

## 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*	\$392.52	\$384.86	\$384.71	\$418.71
15*	\$426.14	\$417.80	\$417.64	\$454.66
16*	\$439.00	\$430.40	\$430.23	\$468.40
17*	\$451.86	\$442.99	\$442.82	\$482.15
18*	\$465.70	\$456.56	\$456.38	\$496.95
19	\$465.27	\$455.85	\$455.66	\$497.48
20	\$479.61	\$469.90	\$469.71	\$512.82
21	\$494.45	\$484.43	\$484.23	\$528.68
22	\$494.45	\$484.43	\$484.23	\$528.68
23	\$494.45	\$484.43	\$484.23	\$528.68
24	\$494.45	\$484.43	\$484.23	\$528.68
25	\$496.43	\$486.37	\$486.17	\$530.79
26	\$506.31	\$496.06	\$495.86	\$541.36
27	\$518.18	\$507.69	\$507.48	\$554.05
28	\$537.46	\$526.58	\$526.36	\$574.67
29	\$553.29	\$542.08	\$541.86	\$591.59
30	\$561.20	\$549.83	\$549.61	\$600.05
31	\$573.06	\$561.46	\$561.23	\$612.74
32	\$584.93	\$573.09	\$572.85	\$625.42
33	\$592.35	\$580.35	\$580.11	\$633.35
34	\$600.26	\$588.10	\$587.86	\$641.81
35	\$604.21	\$591.98	\$591.73	\$646.04
36	\$608.17	\$595.85	\$595.61	\$650.27
37	\$612.13	\$599.73	\$599.48	\$654.50
38	\$616.08	\$603.61	\$603.36	\$658.73
39	\$623.99	\$611.36	\$611.10	\$667.19
40	\$631.90	\$619.11	\$618.85	\$675.65
41	\$643.77	\$630.73	\$630.47	\$688.34
42	\$655.14	\$641.88	\$641.61	\$700.50
43	\$670.96	\$657.38	\$657.11	\$717.41
44	\$690.74	\$676.75	\$676.48	\$738.56
45	\$713.98	\$699.52	\$699.23	\$763.41
46	\$741.67	\$726.65	\$726.35	\$793.01
47	\$772.82	\$757.17	\$756.86	\$826.32
48	\$808.42	\$792.05	\$791.72	\$864.39
49	\$843.53	\$826.45	\$826.10	\$901.92
50	\$883.08	\$865.20	\$864.84	\$944.22
51	\$922.14	\$903.47	\$903.10	\$985.98
52	\$965.16	\$945.62	\$945.23	\$1,031.98
53	\$1,008.67	\$988.25	\$987.84	\$1,078.50
54	\$1,055.64	\$1,034.27	\$1,033.84	\$1,128.72
55	\$1,102.62	\$1,080.29	\$1,079.84	\$1,178.95
56	\$1,153.55	\$1,130.19	\$1,129.72	\$1,233.40
57	\$1,204.97	\$1,180.57	\$1,180.08	\$1,288.38
58	\$1,259.85	\$1,234.34	\$1,233.83	\$1,347.07
59	\$1,287.05	\$1,260.98	\$1,260.46	\$1,376.15
60	\$1,341.93	\$1,314.75	\$1,314.21	\$1,434.83
61	\$1,389.40	\$1,361.26	\$1,360.70	\$1,485.58
62	\$1,420.55	\$1,391.78	\$1,391.21	\$1,518.89
63	\$1,459.61	\$1,430.05	\$1,429.46	\$1,560.65
64 +	\$1,483.35	\$1,453.29	\$1,452.69	\$1,586.04

\*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*	\$368.97	\$363.29	\$357.99	\$346.91	\$317.65	\$318.62	\$389.38
15*	\$400.50	\$394.31	\$388.55	\$376.48	\$344.62	\$345.68	\$422.73
16*	\$412.55	\$406.17	\$400.23	\$387.78	\$354.93	\$356.02	\$435.48
17*	\$424.61	\$418.03	\$411.91	\$399.09	\$365.24	\$366.37	\$448.23
18*	\$437.59	\$430.81	\$424.49	\$411.26	\$376.34	\$377.51	\$461.95
19	\$436.30	\$429.31	\$422.80	\$409.17	\$373.18	\$374.38	\$461.41
20	\$449.75	\$442.54	\$435.83	\$421.78	\$384.68	\$385.91	\$475.63
21	\$463.66	\$456.23	\$449.31	\$434.82	\$396.58	\$397.85	\$490.35
22	\$463.66	\$456.23	\$449.31	\$434.82	\$396.58	\$397.85	\$490.35
23	\$463.66	\$456.23	\$449.31	\$434.82	\$396.58	\$397.85	\$490.35
24	\$463.66	\$456.23	\$449.31	\$434.82	\$396.58	\$397.85	\$490.35
25	\$465.51	\$458.06	\$451.11	\$436.56	\$398.16	\$399.44	\$492.31
26	\$474.78	\$467.18	\$460.09	\$445.26	\$406.09	\$407.40	\$502.11
27	\$485.91	\$478.13	\$470.88	\$455.69	\$415.61	\$416.95	\$513.88
28	\$503.99	\$495.92	\$488.40	\$472.65	\$431.08	\$432.46	\$533.01
29	\$518.83	\$510.52	\$502.78	\$486.56	\$443.77	\$445.19	\$548.70
30	\$526.25	\$517.82	\$509.97	\$493.52	\$450.11	\$451.56	\$556.54
31	\$537.38	\$528.77	\$520.75	\$503.96	\$459.63	\$461.11	\$568.31
32	\$548.50	\$539.72	\$531.53	\$514.39	\$469.15	\$470.65	\$580.08
33	\$555.46	\$546.56	\$538.27	\$520.91	\$475.10	\$476.62	\$587.43
34	\$562.88	\$553.86	\$545.46	\$527.87	\$481.44	\$482.99	\$595.28
35	\$566.59	\$557.51	\$549.06	\$531.35	\$484.61	\$486.17	\$599.20
36	\$570.30	\$561.16	\$552.65	\$534.83	\$487.79	\$489.35	\$603.12
37	\$574.01	\$564.81	\$556.25	\$538.31	\$490.96	\$492.54	\$607.05
38	\$577.71	\$568.46	\$559.84	\$541.79	\$494.13	\$495.72	\$610.97
39	\$585.13	\$575.76	\$567.03	\$548.74	\$500.48	\$502.08	\$618.82
40	\$592.55	\$583.06	\$574.22	\$555.70	\$506.82	\$508.45	\$626.66
41	\$603.68	\$594.01	\$585.00	\$566.14	\$516.34	\$518.00	\$638.43
42	\$614.34	\$604.51	\$595.34	\$576.14	\$525.46	\$527.15	\$649.71
43	\$629.18	\$619.11	\$609.71	\$590.05	\$538.15	\$539.88	\$665.40
44	\$647.73	\$637.35	\$627.69	\$607.44	\$554.02	\$555.79	\$685.01
45	\$669.52	\$658.80	\$648.80	\$627.88	\$572.65	\$574.49	\$708.06
46	\$695.48	\$684.35	\$673.96	\$652.23	\$594.86	\$596.77	\$735.52
47	\$724.69	\$713.09	\$702.27	\$679.62	\$619.85	\$621.84	\$766.41
48	\$758.08	\$745.94	\$734.62	\$710.93	\$648.40	\$650.48	\$801.71
49	\$791.00	\$778.33	\$766.52	\$741.80	\$676.56	\$678.73	\$836.53
50	\$828.09	\$814.83	\$802.47	\$776.59	\$708.28	\$710.56	\$875.76
51	\$864.72	\$850.87	\$837.96	\$810.94	\$739.61	\$741.99	\$914.49
52	\$905.06	\$890.56	\$877.05	\$848.77	\$774.11	\$776.60	\$957.15
53	\$945.86	\$930.71	\$916.59	\$887.03	\$809.01	\$811.61	\$1,000.30
54	\$989.90	\$974.05	\$959.28	\$928.34	\$846.69	\$849.41	\$1,046.89
55	\$1,033.95	\$1,017.39	\$1,001.96	\$969.65	\$884.36	\$887.20	\$1,093.47
56	\$1,081.71	\$1,064.39	\$1,048.24	\$1,014.44	\$925.21	\$928.18	\$1,143.97
57	\$1,129.93	\$1,111.83	\$1,094.97	\$1,059.66	\$966.45	\$969.56	\$1,194.97
58	\$1,181.39	\$1,162.48	\$1,144.84	\$1,107.92	\$1,010.47	\$1,013.72	\$1,249.40
59	\$1,206.90	\$1,187.57	\$1,169.55	\$1,131.84	\$1,032.28	\$1,035.60	\$1,276.37
60	\$1,258.36	\$1,238.21	\$1,219.43	\$1,180.10	\$1,076.30	\$1,079.76	\$1,330.80
61	\$1,302.87	\$1,282.01	\$1,262.56	\$1,221.85	\$1,114.38	\$1,117.95	\$1,377.87
62	\$1,332.08	\$1,310.75	\$1,290.87	\$1,249.24	\$1,139.36	\$1,143.02	\$1,408.76
63	\$1,368.71	\$1,346.79	\$1,326.36	\$1,283.59	\$1,170.69	\$1,174.45	\$1,447.50
64 +	\$1,390.98	\$1,368.69	\$1,347.93	\$1,304.46	\$1,189.74	\$1,193.55	\$1,471.05

\*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*	\$295.23	\$299.52	\$301.44	\$289.83	\$280.47
15*	\$320.20	\$324.88	\$326.96	\$314.32	\$304.14
16*	\$329.75	\$334.57	\$336.72	\$323.69	\$313.18
17*	\$339.30	\$344.26	\$346.48	\$333.05	\$322.23
18*	\$349.58	\$354.71	\$356.99	\$343.14	\$331.97
19	\$345.60	\$350.88	\$353.23	\$338.96	\$327.45
20	\$356.25	\$361.69	\$364.12	\$349.40	\$337.54
21	\$367.26	\$372.88	\$375.38	\$360.21	\$347.98
22	\$367.26	\$372.88	\$375.38	\$360.21	\$347.98
23	\$367.26	\$372.88	\$375.38	\$360.21	\$347.98
24	\$367.26	\$372.88	\$375.38	\$360.21	\$347.98
25	\$368.73	\$374.37	\$376.88	\$361.65	\$349.37
26	\$376.08	\$381.82	\$384.39	\$368.85	\$356.33
27	\$384.89	\$390.77	\$393.40	\$377.50	\$364.68
28	\$399.22	\$405.32	\$408.04	\$391.55	\$378.25
29	\$410.97	\$417.25	\$420.05	\$403.07	\$389.39
30	\$416.84	\$423.21	\$426.06	\$408.84	\$394.96
31	\$425.66	\$432.16	\$435.07	\$417.48	\$403.31
32	\$434.47	\$441.11	\$444.07	\$426.13	\$411.66
33	\$439.98	\$446.70	\$449.71	\$431.53	\$416.88
34	\$445.86	\$452.67	\$455.71	\$437.29	\$422.45
35	\$448.80	\$455.65	\$458.71	\$440.17	\$425.23
36	\$451.73	\$458.64	\$461.72	\$443.06	\$428.01
37	\$454.67	\$461.62	\$464.72	\$445.94	\$430.80
38	\$457.61	\$464.60	\$467.72	\$448.82	\$433.58
39	\$463.49	\$470.57	\$473.73	\$454.58	\$439.15
40	\$469.36	\$476.53	\$479.74	\$460.35	\$444.72
41	\$478.18	\$485.48	\$488.74	\$468.99	\$453.07
42	\$486.62	\$494.06	\$497.38	\$477.28	\$461.07
43	\$498.38	\$505.99	\$509.39	\$488.80	\$472.21
44	\$513.07	\$520.91	\$524.41	\$503.21	\$486.13
45	\$530.33	\$538.43	\$542.05	\$520.14	\$502.48
46	\$550.90	\$559.31	\$563.07	\$540.31	\$521.97
47	\$574.03	\$582.80	\$586.72	\$563.01	\$543.89
48	\$600.48	\$609.65	\$613.75	\$588.94	\$568.94
49	\$626.55	\$636.13	\$640.40	\$614.52	\$593.65
50	\$655.93	\$665.96	\$670.43	\$643.33	\$621.49
51	\$684.95	\$695.41	\$700.08	\$671.79	\$648.98
52	\$716.90	\$727.85	\$732.74	\$703.13	\$679.25
53	\$749.22	\$760.67	\$765.77	\$734.83	\$709.88
54	\$784.11	\$796.09	\$801.44	\$769.04	\$742.93
55	\$819.00	\$831.51	\$837.10	\$803.26	\$775.99
56	\$856.83	\$869.92	\$875.76	\$840.37	\$811.83
57	\$895.02	\$908.70	\$914.80	\$877.83	\$848.02
58	\$935.79	\$950.09	\$956.47	\$917.81	\$886.65
59	\$955.99	\$970.59	\$977.11	\$937.62	\$905.79
60	\$996.75	\$1,011.98	\$1,018.78	\$977.61	\$944.41
61	\$1,032.01	\$1,047.78	\$1,054.82	\$1,012.19	\$977.82
62	\$1,055.15	\$1,071.27	\$1,078.47	\$1,034.88	\$999.74
63	\$1,084.16	\$1,100.73	\$1,108.12	\$1,063.34	\$1,027.23
64 +	\$1,101.78	\$1,118.64	\$1,126.14	\$1,080.63	\$1,043.94

\*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*	\$273.40	\$265.44
15*	\$296.43	\$287.76
16*	\$305.24	\$296.30
17*	\$314.05	\$304.84
18*	\$323.53	\$314.03
19	\$318.75	\$308.95
20	\$328.57	\$318.47
21	\$338.73	\$328.32
22	\$338.73	\$328.32
23	\$338.73	\$328.32
24	\$338.73	\$328.32
25	\$340.09	\$329.64
26	\$346.86	\$336.20
27	\$354.99	\$344.08
28	\$368.20	\$356.89
29	\$379.04	\$367.39
30	\$384.46	\$372.65
31	\$392.59	\$380.53
32	\$400.72	\$388.41
33	\$405.80	\$393.33
34	\$411.22	\$398.59
35	\$413.93	\$401.21
36	\$416.64	\$403.84
37	\$419.35	\$406.47
38	\$422.06	\$409.09
39	\$427.48	\$414.34
40	\$432.90	\$419.60
41	\$441.03	\$427.48
42	\$448.82	\$435.03
43	\$459.66	\$445.54
44	\$473.21	\$458.67
45	\$489.13	\$474.10
46	\$508.10	\$492.49
47	\$529.44	\$513.17
48	\$553.83	\$536.81
49	\$577.88	\$560.12
50	\$604.98	\$586.39
51	\$631.74	\$612.32
52	\$661.21	\$640.89
53	\$691.01	\$669.78
54	\$723.19	\$700.97
55	\$755.37	\$732.16
56	\$790.26	\$765.98
57	\$825.49	\$800.13
58	\$863.09	\$836.57
59	\$881.72	\$854.63
60	\$919.32	\$891.07
61	\$951.84	\$922.59
62	\$973.18	\$943.27
63	\$999.94	\$969.21
64 +	\$1,016.19	\$984.96

\*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	\$769.95	\$706.02	\$599.23	\$545.58
15	\$838.39	\$768.78	\$652.50	\$594.07
16	\$864.56	\$792.78	\$672.87	\$612.61
17	\$890.73	\$816.77	\$693.23	\$631.16
18	\$918.91	\$842.61	\$715.17	\$651.13
19	\$947.09	\$868.46	\$737.10	\$671.10
20	\$976.28	\$895.22	\$759.81	\$691.78
21	\$1,006.47	\$922.91	\$783.31	\$713.17
22	\$1,006.47	\$922.91	\$783.31	\$713.17
23	\$1,006.47	\$922.91	\$783.31	\$713.17
24	\$1,006.47	\$922.91	\$783.31	\$713.17
25	\$1,010.50	\$926.60	\$786.45	\$716.02
26	\$1,030.62	\$945.06	\$802.11	\$730.29
27	\$1,054.78	\$967.21	\$820.91	\$747.40
28	\$1,094.03	\$1,003.20	\$851.46	\$775.22
29	\$1,126.24	\$1,032.73	\$876.53	\$798.04
30	\$1,142.34	\$1,047.50	\$889.06	\$809.45
31	\$1,166.50	\$1,069.65	\$907.86	\$826.57
32	\$1,190.65	\$1,091.80	\$926.66	\$843.68
33	\$1,205.75	\$1,105.64	\$938.41	\$854.38
34	\$1,221.85	\$1,120.41	\$950.94	\$865.79
35	\$1,229.91	\$1,127.79	\$957.21	\$871.50
36	\$1,237.96	\$1,135.18	\$963.48	\$877.20
37	\$1,246.01	\$1,142.56	\$969.74	\$882.91
38	\$1,254.06	\$1,149.94	\$976.01	\$888.61
39	\$1,270.16	\$1,164.71	\$988.54	\$900.02
40	\$1,286.27	\$1,179.48	\$1,001.07	\$911.43
41	\$1,310.42	\$1,201.63	\$1,019.87	\$928.55
42	\$1,333.57	\$1,222.85	\$1,037.89	\$944.95
43	\$1,365.78	\$1,252.39	\$1,062.96	\$967.77
44	\$1,406.04	\$1,289.30	\$1,094.29	\$996.30
45	\$1,453.34	\$1,332.68	\$1,131.10	\$1,029.82
46	\$1,509.70	\$1,384.36	\$1,174.97	\$1,069.76
47	\$1,573.11	\$1,442.51	\$1,224.32	\$1,114.69
48	\$1,645.58	\$1,508.95	\$1,280.72	\$1,166.04
49	\$1,717.04	\$1,574.48	\$1,336.33	\$1,216.67
50	\$1,797.55	\$1,648.31	\$1,399.00	\$1,273.73
51	\$1,877.07	\$1,721.22	\$1,460.88	\$1,330.07
52	\$1,964.63	\$1,801.52	\$1,529.03	\$1,392.11
53	\$2,053.20	\$1,882.73	\$1,597.96	\$1,454.87
54	\$2,148.81	\$1,970.41	\$1,672.37	\$1,522.62
55	\$2,244.43	\$2,058.08	\$1,746.79	\$1,590.37
56	\$2,348.09	\$2,153.14	\$1,827.47	\$1,663.83
57	\$2,452.77	\$2,249.13	\$1,908.93	\$1,738.00
58	\$2,564.48	\$2,351.57	\$1,995.88	\$1,817.16
59	\$2,619.84	\$2,402.33	\$2,038.96	\$1,856.39
60	\$2,731.56	\$2,504.77	\$2,125.91	\$1,935.55
61	\$2,828.18	\$2,593.37	\$2,201.11	\$2,004.01
62	\$2,891.59	\$2,651.51	\$2,250.46	\$2,048.94
63	\$2,971.10	\$2,724.42	\$2,312.34	\$2,105.28
64 +	\$3,019.41	\$2,768.73	\$2,349.93	\$2,139.51

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## Rating Policy and additional plan information

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### 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.