

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*	\$413.34	\$405.26	\$405.10	\$440.97
15*	\$448.81	\$440.01	\$439.84	\$478.89
16*	\$462.37	\$453.30	\$453.12	\$493.40
17*	\$475.94	\$466.59	\$466.40	\$507.90
18*	\$490.54	\$480.90	\$480.71	\$523.52
19	\$490.88	\$480.94	\$480.74	\$524.86
20	\$506.01	\$495.76	\$495.56	\$541.04
21	\$521.66	\$511.09	\$510.88	\$557.77
22	\$521.66	\$511.09	\$510.88	\$557.77
23	\$521.66	\$511.09	\$510.88	\$557.77
24	\$521.66	\$511.09	\$510.88	\$557.77
25	\$523.74	\$513.14	\$512.93	\$560.00
26	\$534.18	\$523.36	\$523.14	\$571.16
27	\$546.70	\$535.63	\$535.41	\$584.54
28	\$567.04	\$555.56	\$555.33	\$606.30
29	\$583.74	\$571.91	\$571.68	\$624.15
30	\$592.08	\$580.09	\$579.85	\$633.07
31	\$604.60	\$592.36	\$592.11	\$646.46
32	\$617.12	\$604.62	\$604.38	\$659.84
33	\$624.95	\$612.29	\$612.04	\$668.21
34	\$633.29	\$620.47	\$620.21	\$677.13
35	\$637.47	\$624.56	\$624.30	\$681.60
36	\$641.64	\$628.65	\$628.39	\$686.06
37	\$645.81	\$632.73	\$632.47	\$690.52
38	\$649.99	\$636.82	\$636.56	\$694.98
39	\$658.33	\$645.00	\$644.74	\$703.91
40	\$666.68	\$653.18	\$652.91	\$712.83
41	\$679.20	\$665.44	\$665.17	\$726.22
42	\$691.20	\$677.20	\$676.92	\$739.05
43	\$707.89	\$693.55	\$693.27	\$756.90
44	\$728.76	\$714.00	\$713.70	\$779.21
45	\$753.27	\$738.02	\$737.72	\$805.42
46	\$782.49	\$766.64	\$766.33	\$836.66
47	\$815.35	\$798.84	\$798.51	\$871.80
48	\$852.91	\$835.64	\$835.29	\$911.96
49	\$889.95	\$871.93	\$871.57	\$951.56
50	\$931.68	\$912.81	\$912.44	\$996.18
51	\$972.89	\$953.19	\$952.80	\$1,040.24
52	\$1,018.28	\$997.66	\$997.24	\$1,088.77
53	\$1,064.18	\$1,042.63	\$1,042.20	\$1,137.85
54	\$1,113.74	\$1,091.19	\$1,090.74	\$1,190.84
55	\$1,163.30	\$1,139.74	\$1,139.27	\$1,243.83
56	\$1,217.03	\$1,192.38	\$1,191.89	\$1,301.28
57	\$1,271.28	\$1,245.54	\$1,245.02	\$1,359.29
58	\$1,329.19	\$1,302.27	\$1,301.73	\$1,421.20
59	\$1,357.88	\$1,330.38	\$1,329.83	\$1,451.88
60	\$1,415.78	\$1,387.11	\$1,386.54	\$1,513.79
61	\$1,465.86	\$1,436.18	\$1,435.58	\$1,567.34
62	\$1,498.72	\$1,468.37	\$1,467.77	\$1,602.48
63	\$1,539.94	\$1,508.75	\$1,508.13	\$1,646.54
64 +	\$1,564.98	\$1,533.27	\$1,532.64	\$1,673.31

*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*	\$388.49	\$382.49	\$376.91	\$365.21	\$334.35	\$335.37	\$410.03
15*	\$421.75	\$415.23	\$409.14	\$396.41	\$362.80	\$363.92	\$445.21
16*	\$434.47	\$427.74	\$421.47	\$408.34	\$373.68	\$374.83	\$458.66
17*	\$447.19	\$440.25	\$433.79	\$420.26	\$384.55	\$385.74	\$472.11
18*	\$460.88	\$453.73	\$447.07	\$433.11	\$396.27	\$397.50	\$486.59
19	\$460.31	\$452.94	\$446.07	\$431.68	\$393.71	\$394.98	\$486.81
20	\$474.50	\$466.90	\$459.82	\$444.99	\$405.85	\$407.15	\$501.81
21	\$489.17	\$481.34	\$474.04	\$458.75	\$418.40	\$419.74	\$517.33
22	\$489.17	\$481.34	\$474.04	\$458.75	\$418.40	\$419.74	\$517.33
23	\$489.17	\$481.34	\$474.04	\$458.75	\$418.40	\$419.74	\$517.33
24	\$489.17	\$481.34	\$474.04	\$458.75	\$418.40	\$419.74	\$517.33
25	\$491.13	\$483.26	\$475.93	\$460.58	\$420.07	\$421.42	\$519.40
26	\$500.91	\$492.89	\$485.41	\$469.76	\$428.44	\$429.82	\$529.75
27	\$512.65	\$504.44	\$496.79	\$480.77	\$438.48	\$439.89	\$542.16
28	\$531.73	\$523.22	\$515.28	\$498.66	\$454.80	\$456.26	\$562.34
29	\$547.38	\$538.62	\$530.45	\$513.34	\$468.19	\$469.69	\$578.89
30	\$555.21	\$546.32	\$538.03	\$520.68	\$474.88	\$476.41	\$587.17
31	\$566.95	\$557.87	\$549.41	\$531.69	\$484.93	\$486.48	\$599.59
32	\$578.69	\$569.42	\$560.79	\$542.70	\$494.97	\$496.56	\$612.00
33	\$586.03	\$576.64	\$567.90	\$549.58	\$501.24	\$502.85	\$619.76
34	\$593.85	\$584.35	\$575.48	\$556.92	\$507.94	\$509.57	\$628.04
35	\$597.77	\$588.20	\$579.27	\$560.59	\$511.28	\$512.93	\$632.18
36	\$601.68	\$592.05	\$583.07	\$564.26	\$514.63	\$516.28	\$636.32
37	\$605.59	\$595.90	\$586.86	\$567.93	\$517.98	\$519.64	\$640.45
38	\$609.51	\$599.75	\$590.65	\$571.60	\$521.33	\$523.00	\$644.59
39	\$617.33	\$607.45	\$598.23	\$578.94	\$528.02	\$529.72	\$652.87
40	\$625.16	\$615.15	\$605.82	\$586.28	\$534.71	\$536.43	\$661.15
41	\$636.90	\$626.70	\$617.20	\$597.29	\$544.76	\$546.51	\$673.56
42	\$648.15	\$637.77	\$628.10	\$607.84	\$554.38	\$556.16	\$685.46
43	\$663.81	\$653.18	\$643.27	\$622.52	\$567.77	\$569.59	\$702.02
44	\$683.37	\$672.43	\$662.23	\$640.87	\$584.50	\$586.38	\$722.71
45	\$706.36	\$695.05	\$684.51	\$662.43	\$604.17	\$606.11	\$747.02
46	\$733.76	\$722.01	\$711.06	\$688.12	\$627.60	\$629.62	\$776.00
47	\$764.58	\$752.33	\$740.92	\$717.03	\$653.96	\$656.06	\$808.59
48	\$799.80	\$786.99	\$775.05	\$750.06	\$684.08	\$686.28	\$845.83
49	\$834.53	\$821.16	\$808.71	\$782.63	\$713.79	\$716.08	\$882.57
50	\$873.66	\$859.67	\$846.63	\$819.33	\$747.26	\$749.66	\$923.95
51	\$912.31	\$897.70	\$884.08	\$855.57	\$780.32	\$782.82	\$964.82
52	\$954.86	\$939.57	\$925.32	\$895.48	\$816.72	\$819.34	\$1,009.83
53	\$997.91	\$981.93	\$967.04	\$935.85	\$853.54	\$856.28	\$1,055.35
54	\$1,044.38	\$1,027.66	\$1,012.07	\$979.43	\$893.28	\$896.15	\$1,104.50
55	\$1,090.85	\$1,073.39	\$1,057.10	\$1,023.01	\$933.03	\$936.03	\$1,153.65
56	\$1,141.24	\$1,122.96	\$1,105.93	\$1,070.26	\$976.13	\$979.26	\$1,206.93
57	\$1,192.11	\$1,173.02	\$1,155.23	\$1,117.97	\$1,019.64	\$1,022.91	\$1,260.73
58	\$1,246.41	\$1,226.45	\$1,207.85	\$1,168.89	\$1,066.08	\$1,069.51	\$1,318.16
59	\$1,273.31	\$1,252.92	\$1,233.92	\$1,194.13	\$1,089.09	\$1,092.59	\$1,346.61
60	\$1,327.61	\$1,306.35	\$1,286.54	\$1,245.05	\$1,135.54	\$1,139.18	\$1,404.03
61	\$1,374.57	\$1,352.56	\$1,332.04	\$1,289.09	\$1,175.70	\$1,179.48	\$1,453.70
62	\$1,405.39	\$1,382.89	\$1,361.91	\$1,317.99	\$1,202.06	\$1,205.92	\$1,486.29
63	\$1,444.04	\$1,420.91	\$1,399.36	\$1,354.23	\$1,235.12	\$1,239.08	\$1,527.16
64 +	\$1,467.51	\$1,444.02	\$1,422.12	\$1,376.25	\$1,255.20	\$1,259.22	\$1,551.99

*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*	\$310.69	\$315.22	\$317.24	\$304.99	\$295.12
15*	\$337.04	\$341.97	\$344.17	\$330.84	\$320.09
16*	\$347.11	\$352.20	\$354.47	\$340.72	\$329.63
17*	\$357.19	\$362.43	\$364.76	\$350.60	\$339.18
18*	\$368.04	\$373.44	\$375.85	\$361.24	\$349.46
19	\$364.61	\$370.19	\$372.67	\$357.61	\$345.47
20	\$375.85	\$381.59	\$384.16	\$368.63	\$356.11
21	\$387.48	\$393.40	\$396.04	\$380.03	\$367.13
22	\$387.48	\$393.40	\$396.04	\$380.03	\$367.13
23	\$387.48	\$393.40	\$396.04	\$380.03	\$367.13
24	\$387.48	\$393.40	\$396.04	\$380.03	\$367.13
25	\$389.03	\$394.97	\$397.62	\$381.55	\$368.60
26	\$396.77	\$402.84	\$405.54	\$389.15	\$375.94
27	\$406.07	\$412.28	\$415.05	\$398.27	\$384.75
28	\$421.19	\$427.62	\$430.49	\$413.09	\$399.07
29	\$433.58	\$440.21	\$443.17	\$425.26	\$410.82
30	\$439.78	\$446.50	\$449.50	\$431.34	\$416.69
31	\$449.08	\$455.95	\$459.01	\$440.46	\$425.50
32	\$458.38	\$465.39	\$468.51	\$449.58	\$434.31
33	\$464.20	\$471.29	\$474.45	\$455.28	\$439.82
34	\$470.40	\$477.58	\$480.79	\$461.36	\$445.69
35	\$473.49	\$480.73	\$483.96	\$464.40	\$448.63
36	\$476.59	\$483.88	\$487.13	\$467.44	\$451.57
37	\$479.69	\$487.02	\$490.30	\$470.48	\$454.51
38	\$482.79	\$490.17	\$493.46	\$473.52	\$457.44
39	\$488.99	\$496.47	\$499.80	\$479.60	\$463.32
40	\$495.19	\$502.76	\$506.14	\$485.68	\$469.19
41	\$504.49	\$512.20	\$515.64	\$494.80	\$478.00
42	\$513.40	\$521.25	\$524.75	\$503.54	\$486.45
43	\$525.80	\$533.84	\$537.42	\$515.70	\$498.19
44	\$541.30	\$549.57	\$553.27	\$530.90	\$512.88
45	\$559.51	\$568.06	\$571.88	\$548.77	\$530.13
46	\$581.21	\$590.09	\$594.06	\$570.05	\$550.69
47	\$605.62	\$614.88	\$619.01	\$593.99	\$573.82
48	\$633.52	\$643.20	\$647.52	\$621.35	\$600.26
49	\$661.03	\$671.13	\$675.64	\$648.33	\$626.32
50	\$692.03	\$702.60	\$707.32	\$678.74	\$655.69
51	\$722.64	\$733.68	\$738.61	\$708.76	\$684.69
52	\$756.35	\$767.91	\$773.07	\$741.82	\$716.63
53	\$790.45	\$802.53	\$807.92	\$775.26	\$748.94
54	\$827.26	\$839.90	\$845.54	\$811.37	\$783.82
55	\$864.07	\$877.27	\$883.17	\$847.47	\$818.70
56	\$903.98	\$917.79	\$923.96	\$886.61	\$856.51
57	\$944.28	\$958.71	\$965.15	\$926.14	\$894.69
58	\$987.29	\$1,002.37	\$1,009.11	\$968.32	\$935.44
59	\$1,008.60	\$1,024.01	\$1,030.89	\$989.22	\$955.64
60	\$1,051.61	\$1,067.68	\$1,074.85	\$1,031.41	\$996.39
61	\$1,088.81	\$1,105.44	\$1,112.87	\$1,067.89	\$1,031.63
62	\$1,113.22	\$1,130.23	\$1,137.82	\$1,091.83	\$1,054.76
63	\$1,143.83	\$1,161.30	\$1,169.10	\$1,121.85	\$1,083.76
64 +	\$1,162.44	\$1,180.20	\$1,188.12	\$1,140.09	\$1,101.39

*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*	\$287.66	\$279.26
15*	\$311.96	\$302.82
16*	\$321.25	\$311.82
17*	\$330.55	\$320.83
18*	\$340.55	\$330.53
19	\$336.29	\$325.96
20	\$346.65	\$336.00
21	\$357.37	\$346.39
22	\$357.37	\$346.39
23	\$357.37	\$346.39
24	\$357.37	\$346.39
25	\$358.80	\$347.78
26	\$365.95	\$354.71
27	\$374.53	\$363.02
28	\$388.47	\$376.53
29	\$399.90	\$387.61
30	\$405.62	\$393.16
31	\$414.20	\$401.47
32	\$422.77	\$409.78
33	\$428.13	\$414.98
34	\$433.85	\$420.52
35	\$436.71	\$423.29
36	\$439.57	\$426.06
37	\$442.43	\$428.83
38	\$445.29	\$431.61
39	\$451.01	\$437.15
40	\$456.72	\$442.69
41	\$465.30	\$451.00
42	\$473.52	\$458.97
43	\$484.96	\$470.05
44	\$499.25	\$483.91
45	\$516.05	\$500.19
46	\$536.06	\$519.59
47	\$558.58	\$541.41
48	\$584.31	\$566.35
49	\$609.68	\$590.95
50	\$638.27	\$618.66
51	\$666.50	\$646.02
52	\$697.59	\$676.16
53	\$729.04	\$706.64
54	\$762.99	\$739.55
55	\$796.94	\$772.46
56	\$833.75	\$808.13
57	\$870.92	\$844.16
58	\$910.59	\$882.61
59	\$930.24	\$901.66
60	\$969.91	\$940.11
61	\$1,004.22	\$973.36
62	\$1,026.74	\$995.19
63	\$1,054.97	\$1,022.55
64 +	\$1,072.11	\$1,039.17

*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	\$728.34	\$667.87	\$566.85	\$516.09
15	\$793.08	\$727.24	\$617.24	\$561.97
16	\$817.84	\$749.94	\$636.50	\$579.51
17	\$842.59	\$772.63	\$655.77	\$597.05
18	\$869.25	\$797.08	\$676.52	\$615.94
19	\$895.91	\$821.52	\$697.26	\$634.83
20	\$923.52	\$846.84	\$718.75	\$654.39
21	\$952.08	\$873.03	\$740.98	\$674.63
22	\$952.08	\$873.03	\$740.98	\$674.63
23	\$952.08	\$873.03	\$740.98	\$674.63
24	\$952.08	\$873.03	\$740.98	\$674.63
25	\$955.89	\$876.53	\$743.95	\$677.33
26	\$974.93	\$893.99	\$758.77	\$690.82
27	\$997.78	\$914.94	\$776.55	\$707.01
28	\$1,034.91	\$948.99	\$805.45	\$733.32
29	\$1,065.38	\$976.92	\$829.16	\$754.91
30	\$1,080.61	\$990.89	\$841.01	\$765.71
31	\$1,103.46	\$1,011.85	\$858.80	\$781.90
32	\$1,126.31	\$1,032.80	\$876.58	\$798.09
33	\$1,140.59	\$1,045.89	\$887.70	\$808.21
34	\$1,155.82	\$1,059.86	\$899.55	\$819.00
35	\$1,163.44	\$1,066.85	\$905.48	\$824.40
36	\$1,171.06	\$1,073.83	\$911.41	\$829.80
37	\$1,178.67	\$1,080.82	\$917.34	\$835.19
38	\$1,186.29	\$1,087.80	\$923.26	\$840.59
39	\$1,201.52	\$1,101.77	\$935.12	\$851.39
40	\$1,216.76	\$1,115.74	\$946.98	\$862.18
41	\$1,239.61	\$1,136.69	\$964.76	\$878.37
42	\$1,261.50	\$1,156.77	\$981.80	\$893.89
43	\$1,291.97	\$1,184.71	\$1,005.51	\$915.48
44	\$1,330.05	\$1,219.63	\$1,035.15	\$942.46
45	\$1,374.80	\$1,260.66	\$1,069.98	\$974.17
46	\$1,428.12	\$1,309.55	\$1,111.47	\$1,011.95
47	\$1,488.10	\$1,364.55	\$1,158.16	\$1,054.45
48	\$1,556.65	\$1,427.41	\$1,211.51	\$1,103.02
49	\$1,624.25	\$1,489.39	\$1,264.12	\$1,150.92
50	\$1,700.41	\$1,559.24	\$1,323.39	\$1,204.89
51	\$1,775.63	\$1,628.21	\$1,381.93	\$1,258.19
52	\$1,858.46	\$1,704.16	\$1,446.40	\$1,316.88
53	\$1,942.24	\$1,780.99	\$1,511.60	\$1,376.25
54	\$2,032.69	\$1,863.93	\$1,582.00	\$1,440.34
55	\$2,123.14	\$1,946.86	\$1,652.39	\$1,504.43
56	\$2,221.20	\$2,036.79	\$1,728.71	\$1,573.92
57	\$2,320.22	\$2,127.58	\$1,805.77	\$1,644.08
58	\$2,425.90	\$2,224.49	\$1,888.02	\$1,718.96
59	\$2,478.26	\$2,272.51	\$1,928.78	\$1,756.07
60	\$2,583.94	\$2,369.41	\$2,011.03	\$1,830.95
61	\$2,675.34	\$2,453.22	\$2,082.16	\$1,895.72
62	\$2,735.32	\$2,508.22	\$2,128.84	\$1,938.22
63	\$2,810.54	\$2,577.19	\$2,187.38	\$1,991.51
64 +	\$2,856.24	\$2,619.09	\$2,222.94	\$2,023.89

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.