

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*	\$417.56	\$409.40	\$409.23	\$445.48
15*	\$453.41	\$444.52	\$444.34	\$483.81
16*	\$467.12	\$457.95	\$457.77	\$498.47
17*	\$480.83	\$471.38	\$471.19	\$513.12
18*	\$495.59	\$485.84	\$485.65	\$528.91
19	\$496.08	\$486.03	\$485.83	\$530.42
20	\$511.37	\$501.01	\$500.80	\$546.77
21	\$527.18	\$516.51	\$516.29	\$563.68
22	\$527.18	\$516.51	\$516.29	\$563.68
23	\$527.18	\$516.51	\$516.29	\$563.68
24	\$527.18	\$516.51	\$516.29	\$563.68
25	\$529.29	\$518.57	\$518.36	\$565.93
26	\$539.83	\$528.90	\$528.68	\$577.21
27	\$552.49	\$541.30	\$541.08	\$590.73
28	\$573.05	\$561.44	\$561.21	\$612.72
29	\$589.92	\$577.97	\$577.73	\$630.76
30	\$598.35	\$586.23	\$585.99	\$639.77
31	\$611.00	\$598.63	\$598.38	\$653.30
32	\$623.66	\$611.03	\$610.78	\$666.83
33	\$631.56	\$618.77	\$618.52	\$675.29
34	\$640.00	\$627.04	\$626.78	\$684.30
35	\$644.22	\$631.17	\$630.91	\$688.81
36	\$648.43	\$635.30	\$635.04	\$693.32
37	\$652.65	\$639.43	\$639.17	\$697.83
38	\$656.87	\$643.57	\$643.30	\$702.34
39	\$665.30	\$651.83	\$651.56	\$711.36
40	\$673.74	\$660.10	\$659.82	\$720.38
41	\$686.39	\$672.49	\$672.21	\$733.91
42	\$698.52	\$684.37	\$684.09	\$746.87
43	\$715.39	\$700.90	\$700.61	\$764.91
44	\$736.47	\$721.56	\$721.26	\$787.46
45	\$761.25	\$745.84	\$745.53	\$813.95
46	\$790.77	\$774.76	\$774.44	\$845.52
47	\$823.99	\$807.30	\$806.97	\$881.03
48	\$861.94	\$844.49	\$844.14	\$921.61
49	\$899.37	\$881.16	\$880.80	\$961.63
50	\$941.55	\$922.48	\$922.10	\$1,006.73
51	\$983.19	\$963.28	\$962.89	\$1,051.26
52	\$1,029.06	\$1,008.22	\$1,007.80	\$1,100.30
53	\$1,075.45	\$1,053.67	\$1,053.24	\$1,149.90
54	\$1,125.53	\$1,102.74	\$1,102.29	\$1,203.45
55	\$1,175.62	\$1,151.81	\$1,151.33	\$1,257.00
56	\$1,229.92	\$1,205.01	\$1,204.51	\$1,315.06
57	\$1,284.74	\$1,258.73	\$1,258.21	\$1,373.68
58	\$1,343.26	\$1,316.06	\$1,315.52	\$1,436.25
59	\$1,372.26	\$1,344.47	\$1,343.91	\$1,467.25
60	\$1,430.77	\$1,401.80	\$1,401.22	\$1,529.82
61	\$1,481.38	\$1,451.38	\$1,450.78	\$1,583.93
62	\$1,514.59	\$1,483.92	\$1,483.31	\$1,619.45
63	\$1,556.24	\$1,524.73	\$1,524.10	\$1,663.98
64 +	\$1,581.54	\$1,549.53	\$1,548.87	\$1,691.04

*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*	\$392.45	\$386.39	\$380.75	\$368.93	\$337.74	\$338.77	\$414.22
15*	\$426.07	\$419.47	\$413.32	\$400.46	\$366.49	\$367.62	\$449.77
16*	\$438.92	\$432.12	\$425.78	\$412.51	\$377.48	\$378.65	\$463.36
17*	\$451.77	\$444.77	\$438.23	\$424.56	\$388.47	\$389.68	\$476.96
18*	\$465.61	\$458.39	\$451.65	\$437.54	\$400.31	\$401.55	\$491.59
19	\$465.19	\$457.74	\$450.79	\$436.25	\$397.88	\$399.16	\$491.96
20	\$479.52	\$471.84	\$464.68	\$449.70	\$410.15	\$411.46	\$507.12
21	\$494.35	\$486.44	\$479.06	\$463.61	\$422.83	\$424.19	\$522.81
22	\$494.35	\$486.44	\$479.06	\$463.61	\$422.83	\$424.19	\$522.81
23	\$494.35	\$486.44	\$479.06	\$463.61	\$422.83	\$424.19	\$522.81
24	\$494.35	\$486.44	\$479.06	\$463.61	\$422.83	\$424.19	\$522.81
25	\$496.33	\$488.38	\$480.97	\$465.46	\$424.52	\$425.88	\$524.90
26	\$506.22	\$498.11	\$490.55	\$474.73	\$432.98	\$434.37	\$535.36
27	\$518.08	\$509.78	\$502.05	\$485.86	\$443.13	\$444.55	\$547.90
28	\$537.36	\$528.76	\$520.73	\$503.94	\$459.62	\$461.09	\$568.29
29	\$553.18	\$544.32	\$536.06	\$518.78	\$473.15	\$474.67	\$585.02
30	\$561.09	\$552.10	\$543.73	\$526.19	\$479.91	\$481.45	\$593.39
31	\$572.95	\$563.78	\$555.23	\$537.32	\$490.06	\$491.63	\$605.93
32	\$584.82	\$575.45	\$566.72	\$548.45	\$500.21	\$501.81	\$618.48
33	\$592.23	\$582.75	\$573.91	\$555.40	\$506.55	\$508.18	\$626.32
34	\$600.14	\$590.53	\$581.57	\$562.82	\$513.32	\$514.96	\$634.69
35	\$604.10	\$594.42	\$585.41	\$566.53	\$516.70	\$518.36	\$638.87
36	\$608.05	\$598.32	\$589.24	\$570.24	\$520.08	\$521.75	\$643.05
37	\$612.01	\$602.21	\$593.07	\$573.95	\$523.46	\$525.14	\$647.24
38	\$615.96	\$606.10	\$596.90	\$577.66	\$526.85	\$528.54	\$651.42
39	\$623.87	\$613.88	\$604.57	\$585.07	\$533.61	\$535.33	\$659.78
40	\$631.78	\$621.66	\$612.23	\$592.49	\$540.38	\$542.11	\$668.15
41	\$643.65	\$633.34	\$623.73	\$603.62	\$550.53	\$552.29	\$680.70
42	\$655.02	\$644.53	\$634.75	\$614.28	\$560.25	\$562.05	\$692.72
43	\$670.84	\$660.09	\$650.08	\$629.12	\$573.78	\$575.62	\$709.45
44	\$690.61	\$679.55	\$669.24	\$647.66	\$590.69	\$592.59	\$730.36
45	\$713.84	\$702.41	\$691.76	\$669.45	\$610.57	\$612.53	\$754.94
46	\$741.53	\$729.65	\$718.58	\$695.41	\$634.25	\$636.28	\$784.21
47	\$772.67	\$760.30	\$748.77	\$724.62	\$660.88	\$663.01	\$817.15
48	\$808.27	\$795.32	\$783.26	\$758.00	\$691.33	\$693.55	\$854.79
49	\$843.36	\$829.86	\$817.27	\$790.91	\$721.35	\$723.66	\$891.91
50	\$882.91	\$868.77	\$855.59	\$828.00	\$755.17	\$757.60	\$933.74
51	\$921.97	\$907.20	\$893.44	\$864.63	\$788.58	\$791.11	\$975.04
52	\$964.97	\$949.52	\$935.12	\$904.96	\$825.36	\$828.02	\$1,020.52
53	\$1,008.48	\$992.33	\$977.28	\$945.76	\$862.57	\$865.34	\$1,066.53
54	\$1,055.44	\$1,038.54	\$1,022.79	\$989.80	\$902.74	\$905.64	\$1,116.20
55	\$1,102.40	\$1,084.75	\$1,068.30	\$1,033.85	\$942.91	\$945.94	\$1,165.86
56	\$1,153.32	\$1,134.85	\$1,117.64	\$1,081.60	\$986.46	\$989.63	\$1,219.71
57	\$1,204.74	\$1,185.44	\$1,167.46	\$1,129.81	\$1,030.44	\$1,033.75	\$1,274.08
58	\$1,259.61	\$1,239.44	\$1,220.64	\$1,181.27	\$1,077.37	\$1,080.83	\$1,332.12
59	\$1,286.80	\$1,266.19	\$1,246.98	\$1,206.77	\$1,100.63	\$1,104.16	\$1,360.87
60	\$1,341.67	\$1,320.19	\$1,300.16	\$1,258.23	\$1,147.56	\$1,151.25	\$1,418.90
61	\$1,389.13	\$1,366.88	\$1,346.15	\$1,302.74	\$1,188.15	\$1,191.97	\$1,469.09
62	\$1,420.27	\$1,397.53	\$1,376.33	\$1,331.94	\$1,214.79	\$1,218.69	\$1,502.03
63	\$1,459.33	\$1,435.96	\$1,414.17	\$1,368.57	\$1,248.19	\$1,252.20	\$1,543.33
64 +	\$1,483.05	\$1,459.32	\$1,437.18	\$1,390.83	\$1,268.49	\$1,272.57	\$1,568.43

*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*	\$313.83	\$318.40	\$320.45	\$308.07	\$298.10
15*	\$340.45	\$345.44	\$347.66	\$334.19	\$323.33
16*	\$350.64	\$355.78	\$358.07	\$344.17	\$332.97
17*	\$360.82	\$366.11	\$368.48	\$354.16	\$342.62
18*	\$371.78	\$377.24	\$379.68	\$364.91	\$353.01
19	\$368.48	\$374.11	\$376.62	\$361.40	\$349.13
20	\$379.83	\$385.63	\$388.22	\$372.53	\$359.89
21	\$391.58	\$397.56	\$400.23	\$384.06	\$371.02
22	\$391.58	\$397.56	\$400.23	\$384.06	\$371.02
23	\$391.58	\$397.56	\$400.23	\$384.06	\$371.02
24	\$391.58	\$397.56	\$400.23	\$384.06	\$371.02
25	\$393.14	\$399.15	\$401.83	\$385.59	\$372.50
26	\$400.98	\$407.10	\$409.84	\$393.27	\$379.92
27	\$410.37	\$416.64	\$419.44	\$402.49	\$388.82
28	\$425.65	\$432.15	\$435.05	\$417.47	\$403.29
29	\$438.18	\$444.87	\$447.86	\$429.76	\$415.17
30	\$444.44	\$451.23	\$454.26	\$435.90	\$421.10
31	\$453.84	\$460.77	\$463.87	\$445.12	\$430.01
32	\$463.24	\$470.32	\$473.47	\$454.34	\$438.91
33	\$469.11	\$476.28	\$479.48	\$460.10	\$444.48
34	\$475.38	\$482.64	\$485.88	\$466.24	\$450.41
35	\$478.51	\$485.82	\$489.08	\$469.32	\$453.38
36	\$481.64	\$489.00	\$492.29	\$472.39	\$456.35
37	\$484.77	\$492.18	\$495.49	\$475.46	\$459.32
38	\$487.91	\$495.36	\$498.69	\$478.53	\$462.29
39	\$494.17	\$501.72	\$505.09	\$484.68	\$468.22
40	\$500.44	\$508.08	\$511.50	\$490.82	\$474.16
41	\$509.84	\$517.63	\$521.10	\$500.04	\$483.06
42	\$518.84	\$526.77	\$530.31	\$508.87	\$491.60
43	\$531.37	\$539.49	\$543.11	\$521.16	\$503.47
44	\$547.04	\$555.39	\$559.12	\$536.53	\$518.31
45	\$565.44	\$574.08	\$577.93	\$554.58	\$535.75
46	\$587.37	\$596.34	\$600.35	\$576.08	\$556.52
47	\$612.04	\$621.39	\$625.56	\$600.28	\$579.90
48	\$640.23	\$650.01	\$654.38	\$627.93	\$606.61
49	\$668.03	\$678.24	\$682.80	\$655.20	\$632.95
50	\$699.36	\$710.04	\$714.81	\$685.92	\$662.63
51	\$730.29	\$741.45	\$746.43	\$716.26	\$691.94
52	\$764.36	\$776.04	\$781.25	\$749.68	\$724.22
53	\$798.82	\$811.03	\$816.47	\$783.47	\$756.87
54	\$836.02	\$848.79	\$854.50	\$819.96	\$792.12
55	\$873.22	\$886.56	\$892.52	\$856.44	\$827.37
56	\$913.55	\$927.51	\$933.74	\$896.00	\$865.58
57	\$954.28	\$968.86	\$975.37	\$935.94	\$904.17
58	\$997.74	\$1,012.99	\$1,019.79	\$978.57	\$945.35
59	\$1,019.28	\$1,034.85	\$1,041.80	\$999.70	\$965.75
60	\$1,062.74	\$1,078.98	\$1,086.23	\$1,042.33	\$1,006.94
61	\$1,100.34	\$1,117.15	\$1,124.65	\$1,079.20	\$1,042.56
62	\$1,125.00	\$1,142.19	\$1,149.87	\$1,103.39	\$1,065.93
63	\$1,155.94	\$1,173.60	\$1,181.48	\$1,133.73	\$1,095.24
64 +	\$1,174.74	\$1,192.68	\$1,200.69	\$1,152.18	\$1,113.06

*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	Bronze 60 HMO 5800/60 PCP + Child Dental	Bronze 60 HDHP HMO 7200/0 PCP + Child Dental
0-14*	\$290.56	\$282.07
15*	\$315.11	\$305.87
16*	\$324.50	\$314.97
17*	\$333.89	\$324.07
18*	\$344.01	\$333.88
19	\$339.85	\$329.41
20	\$350.32	\$339.56
21	\$361.16	\$350.06
22	\$361.16	\$350.06
23	\$361.16	\$350.06
24	\$361.16	\$350.06
25	\$362.60	\$351.46
26	\$369.83	\$358.46
27	\$378.49	\$366.86
28	\$392.58	\$380.52
29	\$404.14	\$391.72
30	\$409.91	\$397.32
31	\$418.58	\$405.72
32	\$427.25	\$414.12
33	\$432.67	\$419.37
34	\$438.45	\$424.97
35	\$441.34	\$427.77
36	\$444.22	\$430.57
37	\$447.11	\$433.38
38	\$450.00	\$436.18
39	\$455.78	\$441.78
40	\$461.56	\$447.38
41	\$470.23	\$455.78
42	\$478.53	\$463.83
43	\$490.09	\$475.03
44	\$504.54	\$489.03
45	\$521.51	\$505.49
46	\$541.74	\$525.09
47	\$564.49	\$547.14
48	\$590.49	\$572.35
49	\$616.14	\$597.20
50	\$645.03	\$625.21
51	\$673.56	\$652.86
52	\$704.98	\$683.32
53	\$736.76	\$714.12
54	\$771.07	\$747.38
55	\$805.38	\$780.64
56	\$842.58	\$816.69
57	\$880.14	\$853.10
58	\$920.23	\$891.95
59	\$940.09	\$911.21
60	\$980.18	\$950.06
61	\$1,014.85	\$983.67
62	\$1,037.61	\$1,005.72
63	\$1,066.14	\$1,033.38
64 +	\$1,083.48	\$1,050.18

*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	\$733.29	\$672.40	\$570.70	\$519.60
15	\$798.47	\$732.17	\$621.43	\$565.78
16	\$823.39	\$755.03	\$640.82	\$583.44
17	\$848.31	\$777.88	\$660.22	\$601.10
18	\$875.15	\$802.49	\$681.11	\$620.12
19	\$901.99	\$827.10	\$702.00	\$639.14
20	\$929.79	\$852.59	\$723.63	\$658.84
21	\$958.54	\$878.96	\$746.01	\$679.21
22	\$958.54	\$878.96	\$746.01	\$679.21
23	\$958.54	\$878.96	\$746.01	\$679.21
24	\$958.54	\$878.96	\$746.01	\$679.21
25	\$962.38	\$882.48	\$749.00	\$681.93
26	\$981.55	\$900.06	\$763.92	\$695.51
27	\$1,004.55	\$921.15	\$781.82	\$711.81
28	\$1,041.94	\$955.43	\$810.92	\$738.30
29	\$1,072.61	\$983.56	\$834.79	\$760.04
30	\$1,087.95	\$997.62	\$846.72	\$770.91
31	\$1,110.95	\$1,018.71	\$864.63	\$787.21
32	\$1,133.96	\$1,039.81	\$882.53	\$803.51
33	\$1,148.33	\$1,052.99	\$893.72	\$813.70
34	\$1,163.67	\$1,067.06	\$905.66	\$824.56
35	\$1,171.34	\$1,074.09	\$911.63	\$830.00
36	\$1,179.01	\$1,081.12	\$917.60	\$835.43
37	\$1,186.68	\$1,088.15	\$923.56	\$840.86
38	\$1,194.34	\$1,095.18	\$929.53	\$846.30
39	\$1,209.68	\$1,109.25	\$941.47	\$857.17
40	\$1,225.02	\$1,123.31	\$953.40	\$868.03
41	\$1,248.02	\$1,144.41	\$971.31	\$884.33
42	\$1,270.07	\$1,164.62	\$988.47	\$899.96
43	\$1,300.74	\$1,192.75	\$1,012.34	\$921.69
44	\$1,339.08	\$1,227.91	\$1,042.18	\$948.86
45	\$1,384.14	\$1,269.22	\$1,077.24	\$980.78
46	\$1,437.81	\$1,318.44	\$1,119.02	\$1,018.82
47	\$1,498.20	\$1,373.81	\$1,166.02	\$1,061.61
48	\$1,567.22	\$1,437.10	\$1,219.73	\$1,110.51
49	\$1,635.27	\$1,499.51	\$1,272.70	\$1,158.74
50	\$1,711.96	\$1,569.82	\$1,332.38	\$1,213.07
51	\$1,787.68	\$1,639.26	\$1,391.31	\$1,266.73
52	\$1,871.07	\$1,715.73	\$1,456.22	\$1,325.82
53	\$1,955.43	\$1,793.08	\$1,521.87	\$1,385.59
54	\$2,046.49	\$1,876.58	\$1,592.74	\$1,450.12
55	\$2,137.55	\$1,960.08	\$1,663.61	\$1,514.64
56	\$2,236.28	\$2,050.61	\$1,740.45	\$1,584.60
57	\$2,335.97	\$2,142.03	\$1,818.03	\$1,655.24
58	\$2,442.37	\$2,239.59	\$1,900.84	\$1,730.63
59	\$2,495.09	\$2,287.93	\$1,941.87	\$1,767.99
60	\$2,601.48	\$2,385.50	\$2,024.68	\$1,843.38
61	\$2,693.50	\$2,469.88	\$2,096.30	\$1,908.58
62	\$2,753.89	\$2,525.25	\$2,143.29	\$1,951.38
63	\$2,829.62	\$2,594.69	\$2,202.23	\$2,005.03
64 +	\$2,875.62	\$2,636.88	\$2,238.03	\$2,037.63

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.