

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*	\$425.68	\$417.35	\$417.18	\$454.16
15*	\$462.25	\$453.18	\$453.00	\$493.26
16*	\$476.23	\$466.88	\$466.69	\$508.21
17*	\$490.22	\$480.58	\$480.39	\$523.16
18*	\$505.27	\$495.33	\$495.13	\$539.27
19	\$506.06	\$495.81	\$495.61	\$541.10
20	\$521.66	\$511.09	\$510.88	\$557.77
21	\$537.79	\$526.90	\$526.68	\$575.02
22	\$537.79	\$526.90	\$526.68	\$575.02
23	\$537.79	\$526.90	\$526.68	\$575.02
24	\$537.79	\$526.90	\$526.68	\$575.02
25	\$539.94	\$529.01	\$528.79	\$577.32
26	\$550.70	\$539.55	\$539.32	\$588.82
27	\$563.61	\$552.19	\$551.97	\$602.62
28	\$584.58	\$572.74	\$572.51	\$625.05
29	\$601.79	\$589.60	\$589.36	\$643.45
30	\$610.39	\$598.03	\$597.79	\$652.65
31	\$623.30	\$610.68	\$610.43	\$666.45
32	\$636.21	\$623.32	\$623.07	\$680.25
33	\$644.27	\$631.23	\$630.97	\$688.88
34	\$652.88	\$639.66	\$639.39	\$698.08
35	\$657.18	\$643.87	\$643.61	\$702.68
36	\$661.48	\$648.09	\$647.82	\$707.28
37	\$665.79	\$652.30	\$652.04	\$711.88
38	\$670.09	\$656.52	\$656.25	\$716.48
39	\$678.69	\$664.95	\$664.68	\$725.68
40	\$687.30	\$673.38	\$673.10	\$734.88
41	\$700.21	\$686.03	\$685.74	\$748.68
42	\$712.57	\$698.14	\$697.86	\$761.90
43	\$729.78	\$715.01	\$714.71	\$780.30
44	\$751.30	\$736.08	\$735.78	\$803.31
45	\$776.57	\$760.85	\$760.53	\$830.33
46	\$806.69	\$790.35	\$790.03	\$862.53
47	\$840.57	\$823.55	\$823.21	\$898.76
48	\$879.29	\$861.48	\$861.13	\$940.16
49	\$917.47	\$898.89	\$898.52	\$980.99
50	\$960.50	\$941.05	\$940.66	\$1,026.99
51	\$1,002.98	\$982.67	\$982.27	\$1,072.42
52	\$1,049.77	\$1,028.51	\$1,028.09	\$1,122.44
53	\$1,097.10	\$1,074.88	\$1,074.44	\$1,173.04
54	\$1,148.19	\$1,124.93	\$1,124.47	\$1,227.67
55	\$1,199.28	\$1,174.99	\$1,174.51	\$1,282.30
56	\$1,254.67	\$1,229.26	\$1,228.75	\$1,341.53
57	\$1,310.60	\$1,284.06	\$1,283.53	\$1,401.33
58	\$1,370.29	\$1,342.54	\$1,341.99	\$1,465.16
59	\$1,399.87	\$1,371.52	\$1,370.96	\$1,496.78
60	\$1,459.57	\$1,430.01	\$1,429.42	\$1,560.61
61	\$1,511.20	\$1,480.59	\$1,479.98	\$1,615.81
62	\$1,545.08	\$1,513.79	\$1,513.16	\$1,652.04
63	\$1,587.56	\$1,555.41	\$1,554.77	\$1,697.47
64 +	\$1,613.37	\$1,580.70	\$1,580.04	\$1,725.06

*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*	\$400.06	\$393.88	\$388.12	\$376.07	\$344.25	\$345.30	\$422.27
15*	\$434.35	\$427.63	\$421.36	\$408.23	\$373.58	\$374.73	\$458.53
16*	\$447.46	\$440.53	\$434.06	\$420.52	\$384.79	\$385.98	\$472.40
17*	\$460.58	\$453.43	\$446.77	\$432.82	\$396.01	\$397.23	\$486.27
18*	\$474.70	\$467.32	\$460.45	\$446.06	\$408.08	\$409.35	\$501.20
19	\$474.55	\$466.95	\$459.86	\$445.03	\$405.89	\$407.19	\$501.86
20	\$489.17	\$481.34	\$474.04	\$458.75	\$418.40	\$419.74	\$517.33
21	\$504.30	\$496.23	\$488.70	\$472.94	\$431.34	\$432.73	\$533.33
22	\$504.30	\$496.23	\$488.70	\$472.94	\$431.34	\$432.73	\$533.33
23	\$504.30	\$496.23	\$488.70	\$472.94	\$431.34	\$432.73	\$533.33
24	\$504.30	\$496.23	\$488.70	\$472.94	\$431.34	\$432.73	\$533.33
25	\$506.32	\$498.21	\$490.65	\$474.83	\$433.07	\$434.46	\$535.46
26	\$516.40	\$508.13	\$500.43	\$484.29	\$441.69	\$443.11	\$546.13
27	\$528.51	\$520.04	\$512.16	\$495.64	\$452.04	\$453.50	\$558.93
28	\$548.18	\$539.40	\$531.21	\$514.08	\$468.87	\$470.37	\$579.73
29	\$564.31	\$555.28	\$546.85	\$529.22	\$482.67	\$484.22	\$596.80
30	\$572.38	\$563.22	\$554.67	\$536.78	\$489.57	\$491.14	\$605.33
31	\$584.48	\$575.13	\$566.40	\$548.14	\$499.92	\$501.53	\$618.13
32	\$596.59	\$587.03	\$578.13	\$559.49	\$510.28	\$511.91	\$630.93
33	\$604.15	\$594.48	\$585.46	\$566.58	\$516.75	\$518.40	\$638.93
34	\$612.22	\$602.42	\$593.28	\$574.15	\$523.65	\$525.33	\$647.46
35	\$616.26	\$606.39	\$597.19	\$577.93	\$527.10	\$528.79	\$651.73
36	\$620.29	\$610.36	\$601.10	\$581.71	\$530.55	\$532.25	\$656.00
37	\$624.32	\$614.33	\$605.01	\$585.50	\$534.00	\$535.71	\$660.26
38	\$628.36	\$618.30	\$608.92	\$589.28	\$537.45	\$539.18	\$664.53
39	\$636.43	\$626.24	\$616.74	\$596.85	\$544.35	\$546.10	\$673.06
40	\$644.50	\$634.18	\$624.56	\$604.41	\$551.25	\$553.02	\$681.60
41	\$656.60	\$646.09	\$636.28	\$615.77	\$561.60	\$563.41	\$694.40
42	\$668.20	\$657.50	\$647.52	\$626.64	\$571.53	\$573.36	\$706.66
43	\$684.34	\$673.38	\$663.16	\$641.78	\$585.33	\$587.21	\$723.73
44	\$704.51	\$693.23	\$682.71	\$660.69	\$602.58	\$604.52	\$745.06
45	\$728.21	\$716.55	\$705.68	\$682.92	\$622.85	\$624.86	\$770.13
46	\$756.45	\$744.34	\$733.05	\$709.41	\$647.01	\$649.09	\$800.00
47	\$788.22	\$775.60	\$763.83	\$739.20	\$674.18	\$676.35	\$833.60
48	\$824.53	\$811.33	\$799.02	\$773.25	\$705.24	\$707.51	\$871.99
49	\$860.34	\$846.56	\$833.72	\$806.83	\$735.87	\$738.23	\$909.86
50	\$900.68	\$886.26	\$872.81	\$844.67	\$770.37	\$772.85	\$952.53
51	\$940.52	\$925.46	\$911.42	\$882.03	\$804.45	\$807.03	\$994.66
52	\$984.40	\$968.63	\$953.94	\$923.18	\$841.98	\$844.68	\$1,041.06
53	\$1,028.77	\$1,012.30	\$996.94	\$964.79	\$879.93	\$882.76	\$1,087.99
54	\$1,076.68	\$1,059.44	\$1,043.37	\$1,009.72	\$920.91	\$923.87	\$1,138.66
55	\$1,124.59	\$1,106.58	\$1,089.80	\$1,054.65	\$961.89	\$964.98	\$1,189.33
56	\$1,176.53	\$1,157.69	\$1,140.13	\$1,103.36	\$1,006.32	\$1,009.55	\$1,244.26
57	\$1,228.98	\$1,209.30	\$1,190.96	\$1,152.55	\$1,051.18	\$1,054.55	\$1,299.73
58	\$1,284.96	\$1,264.38	\$1,245.20	\$1,205.05	\$1,099.05	\$1,102.58	\$1,358.93
59	\$1,312.70	\$1,291.67	\$1,272.08	\$1,231.06	\$1,122.78	\$1,126.38	\$1,388.26
60	\$1,368.67	\$1,346.76	\$1,326.33	\$1,283.55	\$1,170.66	\$1,174.42	\$1,447.46
61	\$1,417.09	\$1,394.39	\$1,373.24	\$1,328.96	\$1,212.07	\$1,215.96	\$1,498.66
62	\$1,448.86	\$1,425.66	\$1,404.03	\$1,358.75	\$1,239.24	\$1,243.22	\$1,532.26
63	\$1,488.70	\$1,464.86	\$1,442.64	\$1,396.11	\$1,273.32	\$1,277.40	\$1,574.39
64 +	\$1,512.90	\$1,488.69	\$1,466.10	\$1,418.82	\$1,294.02	\$1,298.19	\$1,599.99

*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*	\$319.86	\$324.53	\$326.61	\$313.99	\$303.81
15*	\$347.02	\$352.10	\$354.37	\$340.63	\$329.55
16*	\$357.41	\$362.65	\$364.99	\$350.81	\$339.39
17*	\$367.79	\$373.19	\$375.60	\$361.00	\$349.23
18*	\$378.98	\$384.55	\$387.04	\$371.97	\$359.83
19	\$375.89	\$381.63	\$384.20	\$368.67	\$356.15
20	\$387.48	\$393.40	\$396.04	\$380.03	\$367.13
21	\$399.46	\$405.56	\$408.29	\$391.79	\$378.48
22	\$399.46	\$405.56	\$408.29	\$391.79	\$378.48
23	\$399.46	\$405.56	\$408.29	\$391.79	\$378.48
24	\$399.46	\$405.56	\$408.29	\$391.79	\$378.48
25	\$401.06	\$407.18	\$409.92	\$393.35	\$380.00
26	\$409.05	\$415.30	\$418.09	\$401.19	\$387.57
27	\$418.63	\$425.03	\$427.88	\$410.59	\$396.65
28	\$434.21	\$440.85	\$443.81	\$425.87	\$411.41
29	\$446.99	\$453.82	\$456.87	\$438.41	\$423.52
30	\$453.39	\$460.31	\$463.41	\$444.68	\$429.58
31	\$462.97	\$470.05	\$473.20	\$454.08	\$438.66
32	\$472.56	\$479.78	\$483.00	\$463.48	\$447.75
33	\$478.55	\$485.86	\$489.13	\$469.36	\$453.42
34	\$484.94	\$492.35	\$495.66	\$475.63	\$459.48
35	\$488.14	\$495.60	\$498.93	\$478.76	\$462.51
36	\$491.33	\$498.84	\$502.19	\$481.90	\$465.53
37	\$494.53	\$502.09	\$505.46	\$485.03	\$468.56
38	\$497.73	\$505.33	\$508.73	\$488.16	\$471.59
39	\$504.12	\$511.82	\$515.26	\$494.43	\$477.65
40	\$510.51	\$518.31	\$521.79	\$500.70	\$483.70
41	\$520.10	\$528.04	\$531.59	\$510.10	\$492.78
42	\$529.28	\$537.37	\$540.98	\$519.12	\$501.49
43	\$542.07	\$550.35	\$554.05	\$531.65	\$513.60
44	\$558.04	\$566.57	\$570.38	\$547.32	\$528.74
45	\$576.82	\$585.63	\$589.57	\$565.74	\$546.53
46	\$599.19	\$608.34	\$612.43	\$587.68	\$567.72
47	\$624.35	\$633.89	\$638.15	\$612.36	\$591.57
48	\$653.12	\$663.10	\$667.55	\$640.57	\$618.82
49	\$681.48	\$691.89	\$696.54	\$668.39	\$645.69
50	\$713.43	\$724.33	\$729.20	\$699.73	\$675.97
51	\$744.99	\$756.37	\$761.45	\$730.68	\$705.87
52	\$779.74	\$791.66	\$796.98	\$764.77	\$738.80
53	\$814.90	\$827.35	\$832.91	\$799.24	\$772.11
54	\$852.85	\$865.88	\$871.69	\$836.46	\$808.06
55	\$890.79	\$904.40	\$910.48	\$873.68	\$844.02
56	\$931.94	\$946.18	\$952.53	\$914.04	\$883.00
57	\$973.48	\$988.36	\$995.00	\$954.78	\$922.36
58	\$1,017.82	\$1,033.37	\$1,040.31	\$998.27	\$964.37
59	\$1,039.79	\$1,055.68	\$1,062.77	\$1,019.82	\$985.19
60	\$1,084.13	\$1,100.70	\$1,108.09	\$1,063.31	\$1,027.20
61	\$1,122.48	\$1,139.63	\$1,147.29	\$1,100.92	\$1,063.54
62	\$1,147.65	\$1,165.18	\$1,173.01	\$1,125.60	\$1,087.38
63	\$1,179.20	\$1,197.22	\$1,205.26	\$1,156.55	\$1,117.28
64 +	\$1,198.38	\$1,216.68	\$1,224.87	\$1,175.37	\$1,135.44

*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*	\$296.12	\$287.46
15*	\$321.17	\$311.74
16*	\$330.75	\$321.02
17*	\$340.33	\$330.31
18*	\$350.64	\$340.31
19	\$346.69	\$336.04
20	\$357.37	\$346.39
21	\$368.43	\$357.11
22	\$368.43	\$357.11
23	\$368.43	\$357.11
24	\$368.43	\$357.11
25	\$369.90	\$358.53
26	\$377.27	\$365.68
27	\$386.11	\$374.25
28	\$400.48	\$388.17
29	\$412.27	\$399.60
30	\$418.16	\$405.32
31	\$427.01	\$413.89
32	\$435.85	\$422.46
33	\$441.38	\$427.81
34	\$447.27	\$433.53
35	\$450.22	\$436.38
36	\$453.16	\$439.24
37	\$456.11	\$442.10
38	\$459.06	\$444.95
39	\$464.95	\$450.67
40	\$470.85	\$456.38
41	\$479.69	\$464.95
42	\$488.17	\$473.17
43	\$499.96	\$484.59
44	\$514.69	\$498.88
45	\$532.01	\$515.66
46	\$552.64	\$535.66
47	\$575.85	\$558.16
48	\$602.38	\$583.87
49	\$628.54	\$609.22
50	\$658.01	\$637.79
51	\$687.12	\$666.00
52	\$719.17	\$697.07
53	\$751.59	\$728.50
54	\$786.59	\$762.42
55	\$821.59	\$796.35
56	\$859.54	\$833.13
57	\$897.86	\$870.27
58	\$938.75	\$909.91
59	\$959.01	\$929.55
60	\$999.91	\$969.19
61	\$1,035.28	\$1,003.47
62	\$1,058.49	\$1,025.97
63	\$1,087.60	\$1,054.18
64 +	\$1,105.29	\$1,071.33

*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	\$750.87	\$688.53	\$584.38	\$532.05
15	\$817.61	\$749.73	\$636.33	\$579.35
16	\$843.13	\$773.13	\$656.19	\$597.43
17	\$868.65	\$796.53	\$676.05	\$615.51
18	\$896.13	\$821.73	\$697.44	\$634.99
19	\$923.61	\$846.93	\$718.83	\$654.46
20	\$952.08	\$873.03	\$740.98	\$674.63
21	\$981.52	\$900.03	\$763.90	\$695.50
22	\$981.52	\$900.03	\$763.90	\$695.50
23	\$981.52	\$900.03	\$763.90	\$695.50
24	\$981.52	\$900.03	\$763.90	\$695.50
25	\$985.45	\$903.63	\$766.95	\$698.28
26	\$1,005.08	\$921.64	\$782.23	\$712.19
27	\$1,028.64	\$943.24	\$800.57	\$728.88
28	\$1,066.92	\$978.34	\$830.36	\$756.00
29	\$1,098.33	\$1,007.14	\$854.80	\$778.26
30	\$1,114.03	\$1,021.54	\$867.03	\$789.39
31	\$1,137.59	\$1,043.14	\$885.36	\$806.08
32	\$1,161.14	\$1,064.74	\$903.69	\$822.77
33	\$1,175.87	\$1,078.24	\$915.15	\$833.21
34	\$1,191.57	\$1,092.64	\$927.37	\$844.33
35	\$1,199.42	\$1,099.84	\$933.49	\$849.90
36	\$1,207.28	\$1,107.04	\$939.60	\$855.46
37	\$1,215.13	\$1,114.24	\$945.71	\$861.02
38	\$1,222.98	\$1,121.44	\$951.82	\$866.59
39	\$1,238.68	\$1,135.84	\$964.04	\$877.72
40	\$1,254.39	\$1,150.24	\$976.26	\$888.84
41	\$1,277.95	\$1,171.84	\$994.60	\$905.54
42	\$1,300.52	\$1,192.55	\$1,012.17	\$921.53
43	\$1,331.93	\$1,221.35	\$1,036.61	\$943.79
44	\$1,371.19	\$1,257.35	\$1,067.17	\$971.61
45	\$1,417.32	\$1,299.65	\$1,103.07	\$1,004.30
46	\$1,472.29	\$1,350.05	\$1,145.85	\$1,043.25
47	\$1,534.12	\$1,406.75	\$1,193.97	\$1,087.06
48	\$1,604.79	\$1,471.56	\$1,248.98	\$1,137.14
49	\$1,674.48	\$1,535.46	\$1,303.21	\$1,186.52
50	\$1,753.00	\$1,607.46	\$1,364.32	\$1,242.16
51	\$1,830.54	\$1,678.56	\$1,424.67	\$1,297.10
52	\$1,915.94	\$1,756.87	\$1,491.13	\$1,357.61
53	\$2,002.31	\$1,836.07	\$1,558.35	\$1,418.81
54	\$2,095.56	\$1,921.57	\$1,630.93	\$1,484.89
55	\$2,188.80	\$2,007.08	\$1,703.50	\$1,550.96
56	\$2,289.90	\$2,099.78	\$1,782.18	\$1,622.59
57	\$2,391.98	\$2,193.38	\$1,861.62	\$1,694.93
58	\$2,500.93	\$2,293.29	\$1,946.42	\$1,772.13
59	\$2,554.91	\$2,342.79	\$1,988.43	\$1,810.38
60	\$2,663.86	\$2,442.69	\$2,073.22	\$1,887.58
61	\$2,758.08	\$2,529.10	\$2,146.56	\$1,954.35
62	\$2,819.92	\$2,585.80	\$2,194.68	\$1,998.16
63	\$2,897.46	\$2,656.90	\$2,255.03	\$2,053.11
64 +	\$2,944.56	\$2,700.09	\$2,291.70	\$2,086.50

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.