

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*	\$494.25	\$484.53	\$484.34	\$527.48
15*	\$536.91	\$526.33	\$526.12	\$573.10
16*	\$553.23	\$542.31	\$542.10	\$590.54
17*	\$569.54	\$558.30	\$558.07	\$607.98
18*	\$587.11	\$575.51	\$575.28	\$626.76
19	\$590.41	\$578.45	\$578.21	\$631.28
20	\$608.60	\$596.28	\$596.03	\$650.73
21	\$627.42	\$614.72	\$614.46	\$670.86
22	\$627.42	\$614.72	\$614.46	\$670.86
23	\$627.42	\$614.72	\$614.46	\$670.86
24	\$627.42	\$614.72	\$614.46	\$670.86
25	\$629.93	\$617.18	\$616.92	\$673.54
26	\$642.48	\$629.47	\$629.21	\$686.96
27	\$657.54	\$644.22	\$643.96	\$703.06
28	\$682.01	\$668.20	\$667.92	\$729.22
29	\$702.09	\$687.87	\$687.59	\$750.69
30	\$712.13	\$697.71	\$697.42	\$761.43
31	\$727.18	\$712.46	\$712.16	\$777.53
32	\$742.24	\$727.21	\$726.91	\$793.63
33	\$751.65	\$736.43	\$736.13	\$803.69
34	\$761.69	\$746.27	\$745.96	\$814.42
35	\$766.71	\$751.19	\$750.88	\$819.79
36	\$771.73	\$756.10	\$755.79	\$825.16
37	\$776.75	\$761.02	\$760.71	\$830.52
38	\$781.77	\$765.94	\$765.62	\$835.89
39	\$791.81	\$775.77	\$775.45	\$846.62
40	\$801.85	\$785.61	\$785.29	\$857.36
41	\$816.91	\$800.36	\$800.03	\$873.46
42	\$831.34	\$814.50	\$814.17	\$888.89
43	\$851.41	\$834.17	\$833.83	\$910.36
44	\$876.51	\$858.76	\$858.41	\$937.19
45	\$906.00	\$887.65	\$887.29	\$968.72
46	\$941.14	\$922.08	\$921.70	\$1,006.29
47	\$980.66	\$960.80	\$960.41	\$1,048.55
48	\$1,025.84	\$1,005.06	\$1,004.65	\$1,096.85
49	\$1,070.39	\$1,048.71	\$1,048.28	\$1,144.49
50	\$1,120.58	\$1,097.89	\$1,097.43	\$1,198.15
51	\$1,170.15	\$1,146.45	\$1,145.98	\$1,251.15
52	\$1,224.73	\$1,199.93	\$1,199.44	\$1,309.52
53	\$1,279.95	\$1,254.03	\$1,253.51	\$1,368.55
54	\$1,339.55	\$1,312.42	\$1,311.88	\$1,432.28
55	\$1,399.16	\$1,370.82	\$1,370.26	\$1,496.02
56	\$1,463.78	\$1,434.14	\$1,433.55	\$1,565.11
57	\$1,529.03	\$1,498.07	\$1,497.45	\$1,634.88
58	\$1,598.68	\$1,566.30	\$1,565.66	\$1,709.35
59	\$1,633.18	\$1,600.11	\$1,599.45	\$1,746.25
60	\$1,702.83	\$1,668.35	\$1,667.66	\$1,820.71
61	\$1,763.06	\$1,727.36	\$1,726.65	\$1,885.11
62	\$1,802.59	\$1,766.09	\$1,765.36	\$1,927.38
63	\$1,852.16	\$1,814.65	\$1,813.90	\$1,980.38
64 +	\$1,882.26	\$1,844.16	\$1,843.38	\$2,012.58

*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*	\$464.36	\$457.15	\$450.43	\$436.37	\$399.24	\$400.48	\$490.27
15*	\$504.37	\$496.52	\$489.20	\$473.89	\$433.46	\$434.81	\$532.58
16*	\$519.66	\$511.57	\$504.03	\$488.23	\$446.54	\$447.93	\$548.76
17*	\$534.96	\$526.62	\$518.85	\$502.58	\$459.63	\$461.06	\$564.93
18*	\$551.43	\$542.83	\$534.81	\$518.03	\$473.72	\$475.19	\$582.36
19	\$553.64	\$544.77	\$536.51	\$519.21	\$473.54	\$475.06	\$585.51
20	\$570.70	\$561.56	\$553.04	\$535.21	\$488.13	\$489.70	\$603.55
21	\$588.35	\$578.93	\$570.15	\$551.76	\$503.23	\$504.85	\$622.22
22	\$588.35	\$578.93	\$570.15	\$551.76	\$503.23	\$504.85	\$622.22
23	\$588.35	\$578.93	\$570.15	\$551.76	\$503.23	\$504.85	\$622.22
24	\$588.35	\$578.93	\$570.15	\$551.76	\$503.23	\$504.85	\$622.22
25	\$590.70	\$581.25	\$572.43	\$553.97	\$505.24	\$506.87	\$624.71
26	\$602.47	\$592.82	\$583.83	\$565.00	\$515.31	\$516.96	\$637.15
27	\$616.59	\$606.72	\$597.51	\$578.25	\$527.39	\$529.08	\$652.08
28	\$639.54	\$629.30	\$619.75	\$599.76	\$547.01	\$548.77	\$676.35
29	\$658.36	\$647.82	\$638.00	\$617.42	\$563.11	\$564.92	\$696.26
30	\$667.78	\$657.09	\$647.12	\$626.25	\$571.17	\$573.00	\$706.22
31	\$681.90	\$670.98	\$660.80	\$639.49	\$583.24	\$585.12	\$721.15
32	\$696.02	\$684.87	\$674.48	\$652.73	\$595.32	\$597.23	\$736.08
33	\$704.84	\$693.56	\$683.04	\$661.01	\$602.87	\$604.81	\$745.42
34	\$714.26	\$702.82	\$692.16	\$669.84	\$610.92	\$612.88	\$755.37
35	\$718.97	\$707.45	\$696.72	\$674.25	\$614.95	\$616.92	\$760.35
36	\$723.67	\$712.08	\$701.28	\$678.67	\$618.97	\$620.96	\$765.33
37	\$728.38	\$716.71	\$705.84	\$683.08	\$623.00	\$625.00	\$770.31
38	\$733.09	\$721.35	\$710.40	\$687.49	\$627.02	\$629.04	\$775.28
39	\$742.50	\$730.61	\$719.53	\$696.32	\$635.08	\$637.12	\$785.24
40	\$751.91	\$739.87	\$728.65	\$705.15	\$643.13	\$645.19	\$795.20
41	\$766.03	\$753.77	\$742.33	\$718.39	\$655.21	\$657.31	\$810.13
42	\$779.57	\$767.08	\$755.45	\$731.08	\$666.78	\$668.92	\$824.44
43	\$798.39	\$785.61	\$773.69	\$748.74	\$682.88	\$685.08	\$844.35
44	\$821.93	\$808.76	\$796.50	\$770.81	\$703.01	\$705.27	\$869.24
45	\$849.58	\$835.97	\$823.29	\$796.74	\$726.66	\$729.00	\$898.48
46	\$882.53	\$868.39	\$855.22	\$827.64	\$754.85	\$757.27	\$933.33
47	\$919.59	\$904.87	\$891.14	\$862.40	\$786.55	\$789.07	\$972.53
48	\$961.95	\$946.55	\$932.19	\$902.13	\$822.78	\$825.42	\$1,017.33
49	\$1,003.73	\$987.65	\$972.67	\$941.30	\$858.51	\$861.27	\$1,061.50
50	\$1,050.80	\$1,033.97	\$1,018.28	\$985.45	\$898.77	\$901.65	\$1,111.28
51	\$1,097.27	\$1,079.70	\$1,063.33	\$1,029.03	\$938.52	\$941.54	\$1,160.44
52	\$1,148.46	\$1,130.07	\$1,112.93	\$1,077.04	\$982.30	\$985.46	\$1,214.57
53	\$1,200.24	\$1,181.02	\$1,163.10	\$1,125.59	\$1,026.59	\$1,029.89	\$1,269.33
54	\$1,256.13	\$1,236.01	\$1,217.26	\$1,178.01	\$1,074.40	\$1,077.85	\$1,328.44
55	\$1,312.02	\$1,291.01	\$1,271.43	\$1,230.43	\$1,122.20	\$1,125.81	\$1,387.55
56	\$1,372.62	\$1,350.64	\$1,330.15	\$1,287.26	\$1,174.04	\$1,177.81	\$1,451.64
57	\$1,433.81	\$1,410.85	\$1,389.45	\$1,344.64	\$1,226.37	\$1,230.31	\$1,516.35
58	\$1,499.12	\$1,475.11	\$1,452.74	\$1,405.89	\$1,282.23	\$1,286.35	\$1,585.41
59	\$1,531.48	\$1,506.95	\$1,484.09	\$1,436.23	\$1,309.91	\$1,314.11	\$1,619.63
60	\$1,596.78	\$1,571.22	\$1,547.38	\$1,497.48	\$1,365.77	\$1,370.15	\$1,688.70
61	\$1,653.27	\$1,626.79	\$1,602.11	\$1,550.45	\$1,414.08	\$1,418.62	\$1,748.43
62	\$1,690.33	\$1,663.26	\$1,638.03	\$1,585.21	\$1,445.78	\$1,450.42	\$1,787.63
63	\$1,736.81	\$1,709.00	\$1,683.08	\$1,628.80	\$1,485.54	\$1,490.31	\$1,836.79
64 +	\$1,765.05	\$1,736.79	\$1,710.45	\$1,655.28	\$1,509.69	\$1,514.55	\$1,866.66

*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*	\$370.79	\$376.23	\$378.67	\$363.94	\$352.07
15*	\$402.48	\$408.41	\$411.06	\$395.02	\$382.09
16*	\$414.59	\$420.71	\$423.44	\$406.90	\$393.57
17*	\$426.71	\$433.01	\$435.83	\$418.79	\$405.05
18*	\$439.76	\$446.26	\$449.16	\$431.59	\$417.42
19	\$438.54	\$445.24	\$448.23	\$430.12	\$415.51
20	\$452.05	\$458.96	\$462.04	\$443.37	\$428.32
21	\$466.04	\$473.16	\$476.33	\$457.08	\$441.56
22	\$466.04	\$473.16	\$476.33	\$457.08	\$441.56
23	\$466.04	\$473.16	\$476.33	\$457.08	\$441.56
24	\$466.04	\$473.16	\$476.33	\$457.08	\$441.56
25	\$467.90	\$475.05	\$478.24	\$458.91	\$443.33
26	\$477.22	\$484.51	\$487.77	\$468.05	\$452.16
27	\$488.41	\$495.87	\$499.20	\$479.02	\$462.76
28	\$506.58	\$514.32	\$517.78	\$496.85	\$479.98
29	\$521.49	\$529.46	\$533.02	\$511.48	\$494.11
30	\$528.95	\$537.03	\$540.64	\$518.79	\$501.17
31	\$540.14	\$548.39	\$552.07	\$529.76	\$511.77
32	\$551.32	\$559.74	\$563.50	\$540.73	\$522.37
33	\$558.31	\$566.84	\$570.65	\$547.59	\$528.99
34	\$565.77	\$574.41	\$578.27	\$554.90	\$536.06
35	\$569.50	\$578.20	\$582.08	\$558.56	\$539.59
36	\$573.22	\$581.98	\$585.89	\$562.21	\$543.12
37	\$576.95	\$585.77	\$589.70	\$565.87	\$546.66
38	\$580.68	\$589.55	\$593.51	\$569.53	\$550.19
39	\$588.14	\$597.12	\$601.13	\$576.84	\$557.25
40	\$595.59	\$604.69	\$608.76	\$584.15	\$564.32
41	\$606.78	\$616.05	\$620.19	\$595.12	\$574.92
42	\$617.50	\$626.93	\$631.14	\$605.63	\$585.07
43	\$632.41	\$642.07	\$646.39	\$620.26	\$599.20
44	\$651.05	\$661.00	\$665.44	\$638.54	\$616.86
45	\$672.96	\$683.24	\$687.83	\$660.03	\$637.62
46	\$699.05	\$709.73	\$714.50	\$685.62	\$662.35
47	\$728.41	\$739.54	\$744.51	\$714.42	\$690.16
48	\$761.97	\$773.61	\$778.81	\$747.33	\$721.96
49	\$795.06	\$807.20	\$812.63	\$779.78	\$753.31
50	\$832.34	\$845.06	\$850.73	\$816.35	\$788.63
51	\$869.16	\$882.44	\$888.36	\$852.46	\$823.52
52	\$909.70	\$923.60	\$929.81	\$892.23	\$861.93
53	\$950.71	\$965.24	\$971.72	\$932.45	\$900.79
54	\$994.99	\$1,010.19	\$1,016.97	\$975.87	\$942.74
55	\$1,039.26	\$1,055.14	\$1,062.23	\$1,019.29	\$984.69
56	\$1,087.26	\$1,103.87	\$1,111.29	\$1,066.37	\$1,030.17
57	\$1,135.73	\$1,153.08	\$1,160.83	\$1,113.91	\$1,076.09
58	\$1,187.46	\$1,205.60	\$1,213.70	\$1,164.65	\$1,125.10
59	\$1,213.09	\$1,231.63	\$1,239.90	\$1,189.79	\$1,149.39
60	\$1,264.82	\$1,284.15	\$1,292.77	\$1,240.52	\$1,198.40
61	\$1,309.56	\$1,329.57	\$1,338.50	\$1,284.40	\$1,240.79
62	\$1,338.92	\$1,359.38	\$1,368.51	\$1,313.20	\$1,268.61
63	\$1,375.74	\$1,396.76	\$1,406.14	\$1,349.31	\$1,303.50
64 +	\$1,398.12	\$1,419.48	\$1,428.99	\$1,371.24	\$1,324.68

*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 HMO

Age on Effective Date	Bronze 60 HMO 5800/60 PCP + Child Dental	Bronze 60 HDHP HMO 7200/0 PCP + Child Dental
0-14*	\$343.09	\$332.99
15*	\$372.32	\$361.32
16*	\$383.49	\$372.15
17*	\$394.67	\$382.98
18*	\$406.71	\$394.65
19	\$404.47	\$392.04
20	\$416.94	\$404.12
21	\$429.83	\$416.62
22	\$429.83	\$416.62
23	\$429.83	\$416.62
24	\$429.83	\$416.62
25	\$431.55	\$418.29
26	\$440.15	\$426.62
27	\$450.46	\$436.62
28	\$467.23	\$452.87
29	\$480.98	\$466.20
30	\$487.86	\$472.87
31	\$498.17	\$482.87
32	\$508.49	\$492.87
33	\$514.94	\$499.11
34	\$521.82	\$505.78
35	\$525.25	\$509.11
36	\$528.69	\$512.45
37	\$532.13	\$515.78
38	\$535.57	\$519.11
39	\$542.45	\$525.78
40	\$549.32	\$532.44
41	\$559.64	\$542.44
42	\$569.53	\$552.03
43	\$583.28	\$565.36
44	\$600.47	\$582.02
45	\$620.68	\$601.60
46	\$644.75	\$624.94
47	\$671.83	\$651.18
48	\$702.77	\$681.18
49	\$733.29	\$710.76
50	\$767.68	\$744.09
51	\$801.64	\$777.00
52	\$839.03	\$813.25
53	\$876.86	\$849.91
54	\$917.69	\$889.49
55	\$958.52	\$929.07
56	\$1,002.80	\$971.98
57	\$1,047.50	\$1,015.31
58	\$1,095.21	\$1,061.56
59	\$1,118.85	\$1,084.47
60	\$1,166.56	\$1,130.72
61	\$1,207.83	\$1,170.71
62	\$1,234.90	\$1,196.96
63	\$1,268.86	\$1,229.87
64 +	\$1,289.49	\$1,249.86

*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	\$876.01	\$803.28	\$681.78	\$620.73
15	\$953.88	\$874.68	\$742.38	\$675.91
16	\$983.65	\$901.98	\$765.55	\$697.00
17	\$1,013.42	\$929.29	\$788.73	\$718.10
18	\$1,045.49	\$958.69	\$813.68	\$740.82
19	\$1,077.55	\$988.09	\$838.63	\$763.54
20	\$1,110.76	\$1,018.54	\$864.48	\$787.07
21	\$1,145.11	\$1,050.04	\$891.22	\$811.41
22	\$1,145.11	\$1,050.04	\$891.22	\$811.41
23	\$1,145.11	\$1,050.04	\$891.22	\$811.41
24	\$1,145.11	\$1,050.04	\$891.22	\$811.41
25	\$1,149.69	\$1,054.24	\$894.78	\$814.66
26	\$1,172.60	\$1,075.24	\$912.61	\$830.89
27	\$1,200.08	\$1,100.44	\$933.99	\$850.36
28	\$1,244.74	\$1,141.39	\$968.75	\$882.01
29	\$1,281.38	\$1,174.99	\$997.27	\$907.97
30	\$1,299.70	\$1,191.80	\$1,011.53	\$920.95
31	\$1,327.19	\$1,217.00	\$1,032.92	\$940.43
32	\$1,354.67	\$1,242.20	\$1,054.31	\$959.90
33	\$1,371.84	\$1,257.95	\$1,067.68	\$972.07
34	\$1,390.17	\$1,274.75	\$1,081.94	\$985.06
35	\$1,399.33	\$1,283.15	\$1,089.07	\$991.55
36	\$1,408.49	\$1,291.55	\$1,096.20	\$998.04
37	\$1,417.65	\$1,299.95	\$1,103.33	\$1,004.53
38	\$1,426.81	\$1,308.35	\$1,110.46	\$1,011.02
39	\$1,445.13	\$1,325.15	\$1,124.71	\$1,024.00
40	\$1,463.45	\$1,341.95	\$1,138.97	\$1,036.99
41	\$1,490.94	\$1,367.15	\$1,160.36	\$1,056.46
42	\$1,517.27	\$1,391.30	\$1,180.86	\$1,075.12
43	\$1,553.92	\$1,424.90	\$1,209.38	\$1,101.09
44	\$1,599.72	\$1,466.91	\$1,245.03	\$1,133.54
45	\$1,653.54	\$1,516.26	\$1,286.92	\$1,171.68
46	\$1,717.67	\$1,575.06	\$1,336.82	\$1,217.12
47	\$1,789.81	\$1,641.21	\$1,392.97	\$1,268.24
48	\$1,872.26	\$1,716.82	\$1,457.14	\$1,326.66
49	\$1,953.56	\$1,791.37	\$1,520.41	\$1,384.27
50	\$2,045.17	\$1,875.37	\$1,591.71	\$1,449.18
51	\$2,135.63	\$1,958.32	\$1,662.12	\$1,513.28
52	\$2,235.26	\$2,049.68	\$1,739.65	\$1,583.88
53	\$2,336.03	\$2,142.08	\$1,818.08	\$1,655.28
54	\$2,444.81	\$2,241.84	\$1,902.75	\$1,732.37
55	\$2,553.60	\$2,341.59	\$1,987.41	\$1,809.45
56	\$2,671.55	\$2,449.74	\$2,079.21	\$1,893.03
57	\$2,790.64	\$2,558.95	\$2,171.89	\$1,977.41
58	\$2,917.75	\$2,675.50	\$2,270.82	\$2,067.48
59	\$2,980.73	\$2,733.25	\$2,319.84	\$2,112.11
60	\$3,107.83	\$2,849.81	\$2,418.76	\$2,202.17
61	\$3,217.77	\$2,950.61	\$2,504.32	\$2,280.07
62	\$3,289.91	\$3,016.76	\$2,560.46	\$2,331.19
63	\$3,380.37	\$3,099.72	\$2,630.87	\$2,395.29
64 +	\$3,435.33	\$3,150.12	\$2,673.66	\$2,434.23

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.