

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	\$466.33	\$457.76	\$452.97
15 ¹	\$506.51	\$497.18	\$491.96
16 ¹	\$521.87	\$512.25	\$506.87
17 ¹	\$537.24	\$527.33	\$521.78
18 ¹	\$553.78	\$543.56	\$537.84
19	\$556.06	\$545.52	\$539.62
20	\$573.19	\$562.33	\$556.25
21	\$590.92	\$579.72	\$573.46
22	\$590.92	\$579.72	\$573.46
23	\$590.92	\$579.72	\$573.46
24	\$590.92	\$579.72	\$573.46
25	\$593.29	\$582.04	\$575.75
26	\$605.10	\$593.64	\$587.22
27	\$619.29	\$607.55	\$600.98
28	\$642.33	\$630.16	\$623.35
29	\$661.24	\$648.71	\$641.70
30	\$670.70	\$657.99	\$650.87
31	\$684.88	\$671.90	\$664.64
32	\$699.06	\$685.81	\$678.40
33	\$707.92	\$694.51	\$687.00
34	\$717.38	\$703.79	\$696.18
35	\$722.11	\$708.42	\$700.77
36	\$726.83	\$713.06	\$705.35
37	\$731.56	\$717.70	\$709.94
38	\$736.29	\$722.34	\$714.53
39	\$745.74	\$731.61	\$723.70
40	\$755.20	\$740.89	\$732.88
41	\$769.38	\$754.80	\$746.64
42	\$782.97	\$768.14	\$759.83
43	\$801.88	\$786.69	\$778.18
44	\$825.52	\$809.88	\$801.12
45	\$853.29	\$837.12	\$828.07
46	\$886.38	\$869.59	\$860.19
47	\$923.61	\$906.11	\$896.31
48	\$966.16	\$947.85	\$937.60
49	\$1,008.11	\$989.01	\$978.32
50	\$1,055.39	\$1,035.39	\$1,024.20
51	\$1,102.07	\$1,081.19	\$1,069.50
52	\$1,153.48	\$1,131.62	\$1,119.39
53	\$1,205.48	\$1,182.64	\$1,169.85
54	\$1,261.62	\$1,237.71	\$1,224.33
55	\$1,317.76	\$1,292.79	\$1,278.81
56	\$1,378.62	\$1,352.50	\$1,337.88
57	\$1,440.08	\$1,412.79	\$1,397.52
58	\$1,505.67	\$1,477.14	\$1,461.17
59	\$1,538.17	\$1,509.02	\$1,492.71
60	\$1,603.76	\$1,573.37	\$1,556.36
61	\$1,660.49	\$1,629.03	\$1,611.42
62	\$1,697.72	\$1,665.55	\$1,647.54
63	\$1,744.40	\$1,711.35	\$1,692.85
64+	\$1,772.76	\$1,739.16	\$1,720.38

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	\$437.29	\$422.16	\$401.82	\$369.44	\$371.40
15 ¹	\$474.89	\$458.42	\$436.27	\$401.01	\$403.15
16 ¹	\$489.27	\$472.28	\$449.44	\$413.08	\$415.28
17 ¹	\$503.65	\$486.14	\$462.61	\$425.16	\$427.42
18 ¹	\$519.13	\$501.07	\$476.80	\$438.16	\$440.49
19	\$520.34	\$501.73	\$476.71	\$436.89	\$439.29
20	\$536.38	\$517.19	\$491.41	\$450.35	\$452.83
21	\$552.97	\$533.19	\$506.60	\$464.28	\$466.84
22	\$552.97	\$533.19	\$506.60	\$464.28	\$466.84
23	\$552.97	\$533.19	\$506.60	\$464.28	\$466.84
24	\$552.97	\$533.19	\$506.60	\$464.28	\$466.84
25	\$555.18	\$535.32	\$508.63	\$466.13	\$468.70
26	\$566.24	\$545.99	\$518.76	\$475.42	\$478.04
27	\$579.51	\$558.78	\$530.92	\$486.56	\$489.24
28	\$601.08	\$579.58	\$550.68	\$504.67	\$507.45
29	\$618.77	\$596.64	\$566.89	\$519.53	\$522.39
30	\$627.62	\$605.17	\$575.00	\$526.96	\$529.86
31	\$640.89	\$617.97	\$587.15	\$538.10	\$541.06
32	\$654.16	\$630.76	\$599.31	\$549.24	\$552.27
33	\$662.46	\$638.76	\$606.91	\$556.20	\$559.27
34	\$671.30	\$647.29	\$615.02	\$563.63	\$566.74
35	\$675.73	\$651.56	\$619.07	\$567.35	\$570.47
36	\$680.15	\$655.82	\$623.12	\$571.06	\$574.21
37	\$684.58	\$660.09	\$627.18	\$574.78	\$577.94
38	\$689.00	\$664.35	\$631.23	\$578.49	\$581.68
39	\$697.85	\$672.88	\$639.33	\$585.92	\$589.15
40	\$706.69	\$681.42	\$647.44	\$593.35	\$596.62
41	\$719.97	\$694.21	\$659.60	\$604.49	\$607.82
42	\$732.68	\$706.48	\$671.25	\$615.17	\$618.56
43	\$750.38	\$723.54	\$687.46	\$630.02	\$633.50
44	\$772.50	\$744.87	\$707.73	\$648.60	\$652.17
45	\$798.49	\$769.93	\$731.54	\$670.42	\$674.11
46	\$829.45	\$799.78	\$759.91	\$696.42	\$700.26
47	\$864.29	\$833.37	\$791.82	\$725.67	\$729.67
48	\$904.10	\$871.76	\$828.30	\$759.09	\$763.28
49	\$943.36	\$909.62	\$864.27	\$792.06	\$796.42
50	\$987.60	\$952.28	\$904.79	\$829.20	\$833.77
51	\$1,031.29	\$994.40	\$944.82	\$865.88	\$870.65
52	\$1,079.39	\$1,040.79	\$988.89	\$906.27	\$911.27
53	\$1,128.06	\$1,087.71	\$1,033.47	\$947.13	\$952.35
54	\$1,180.59	\$1,138.36	\$1,081.60	\$991.23	\$996.70
55	\$1,233.12	\$1,189.01	\$1,129.73	\$1,035.34	\$1,041.05
56	\$1,290.08	\$1,243.93	\$1,181.91	\$1,083.16	\$1,089.13
57	\$1,347.58	\$1,299.38	\$1,234.59	\$1,131.44	\$1,137.68
58	\$1,408.96	\$1,358.57	\$1,290.83	\$1,182.98	\$1,189.50
59	\$1,439.38	\$1,387.89	\$1,318.69	\$1,208.51	\$1,215.18
60	\$1,500.76	\$1,447.08	\$1,374.92	\$1,260.05	\$1,267.00
61	\$1,553.84	\$1,498.26	\$1,423.56	\$1,304.62	\$1,311.81
62	\$1,588.68	\$1,531.85	\$1,455.47	\$1,333.87	\$1,341.22
63	\$1,632.36	\$1,573.97	\$1,495.49	\$1,370.55	\$1,378.10
64+	\$1,658.91	\$1,599.57	\$1,519.80	\$1,392.84	\$1,400.52

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	\$352.43	\$345.99	\$349.02	\$340.63	\$328.96
15 ¹	\$382.49	\$375.47	\$378.78	\$369.65	\$356.94
16 ¹	\$393.99	\$386.75	\$390.16	\$380.74	\$367.63
17 ¹	\$405.48	\$398.02	\$401.54	\$391.83	\$378.33
18 ¹	\$417.86	\$410.16	\$413.79	\$403.77	\$389.84
19	\$415.96	\$408.03	\$411.77	\$401.45	\$387.09
20	\$428.78	\$420.61	\$424.46	\$413.82	\$399.02
21	\$442.04	\$433.62	\$437.59	\$426.62	\$411.36
22	\$442.04	\$433.62	\$437.59	\$426.62	\$411.36
23	\$442.04	\$433.62	\$437.59	\$426.62	\$411.36
24	\$442.04	\$433.62	\$437.59	\$426.62	\$411.36
25	\$443.81	\$435.35	\$439.34	\$428.33	\$413.01
26	\$452.65	\$444.02	\$448.09	\$436.86	\$421.24
27	\$463.26	\$454.43	\$458.59	\$447.10	\$431.11
28	\$480.50	\$471.34	\$475.66	\$463.74	\$447.15
29	\$494.65	\$485.22	\$489.66	\$477.39	\$460.32
30	\$501.72	\$492.16	\$496.66	\$484.21	\$466.90
31	\$512.33	\$502.56	\$507.16	\$494.45	\$476.77
32	\$522.94	\$512.97	\$517.67	\$504.69	\$486.64
33	\$529.57	\$519.47	\$524.23	\$511.09	\$492.81
34	\$536.64	\$526.41	\$531.23	\$517.92	\$499.39
35	\$540.18	\$529.88	\$534.73	\$521.33	\$502.69
36	\$543.71	\$533.35	\$538.23	\$524.74	\$505.98
37	\$547.25	\$536.82	\$541.73	\$528.16	\$509.27
38	\$550.79	\$540.29	\$545.23	\$531.57	\$512.56
39	\$557.86	\$547.22	\$552.24	\$538.40	\$519.14
40	\$564.93	\$554.16	\$559.24	\$545.22	\$525.72
41	\$575.54	\$564.57	\$569.74	\$555.46	\$535.59
42	\$585.71	\$574.54	\$579.80	\$565.27	\$545.06
43	\$599.85	\$588.42	\$593.81	\$578.92	\$558.22
44	\$617.53	\$605.76	\$611.31	\$595.99	\$574.67
45	\$638.31	\$626.14	\$631.88	\$616.04	\$594.01
46	\$663.07	\$650.43	\$656.38	\$639.93	\$617.04
47	\$690.91	\$677.74	\$683.95	\$666.81	\$642.96
48	\$722.74	\$708.96	\$715.46	\$697.53	\$672.58
49	\$754.13	\$739.75	\$746.53	\$727.82	\$701.79
50	\$789.49	\$774.44	\$781.53	\$761.94	\$734.69
51	\$824.41	\$808.70	\$816.10	\$795.65	\$767.19
52	\$862.87	\$846.42	\$854.17	\$832.76	\$802.98
53	\$901.77	\$884.58	\$892.68	\$870.31	\$839.18
54	\$943.76	\$925.77	\$934.25	\$910.84	\$878.26
55	\$985.76	\$966.97	\$975.82	\$951.36	\$917.34
56	\$1,031.29	\$1,011.63	\$1,020.89	\$995.31	\$959.71
57	\$1,077.26	\$1,056.72	\$1,066.40	\$1,039.68	\$1,002.49
58	\$1,126.33	\$1,104.86	\$1,114.97	\$1,087.03	\$1,048.15
59	\$1,150.64	\$1,128.70	\$1,139.04	\$1,110.49	\$1,070.78
60	\$1,199.71	\$1,176.84	\$1,187.61	\$1,157.85	\$1,116.44
61	\$1,242.14	\$1,218.46	\$1,229.62	\$1,198.80	\$1,155.93
62	\$1,269.99	\$1,245.78	\$1,257.19	\$1,225.68	\$1,181.85
63	\$1,304.91	\$1,280.04	\$1,291.76	\$1,259.38	\$1,214.34
64+	\$1,326.12	\$1,300.86	\$1,312.77	\$1,279.86	\$1,234.08

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	\$316.40	\$303.74
15 ¹	\$343.26	\$329.47
16 ¹	\$353.53	\$339.31
17 ¹	\$363.80	\$349.15
18 ¹	\$374.85	\$359.74
19	\$371.64	\$356.07
20	\$383.10	\$367.04
21	\$394.94	\$378.39
22	\$394.94	\$378.39
23	\$394.94	\$378.39
24	\$394.94	\$378.39
25	\$396.52	\$379.91
26	\$404.42	\$387.48
27	\$413.90	\$396.56
28	\$429.30	\$411.31
29	\$441.94	\$423.42
30	\$448.26	\$429.48
31	\$457.74	\$438.56
32	\$467.22	\$447.64
33	\$473.14	\$453.32
34	\$479.46	\$459.37
35	\$482.62	\$462.40
36	\$485.78	\$465.42
37	\$488.94	\$468.45
38	\$492.10	\$471.48
39	\$498.42	\$477.53
40	\$504.74	\$483.59
41	\$514.22	\$492.67
42	\$523.30	\$501.37
43	\$535.94	\$513.48
44	\$551.74	\$528.62
45	\$570.30	\$546.40
46	\$592.42	\$567.59
47	\$617.30	\$591.43
48	\$645.73	\$618.67
49	\$673.78	\$645.54
50	\$705.37	\$675.81
51	\$736.57	\$705.70
52	\$770.93	\$738.63
53	\$805.69	\$771.92
54	\$843.21	\$807.87
55	\$880.73	\$843.82
56	\$921.41	\$882.79
57	\$962.48	\$922.15
58	\$1,006.32	\$964.15
59	\$1,028.04	\$984.96
60	\$1,071.88	\$1,026.96
61	\$1,109.79	\$1,063.29
62	\$1,134.68	\$1,087.13
63	\$1,165.88	\$1,117.02
64+	\$1,184.82	\$1,135.17

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	\$854.32	\$763.68	\$636.04	\$579.25
15	\$930.26	\$831.56	\$692.58	\$630.74
16	\$959.30	\$857.52	\$714.19	\$650.43
17	\$988.34	\$883.47	\$735.81	\$670.12
18	\$1,019.61	\$911.42	\$759.09	\$691.32
19	\$1,050.87	\$939.37	\$782.37	\$712.52
20	\$1,083.26	\$968.32	\$806.48	\$734.48
21	\$1,116.76	\$998.27	\$831.43	\$757.20
22	\$1,116.76	\$998.27	\$831.43	\$757.20
23	\$1,116.76	\$998.27	\$831.43	\$757.20
24	\$1,116.76	\$998.27	\$831.43	\$757.20
25	\$1,121.23	\$1,002.27	\$834.75	\$760.22
26	\$1,143.57	\$1,022.23	\$851.38	\$775.37
27	\$1,170.37	\$1,046.19	\$871.33	\$793.54
28	\$1,213.92	\$1,085.12	\$903.76	\$823.07
29	\$1,249.66	\$1,117.07	\$930.37	\$847.30
30	\$1,267.53	\$1,133.04	\$943.67	\$859.42
31	\$1,294.33	\$1,157.00	\$963.62	\$877.59
32	\$1,321.13	\$1,180.96	\$983.58	\$895.76
33	\$1,337.88	\$1,195.93	\$996.05	\$907.12
34	\$1,355.75	\$1,211.90	\$1,009.35	\$919.24
35	\$1,364.69	\$1,219.89	\$1,016.00	\$925.29
36	\$1,373.62	\$1,227.88	\$1,022.65	\$931.35
37	\$1,382.55	\$1,235.86	\$1,029.31	\$937.41
38	\$1,391.49	\$1,243.85	\$1,035.96	\$943.47
39	\$1,409.36	\$1,259.82	\$1,049.26	\$955.58
40	\$1,427.22	\$1,275.79	\$1,062.56	\$967.70
41	\$1,454.03	\$1,299.75	\$1,082.52	\$985.87
42	\$1,479.71	\$1,322.71	\$1,101.64	\$1,003.28
43	\$1,515.45	\$1,354.66	\$1,128.25	\$1,027.51
44	\$1,560.12	\$1,394.59	\$1,161.50	\$1,057.80
45	\$1,612.61	\$1,441.51	\$1,200.58	\$1,093.39
46	\$1,675.15	\$1,497.41	\$1,247.14	\$1,135.79
47	\$1,745.50	\$1,560.30	\$1,299.52	\$1,183.50
48	\$1,825.91	\$1,632.18	\$1,359.38	\$1,238.02
49	\$1,905.20	\$1,703.05	\$1,418.41	\$1,291.78
50	\$1,994.54	\$1,782.91	\$1,484.93	\$1,352.35
51	\$2,082.76	\$1,861.78	\$1,550.61	\$1,412.17
52	\$2,179.92	\$1,948.63	\$1,622.94	\$1,478.05
53	\$2,278.20	\$2,036.48	\$1,696.11	\$1,544.68
54	\$2,384.29	\$2,131.31	\$1,775.09	\$1,616.61
55	\$2,490.38	\$2,226.15	\$1,854.08	\$1,688.55
56	\$2,605.41	\$2,328.97	\$1,939.72	\$1,766.54
57	\$2,721.55	\$2,432.79	\$2,026.19	\$1,845.29
58	\$2,845.51	\$2,543.60	\$2,118.47	\$1,929.34
59	\$2,906.94	\$2,598.50	\$2,164.20	\$1,970.98
60	\$3,030.90	\$2,709.31	\$2,256.49	\$2,055.03
61	\$3,138.11	\$2,805.15	\$2,336.31	\$2,127.72
62	\$3,208.46	\$2,868.04	\$2,388.69	\$2,175.42
63	\$3,296.69	\$2,946.90	\$2,454.37	\$2,235.24
64+	\$3,350.28	\$2,994.81	\$2,494.29	\$2,271.60

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.