56	\$835.94	\$820.00	\$827.51	\$806.77	\$777.92
57	\$873.20	\$856.55	\$864.40	\$842.73	\$812.60
58	\$912.97	\$895.57	\$903.77	\$881.12	\$849.61
59	\$932.68	\$914.90	\$923.28	\$900.14	\$867.95
60	\$972.45	\$953.91	\$962.65	\$938.52	\$904.96
61	\$1,006.85	\$987.66	\$996.70	\$971.72	\$936.97
62	\$1,029.42	\$1,009.80	\$1,019.05	\$993.51	\$957.98
63	\$1,057.73	\$1,037.57	\$1,047.07	\$1,020.83	\$984.32
64+	\$1,074.93	\$1,054.44	\$1,064.10	\$1,037.43	\$1,000.32

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates

Age on 2025 effective date	Bronze 60 HMO 5800/60 PCP + Child Dental	Bronze 60 HDHP HMO 6650/0 PCP + Child Dental
0-14 <sup>1</sup>	\$259.17	\$248.91
15 <sup>1</sup>	\$280.94	\$269.77
16 <sup>1</sup>	\$289.26	\$277.74
17 <sup>1</sup>	\$297.59	\$285.71
18 <sup>1</sup>	\$306.55	\$294.30
19	\$301.24	\$288.62
20	\$310.53	\$297.52
21	\$320.13	\$306.72
22	\$320.13	\$306.72
23	\$320.13	\$306.72
24	\$320.13	\$306.72
25	\$321.41	\$307.94
26	\$327.82	\$314.08
27	\$335.50	\$321.44
28	\$347.98	\$333.40
29	\$358.23	\$343.22
30	\$363.35	\$348.12
31	\$371.03	\$355.48
32	\$378.72	\$362.85
33	\$383.52	\$367.45
34	\$388.64	\$372.35
35	\$391.20	\$374.81
36	\$393.76	\$377.26
37	\$396.32	\$379.72
38	\$398.88	\$382.17
39	\$404.01	\$387.08
40	\$409.13	\$391.98
41	\$416.81	\$399.35
42	\$424.18	\$406.40
43	\$434.42	\$416.21
44	\$447.22	\$428.48
45	\$462.27	\$442.90
46	\$480.20	\$460.08
47	\$500.37	\$479.40
48	\$523.42	\$501.48
49	\$546.15	\$523.26
50	\$571.76	\$547.80
51	\$597.05	\$572.03
52	\$624.90	\$598.71
53	\$653.07	\$625.70
54	\$683.48	\$654.84
55	\$713.89	\$683.98
56	\$746.87	\$715.57
57	\$780.16	\$747.47
58	\$815.70	\$781.51
59	\$833.30	\$798.38
60	\$868.84	\$832.43
61	\$899.57	\$861.87
62	\$919.74	\$881.20
63	\$945.03	\$905.43
64+	\$960.39	\$920.16

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates

Age on 2025 effective date	Platinum 90 PPO 0/15 PCP + Child Dental	Gold 80 PPO 350/25 PCP + Child Dental	Silver 70 PPO 2500/55 PCP + Child Dental	Bronze 60 PPO 5800/60 PCP + Child Dental
0-14	\$750.89	\$671.22	\$559.03	\$509.12
15	\$817.63	\$730.88	\$608.73	\$554.38
16	\$843.15	\$753.69	\$627.72	\$571.68
17	\$868.67	\$776.51	\$646.72	\$588.98
18	\$896.16	\$801.07	\$667.19	\$607.62
19	\$923.64	\$825.64	\$687.65	\$626.25
20	\$952.11	\$851.09	\$708.84	\$645.55
21	\$981.55	\$877.41	\$730.76	\$665.52
22	\$981.55	\$877.41	\$730.76	\$665.52
23	\$981.55	\$877.41	\$730.76	\$665.52
24	\$981.55	\$877.41	\$730.76	\$665.52
25	\$985.48	\$880.92	\$733.69	\$668.18
26	\$1,005.11	\$898.47	\$748.30	\$681.49
27	\$1,028.67	\$919.52	\$765.84	\$697.46
28	\$1,066.95	\$953.74	\$794.34	\$723.42
29	\$1,098.36	\$981.82	\$817.72	\$744.72
30	\$1,114.06	\$995.86	\$829.42	\$755.36
31	\$1,137.62	\$1,016.92	\$846.95	\$771.34
32	\$1,161.18	\$1,037.97	\$864.49	\$787.31
33	\$1,175.90	\$1,051.14	\$875.45	\$797.29
34	\$1,191.61	\$1,065.17	\$887.15	\$807.94
35	\$1,199.46	\$1,072.19	\$892.99	\$813.26
36	\$1,207.31	\$1,079.21	\$898.84	\$818.59
37	\$1,215.16	\$1,086.23	\$904.68	\$823.91
38	\$1,223.02	\$1,093.25	\$910.53	\$829.24
39	\$1,238.72	\$1,107.29	\$922.22	\$839.89
40	\$1,254.42	\$1,121.33	\$933.91	\$850.53
41	\$1,277.98	\$1,142.39	\$951.45	\$866.51
42	\$1,300.56	\$1,162.57	\$968.26	\$881.81
43	\$1,331.97	\$1,190.64	\$991.64	\$903.11
44	\$1,371.23	\$1,225.74	\$1,020.87	\$929.73
45	\$1,417.36	\$1,266.98	\$1,055.22	\$961.01
46	\$1,472.33	\$1,316.11	\$1,096.14	\$998.28
47	\$1,534.17	\$1,371.39	\$1,142.18	\$1,040.21
48	\$1,604.84	\$1,434.56	\$1,194.80	\$1,088.12
49	\$1,674.53	\$1,496.86	\$1,246.68	\$1,135.38
50	\$1,753.05	\$1,567.05	\$1,305.14	\$1,188.62
51	\$1,830.60	\$1,636.37	\$1,362.87	\$1,241.19
52	\$1,915.99	\$1,712.70	\$1,426.45	\$1,299.09
53	\$2,002.37	\$1,789.91	\$1,490.76	\$1,357.66
54	\$2,095.62	\$1,873.27	\$1,560.18	\$1,420.88
55	\$2,188.86	\$1,956.62	\$1,629.60	\$1,484.11
56	\$2,289.96	\$2,046.99	\$1,704.87	\$1,552.66
57	\$2,392.04	\$2,138.24	\$1,780.87	\$1,621.87
58	\$2,501.00	\$2,235.64	\$1,861.98	\$1,695.74
59	\$2,554.98	\$2,283.89	\$1,902.17	\$1,732.35
60	\$2,663.93	\$2,381.29	\$1,983.29	\$1,806.22
61	\$2,758.16	\$2,465.52	\$2,053.44	\$1,870.11
62	\$2,820.00	\$2,520.79	\$2,099.48	\$1,912.04
63	\$2,897.54	\$2,590.11	\$2,157.21	\$1,964.61
64+	\$2,944.65	\$2,632.23	\$2,192.28	\$1,996.56

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## Rating Policy and additional plan information

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### Rating policy for small group metal plans

Metal plan rates are calculated using 2 factors – rating area and member age.

#### ■ Rate areas

- Businesses located in California: rates are based on the business's verified physical address (ZIP+4 and county).
- Businesses located outside of California are assigned to rating area 4.
- When a group is located outside the Kaiser Permanente service area, then only employees living in the service area are eligible to enroll based on their home address (ZIP+4 and county).

#### ■ Member age – Rates are calculated by the age of each covered member on the plan's effective date.

This includes:

- Your employee
- Employee's spouse or domestic partner
- A family will pay a premium per child up to 3 of the oldest children under age 21, each additional child after the third will be \$0.
- A premium will apply to every age from 21-26.

### Child dental coverage

Child dental services is one of the essential health benefits required to be provided to dependents under 19 years old when enrolled in ACA-compliant metal medical plan(s). When these dependents enroll in your selected HMO medical plan(s), they will be enrolled in a separate child dental benefit underwritten by Delta Dental of California with services provided through the DeltaCare® USA network. When dependents enroll in your selected PPO medical plans, they will receive child dental PPO benefits as part of their coverage and not as a separate plan and with services provided through the Delta Dental PPO network.

### What does "Alt" mean?

The abbreviation "ALT," in certain plan names indicates, Kaiser Permanente developed plans.