

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*	\$400.51	\$392.69	\$392.53	\$427.25
15*	\$434.84	\$426.32	\$426.15	\$463.95
16*	\$447.97	\$439.18	\$439.01	\$477.99
17*	\$461.09	\$452.04	\$451.86	\$492.03
18*	\$475.23	\$465.90	\$465.71	\$507.14
19	\$475.10	\$465.48	\$465.28	\$507.99
20	\$489.74	\$479.82	\$479.62	\$523.64
21	\$504.89	\$494.66	\$494.46	\$539.84
22	\$504.89	\$494.66	\$494.46	\$539.84
23	\$504.89	\$494.66	\$494.46	\$539.84
24	\$504.89	\$494.66	\$494.46	\$539.84
25	\$506.90	\$496.64	\$496.43	\$542.00
26	\$517.00	\$506.53	\$506.32	\$552.79
27	\$529.12	\$518.40	\$518.19	\$565.75
28	\$548.81	\$537.70	\$537.47	\$586.80
29	\$564.97	\$553.53	\$553.30	\$604.08
30	\$573.04	\$561.44	\$561.21	\$612.72
31	\$585.16	\$573.31	\$573.08	\$625.67
32	\$597.28	\$585.18	\$584.94	\$638.63
33	\$604.85	\$592.60	\$592.36	\$646.73
34	\$612.93	\$600.52	\$600.27	\$655.36
35	\$616.97	\$604.48	\$604.23	\$659.68
36	\$621.01	\$608.43	\$608.18	\$664.00
37	\$625.05	\$612.39	\$612.14	\$668.32
38	\$629.09	\$616.35	\$616.09	\$672.64
39	\$637.17	\$624.26	\$624.00	\$681.27
40	\$645.24	\$632.18	\$631.92	\$689.91
41	\$657.36	\$644.05	\$643.78	\$702.87
42	\$668.97	\$655.43	\$655.16	\$715.28
43	\$685.13	\$671.25	\$670.98	\$732.56
44	\$705.32	\$691.04	\$690.76	\$754.15
45	\$729.05	\$714.29	\$714.00	\$779.53
46	\$757.33	\$741.99	\$741.69	\$809.76
47	\$789.14	\$773.16	\$772.84	\$843.77
48	\$825.49	\$808.77	\$808.44	\$882.63
49	\$861.33	\$843.89	\$843.54	\$920.96
50	\$901.73	\$883.46	\$883.10	\$964.15
51	\$941.61	\$922.54	\$922.16	\$1,006.80
52	\$985.54	\$965.58	\$965.18	\$1,053.76
53	\$1,029.97	\$1,009.11	\$1,008.69	\$1,101.27
54	\$1,077.93	\$1,056.10	\$1,055.67	\$1,152.55
55	\$1,125.89	\$1,103.09	\$1,102.64	\$1,203.84
56	\$1,177.90	\$1,154.04	\$1,153.57	\$1,259.44
57	\$1,230.41	\$1,205.49	\$1,204.99	\$1,315.58
58	\$1,286.45	\$1,260.40	\$1,259.88	\$1,375.51
59	\$1,314.22	\$1,287.60	\$1,287.07	\$1,405.20
60	\$1,370.26	\$1,342.51	\$1,341.96	\$1,465.12
61	\$1,418.73	\$1,390.00	\$1,389.42	\$1,516.94
62	\$1,450.54	\$1,421.16	\$1,420.58	\$1,550.95
63	\$1,490.42	\$1,460.24	\$1,459.64	\$1,593.60
64 +	\$1,514.67	\$1,483.98	\$1,483.38	\$1,619.52

*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*	\$376.45	\$370.65	\$365.25	\$353.93	\$324.05	\$325.05	\$397.30
15*	\$408.65	\$402.33	\$396.45	\$384.12	\$351.59	\$352.67	\$431.35
16*	\$420.96	\$414.45	\$408.37	\$395.67	\$362.12	\$363.24	\$444.37
17*	\$433.27	\$426.56	\$420.30	\$407.21	\$372.65	\$373.80	\$457.39
18*	\$446.52	\$439.60	\$433.15	\$419.64	\$383.99	\$385.17	\$471.41
19	\$445.51	\$438.38	\$431.73	\$417.80	\$381.06	\$382.28	\$471.16
20	\$459.24	\$451.89	\$445.03	\$430.68	\$392.80	\$394.06	\$485.68
21	\$473.44	\$465.86	\$458.80	\$444.00	\$404.95	\$406.25	\$500.70
22	\$473.44	\$465.86	\$458.80	\$444.00	\$404.95	\$406.25	\$500.70
23	\$473.44	\$465.86	\$458.80	\$444.00	\$404.95	\$406.25	\$500.70
24	\$473.44	\$465.86	\$458.80	\$444.00	\$404.95	\$406.25	\$500.70
25	\$475.34	\$467.73	\$460.63	\$445.78	\$406.57	\$407.87	\$502.70
26	\$484.81	\$477.04	\$469.81	\$454.66	\$414.67	\$416.00	\$512.71
27	\$496.17	\$488.22	\$480.82	\$465.31	\$424.38	\$425.75	\$524.73
28	\$514.63	\$506.39	\$498.71	\$482.63	\$440.18	\$441.59	\$544.26
29	\$529.78	\$521.30	\$513.39	\$496.84	\$453.14	\$454.59	\$560.28
30	\$537.36	\$528.75	\$520.73	\$503.94	\$459.61	\$461.09	\$568.29
31	\$548.72	\$539.93	\$531.74	\$514.60	\$469.33	\$470.84	\$580.31
32	\$560.08	\$551.11	\$542.75	\$525.25	\$479.05	\$480.59	\$592.32
33	\$567.19	\$558.10	\$549.64	\$531.91	\$485.13	\$486.68	\$599.83
34	\$574.76	\$565.56	\$556.98	\$539.02	\$491.61	\$493.18	\$607.85
35	\$578.55	\$569.28	\$560.65	\$542.57	\$494.85	\$496.43	\$611.85
36	\$582.34	\$573.01	\$564.32	\$546.12	\$498.08	\$499.68	\$615.86
37	\$586.12	\$576.74	\$567.99	\$549.67	\$501.32	\$502.93	\$619.86
38	\$589.91	\$580.46	\$571.66	\$553.22	\$504.56	\$506.18	\$623.87
39	\$597.49	\$587.92	\$579.00	\$560.33	\$511.04	\$512.68	\$631.88
40	\$605.06	\$595.37	\$586.34	\$567.43	\$517.52	\$519.18	\$639.89
41	\$616.42	\$606.55	\$597.35	\$578.09	\$527.24	\$528.93	\$651.91
42	\$627.31	\$617.27	\$607.90	\$588.30	\$536.55	\$538.28	\$663.42
43	\$642.46	\$632.17	\$622.58	\$602.51	\$549.51	\$551.28	\$679.45
44	\$661.40	\$650.81	\$640.94	\$620.27	\$565.71	\$567.53	\$699.47
45	\$683.65	\$672.70	\$662.50	\$641.14	\$584.74	\$586.62	\$723.01
46	\$710.17	\$698.79	\$688.19	\$666.00	\$607.42	\$609.37	\$751.04
47	\$739.99	\$728.14	\$717.10	\$693.97	\$632.93	\$634.96	\$782.59
48	\$774.08	\$761.68	\$750.13	\$725.94	\$662.09	\$664.21	\$818.64
49	\$807.69	\$794.76	\$782.70	\$757.46	\$690.84	\$693.06	\$854.19
50	\$845.57	\$832.03	\$819.41	\$792.98	\$723.24	\$725.56	\$894.24
51	\$882.97	\$868.83	\$855.65	\$828.06	\$755.23	\$757.65	\$933.80
52	\$924.16	\$909.36	\$895.57	\$866.69	\$790.46	\$792.99	\$977.36
53	\$965.82	\$950.36	\$935.94	\$905.76	\$826.09	\$828.74	\$1,021.42
54	\$1,010.80	\$994.62	\$979.53	\$947.94	\$864.56	\$867.34	\$1,068.99
55	\$1,055.78	\$1,038.87	\$1,023.11	\$990.12	\$903.03	\$905.93	\$1,116.55
56	\$1,104.54	\$1,086.86	\$1,070.37	\$1,035.85	\$944.74	\$947.77	\$1,168.12
57	\$1,153.78	\$1,135.31	\$1,118.08	\$1,082.03	\$986.86	\$990.02	\$1,220.20
58	\$1,206.33	\$1,187.02	\$1,169.01	\$1,131.31	\$1,031.80	\$1,035.12	\$1,275.77
59	\$1,232.37	\$1,212.64	\$1,194.24	\$1,155.73	\$1,054.08	\$1,057.46	\$1,303.31
60	\$1,284.93	\$1,264.35	\$1,245.17	\$1,205.02	\$1,099.03	\$1,102.56	\$1,358.89
61	\$1,330.38	\$1,309.07	\$1,289.21	\$1,247.64	\$1,137.90	\$1,141.55	\$1,406.96
62	\$1,360.20	\$1,338.42	\$1,318.12	\$1,275.61	\$1,163.41	\$1,167.15	\$1,438.50
63	\$1,397.61	\$1,375.22	\$1,354.36	\$1,310.69	\$1,195.40	\$1,199.24	\$1,478.06
64 +	\$1,420.32	\$1,397.58	\$1,376.40	\$1,332.00	\$1,214.85	\$1,218.75	\$1,502.10

*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*	\$301.16	\$305.54	\$307.50	\$295.65	\$286.09
15*	\$326.66	\$331.43	\$333.56	\$320.66	\$310.26
16*	\$336.41	\$341.33	\$343.53	\$330.22	\$319.49
17*	\$346.16	\$351.23	\$353.49	\$339.78	\$328.73
18*	\$356.66	\$361.89	\$364.23	\$350.08	\$338.68
19	\$352.89	\$358.28	\$360.69	\$346.11	\$334.36
20	\$363.77	\$369.32	\$371.81	\$356.78	\$344.66
21	\$375.02	\$380.75	\$383.30	\$367.81	\$355.32
22	\$375.02	\$380.75	\$383.30	\$367.81	\$355.32
23	\$375.02	\$380.75	\$383.30	\$367.81	\$355.32
24	\$375.02	\$380.75	\$383.30	\$367.81	\$355.32
25	\$376.52	\$382.27	\$384.84	\$369.28	\$356.75
26	\$384.02	\$389.88	\$392.50	\$376.64	\$363.85
27	\$393.02	\$399.02	\$401.70	\$385.47	\$372.38
28	\$407.64	\$413.87	\$416.65	\$399.81	\$386.24
29	\$419.64	\$426.06	\$428.92	\$411.58	\$397.61
30	\$425.64	\$432.15	\$435.05	\$417.47	\$403.29
31	\$434.64	\$441.29	\$444.25	\$426.29	\$411.82
32	\$443.64	\$450.42	\$453.45	\$435.12	\$420.35
33	\$449.27	\$456.13	\$459.20	\$440.64	\$425.68
34	\$455.27	\$462.23	\$465.33	\$446.52	\$431.36
35	\$458.27	\$465.27	\$468.40	\$449.47	\$434.21
36	\$461.27	\$468.32	\$471.46	\$452.41	\$437.05
37	\$464.27	\$471.36	\$474.53	\$455.35	\$439.89
38	\$467.27	\$474.41	\$477.60	\$458.29	\$442.73
39	\$473.27	\$480.50	\$483.73	\$464.18	\$448.42
40	\$479.27	\$486.59	\$489.86	\$470.06	\$454.10
41	\$488.27	\$495.73	\$499.06	\$478.89	\$462.63
42	\$496.90	\$504.49	\$507.88	\$487.35	\$470.80
43	\$508.90	\$516.67	\$520.14	\$499.12	\$482.17
44	\$523.90	\$531.90	\$535.48	\$513.83	\$496.39
45	\$541.52	\$549.80	\$553.49	\$531.12	\$513.09
46	\$562.53	\$571.12	\$574.96	\$551.72	\$532.99
47	\$586.15	\$595.11	\$599.10	\$574.89	\$555.37
48	\$613.15	\$622.52	\$626.70	\$601.37	\$580.96
49	\$639.78	\$649.55	\$653.92	\$627.49	\$606.18
50	\$669.78	\$680.01	\$684.58	\$656.91	\$634.61
51	\$699.41	\$710.09	\$714.86	\$685.97	\$662.68
52	\$732.03	\$743.22	\$748.21	\$717.97	\$693.59
53	\$765.03	\$776.72	\$781.94	\$750.34	\$724.86
54	\$800.66	\$812.89	\$818.35	\$785.28	\$758.62
55	\$836.29	\$849.07	\$854.77	\$820.22	\$792.37
56	\$874.91	\$888.28	\$894.25	\$858.11	\$828.97
57	\$913.92	\$927.88	\$934.11	\$896.36	\$865.93
58	\$955.54	\$970.14	\$976.66	\$937.19	\$905.37
59	\$976.17	\$991.08	\$997.74	\$957.42	\$924.91
60	\$1,017.80	\$1,033.35	\$1,040.29	\$998.24	\$964.35
61	\$1,053.80	\$1,069.90	\$1,077.09	\$1,033.55	\$998.46
62	\$1,077.42	\$1,093.89	\$1,101.23	\$1,056.73	\$1,020.85
63	\$1,107.05	\$1,123.96	\$1,131.51	\$1,085.78	\$1,048.92
64 +	\$1,125.06	\$1,142.25	\$1,149.90	\$1,103.43	\$1,065.96

*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 HMO

Age on Effective Date	Bronze 60 HMO 5800/60 PCP + Child Dental	Bronze 60 HDHP HMO 7200/0 PCP + Child Dental
0-14*	\$278.87	\$270.74
15*	\$302.39	\$293.54
16*	\$311.38	\$302.25
17*	\$320.38	\$310.97
18*	\$330.06	\$320.36
19	\$325.48	\$315.47
20	\$335.51	\$325.20
21	\$345.88	\$335.26
22	\$345.88	\$335.26
23	\$345.88	\$335.26
24	\$345.88	\$335.26
25	\$347.27	\$336.60
26	\$354.18	\$343.30
27	\$362.49	\$351.35
28	\$375.98	\$364.42
29	\$387.04	\$375.15
30	\$392.58	\$380.51
31	\$400.88	\$388.56
32	\$409.18	\$396.61
33	\$414.37	\$401.64
34	\$419.90	\$407.00
35	\$422.67	\$409.68
36	\$425.44	\$412.36
37	\$428.20	\$415.05
38	\$430.97	\$417.73
39	\$436.50	\$423.09
40	\$442.04	\$428.46
41	\$450.34	\$436.50
42	\$458.30	\$444.21
43	\$469.36	\$454.94
44	\$483.20	\$468.35
45	\$499.46	\$484.11
46	\$518.82	\$502.88
47	\$540.62	\$524.00
48	\$565.52	\$548.14
49	\$590.08	\$571.95
50	\$617.75	\$598.77
51	\$645.07	\$625.25
52	\$675.16	\$654.42
53	\$705.60	\$683.92
54	\$738.46	\$715.77
55	\$771.32	\$747.62
56	\$806.95	\$782.15
57	\$842.92	\$817.02
58	\$881.31	\$854.23
59	\$900.33	\$872.67
60	\$938.73	\$909.88
61	\$971.93	\$942.07
62	\$993.72	\$963.19
63	\$1,021.05	\$989.67
64 +	\$1,037.64	\$1,005.78

*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

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.