

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 ¹	\$444.80	\$436.64	\$432.08
15 ¹	\$483.07	\$474.18	\$469.21
16 ¹	\$497.70	\$488.54	\$483.41
17 ¹	\$512.33	\$502.90	\$497.61
18 ¹	\$528.09	\$518.35	\$512.91
19	\$529.58	\$519.54	\$513.93
20	\$545.90	\$535.56	\$529.77
21	\$562.78	\$552.12	\$546.15
22	\$562.78	\$552.12	\$546.15
23	\$562.78	\$552.12	\$546.15
24	\$562.78	\$552.12	\$546.15
25	\$565.03	\$554.33	\$548.34
26	\$576.29	\$565.37	\$559.26
27	\$589.80	\$578.62	\$572.37
28	\$611.74	\$600.15	\$593.67
29	\$629.75	\$617.82	\$611.14
30	\$638.76	\$626.65	\$619.88
31	\$652.27	\$639.91	\$632.99
32	\$665.77	\$653.16	\$646.10
33	\$674.21	\$661.44	\$654.29
34	\$683.22	\$670.27	\$663.03
35	\$687.72	\$674.69	\$667.40
36	\$692.22	\$679.11	\$671.77
37	\$696.72	\$683.52	\$676.13
38	\$701.23	\$687.94	\$680.50
39	\$710.23	\$696.77	\$689.24
40	\$719.24	\$705.61	\$697.98
41	\$732.74	\$718.86	\$711.09
42	\$745.69	\$731.56	\$723.65
43	\$763.70	\$749.23	\$741.13
44	\$786.21	\$771.31	\$762.97
45	\$812.66	\$797.26	\$788.64
46	\$844.17	\$828.18	\$819.23
47	\$879.63	\$862.96	\$853.63
48	\$920.15	\$902.71	\$892.96
49	\$960.11	\$941.91	\$931.73
50	\$1,005.13	\$986.08	\$975.42
51	\$1,049.59	\$1,029.70	\$1,018.57
52	\$1,098.55	\$1,077.74	\$1,066.09
53	\$1,148.08	\$1,126.32	\$1,114.15
54	\$1,201.54	\$1,178.77	\$1,166.03
55	\$1,255.01	\$1,231.22	\$1,217.92
56	\$1,312.97	\$1,288.09	\$1,274.17
57	\$1,371.50	\$1,345.51	\$1,330.97
58	\$1,433.97	\$1,406.80	\$1,391.59
59	\$1,464.92	\$1,437.17	\$1,421.63
60	\$1,527.39	\$1,498.45	\$1,482.25
61	\$1,581.42	\$1,551.45	\$1,534.68
62	\$1,616.87	\$1,586.24	\$1,569.09
63	\$1,661.33	\$1,629.85	\$1,612.24
64+	\$1,688.34	\$1,656.36	\$1,638.45

¹HMO 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 ¹	\$417.15	\$402.74	\$383.37	\$352.53	\$354.39
15 ¹	\$452.96	\$437.27	\$416.18	\$382.60	\$384.63
16 ¹	\$466.65	\$450.47	\$428.72	\$394.09	\$396.19
17 ¹	\$480.34	\$463.67	\$441.26	\$405.59	\$407.75
18 ¹	\$495.09	\$477.89	\$454.77	\$417.97	\$420.20
19	\$495.57	\$477.84	\$454.01	\$416.08	\$418.37
20	\$510.84	\$492.57	\$468.01	\$428.90	\$431.27
21	\$526.64	\$507.80	\$482.48	\$442.17	\$444.61
22	\$526.64	\$507.80	\$482.48	\$442.17	\$444.61
23	\$526.64	\$507.80	\$482.48	\$442.17	\$444.61
24	\$526.64	\$507.80	\$482.48	\$442.17	\$444.61
25	\$528.74	\$509.83	\$484.41	\$443.94	\$446.38
26	\$539.28	\$519.99	\$494.06	\$452.78	\$455.28
27	\$551.92	\$532.17	\$505.64	\$463.39	\$465.95
28	\$572.45	\$551.98	\$524.46	\$480.64	\$483.29
29	\$589.31	\$568.23	\$539.90	\$494.79	\$497.51
30	\$597.73	\$576.35	\$547.61	\$501.86	\$504.63
31	\$610.37	\$588.54	\$559.19	\$512.47	\$515.30
32	\$623.01	\$600.73	\$570.77	\$523.09	\$525.97
33	\$630.91	\$608.34	\$578.01	\$529.72	\$532.64
34	\$639.34	\$616.47	\$585.73	\$536.79	\$539.75
35	\$643.55	\$620.53	\$589.59	\$540.33	\$543.31
36	\$647.76	\$624.59	\$593.45	\$543.87	\$546.87
37	\$651.98	\$628.66	\$597.31	\$547.41	\$550.42
38	\$656.19	\$632.72	\$601.17	\$550.94	\$553.98
39	\$664.62	\$640.84	\$608.89	\$558.02	\$561.09
40	\$673.04	\$648.97	\$616.61	\$565.09	\$568.21
41	\$685.68	\$661.15	\$628.19	\$575.70	\$578.88
42	\$697.79	\$672.83	\$639.29	\$585.87	\$589.10
43	\$714.65	\$689.08	\$654.73	\$600.02	\$603.33
44	\$735.71	\$709.40	\$674.02	\$617.71	\$621.12
45	\$760.46	\$733.26	\$696.70	\$638.49	\$642.01
46	\$789.96	\$761.70	\$723.72	\$663.25	\$666.91
47	\$823.13	\$793.69	\$754.12	\$691.11	\$694.92
48	\$861.05	\$830.25	\$788.85	\$722.95	\$726.93
49	\$898.44	\$866.31	\$823.11	\$754.34	\$758.50
50	\$940.57	\$906.93	\$861.71	\$789.71	\$794.07
51	\$982.18	\$947.05	\$899.83	\$824.65	\$829.19
52	\$1,028.00	\$991.22	\$941.80	\$863.11	\$867.87
53	\$1,074.34	\$1,035.91	\$984.26	\$902.03	\$907.00
54	\$1,124.37	\$1,084.15	\$1,030.09	\$944.03	\$949.23
55	\$1,174.40	\$1,132.39	\$1,075.93	\$986.04	\$991.47
56	\$1,228.64	\$1,184.70	\$1,125.63	\$1,031.58	\$1,037.27
57	\$1,283.41	\$1,237.51	\$1,175.80	\$1,077.57	\$1,083.51
58	\$1,341.87	\$1,293.87	\$1,229.36	\$1,126.65	\$1,132.86
59	\$1,370.84	\$1,321.80	\$1,255.90	\$1,150.97	\$1,157.31
60	\$1,429.29	\$1,378.17	\$1,309.45	\$1,200.05	\$1,206.66
61	\$1,479.85	\$1,426.92	\$1,355.77	\$1,242.50	\$1,249.34
62	\$1,513.03	\$1,458.91	\$1,386.16	\$1,270.35	\$1,277.35
63	\$1,554.63	\$1,499.02	\$1,424.28	\$1,305.28	\$1,312.48
64+	\$1,579.92	\$1,523.40	\$1,447.44	\$1,326.51	\$1,333.83

¹HMO 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 ¹	\$336.33	\$330.19	\$333.08	\$325.09	\$313.98
15 ¹	\$364.96	\$358.27	\$361.42	\$352.72	\$340.62
16 ¹	\$375.90	\$369.01	\$372.26	\$363.29	\$350.80
17 ¹	\$386.85	\$379.75	\$383.09	\$373.85	\$360.99
18 ¹	\$398.64	\$391.31	\$394.76	\$385.23	\$371.96
19	\$396.16	\$388.60	\$392.16	\$382.33	\$368.66
20	\$408.36	\$400.58	\$404.25	\$394.12	\$380.02
21	\$420.99	\$412.97	\$416.75	\$406.31	\$391.77
22	\$420.99	\$412.97	\$416.75	\$406.31	\$391.77
23	\$420.99	\$412.97	\$416.75	\$406.31	\$391.77
24	\$420.99	\$412.97	\$416.75	\$406.31	\$391.77
25	\$422.68	\$414.62	\$418.42	\$407.93	\$393.34
26	\$431.10	\$422.88	\$426.75	\$416.06	\$401.18
27	\$441.20	\$432.79	\$436.75	\$425.81	\$410.58
28	\$457.62	\$448.90	\$453.01	\$441.65	\$425.86
29	\$471.09	\$462.11	\$466.34	\$454.66	\$438.40
30	\$477.83	\$468.72	\$473.01	\$461.16	\$444.66
31	\$487.93	\$478.63	\$483.01	\$470.91	\$454.07
32	\$498.04	\$488.54	\$493.02	\$480.66	\$463.47
33	\$504.35	\$494.74	\$499.27	\$486.75	\$469.35
34	\$511.09	\$501.34	\$505.94	\$493.26	\$475.61
35	\$514.45	\$504.65	\$509.27	\$496.51	\$478.75
36	\$517.82	\$507.95	\$512.60	\$499.76	\$481.88
37	\$521.19	\$511.25	\$515.94	\$503.01	\$485.02
38	\$524.56	\$514.56	\$519.27	\$506.26	\$488.15
39	\$531.29	\$521.17	\$525.94	\$512.76	\$494.42
40	\$538.03	\$527.77	\$532.61	\$519.26	\$500.69
41	\$548.13	\$537.68	\$542.61	\$529.01	\$510.09
42	\$557.82	\$547.18	\$552.19	\$538.35	\$519.10
43	\$571.29	\$560.40	\$565.53	\$551.36	\$531.64
44	\$588.13	\$576.92	\$582.20	\$567.61	\$547.31
45	\$607.91	\$596.33	\$601.79	\$586.71	\$565.72
46	\$631.49	\$619.45	\$625.13	\$609.46	\$587.66
47	\$658.01	\$645.47	\$651.38	\$635.06	\$612.34
48	\$688.32	\$675.20	\$681.39	\$664.31	\$640.55
49	\$718.22	\$704.52	\$710.98	\$693.16	\$668.37
50	\$751.89	\$737.56	\$744.32	\$725.66	\$699.71
51	\$785.15	\$770.19	\$777.24	\$757.76	\$730.66
52	\$821.78	\$806.11	\$813.50	\$793.11	\$764.74
53	\$858.83	\$842.46	\$850.17	\$828.86	\$799.22
54	\$898.82	\$881.69	\$889.76	\$867.46	\$836.44
55	\$938.82	\$920.92	\$929.35	\$906.06	\$873.66
56	\$982.18	\$963.46	\$972.28	\$947.91	\$914.01
57	\$1,025.96	\$1,006.40	\$1,015.62	\$990.17	\$954.75
58	\$1,072.69	\$1,052.24	\$1,061.88	\$1,035.27	\$998.24
59	\$1,095.85	\$1,074.96	\$1,084.80	\$1,057.61	\$1,019.79
60	\$1,142.58	\$1,120.80	\$1,131.06	\$1,102.71	\$1,063.28
61	\$1,182.99	\$1,160.44	\$1,171.07	\$1,141.72	\$1,100.89
62	\$1,209.52	\$1,186.46	\$1,197.32	\$1,167.32	\$1,125.57
63	\$1,242.77	\$1,219.08	\$1,230.25	\$1,199.41	\$1,156.52
64+	\$1,262.97	\$1,238.91	\$1,250.25	\$1,218.93	\$1,175.31

¹HMO 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 ¹	\$302.02	\$289.96
15 ¹	\$327.59	\$314.46
16 ¹	\$337.37	\$323.83
17 ¹	\$347.15	\$333.20
18 ¹	\$357.68	\$343.29
19	\$353.95	\$339.11
20	\$364.85	\$349.56
21	\$376.14	\$360.38
22	\$376.14	\$360.38
23	\$376.14	\$360.38
24	\$376.14	\$360.38
25	\$377.64	\$361.82
26	\$385.16	\$369.02
27	\$394.19	\$377.67
28	\$408.86	\$391.73
29	\$420.90	\$403.26
30	\$426.92	\$409.03
31	\$435.94	\$417.67
32	\$444.97	\$426.32
33	\$450.61	\$431.73
34	\$456.63	\$437.50
35	\$459.64	\$440.38
36	\$462.65	\$443.26
37	\$465.66	\$446.14
38	\$468.67	\$449.03
39	\$474.69	\$454.79
40	\$480.70	\$460.56
41	\$489.73	\$469.21
42	\$498.38	\$477.50
43	\$510.42	\$489.03
44	\$525.46	\$503.44
45	\$543.14	\$520.38
46	\$564.21	\$540.56
47	\$587.90	\$563.27
48	\$614.98	\$589.21
49	\$641.69	\$614.80
50	\$671.78	\$643.63
51	\$701.50	\$672.10
52	\$734.22	\$703.45
53	\$767.32	\$735.17
54	\$803.05	\$769.40
55	\$838.79	\$803.64
56	\$877.53	\$840.76
57	\$916.65	\$878.23
58	\$958.40	\$918.24
59	\$979.09	\$938.06
60	\$1,020.84	\$978.06
61	\$1,056.95	\$1,012.65
62	\$1,080.64	\$1,035.36
63	\$1,110.36	\$1,063.83
64+	\$1,128.42	\$1,081.14

¹HMO 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	\$813.64	\$727.31	\$605.75	\$551.67
15	\$885.97	\$791.96	\$659.60	\$600.71
16	\$913.62	\$816.68	\$680.19	\$619.46
17	\$941.27	\$841.40	\$700.77	\$638.21
18	\$971.05	\$868.02	\$722.94	\$658.40
19	\$1,000.83	\$894.64	\$745.12	\$678.59
20	\$1,031.68	\$922.21	\$768.08	\$699.50
21	\$1,063.58	\$950.74	\$791.83	\$721.14
22	\$1,063.58	\$950.74	\$791.83	\$721.14
23	\$1,063.58	\$950.74	\$791.83	\$721.14
24	\$1,063.58	\$950.74	\$791.83	\$721.14
25	\$1,067.84	\$954.54	\$795.00	\$724.02
26	\$1,089.11	\$973.55	\$810.84	\$738.45
27	\$1,114.64	\$996.37	\$829.84	\$755.75
28	\$1,156.12	\$1,033.45	\$860.72	\$783.88
29	\$1,190.15	\$1,063.87	\$886.06	\$806.95
30	\$1,207.17	\$1,079.09	\$898.73	\$818.49
31	\$1,232.69	\$1,101.90	\$917.74	\$835.80
32	\$1,258.22	\$1,124.72	\$936.74	\$853.11
33	\$1,274.17	\$1,138.98	\$948.62	\$863.92
34	\$1,291.19	\$1,154.19	\$961.29	\$875.46
35	\$1,299.70	\$1,161.80	\$967.62	\$881.23
36	\$1,308.21	\$1,169.41	\$973.96	\$887.00
37	\$1,316.72	\$1,177.01	\$980.29	\$892.77
38	\$1,325.23	\$1,184.62	\$986.63	\$898.54
39	\$1,342.24	\$1,199.83	\$999.29	\$910.08
40	\$1,359.26	\$1,215.04	\$1,011.96	\$921.62
41	\$1,384.79	\$1,237.86	\$1,030.97	\$938.92
42	\$1,409.25	\$1,259.72	\$1,049.18	\$955.51
43	\$1,443.28	\$1,290.15	\$1,074.52	\$978.59
44	\$1,485.83	\$1,328.18	\$1,106.19	\$1,007.43
45	\$1,535.82	\$1,372.86	\$1,143.41	\$1,041.32
46	\$1,595.38	\$1,426.10	\$1,187.75	\$1,081.71
47	\$1,662.38	\$1,486.00	\$1,237.64	\$1,127.14
48	\$1,738.96	\$1,554.45	\$1,294.65	\$1,179.06
49	\$1,814.47	\$1,621.96	\$1,350.87	\$1,230.26
50	\$1,899.56	\$1,698.01	\$1,414.22	\$1,287.95
51	\$1,983.58	\$1,773.12	\$1,476.77	\$1,344.92
52	\$2,076.12	\$1,855.84	\$1,545.66	\$1,407.66
53	\$2,169.71	\$1,939.50	\$1,615.34	\$1,471.12
54	\$2,270.75	\$2,029.82	\$1,690.57	\$1,539.63
55	\$2,371.79	\$2,120.14	\$1,765.79	\$1,608.14
56	\$2,481.34	\$2,218.07	\$1,847.35	\$1,682.42
57	\$2,591.95	\$2,316.94	\$1,929.70	\$1,757.42
58	\$2,710.01	\$2,422.47	\$2,017.59	\$1,837.46
59	\$2,768.51	\$2,474.77	\$2,061.14	\$1,877.12
60	\$2,886.57	\$2,580.30	\$2,149.04	\$1,957.17
61	\$2,988.67	\$2,671.57	\$2,225.05	\$2,026.40
62	\$3,055.68	\$2,731.46	\$2,274.94	\$2,071.83
63	\$3,139.70	\$2,806.57	\$2,337.49	\$2,128.80
64+	\$3,190.74	\$2,852.22	\$2,375.49	\$2,163.42

Rating Policy and additional plan information

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.