

Small Business Medical Plan Rates HMO

Age on 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	Platinum 90 0/10 PCP KP Plus + Child Dental Alt
0-14*	\$448.54	\$439.74	\$439.57	\$478.60
15*	\$487.14	\$477.56	\$477.37	\$519.87
16*	\$501.90	\$492.02	\$491.83	\$535.66
17*	\$516.66	\$506.48	\$506.28	\$551.44
18*	\$532.55	\$522.06	\$521.85	\$568.43
19	\$534.18	\$523.36	\$523.14	\$571.16
20	\$550.64	\$539.49	\$539.27	\$588.76
21	\$567.67	\$556.17	\$555.94	\$606.97
22	\$567.67	\$556.17	\$555.94	\$606.97
23	\$567.67	\$556.17	\$555.94	\$606.97
24	\$567.67	\$556.17	\$555.94	\$606.97
25	\$569.94	\$558.40	\$558.17	\$609.40
26	\$581.29	\$569.52	\$569.29	\$621.53
27	\$594.92	\$582.87	\$582.63	\$636.10
28	\$617.06	\$604.56	\$604.31	\$659.77
29	\$635.22	\$622.36	\$622.10	\$679.20
30	\$644.30	\$631.26	\$631.00	\$688.91
31	\$657.93	\$644.61	\$644.34	\$703.48
32	\$671.55	\$657.95	\$657.68	\$718.04
33	\$680.07	\$666.30	\$666.02	\$727.15
34	\$689.15	\$675.19	\$674.92	\$736.86
35	\$693.69	\$679.64	\$679.36	\$741.71
36	\$698.23	\$684.09	\$683.81	\$746.57
37	\$702.77	\$688.54	\$688.26	\$751.43
38	\$707.32	\$692.99	\$692.71	\$756.28
39	\$716.40	\$701.89	\$701.60	\$765.99
40	\$725.48	\$710.79	\$710.50	\$775.70
41	\$739.11	\$724.14	\$723.84	\$790.27
42	\$752.16	\$736.93	\$736.63	\$804.23
43	\$770.33	\$754.73	\$754.42	\$823.66
44	\$793.03	\$776.97	\$776.65	\$847.93
45	\$819.71	\$803.11	\$802.78	\$876.46
46	\$851.50	\$834.26	\$833.92	\$910.45
47	\$887.27	\$869.30	\$868.94	\$948.69
48	\$928.14	\$909.34	\$908.97	\$992.39
49	\$968.44	\$948.83	\$948.44	\$1,035.49
50	\$1,013.86	\$993.33	\$992.92	\$1,084.04
51	\$1,058.70	\$1,037.26	\$1,036.84	\$1,131.99
52	\$1,108.09	\$1,085.65	\$1,085.20	\$1,184.80
53	\$1,158.05	\$1,134.59	\$1,134.13	\$1,238.21
54	\$1,211.97	\$1,187.43	\$1,186.94	\$1,295.88
55	\$1,265.90	\$1,240.27	\$1,239.76	\$1,353.54
56	\$1,324.37	\$1,297.55	\$1,297.02	\$1,416.06
57	\$1,383.41	\$1,355.40	\$1,354.84	\$1,479.18
58	\$1,446.42	\$1,417.13	\$1,416.55	\$1,546.55
59	\$1,477.64	\$1,447.72	\$1,447.12	\$1,579.94
60	\$1,540.65	\$1,509.46	\$1,508.83	\$1,647.31
61	\$1,595.15	\$1,562.85	\$1,562.20	\$1,705.58
62	\$1,630.91	\$1,597.89	\$1,597.23	\$1,743.82
63	\$1,675.76	\$1,641.82	\$1,641.15	\$1,791.77
64 +	\$1,703.01	\$1,668.51	\$1,667.82	\$1,820.91

*HMO 0-14, 15, 16, 17 and 18 age rates includes the cost of \$14.27 for Child Dental Coverage.

Small Business Medical Plan Rates HMO

Age on Effective Date	Gold 80 HMO 0/40 PCP + Child Dental Alt	Gold 80 HMO 250/35 PCP + Child Dental	Gold 80 HMO 500/35 PCP + Child Dental Alt	Gold 80 HMO 1000/40 PCP + Child Dental Alt	Gold 80 HDHP HMO 1900/15% + Child Dental Alt	Gold 80 HRA HMO 2250/35 PCP + Child Dental	Gold 80 250/35 PCP KP Plus + Child Dental Alt
0-14*	\$421.49	\$414.97	\$408.89	\$396.17	\$362.58	\$363.70	\$444.93
15*	\$457.69	\$450.59	\$443.97	\$430.11	\$393.54	\$394.76	\$483.22
16*	\$471.53	\$464.21	\$457.38	\$443.09	\$405.38	\$406.63	\$497.85
17*	\$485.37	\$477.83	\$470.80	\$456.07	\$417.21	\$418.51	\$512.49
18*	\$500.28	\$492.49	\$485.24	\$470.05	\$429.96	\$431.30	\$528.25
19	\$500.91	\$492.89	\$485.41	\$469.76	\$428.44	\$429.82	\$529.74
20	\$516.35	\$508.08	\$500.37	\$484.24	\$441.64	\$443.06	\$546.07
21	\$532.32	\$523.79	\$515.85	\$499.21	\$455.30	\$456.77	\$562.96
22	\$532.32	\$523.79	\$515.85	\$499.21	\$455.30	\$456.77	\$562.96
23	\$532.32	\$523.79	\$515.85	\$499.21	\$455.30	\$456.77	\$562.96
24	\$532.32	\$523.79	\$515.85	\$499.21	\$455.30	\$456.77	\$562.96
25	\$534.45	\$525.89	\$517.91	\$501.21	\$457.12	\$458.59	\$565.21
26	\$545.09	\$536.36	\$528.23	\$511.19	\$466.23	\$467.73	\$576.47
27	\$557.87	\$548.94	\$540.61	\$523.17	\$477.16	\$478.69	\$589.98
28	\$578.63	\$569.36	\$560.73	\$542.64	\$494.91	\$496.50	\$611.94
29	\$595.66	\$586.12	\$577.23	\$558.62	\$509.48	\$511.12	\$629.95
30	\$604.18	\$594.51	\$585.49	\$566.61	\$516.77	\$518.43	\$638.96
31	\$616.96	\$607.08	\$597.87	\$578.59	\$527.70	\$529.39	\$652.47
32	\$629.73	\$619.65	\$610.25	\$590.57	\$538.62	\$540.35	\$665.98
33	\$637.72	\$627.50	\$617.99	\$598.06	\$545.45	\$547.20	\$674.43
34	\$646.23	\$635.89	\$626.24	\$606.04	\$552.74	\$554.51	\$683.43
35	\$650.49	\$640.08	\$630.37	\$610.04	\$556.38	\$558.17	\$687.94
36	\$654.75	\$644.27	\$634.49	\$614.03	\$560.02	\$561.82	\$692.44
37	\$659.01	\$648.46	\$638.62	\$618.03	\$563.67	\$565.48	\$696.94
38	\$663.27	\$652.65	\$642.75	\$622.02	\$567.31	\$569.13	\$701.45
39	\$671.78	\$661.03	\$651.00	\$630.01	\$574.59	\$576.44	\$710.46
40	\$680.30	\$669.41	\$659.25	\$637.99	\$581.88	\$583.75	\$719.46
41	\$693.08	\$681.98	\$671.63	\$649.97	\$592.80	\$594.71	\$732.97
42	\$705.32	\$694.03	\$683.50	\$661.46	\$603.28	\$605.21	\$745.92
43	\$722.36	\$710.79	\$700.01	\$677.43	\$617.85	\$619.83	\$763.94
44	\$743.65	\$731.74	\$720.64	\$697.40	\$636.06	\$638.10	\$786.45
45	\$768.67	\$756.36	\$744.88	\$720.86	\$657.46	\$659.57	\$812.91
46	\$798.48	\$785.69	\$773.77	\$748.82	\$682.96	\$685.15	\$844.44
47	\$832.01	\$818.69	\$806.27	\$780.27	\$711.64	\$713.92	\$879.91
48	\$870.34	\$856.40	\$843.41	\$816.21	\$744.42	\$746.81	\$920.44
49	\$908.13	\$893.59	\$880.04	\$851.66	\$776.75	\$779.24	\$960.41
50	\$950.72	\$935.50	\$921.30	\$891.59	\$813.17	\$815.78	\$1,005.45
51	\$992.77	\$976.87	\$962.06	\$931.03	\$849.14	\$851.87	\$1,049.92
52	\$1,039.08	\$1,022.44	\$1,006.93	\$974.46	\$888.75	\$891.61	\$1,098.90
53	\$1,085.93	\$1,068.54	\$1,052.33	\$1,018.39	\$928.82	\$931.80	\$1,148.44
54	\$1,136.50	\$1,118.30	\$1,101.33	\$1,065.82	\$972.07	\$975.19	\$1,201.92
55	\$1,187.07	\$1,168.06	\$1,150.34	\$1,113.24	\$1,015.33	\$1,018.59	\$1,255.40
56	\$1,241.90	\$1,222.01	\$1,203.47	\$1,164.66	\$1,062.22	\$1,065.63	\$1,313.38
57	\$1,297.26	\$1,276.48	\$1,257.12	\$1,216.58	\$1,109.57	\$1,113.14	\$1,371.93
58	\$1,356.35	\$1,334.63	\$1,314.38	\$1,271.99	\$1,160.11	\$1,163.84	\$1,434.42
59	\$1,385.62	\$1,363.43	\$1,342.75	\$1,299.45	\$1,185.15	\$1,188.96	\$1,465.38
60	\$1,444.71	\$1,421.58	\$1,400.01	\$1,354.86	\$1,235.69	\$1,239.66	\$1,527.87
61	\$1,495.81	\$1,471.86	\$1,449.53	\$1,402.79	\$1,279.40	\$1,283.51	\$1,581.92
62	\$1,529.35	\$1,504.86	\$1,482.03	\$1,434.24	\$1,308.09	\$1,312.29	\$1,617.38
63	\$1,571.40	\$1,546.24	\$1,522.78	\$1,473.68	\$1,344.06	\$1,348.37	\$1,661.86
64 +	\$1,596.96	\$1,571.37	\$1,547.55	\$1,497.63	\$1,365.90	\$1,370.31	\$1,688.88

*HMO 0-14, 15, 16, 17 and 18 age rates includes the cost of \$14.27 for Child Dental Coverage.

Small Business Medical Plan Rates HMO

Age on Effective Date	Silver 70 HMO 2000/65 PCP + Child Dental Alt	Silver 70 HMO 2300/65 PCP + Child Dental Alt	Silver 70 HMO 2500/55 PCP + Child Dental	Silver 70 HMO 3100/75 PCP + Child Dental Alt	Silver 70 HDHP HMO 3200/25% PCP + Child Dental
0-14*	\$336.83	\$341.76	\$343.96	\$330.64	\$319.90
15*	\$365.51	\$370.87	\$373.27	\$358.76	\$347.06
16*	\$376.47	\$382.00	\$384.47	\$369.51	\$357.45
17*	\$387.43	\$393.13	\$395.68	\$380.26	\$367.84
18*	\$399.24	\$405.12	\$407.75	\$391.84	\$379.02
19	\$396.77	\$402.84	\$405.54	\$389.15	\$375.94
20	\$409.00	\$415.25	\$418.04	\$401.14	\$387.52
21	\$421.65	\$428.09	\$430.97	\$413.55	\$399.51
22	\$421.65	\$428.09	\$430.97	\$413.55	\$399.51
23	\$421.65	\$428.09	\$430.97	\$413.55	\$399.51
24	\$421.65	\$428.09	\$430.97	\$413.55	\$399.51
25	\$423.34	\$429.81	\$432.69	\$415.21	\$401.11
26	\$431.77	\$438.37	\$441.31	\$423.48	\$409.10
27	\$441.89	\$448.64	\$451.66	\$433.40	\$418.69
28	\$458.34	\$465.34	\$468.46	\$449.53	\$434.27
29	\$471.83	\$479.04	\$482.25	\$462.76	\$447.05
30	\$478.57	\$485.89	\$489.15	\$469.38	\$453.44
31	\$488.69	\$496.16	\$499.49	\$479.31	\$463.03
32	\$498.81	\$506.44	\$509.84	\$489.23	\$472.62
33	\$505.14	\$512.86	\$516.30	\$495.43	\$478.61
34	\$511.88	\$519.71	\$523.20	\$502.05	\$485.00
35	\$515.26	\$523.13	\$526.64	\$505.36	\$488.20
36	\$518.63	\$526.56	\$530.09	\$508.67	\$491.40
37	\$522.00	\$529.98	\$533.54	\$511.98	\$494.59
38	\$525.38	\$533.41	\$536.99	\$515.28	\$497.79
39	\$532.12	\$540.25	\$543.88	\$521.90	\$504.18
40	\$538.87	\$547.10	\$550.78	\$528.52	\$510.57
41	\$548.99	\$557.38	\$561.12	\$538.44	\$520.16
42	\$558.69	\$567.22	\$571.03	\$547.96	\$529.35
43	\$572.18	\$580.92	\$584.83	\$561.19	\$542.13
44	\$589.05	\$598.05	\$602.06	\$577.73	\$558.12
45	\$608.86	\$618.17	\$622.32	\$597.17	\$576.89
46	\$632.48	\$642.14	\$646.45	\$620.33	\$599.26
47	\$659.04	\$669.11	\$673.61	\$646.38	\$624.43
48	\$689.40	\$699.93	\$704.64	\$676.16	\$653.20
49	\$719.34	\$730.33	\$735.23	\$705.52	\$681.56
50	\$753.07	\$764.58	\$769.71	\$738.60	\$713.52
51	\$786.38	\$798.40	\$803.76	\$771.27	\$745.09
52	\$823.06	\$835.64	\$841.25	\$807.25	\$779.84
53	\$860.17	\$873.31	\$879.18	\$843.64	\$815.00
54	\$900.23	\$913.98	\$920.12	\$882.93	\$852.95
55	\$940.28	\$954.65	\$961.06	\$922.22	\$890.91
56	\$983.71	\$998.74	\$1,005.45	\$964.82	\$932.06
57	\$1,027.56	\$1,043.26	\$1,050.27	\$1,007.82	\$973.61
58	\$1,074.37	\$1,090.78	\$1,098.11	\$1,053.73	\$1,017.95
59	\$1,097.56	\$1,114.33	\$1,121.81	\$1,076.47	\$1,039.92
60	\$1,144.36	\$1,161.85	\$1,169.65	\$1,122.38	\$1,084.27
61	\$1,184.84	\$1,202.94	\$1,211.02	\$1,162.08	\$1,122.62
62	\$1,211.40	\$1,229.91	\$1,238.18	\$1,188.13	\$1,147.79
63	\$1,244.71	\$1,263.73	\$1,272.22	\$1,220.80	\$1,179.35
64 +	\$1,264.95	\$1,284.27	\$1,292.91	\$1,240.65	\$1,198.53

*HMO 0-14, 15, 16, 17 and 18 age rates includes the cost of \$14.27 for Child Dental Coverage.



Small Business Medical Plan Rates HMO

Age on Effective Date	Bronze 60 HMO 5800/60 PCP + Child Dental	Bronze 60 HDHP HMO 7200/0 PCP + Child Dental
0-14*	\$311.77	\$302.63
15*	\$338.22	\$328.27
16*	\$348.33	\$338.07
17*	\$358.44	\$347.87
18*	\$369.33	\$358.42
19	\$365.95	\$354.71
20	\$377.23	\$365.64
21	\$388.89	\$376.95
22	\$388.89	\$376.95
23	\$388.89	\$376.95
24	\$388.89	\$376.95
25	\$390.45	\$378.45
26	\$398.23	\$385.99
27	\$407.56	\$395.04
28	\$422.73	\$409.74
29	\$435.17	\$421.80
30	\$441.40	\$427.83
31	\$450.73	\$436.88
32	\$460.06	\$445.93
33	\$465.90	\$451.58
34	\$472.12	\$457.61
35	\$475.23	\$460.63
36	\$478.34	\$463.64
37	\$481.45	\$466.66
38	\$484.56	\$469.67
39	\$490.79	\$475.70
40	\$497.01	\$481.74
41	\$506.34	\$490.78
42	\$515.29	\$499.45
43	\$527.73	\$511.51
44	\$543.29	\$526.59
45	\$561.56	\$544.31
46	\$583.34	\$565.42
47	\$607.84	\$589.17
48	\$635.84	\$616.31
49	\$663.45	\$643.07
50	\$694.57	\$673.22
51	\$725.29	\$703.00
52	\$759.12	\$735.80
53	\$793.35	\$768.97
54	\$830.29	\$804.78
55	\$867.24	\$840.59
56	\$907.29	\$879.41
57	\$947.74	\$918.62
58	\$990.90	\$960.46
59	\$1,012.29	\$981.19
60	\$1,055.46	\$1,023.03
61	\$1,092.79	\$1,059.22
62	\$1,117.29	\$1,082.96
63	\$1,148.02	\$1,112.74
64 +	\$1,166.67	\$1,130.85

*HMO 0-14, 15, 16, 17 and 18 age rates includes the cost of \$14.27 for Child Dental Coverage.



Small Business Medical Plan Rates PPO

Age on 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	\$792.58	\$726.78	\$616.85	\$561.61
15	\$863.03	\$791.38	\$671.68	\$611.53
16	\$889.97	\$816.08	\$692.64	\$630.62
17	\$916.91	\$840.78	\$713.61	\$649.71
18	\$945.92	\$867.38	\$736.19	\$670.27
19	\$974.93	\$893.98	\$758.76	\$690.82
20	\$1,004.97	\$921.54	\$782.15	\$712.11
21	\$1,036.05	\$950.04	\$806.34	\$734.14
22	\$1,036.05	\$950.04	\$806.34	\$734.14
23	\$1,036.05	\$950.04	\$806.34	\$734.14
24	\$1,036.05	\$950.04	\$806.34	\$734.14
25	\$1,040.20	\$953.84	\$809.56	\$737.07
26	\$1,060.92	\$972.84	\$825.69	\$751.75
27	\$1,085.78	\$995.64	\$845.04	\$769.37
28	\$1,126.19	\$1,032.69	\$876.49	\$798.01
29	\$1,159.34	\$1,063.09	\$902.29	\$821.50
30	\$1,175.92	\$1,078.29	\$915.19	\$833.24
31	\$1,200.79	\$1,101.09	\$934.55	\$850.86
32	\$1,225.65	\$1,123.89	\$953.90	\$868.48
33	\$1,241.19	\$1,138.14	\$965.99	\$879.49
34	\$1,257.77	\$1,153.34	\$978.89	\$891.24
35	\$1,266.06	\$1,160.94	\$985.35	\$897.11
36	\$1,274.35	\$1,168.54	\$991.80	\$902.99
37	\$1,282.63	\$1,176.14	\$998.25	\$908.86
38	\$1,290.92	\$1,183.75	\$1,004.70	\$914.73
39	\$1,307.50	\$1,198.95	\$1,017.60	\$926.48
40	\$1,324.08	\$1,214.15	\$1,030.50	\$938.23
41	\$1,348.94	\$1,236.95	\$1,049.85	\$955.84
42	\$1,372.77	\$1,258.80	\$1,068.40	\$972.73
43	\$1,405.93	\$1,289.20	\$1,094.20	\$996.22
44	\$1,447.37	\$1,327.20	\$1,126.45	\$1,025.59
45	\$1,496.06	\$1,371.85	\$1,164.35	\$1,060.09
46	\$1,554.08	\$1,425.05	\$1,209.51	\$1,101.20
47	\$1,619.35	\$1,484.91	\$1,260.31	\$1,147.45
48	\$1,693.95	\$1,553.31	\$1,318.36	\$1,200.31
49	\$1,767.51	\$1,620.76	\$1,375.61	\$1,252.44
50	\$1,850.39	\$1,696.76	\$1,440.12	\$1,311.17
51	\$1,932.24	\$1,771.82	\$1,503.82	\$1,369.16
52	\$2,022.38	\$1,854.47	\$1,573.97	\$1,433.03
53	\$2,113.55	\$1,938.07	\$1,644.93	\$1,497.64
54	\$2,211.98	\$2,028.33	\$1,721.53	\$1,567.38
55	\$2,310.40	\$2,118.58	\$1,798.13	\$1,637.12
56	\$2,417.11	\$2,216.43	\$1,881.19	\$1,712.74
57	\$2,524.86	\$2,315.24	\$1,965.05	\$1,789.09
58	\$2,639.87	\$2,420.69	\$2,054.55	\$1,870.58
59	\$2,696.85	\$2,472.94	\$2,098.90	\$1,910.95
60	\$2,811.85	\$2,578.40	\$2,188.40	\$1,992.44
61	\$2,911.31	\$2,669.60	\$2,265.81	\$2,062.92
62	\$2,976.58	\$2,729.45	\$2,316.61	\$2,109.17
63	\$3,058.43	\$2,804.51	\$2,380.31	\$2,167.17
64 +	\$3,108.15	\$2,850.12	\$2,419.02	\$2,202.42

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.