

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*	\$397.40	\$389.64	\$389.49	\$423.92
15*	\$431.46	\$423.01	\$422.84	\$460.34
16*	\$444.48	\$435.76	\$435.59	\$474.26
17*	\$457.50	\$448.52	\$448.34	\$488.18
18*	\$471.52	\$462.26	\$462.08	\$503.18
19	\$471.27	\$461.73	\$461.54	\$503.90
20	\$485.80	\$475.96	\$475.76	\$519.43
21	\$500.82	\$490.68	\$490.48	\$535.49
22	\$500.82	\$490.68	\$490.48	\$535.49
23	\$500.82	\$490.68	\$490.48	\$535.49
24	\$500.82	\$490.68	\$490.48	\$535.49
25	\$502.83	\$492.64	\$492.44	\$537.64
26	\$512.84	\$502.46	\$502.25	\$548.35
27	\$524.86	\$514.23	\$514.02	\$561.20
28	\$544.39	\$533.37	\$533.15	\$582.08
29	\$560.42	\$549.07	\$548.85	\$599.22
30	\$568.43	\$556.92	\$556.69	\$607.79
31	\$580.45	\$568.70	\$568.46	\$620.64
32	\$592.47	\$580.48	\$580.24	\$633.49
33	\$599.99	\$587.84	\$587.59	\$641.52
34	\$608.00	\$595.69	\$595.44	\$650.09
35	\$612.01	\$599.61	\$599.37	\$654.37
36	\$616.01	\$603.54	\$603.29	\$658.66
37	\$620.02	\$607.46	\$607.21	\$662.94
38	\$624.03	\$611.39	\$611.14	\$667.23
39	\$632.04	\$619.24	\$618.98	\$675.79
40	\$640.05	\$627.09	\$626.83	\$684.36
41	\$652.07	\$638.87	\$638.60	\$697.21
42	\$663.59	\$650.15	\$649.88	\$709.53
43	\$679.62	\$665.85	\$665.58	\$726.67
44	\$699.65	\$685.48	\$685.20	\$748.08
45	\$723.19	\$708.54	\$708.25	\$773.25
46	\$751.23	\$736.02	\$735.72	\$803.24
47	\$782.79	\$766.93	\$766.62	\$836.98
48	\$818.85	\$802.26	\$801.93	\$875.53
49	\$854.40	\$837.10	\$836.76	\$913.55
50	\$894.47	\$876.36	\$876.00	\$956.39
51	\$934.03	\$915.12	\$914.74	\$998.70
52	\$977.61	\$957.81	\$957.41	\$1,045.28
53	\$1,021.68	\$1,000.99	\$1,000.58	\$1,092.41
54	\$1,069.26	\$1,047.60	\$1,047.17	\$1,143.28
55	\$1,116.84	\$1,094.22	\$1,093.77	\$1,194.15
56	\$1,168.42	\$1,144.76	\$1,144.29	\$1,249.31
57	\$1,220.51	\$1,195.79	\$1,195.30	\$1,305.00
58	\$1,276.10	\$1,250.26	\$1,249.74	\$1,364.44
59	\$1,303.64	\$1,277.24	\$1,276.72	\$1,393.89
60	\$1,359.23	\$1,331.71	\$1,331.16	\$1,453.33
61	\$1,407.31	\$1,378.81	\$1,378.25	\$1,504.74
62	\$1,438.86	\$1,409.73	\$1,409.15	\$1,538.47
63	\$1,478.43	\$1,448.49	\$1,447.89	\$1,580.78
64 +	\$1,502.46	\$1,472.04	\$1,471.44	\$1,606.47

*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*	\$373.54	\$367.79	\$362.42	\$351.20	\$321.56	\$322.55	\$394.22
15*	\$405.48	\$399.21	\$393.37	\$381.15	\$348.88	\$349.95	\$427.99
16*	\$417.69	\$411.23	\$405.20	\$392.60	\$359.32	\$360.43	\$440.91
17*	\$429.90	\$423.24	\$417.04	\$404.05	\$369.76	\$370.91	\$453.82
18*	\$443.05	\$436.18	\$429.78	\$416.38	\$381.01	\$382.19	\$467.73
19	\$441.93	\$434.85	\$428.25	\$414.44	\$377.99	\$379.20	\$467.36
20	\$455.55	\$448.25	\$441.45	\$427.21	\$389.64	\$390.89	\$481.77
21	\$469.63	\$462.11	\$455.10	\$440.43	\$401.69	\$402.98	\$496.67
22	\$469.63	\$462.11	\$455.10	\$440.43	\$401.69	\$402.98	\$496.67
23	\$469.63	\$462.11	\$455.10	\$440.43	\$401.69	\$402.98	\$496.67
24	\$469.63	\$462.11	\$455.10	\$440.43	\$401.69	\$402.98	\$496.67
25	\$471.51	\$463.96	\$456.92	\$442.19	\$403.30	\$404.59	\$498.65
26	\$480.91	\$473.20	\$466.03	\$451.00	\$411.33	\$412.65	\$508.59
27	\$492.18	\$484.30	\$476.95	\$461.57	\$420.97	\$422.32	\$520.51
28	\$510.49	\$502.32	\$494.70	\$478.74	\$436.64	\$438.04	\$539.88
29	\$525.52	\$517.11	\$509.26	\$492.84	\$449.49	\$450.93	\$555.77
30	\$533.03	\$524.50	\$516.54	\$499.89	\$455.92	\$457.38	\$563.72
31	\$544.31	\$535.59	\$527.47	\$510.46	\$465.56	\$467.05	\$575.64
32	\$555.58	\$546.68	\$538.39	\$521.03	\$475.20	\$476.72	\$587.56
33	\$562.62	\$553.61	\$545.21	\$527.63	\$481.22	\$482.77	\$595.01
34	\$570.14	\$561.01	\$552.50	\$534.68	\$487.65	\$489.22	\$602.95
35	\$573.89	\$564.70	\$556.14	\$538.20	\$490.86	\$492.44	\$606.93
36	\$577.65	\$568.40	\$559.78	\$541.73	\$494.08	\$495.66	\$610.90
37	\$581.41	\$572.10	\$563.42	\$545.25	\$497.29	\$498.89	\$614.87
38	\$585.16	\$575.79	\$567.06	\$548.77	\$500.50	\$502.11	\$618.85
39	\$592.68	\$583.19	\$574.34	\$555.82	\$506.93	\$508.56	\$626.79
40	\$600.19	\$590.58	\$581.62	\$562.87	\$513.36	\$515.01	\$634.74
41	\$611.46	\$601.67	\$592.54	\$573.44	\$523.00	\$524.68	\$646.66
42	\$622.27	\$612.30	\$603.01	\$583.57	\$532.24	\$533.95	\$658.08
43	\$637.29	\$627.09	\$617.58	\$597.66	\$545.09	\$546.84	\$673.98
44	\$656.08	\$645.57	\$635.78	\$615.28	\$561.16	\$562.96	\$693.84
45	\$678.15	\$667.29	\$657.17	\$635.98	\$580.04	\$581.90	\$717.19
46	\$704.45	\$693.17	\$682.66	\$660.64	\$602.53	\$604.47	\$745.00
47	\$734.04	\$722.28	\$711.33	\$688.39	\$627.84	\$629.86	\$776.29
48	\$767.85	\$755.56	\$744.09	\$720.10	\$656.76	\$658.87	\$812.05
49	\$801.20	\$788.37	\$776.41	\$751.37	\$685.28	\$687.48	\$847.32
50	\$838.77	\$825.34	\$812.82	\$786.60	\$717.42	\$719.72	\$887.05
51	\$875.87	\$861.84	\$848.77	\$821.40	\$749.15	\$751.56	\$926.29
52	\$916.73	\$902.05	\$888.36	\$859.71	\$784.10	\$786.61	\$969.50
53	\$958.05	\$942.71	\$928.41	\$898.47	\$819.45	\$822.08	\$1,013.20
54	\$1,002.67	\$986.61	\$971.65	\$940.31	\$857.61	\$860.36	\$1,060.39
55	\$1,047.28	\$1,030.51	\$1,014.88	\$982.15	\$895.77	\$898.64	\$1,107.57
56	\$1,095.66	\$1,078.11	\$1,061.76	\$1,027.52	\$937.14	\$940.15	\$1,158.73
57	\$1,144.50	\$1,126.17	\$1,109.09	\$1,073.32	\$978.92	\$982.06	\$1,210.38
58	\$1,196.63	\$1,177.47	\$1,159.60	\$1,122.21	\$1,023.50	\$1,026.79	\$1,265.51
59	\$1,222.46	\$1,202.88	\$1,184.63	\$1,146.43	\$1,045.60	\$1,048.95	\$1,292.83
60	\$1,274.59	\$1,254.18	\$1,235.15	\$1,195.32	\$1,090.18	\$1,093.68	\$1,347.96
61	\$1,319.67	\$1,298.54	\$1,278.84	\$1,237.60	\$1,128.75	\$1,132.37	\$1,395.64
62	\$1,349.26	\$1,327.65	\$1,307.51	\$1,265.35	\$1,154.05	\$1,157.76	\$1,426.93
63	\$1,386.36	\$1,364.16	\$1,343.47	\$1,300.14	\$1,185.79	\$1,189.59	\$1,466.16
64 +	\$1,408.89	\$1,386.33	\$1,365.30	\$1,321.29	\$1,205.07	\$1,208.94	\$1,490.01

*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*	\$298.85	\$303.20	\$305.14	\$293.38	\$283.91
15*	\$324.15	\$328.88	\$330.99	\$318.19	\$307.87
16*	\$333.82	\$338.70	\$340.88	\$327.68	\$317.04
17*	\$343.49	\$348.52	\$350.76	\$337.17	\$326.20
18*	\$353.91	\$359.09	\$361.41	\$347.38	\$336.07
19	\$350.05	\$355.40	\$357.79	\$343.33	\$331.67
20	\$360.84	\$366.35	\$368.81	\$353.91	\$341.89
21	\$372.00	\$377.68	\$380.22	\$364.85	\$352.47
22	\$372.00	\$377.68	\$380.22	\$364.85	\$352.47
23	\$372.00	\$377.68	\$380.22	\$364.85	\$352.47
24	\$372.00	\$377.68	\$380.22	\$364.85	\$352.47
25	\$373.49	\$379.19	\$381.74	\$366.31	\$353.88
26	\$380.93	\$386.75	\$389.35	\$373.61	\$360.92
27	\$389.86	\$395.81	\$398.47	\$382.37	\$369.38
28	\$404.36	\$410.54	\$413.30	\$396.60	\$383.13
29	\$416.27	\$422.63	\$425.47	\$408.27	\$394.41
30	\$422.22	\$428.67	\$431.55	\$414.11	\$400.05
31	\$431.15	\$437.74	\$440.68	\$422.86	\$408.51
32	\$440.08	\$446.80	\$449.80	\$431.62	\$416.97
33	\$445.66	\$452.46	\$455.50	\$437.09	\$422.25
34	\$451.61	\$458.51	\$461.59	\$442.93	\$427.89
35	\$454.58	\$461.53	\$464.63	\$445.85	\$430.71
36	\$457.56	\$464.55	\$467.67	\$448.77	\$433.53
37	\$460.54	\$467.57	\$470.71	\$451.69	\$436.35
38	\$463.51	\$470.59	\$473.75	\$454.61	\$439.17
39	\$469.46	\$476.64	\$479.84	\$460.44	\$444.81
40	\$475.42	\$482.68	\$485.92	\$466.28	\$450.45
41	\$484.34	\$491.74	\$495.05	\$475.04	\$458.91
42	\$492.90	\$500.43	\$503.79	\$483.43	\$467.02
43	\$504.80	\$512.52	\$515.96	\$495.11	\$478.30
44	\$519.68	\$527.62	\$531.17	\$509.70	\$492.39
45	\$537.17	\$545.37	\$549.04	\$526.85	\$508.96
46	\$558.00	\$566.53	\$570.33	\$547.28	\$528.70
47	\$581.44	\$590.32	\$594.28	\$570.27	\$550.90
48	\$608.22	\$617.51	\$621.66	\$596.53	\$576.28
49	\$634.63	\$644.33	\$648.66	\$622.44	\$601.31
50	\$664.39	\$674.54	\$679.07	\$651.63	\$629.50
51	\$693.78	\$704.38	\$709.11	\$680.45	\$657.35
52	\$726.14	\$737.24	\$742.19	\$712.19	\$688.01
53	\$758.88	\$770.47	\$775.65	\$744.30	\$719.03
54	\$794.22	\$806.35	\$811.77	\$778.96	\$752.51
55	\$829.56	\$842.23	\$847.89	\$813.62	\$786.00
56	\$867.87	\$881.14	\$887.05	\$851.20	\$822.30
57	\$906.56	\$920.41	\$926.60	\$889.15	\$858.96
58	\$947.85	\$962.34	\$968.80	\$929.65	\$898.08
59	\$968.31	\$983.11	\$989.71	\$949.71	\$917.47
60	\$1,009.61	\$1,025.03	\$1,031.92	\$990.21	\$956.59
61	\$1,045.32	\$1,061.29	\$1,068.42	\$1,025.24	\$990.43
62	\$1,068.75	\$1,085.08	\$1,092.37	\$1,048.22	\$1,012.63
63	\$1,098.14	\$1,114.92	\$1,122.41	\$1,077.05	\$1,040.48
64 +	\$1,116.00	\$1,133.04	\$1,140.66	\$1,094.55	\$1,057.41

*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*	\$276.74	\$268.68
15*	\$300.07	\$291.29
16*	\$308.99	\$299.94
17*	\$317.91	\$308.58
18*	\$327.52	\$317.90
19	\$322.86	\$312.94
20	\$332.81	\$322.58
21	\$343.10	\$332.56
22	\$343.10	\$332.56
23	\$343.10	\$332.56
24	\$343.10	\$332.56
25	\$344.47	\$333.89
26	\$351.33	\$340.54
27	\$359.57	\$348.52
28	\$372.95	\$361.49
29	\$383.93	\$372.13
30	\$389.42	\$377.45
31	\$397.65	\$385.43
32	\$405.89	\$393.42
33	\$411.03	\$398.40
34	\$416.52	\$403.72
35	\$419.27	\$406.39
36	\$422.01	\$409.05
37	\$424.76	\$411.71
38	\$427.50	\$414.37
39	\$432.99	\$419.69
40	\$438.48	\$425.01
41	\$446.72	\$432.99
42	\$454.61	\$440.64
43	\$465.59	\$451.28
44	\$479.31	\$464.58
45	\$495.44	\$480.21
46	\$514.65	\$498.84
47	\$536.27	\$519.79
48	\$560.97	\$543.73
49	\$585.33	\$567.34
50	\$612.78	\$593.95
51	\$639.88	\$620.22
52	\$669.73	\$649.15
53	\$699.92	\$678.42
54	\$732.52	\$710.01
55	\$765.11	\$741.60
56	\$800.45	\$775.86
57	\$836.14	\$810.44
58	\$874.22	\$847.36
59	\$893.09	\$865.65
60	\$931.17	\$902.56
61	\$964.11	\$934.49
62	\$985.73	\$955.44
63	\$1,012.83	\$981.71
64 +	\$1,029.30	\$997.68

*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	\$696.62	\$638.78	\$542.16	\$493.62
15	\$758.54	\$695.56	\$590.36	\$537.49
16	\$782.22	\$717.28	\$608.78	\$554.27
17	\$805.89	\$738.99	\$627.21	\$571.05
18	\$831.39	\$762.37	\$647.05	\$589.11
19	\$856.89	\$785.75	\$666.90	\$607.18
20	\$883.30	\$809.96	\$687.45	\$625.89
21	\$910.62	\$835.01	\$708.71	\$645.25
22	\$910.62	\$835.01	\$708.71	\$645.25
23	\$910.62	\$835.01	\$708.71	\$645.25
24	\$910.62	\$835.01	\$708.71	\$645.25
25	\$914.26	\$838.35	\$711.55	\$647.83
26	\$932.47	\$855.05	\$725.72	\$660.74
27	\$954.32	\$875.09	\$742.73	\$676.22
28	\$989.84	\$907.66	\$770.37	\$701.39
29	\$1,018.98	\$934.38	\$793.05	\$722.04
30	\$1,033.55	\$947.74	\$804.39	\$732.36
31	\$1,055.40	\$967.78	\$821.40	\$747.85
32	\$1,077.26	\$987.82	\$838.41	\$763.33
33	\$1,090.92	\$1,000.34	\$849.04	\$773.01
34	\$1,105.49	\$1,013.70	\$860.38	\$783.33
35	\$1,112.77	\$1,020.38	\$866.05	\$788.50
36	\$1,120.06	\$1,027.06	\$871.72	\$793.66
37	\$1,127.34	\$1,033.74	\$877.39	\$798.82
38	\$1,134.63	\$1,040.42	\$883.06	\$803.98
39	\$1,149.20	\$1,053.79	\$894.39	\$814.31
40	\$1,163.77	\$1,067.15	\$905.73	\$824.63
41	\$1,185.62	\$1,087.19	\$922.74	\$840.12
42	\$1,206.57	\$1,106.39	\$939.04	\$854.96
43	\$1,235.71	\$1,133.11	\$961.72	\$875.61
44	\$1,272.13	\$1,166.51	\$990.07	\$901.42
45	\$1,314.93	\$1,205.76	\$1,023.38	\$931.74
46	\$1,365.92	\$1,252.52	\$1,063.07	\$967.88
47	\$1,423.29	\$1,305.12	\$1,107.72	\$1,008.53
48	\$1,488.86	\$1,365.24	\$1,158.74	\$1,054.99
49	\$1,553.51	\$1,424.53	\$1,209.06	\$1,100.80
50	\$1,626.36	\$1,491.33	\$1,265.76	\$1,152.42
51	\$1,698.30	\$1,557.30	\$1,321.75	\$1,203.39
52	\$1,777.52	\$1,629.94	\$1,383.41	\$1,259.53
53	\$1,857.66	\$1,703.42	\$1,445.77	\$1,316.31
54	\$1,944.16	\$1,782.75	\$1,513.10	\$1,377.61
55	\$2,030.67	\$1,862.08	\$1,580.43	\$1,438.91
56	\$2,124.47	\$1,948.08	\$1,653.43	\$1,505.37
57	\$2,219.17	\$2,034.92	\$1,727.13	\$1,572.48
58	\$2,320.25	\$2,127.61	\$1,805.80	\$1,644.10
59	\$2,370.33	\$2,173.54	\$1,844.78	\$1,679.59
60	\$2,471.41	\$2,266.22	\$1,923.44	\$1,751.21
61	\$2,558.83	\$2,346.38	\$1,991.48	\$1,813.16
62	\$2,616.20	\$2,398.99	\$2,036.13	\$1,853.81
63	\$2,688.14	\$2,464.96	\$2,092.12	\$1,904.78
64 +	\$2,731.86	\$2,505.03	\$2,126.13	\$1,935.75

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.