

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*	\$471.39	\$462.14	\$461.95	\$503.04
15*	\$512.03	\$501.95	\$501.75	\$546.48
16*	\$527.56	\$517.17	\$516.96	\$563.10
17*	\$543.10	\$532.39	\$532.18	\$579.71
18*	\$559.83	\$548.78	\$548.56	\$597.60
19	\$562.29	\$550.90	\$550.68	\$601.22
20	\$579.62	\$567.88	\$567.65	\$619.75
21	\$597.55	\$585.45	\$585.20	\$638.91
22	\$597.55	\$585.45	\$585.20	\$638.91
23	\$597.55	\$585.45	\$585.20	\$638.91
24	\$597.55	\$585.45	\$585.20	\$638.91
25	\$599.94	\$587.79	\$587.55	\$641.47
26	\$611.89	\$599.50	\$599.25	\$654.25
27	\$626.23	\$613.55	\$613.29	\$669.58
28	\$649.53	\$636.38	\$636.12	\$694.50
29	\$668.65	\$655.11	\$654.84	\$714.94
30	\$678.22	\$664.48	\$664.21	\$725.17
31	\$692.56	\$678.53	\$678.25	\$740.50
32	\$706.90	\$692.58	\$692.30	\$755.83
33	\$715.86	\$701.36	\$701.08	\$765.42
34	\$725.42	\$710.73	\$710.44	\$775.64
35	\$730.20	\$715.41	\$715.12	\$780.75
36	\$734.98	\$720.10	\$719.80	\$785.86
37	\$739.76	\$724.78	\$724.48	\$790.97
38	\$744.54	\$729.47	\$729.16	\$796.09
39	\$754.10	\$738.83	\$738.53	\$806.31
40	\$763.66	\$748.20	\$747.89	\$816.53
41	\$778.01	\$762.25	\$761.94	\$831.87
42	\$791.75	\$775.72	\$775.40	\$846.56
43	\$810.87	\$794.45	\$794.12	\$867.01
44	\$834.77	\$817.87	\$817.53	\$892.56
45	\$862.86	\$845.38	\$845.04	\$922.59
46	\$896.32	\$878.17	\$877.81	\$958.37
47	\$933.97	\$915.05	\$914.67	\$998.62
48	\$976.99	\$957.20	\$956.81	\$1,044.62
49	\$1,019.41	\$998.77	\$998.36	\$1,089.99
50	\$1,067.22	\$1,045.61	\$1,045.18	\$1,141.10
51	\$1,114.42	\$1,091.86	\$1,091.41	\$1,191.57
52	\$1,166.41	\$1,142.79	\$1,142.32	\$1,247.16
53	\$1,219.00	\$1,194.31	\$1,193.82	\$1,303.38
54	\$1,275.76	\$1,249.93	\$1,249.41	\$1,364.08
55	\$1,332.53	\$1,305.54	\$1,305.01	\$1,424.78
56	\$1,394.08	\$1,365.85	\$1,365.28	\$1,490.58
57	\$1,456.22	\$1,426.73	\$1,426.14	\$1,557.03
58	\$1,522.55	\$1,491.72	\$1,491.10	\$1,627.95
59	\$1,555.41	\$1,523.92	\$1,523.29	\$1,663.09
60	\$1,621.74	\$1,588.90	\$1,588.25	\$1,734.01
61	\$1,679.11	\$1,645.10	\$1,644.43	\$1,795.35
62	\$1,716.75	\$1,681.99	\$1,681.29	\$1,835.60
63	\$1,763.96	\$1,728.24	\$1,727.52	\$1,886.07
64 +	\$1,792.65	\$1,756.35	\$1,755.60	\$1,916.73

*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*	\$442.93	\$436.06	\$429.66	\$416.27	\$380.91	\$382.09	\$467.60
15*	\$481.03	\$473.55	\$466.59	\$452.00	\$413.50	\$414.78	\$507.90
16*	\$495.60	\$487.89	\$480.70	\$465.66	\$425.96	\$427.28	\$523.30
17*	\$510.17	\$502.22	\$494.82	\$479.33	\$438.42	\$439.78	\$538.71
18*	\$525.86	\$517.66	\$510.03	\$494.04	\$451.84	\$453.25	\$555.30
19	\$527.27	\$518.83	\$510.96	\$494.48	\$450.99	\$452.44	\$557.63
20	\$543.52	\$534.82	\$526.71	\$509.72	\$464.89	\$466.38	\$574.81
21	\$560.33	\$551.36	\$543.00	\$525.49	\$479.27	\$480.81	\$592.59
22	\$560.33	\$551.36	\$543.00	\$525.49	\$479.27	\$480.81	\$592.59
23	\$560.33	\$551.36	\$543.00	\$525.49	\$479.27	\$480.81	\$592.59
24	\$560.33	\$551.36	\$543.00	\$525.49	\$479.27	\$480.81	\$592.59
25	\$562.58	\$553.57	\$545.17	\$527.59	\$481.18	\$482.73	\$594.96
26	\$573.78	\$564.59	\$556.03	\$538.10	\$490.77	\$492.35	\$606.81
27	\$587.23	\$577.83	\$569.06	\$550.71	\$502.27	\$503.88	\$621.03
28	\$609.08	\$599.33	\$590.24	\$571.20	\$520.96	\$522.64	\$644.14
29	\$627.01	\$616.97	\$607.61	\$588.02	\$536.30	\$538.02	\$663.11
30	\$635.98	\$625.80	\$616.30	\$596.43	\$543.97	\$545.71	\$672.59
31	\$649.43	\$639.03	\$629.33	\$609.04	\$555.47	\$557.25	\$686.81
32	\$662.88	\$652.26	\$642.37	\$621.65	\$566.97	\$568.79	\$701.03
33	\$671.28	\$660.53	\$650.51	\$629.53	\$574.16	\$576.01	\$709.92
34	\$680.25	\$669.35	\$659.20	\$637.94	\$581.83	\$583.70	\$719.40
35	\$684.73	\$673.76	\$663.54	\$642.14	\$585.66	\$587.54	\$724.14
36	\$689.21	\$678.17	\$667.89	\$646.35	\$589.50	\$591.39	\$728.88
37	\$693.69	\$682.59	\$672.23	\$650.55	\$593.33	\$595.24	\$733.63
38	\$698.18	\$687.00	\$676.58	\$654.76	\$597.17	\$599.08	\$738.37
39	\$707.14	\$695.82	\$685.26	\$663.16	\$604.83	\$606.78	\$747.85
40	\$716.11	\$704.64	\$693.95	\$671.57	\$612.50	\$614.47	\$757.33
41	\$729.56	\$717.87	\$706.98	\$684.18	\$624.01	\$626.01	\$771.55
42	\$742.44	\$730.55	\$719.47	\$696.27	\$635.03	\$637.07	\$785.18
43	\$760.37	\$748.20	\$736.85	\$713.09	\$650.36	\$652.45	\$804.14
44	\$782.79	\$770.25	\$758.57	\$734.11	\$669.54	\$671.69	\$827.85
45	\$809.12	\$796.17	\$784.09	\$758.80	\$692.06	\$694.28	\$855.70
46	\$840.50	\$827.04	\$814.50	\$788.23	\$718.90	\$721.21	\$888.88
47	\$875.80	\$861.78	\$848.71	\$821.34	\$749.09	\$751.50	\$926.22
48	\$916.15	\$901.48	\$887.80	\$859.17	\$783.60	\$786.12	\$968.88
49	\$955.93	\$940.62	\$926.35	\$896.48	\$817.63	\$820.25	\$1,010.96
50	\$1,000.76	\$984.73	\$969.79	\$938.52	\$855.97	\$858.72	\$1,058.36
51	\$1,045.02	\$1,028.29	\$1,012.69	\$980.03	\$893.83	\$896.70	\$1,105.18
52	\$1,093.77	\$1,076.26	\$1,059.93	\$1,025.75	\$935.53	\$938.53	\$1,156.73
53	\$1,143.08	\$1,124.78	\$1,107.72	\$1,071.99	\$977.70	\$980.84	\$1,208.88
54	\$1,196.31	\$1,177.16	\$1,159.30	\$1,121.91	\$1,023.23	\$1,026.52	\$1,265.18
55	\$1,249.55	\$1,229.54	\$1,210.88	\$1,171.84	\$1,068.76	\$1,072.20	\$1,321.47
56	\$1,307.26	\$1,286.33	\$1,266.81	\$1,225.96	\$1,118.13	\$1,121.72	\$1,382.51
57	\$1,365.53	\$1,343.67	\$1,323.29	\$1,280.61	\$1,167.97	\$1,171.72	\$1,444.14
58	\$1,427.73	\$1,404.87	\$1,383.56	\$1,338.94	\$1,221.17	\$1,225.09	\$1,509.92
59	\$1,458.55	\$1,435.19	\$1,413.42	\$1,367.84	\$1,247.53	\$1,251.54	\$1,542.51
60	\$1,520.75	\$1,496.40	\$1,473.70	\$1,426.17	\$1,300.73	\$1,304.91	\$1,608.29
61	\$1,574.54	\$1,549.33	\$1,525.82	\$1,476.62	\$1,346.74	\$1,351.06	\$1,665.18
62	\$1,609.84	\$1,584.06	\$1,560.03	\$1,509.72	\$1,376.93	\$1,381.35	\$1,702.51
63	\$1,654.11	\$1,627.62	\$1,602.93	\$1,551.24	\$1,414.80	\$1,419.34	\$1,749.32
64 +	\$1,680.99	\$1,654.08	\$1,629.00	\$1,576.47	\$1,437.81	\$1,442.43	\$1,777.77

*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*	\$353.81	\$359.00	\$361.31	\$347.29	\$335.98
15*	\$383.99	\$389.64	\$392.16	\$376.89	\$364.58
16*	\$395.53	\$401.36	\$403.96	\$388.21	\$375.51
17*	\$407.07	\$413.07	\$415.75	\$399.53	\$386.44
18*	\$419.50	\$425.69	\$428.45	\$411.71	\$398.22
19	\$417.66	\$424.04	\$426.89	\$409.63	\$395.73
20	\$430.53	\$437.11	\$440.04	\$422.26	\$407.92
21	\$443.84	\$450.63	\$453.65	\$435.32	\$420.54
22	\$443.84	\$450.63	\$453.65	\$435.32	\$420.54
23	\$443.84	\$450.63	\$453.65	\$435.32	\$420.54
24	\$443.84	\$450.63	\$453.65	\$435.32	\$420.54
25	\$445.62	\$452.43	\$455.47	\$437.06	\$422.22
26	\$454.50	\$461.44	\$464.54	\$445.76	\$430.63
27	\$465.15	\$472.26	\$475.43	\$456.21	\$440.72
28	\$482.46	\$489.83	\$493.12	\$473.19	\$457.12
29	\$496.66	\$504.25	\$507.64	\$487.12	\$470.58
30	\$503.76	\$511.46	\$514.90	\$494.08	\$477.31
31	\$514.41	\$522.27	\$525.78	\$504.53	\$487.40
32	\$525.07	\$533.09	\$536.67	\$514.98	\$497.49
33	\$531.72	\$539.85	\$543.48	\$521.51	\$503.80
34	\$538.83	\$547.06	\$550.73	\$528.47	\$510.53
35	\$542.38	\$550.66	\$554.36	\$531.96	\$513.90
36	\$545.93	\$554.27	\$557.99	\$535.44	\$517.26
37	\$549.48	\$557.87	\$561.62	\$538.92	\$520.62
38	\$553.03	\$561.48	\$565.25	\$542.41	\$523.99
39	\$560.13	\$568.69	\$572.51	\$549.37	\$530.72
40	\$567.23	\$575.90	\$579.77	\$556.34	\$537.45
41	\$577.88	\$586.71	\$590.65	\$566.78	\$547.54
42	\$588.09	\$597.08	\$601.09	\$576.80	\$557.21
43	\$602.30	\$611.50	\$615.61	\$590.73	\$570.67
44	\$620.05	\$629.52	\$633.75	\$608.14	\$587.49
45	\$640.91	\$650.70	\$655.07	\$628.60	\$607.25
46	\$665.77	\$675.94	\$680.48	\$652.98	\$630.81
47	\$693.73	\$704.33	\$709.06	\$680.40	\$657.30
48	\$725.68	\$736.77	\$741.72	\$711.74	\$687.58
49	\$757.20	\$768.77	\$773.93	\$742.65	\$717.44
50	\$792.70	\$804.82	\$810.22	\$777.48	\$751.08
51	\$827.77	\$840.42	\$846.06	\$811.87	\$784.30
52	\$866.38	\$879.62	\$885.53	\$849.74	\$820.89
53	\$905.44	\$919.28	\$925.45	\$888.05	\$857.89
54	\$947.61	\$962.08	\$968.55	\$929.40	\$897.85
55	\$989.77	\$1,004.89	\$1,011.64	\$970.76	\$937.80
56	\$1,035.49	\$1,051.31	\$1,058.37	\$1,015.59	\$981.11
57	\$1,081.65	\$1,098.17	\$1,105.55	\$1,060.87	\$1,024.85
58	\$1,130.91	\$1,148.19	\$1,155.91	\$1,109.19	\$1,071.53
59	\$1,155.32	\$1,172.98	\$1,180.86	\$1,133.13	\$1,094.66
60	\$1,204.59	\$1,223.00	\$1,231.21	\$1,181.45	\$1,141.34
61	\$1,247.20	\$1,266.26	\$1,274.76	\$1,223.24	\$1,181.71
62	\$1,275.16	\$1,294.65	\$1,303.34	\$1,250.67	\$1,208.20
63	\$1,310.23	\$1,330.25	\$1,339.18	\$1,285.06	\$1,241.42
64 +	\$1,331.52	\$1,351.89	\$1,360.95	\$1,305.96	\$1,261.62

*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*	\$327.43	\$317.81
15*	\$355.27	\$344.79
16*	\$365.91	\$355.11
17*	\$376.56	\$365.42
18*	\$388.02	\$376.53
19	\$385.21	\$373.37
20	\$397.08	\$384.88
21	\$409.36	\$396.78
22	\$409.36	\$396.78
23	\$409.36	\$396.78
24	\$409.36	\$396.78
25	\$411.00	\$398.37
26	\$419.19	\$406.31
27	\$429.01	\$415.83
28	\$444.98	\$431.30
29	\$458.08	\$444.00
30	\$464.63	\$450.35
31	\$474.45	\$459.87
32	\$484.28	\$469.40
33	\$490.42	\$475.35
34	\$496.97	\$481.70
35	\$500.24	\$484.87
36	\$503.52	\$488.04
37	\$506.79	\$491.22
38	\$510.07	\$494.39
39	\$516.62	\$500.74
40	\$523.17	\$507.09
41	\$532.99	\$516.61
42	\$542.41	\$525.74
43	\$555.51	\$538.44
44	\$571.88	\$554.31
45	\$591.12	\$572.96
46	\$614.04	\$595.18
47	\$639.83	\$620.17
48	\$669.31	\$648.74
49	\$698.37	\$676.91
50	\$731.12	\$708.66
51	\$763.46	\$740.00
52	\$799.08	\$774.52
53	\$835.10	\$809.44
54	\$873.99	\$847.13
55	\$912.88	\$884.83
56	\$955.04	\$925.70
57	\$997.62	\$966.96
58	\$1,043.06	\$1,011.01
59	\$1,065.57	\$1,032.83
60	\$1,111.01	\$1,076.87
61	\$1,150.31	\$1,114.96
62	\$1,176.10	\$1,139.96
63	\$1,208.44	\$1,171.31
64 +	\$1,228.08	\$1,190.34

*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	\$834.30	\$765.03	\$649.31	\$591.17
15	\$908.46	\$833.03	\$707.03	\$643.72
16	\$936.81	\$859.03	\$729.10	\$663.81
17	\$965.17	\$885.03	\$751.17	\$683.91
18	\$995.70	\$913.03	\$774.93	\$705.54
19	\$1,026.24	\$941.04	\$798.70	\$727.18
20	\$1,057.87	\$970.04	\$823.31	\$749.59
21	\$1,090.58	\$1,000.04	\$848.78	\$772.77
22	\$1,090.58	\$1,000.04	\$848.78	\$772.77
23	\$1,090.58	\$1,000.04	\$848.78	\$772.77
24	\$1,090.58	\$1,000.04	\$848.78	\$772.77
25	\$1,094.95	\$1,004.04	\$852.17	\$775.87
26	\$1,116.76	\$1,024.04	\$869.15	\$791.32
27	\$1,142.93	\$1,048.04	\$889.52	\$809.87
28	\$1,185.46	\$1,087.04	\$922.62	\$840.01
29	\$1,220.36	\$1,119.04	\$949.78	\$864.73
30	\$1,237.81	\$1,135.04	\$963.36	\$877.10
31	\$1,263.99	\$1,159.04	\$983.73	\$895.65
32	\$1,290.16	\$1,183.05	\$1,004.10	\$914.19
33	\$1,306.52	\$1,198.05	\$1,016.83	\$925.78
34	\$1,323.97	\$1,214.05	\$1,030.42	\$938.15
35	\$1,332.69	\$1,222.05	\$1,037.21	\$944.33
36	\$1,341.42	\$1,230.05	\$1,044.00	\$950.51
37	\$1,350.14	\$1,238.05	\$1,050.79	\$956.69
38	\$1,358.87	\$1,246.05	\$1,057.58	\$962.88
39	\$1,376.32	\$1,262.05	\$1,071.16	\$975.24
40	\$1,393.77	\$1,278.05	\$1,084.74	\$987.61
41	\$1,419.94	\$1,302.05	\$1,105.11	\$1,006.15
42	\$1,445.02	\$1,325.05	\$1,124.63	\$1,023.93
43	\$1,479.92	\$1,357.05	\$1,151.79	\$1,048.65
44	\$1,523.54	\$1,397.05	\$1,185.74	\$1,079.57
45	\$1,574.80	\$1,444.05	\$1,225.63	\$1,115.89
46	\$1,635.87	\$1,500.06	\$1,273.17	\$1,159.16
47	\$1,704.58	\$1,563.06	\$1,326.64	\$1,207.85
48	\$1,783.10	\$1,635.06	\$1,387.75	\$1,263.49
49	\$1,860.53	\$1,706.06	\$1,448.01	\$1,318.35
50	\$1,947.78	\$1,786.07	\$1,515.92	\$1,380.17
51	\$2,033.94	\$1,865.07	\$1,582.97	\$1,441.22
52	\$2,128.82	\$1,952.07	\$1,656.81	\$1,508.46
53	\$2,224.79	\$2,040.08	\$1,731.51	\$1,576.46
54	\$2,328.40	\$2,135.08	\$1,812.14	\$1,649.87
55	\$2,432.00	\$2,230.08	\$1,892.77	\$1,723.29
56	\$2,544.33	\$2,333.09	\$1,980.20	\$1,802.88
57	\$2,657.75	\$2,437.09	\$2,068.47	\$1,883.25
58	\$2,778.81	\$2,548.10	\$2,162.68	\$1,969.03
59	\$2,838.79	\$2,603.10	\$2,209.37	\$2,011.53
60	\$2,959.84	\$2,714.10	\$2,303.58	\$2,097.31
61	\$3,064.54	\$2,810.11	\$2,385.06	\$2,171.50
62	\$3,133.25	\$2,873.11	\$2,438.54	\$2,220.18
63	\$3,219.40	\$2,952.11	\$2,505.59	\$2,281.23
64 +	\$3,271.74	\$3,000.12	\$2,546.34	\$2,318.31

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.