

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*	\$381.37	\$373.94	\$373.79	\$406.79
15*	\$414.00	\$405.91	\$405.75	\$441.68
16*	\$426.48	\$418.13	\$417.97	\$455.02
17*	\$438.96	\$430.36	\$430.18	\$468.36
18*	\$452.39	\$443.52	\$443.34	\$482.72
19	\$451.56	\$442.41	\$442.23	\$482.82
20	\$465.48	\$456.05	\$455.86	\$497.70
21	\$479.87	\$470.15	\$469.96	\$513.09
22	\$479.87	\$470.15	\$469.96	\$513.09
23	\$479.87	\$470.15	\$469.96	\$513.09
24	\$479.87	\$470.15	\$469.96	\$513.09
25	\$481.79	\$472.03	\$471.84	\$515.14
26	\$491.39	\$481.44	\$481.24	\$525.41
27	\$502.91	\$492.72	\$492.52	\$537.72
28	\$521.62	\$511.06	\$510.85	\$557.73
29	\$536.98	\$526.10	\$525.89	\$574.15
30	\$544.65	\$533.62	\$533.40	\$582.36
31	\$556.17	\$544.91	\$544.68	\$594.67
32	\$567.69	\$556.19	\$555.96	\$606.99
33	\$574.89	\$563.24	\$563.01	\$614.68
34	\$582.56	\$570.77	\$570.53	\$622.89
35	\$586.40	\$574.53	\$574.29	\$627.00
36	\$590.24	\$578.29	\$578.05	\$631.10
37	\$594.08	\$582.05	\$581.81	\$635.21
38	\$597.92	\$585.81	\$585.57	\$639.31
39	\$605.60	\$593.33	\$593.09	\$647.52
40	\$613.28	\$600.86	\$600.61	\$655.73
41	\$624.79	\$612.14	\$611.89	\$668.05
42	\$635.83	\$622.95	\$622.70	\$679.85
43	\$651.19	\$638.00	\$637.74	\$696.27
44	\$670.38	\$656.81	\$656.53	\$716.79
45	\$692.93	\$678.90	\$678.62	\$740.90
46	\$719.81	\$705.23	\$704.94	\$769.64
47	\$750.04	\$734.85	\$734.55	\$801.96
48	\$784.59	\$768.70	\$768.38	\$838.91
49	\$818.66	\$802.08	\$801.75	\$875.34
50	\$857.05	\$839.70	\$839.35	\$916.38
51	\$894.96	\$876.84	\$876.48	\$956.92
52	\$936.71	\$917.74	\$917.36	\$1,001.56
53	\$978.94	\$959.11	\$958.72	\$1,046.71
54	\$1,024.53	\$1,003.78	\$1,003.37	\$1,095.45
55	\$1,070.11	\$1,048.44	\$1,048.01	\$1,144.20
56	\$1,119.54	\$1,096.87	\$1,096.42	\$1,197.04
57	\$1,169.45	\$1,145.77	\$1,145.29	\$1,250.41
58	\$1,222.71	\$1,197.95	\$1,197.46	\$1,307.36
59	\$1,249.11	\$1,223.81	\$1,223.31	\$1,335.58
60	\$1,302.37	\$1,276.00	\$1,275.47	\$1,392.53
61	\$1,348.44	\$1,321.13	\$1,320.59	\$1,441.79
62	\$1,378.67	\$1,350.75	\$1,350.20	\$1,474.11
63	\$1,416.58	\$1,387.89	\$1,387.32	\$1,514.65
64 +	\$1,439.61	\$1,410.45	\$1,409.88	\$1,539.27

*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*	\$358.51	\$353.00	\$347.86	\$337.10	\$308.71	\$309.65	\$378.33
15*	\$389.11	\$383.11	\$377.51	\$365.80	\$334.88	\$335.91	\$410.69
16*	\$400.81	\$394.62	\$388.85	\$376.77	\$344.89	\$345.95	\$423.06
17*	\$412.51	\$406.13	\$400.19	\$387.74	\$354.89	\$355.99	\$435.43
18*	\$425.11	\$418.53	\$412.40	\$399.56	\$365.67	\$366.80	\$448.76
19	\$423.44	\$416.66	\$410.34	\$397.10	\$362.18	\$363.34	\$447.81
20	\$436.49	\$429.50	\$422.98	\$409.34	\$373.34	\$374.54	\$461.61
21	\$449.99	\$442.78	\$436.06	\$422.00	\$384.88	\$386.12	\$475.89
22	\$449.99	\$442.78	\$436.06	\$422.00	\$384.88	\$386.12	\$475.89
23	\$449.99	\$442.78	\$436.06	\$422.00	\$384.88	\$386.12	\$475.89
24	\$449.99	\$442.78	\$436.06	\$422.00	\$384.88	\$386.12	\$475.89
25	\$451.79	\$444.55	\$437.81	\$423.69	\$386.42	\$387.67	\$477.79
26	\$460.79	\$453.41	\$446.53	\$432.13	\$394.12	\$395.39	\$487.31
27	\$471.59	\$464.04	\$457.00	\$442.26	\$403.36	\$404.65	\$498.73
28	\$489.14	\$481.30	\$474.00	\$458.72	\$418.37	\$419.71	\$517.29
29	\$503.54	\$495.47	\$487.96	\$472.22	\$430.69	\$432.07	\$532.52
30	\$510.74	\$502.56	\$494.93	\$478.97	\$436.84	\$438.25	\$540.14
31	\$521.54	\$513.18	\$505.40	\$489.10	\$446.08	\$447.51	\$551.56
32	\$532.34	\$523.81	\$515.86	\$499.23	\$455.32	\$456.78	\$562.98
33	\$539.09	\$530.45	\$522.41	\$505.56	\$461.09	\$462.57	\$570.12
34	\$546.29	\$537.54	\$529.38	\$512.31	\$467.25	\$468.75	\$577.73
35	\$549.88	\$541.08	\$532.87	\$515.69	\$470.33	\$471.84	\$581.54
36	\$553.48	\$544.62	\$536.36	\$519.06	\$473.41	\$474.93	\$585.35
37	\$557.08	\$548.16	\$539.85	\$522.44	\$476.49	\$478.02	\$589.15
38	\$560.68	\$551.71	\$543.34	\$525.82	\$479.57	\$481.11	\$592.96
39	\$567.88	\$558.79	\$550.31	\$532.57	\$485.72	\$487.28	\$600.57
40	\$575.08	\$565.88	\$557.29	\$539.32	\$491.88	\$493.46	\$608.19
41	\$585.88	\$576.50	\$567.76	\$549.45	\$501.12	\$502.73	\$619.61
42	\$596.23	\$586.69	\$577.79	\$559.15	\$509.97	\$511.61	\$630.55
43	\$610.63	\$600.85	\$591.74	\$572.66	\$522.29	\$523.97	\$645.78
44	\$628.63	\$618.57	\$609.18	\$589.54	\$537.68	\$539.41	\$664.82
45	\$649.78	\$639.38	\$629.68	\$609.37	\$555.77	\$557.56	\$687.19
46	\$674.98	\$664.17	\$654.10	\$633.00	\$577.33	\$579.18	\$713.84
47	\$703.33	\$692.07	\$681.57	\$659.59	\$601.57	\$603.51	\$743.82
48	\$735.73	\$723.95	\$712.97	\$689.97	\$629.29	\$631.31	\$778.08
49	\$767.68	\$755.39	\$743.93	\$719.94	\$656.61	\$658.72	\$811.87
50	\$803.68	\$790.81	\$778.81	\$753.70	\$687.40	\$689.61	\$849.94
51	\$839.23	\$825.79	\$813.26	\$787.03	\$717.81	\$720.11	\$887.54
52	\$878.38	\$864.31	\$851.20	\$823.75	\$751.29	\$753.71	\$928.94
53	\$917.97	\$903.27	\$889.57	\$860.89	\$785.16	\$787.69	\$970.82
54	\$960.72	\$945.34	\$931.00	\$900.98	\$821.73	\$824.37	\$1,016.03
55	\$1,003.47	\$987.40	\$972.42	\$941.07	\$858.29	\$861.05	\$1,061.24
56	\$1,049.82	\$1,033.01	\$1,017.34	\$984.53	\$897.94	\$900.82	\$1,110.25
57	\$1,096.62	\$1,079.06	\$1,062.69	\$1,028.42	\$937.96	\$940.98	\$1,159.74
58	\$1,146.57	\$1,128.21	\$1,111.09	\$1,075.26	\$980.69	\$983.84	\$1,212.57
59	\$1,171.32	\$1,152.56	\$1,135.08	\$1,098.47	\$1,001.85	\$1,005.07	\$1,238.74
60	\$1,221.27	\$1,201.71	\$1,183.48	\$1,145.32	\$1,044.58	\$1,047.93	\$1,291.57
61	\$1,264.47	\$1,244.22	\$1,225.34	\$1,185.83	\$1,081.53	\$1,085.00	\$1,337.25
62	\$1,292.81	\$1,272.11	\$1,252.81	\$1,212.41	\$1,105.77	\$1,109.32	\$1,367.23
63	\$1,328.36	\$1,307.09	\$1,287.26	\$1,245.75	\$1,136.18	\$1,139.83	\$1,404.83
64 +	\$1,349.97	\$1,328.34	\$1,308.18	\$1,266.00	\$1,154.64	\$1,158.36	\$1,427.67

*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*	\$286.94	\$291.11	\$292.97	\$281.71	\$272.63
15*	\$311.18	\$315.72	\$317.74	\$305.48	\$295.59
16*	\$320.45	\$325.13	\$327.22	\$314.57	\$304.37
17*	\$329.72	\$334.54	\$336.69	\$323.66	\$313.15
18*	\$339.70	\$344.67	\$346.89	\$333.45	\$322.61
19	\$335.41	\$340.53	\$342.82	\$328.96	\$317.79
20	\$345.74	\$351.03	\$353.38	\$339.10	\$327.59
21	\$356.44	\$361.88	\$364.31	\$349.59	\$337.72
22	\$356.44	\$361.88	\$364.31	\$349.59	\$337.72
23	\$356.44	\$361.88	\$364.31	\$349.59	\$337.72
24	\$356.44	\$361.88	\$364.31	\$349.59	\$337.72
25	\$357.86	\$363.33	\$365.77	\$350.99	\$339.07
26	\$364.99	\$370.57	\$373.06	\$357.98	\$345.83
27	\$373.55	\$379.25	\$381.80	\$366.37	\$353.93
28	\$387.45	\$393.37	\$396.01	\$380.00	\$367.10
29	\$398.85	\$404.95	\$407.67	\$391.19	\$377.91
30	\$404.56	\$410.74	\$413.50	\$396.78	\$383.31
31	\$413.11	\$419.42	\$422.24	\$405.17	\$391.42
32	\$421.67	\$428.11	\$430.98	\$413.56	\$399.52
33	\$427.01	\$433.54	\$436.45	\$418.81	\$404.59
34	\$432.71	\$439.33	\$442.28	\$424.40	\$409.99
35	\$435.57	\$442.22	\$445.19	\$427.20	\$412.69
36	\$438.42	\$445.12	\$448.11	\$430.00	\$415.40
37	\$441.27	\$448.01	\$451.02	\$432.79	\$418.10
38	\$444.12	\$450.91	\$453.94	\$435.59	\$420.80
39	\$449.82	\$456.70	\$459.76	\$441.18	\$426.20
40	\$455.53	\$462.49	\$465.59	\$446.78	\$431.61
41	\$464.08	\$471.17	\$474.34	\$455.17	\$439.71
42	\$472.28	\$479.50	\$482.72	\$463.21	\$447.48
43	\$483.69	\$491.08	\$494.37	\$474.39	\$458.29
44	\$497.94	\$505.55	\$508.95	\$488.38	\$471.80
45	\$514.70	\$522.56	\$526.07	\$504.81	\$487.67
46	\$534.66	\$542.83	\$546.47	\$524.39	\$506.58
47	\$557.11	\$565.62	\$569.42	\$546.41	\$527.86
48	\$582.78	\$591.68	\$595.65	\$571.58	\$552.17
49	\$608.08	\$617.37	\$621.52	\$596.40	\$576.15
50	\$636.60	\$646.32	\$650.67	\$624.37	\$603.17
51	\$664.76	\$674.91	\$679.45	\$651.99	\$629.85
52	\$695.77	\$706.40	\$711.14	\$682.40	\$659.23
53	\$727.13	\$738.24	\$743.20	\$713.16	\$688.95
54	\$760.99	\$772.62	\$777.81	\$746.37	\$721.03
55	\$794.86	\$807.00	\$812.42	\$779.59	\$753.12
56	\$831.57	\$844.27	\$849.95	\$815.59	\$787.90
57	\$868.64	\$881.91	\$887.83	\$851.95	\$823.02
58	\$908.20	\$922.08	\$928.27	\$890.76	\$860.51
59	\$927.81	\$941.98	\$948.31	\$909.98	\$879.09
60	\$967.37	\$982.15	\$988.75	\$948.79	\$916.57
61	\$1,001.59	\$1,016.89	\$1,023.72	\$982.35	\$948.99
62	\$1,024.04	\$1,039.69	\$1,046.67	\$1,004.37	\$970.27
63	\$1,052.20	\$1,068.28	\$1,075.46	\$1,031.99	\$996.95
64 +	\$1,069.32	\$1,085.64	\$1,092.93	\$1,048.77	\$1,013.16

*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*	\$265.76	\$258.03
15*	\$288.12	\$279.70
16*	\$296.66	\$287.99
17*	\$305.21	\$296.27
18*	\$314.42	\$305.19
19	\$309.35	\$299.85
20	\$318.88	\$309.09
21	\$328.75	\$318.65
22	\$328.75	\$318.65
23	\$328.75	\$318.65
24	\$328.75	\$318.65
25	\$330.06	\$319.92
26	\$336.64	\$326.29
27	\$344.53	\$333.94
28	\$357.35	\$346.37
29	\$367.87	\$356.56
30	\$373.13	\$361.66
31	\$381.02	\$369.31
32	\$388.91	\$376.96
33	\$393.84	\$381.74
34	\$399.10	\$386.84
35	\$401.73	\$389.38
36	\$404.36	\$391.93
37	\$406.99	\$394.48
38	\$409.62	\$397.03
39	\$414.88	\$402.13
40	\$420.14	\$407.23
41	\$428.03	\$414.88
42	\$435.59	\$422.21
43	\$446.11	\$432.40
44	\$459.26	\$445.15
45	\$474.71	\$460.12
46	\$493.12	\$477.97
47	\$513.83	\$498.04
48	\$537.50	\$520.99
49	\$560.84	\$543.61
50	\$587.14	\$569.10
51	\$613.11	\$594.27
52	\$641.71	\$622.00
53	\$670.64	\$650.04
54	\$701.88	\$680.31
55	\$733.11	\$710.58
56	\$766.97	\$743.40
57	\$801.16	\$776.54
58	\$837.65	\$811.91
59	\$855.73	\$829.43
60	\$892.22	\$864.80
61	\$923.78	\$895.39
62	\$944.49	\$915.47
63	\$970.46	\$940.64
64 +	\$986.25	\$955.95

*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.