

## 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*	\$485.11	\$475.57	\$475.38	\$517.70
15*	\$526.96	\$516.58	\$516.37	\$562.45
16*	\$542.96	\$532.26	\$532.04	\$579.56
17*	\$558.96	\$547.93	\$547.71	\$596.67
18*	\$576.20	\$564.82	\$564.59	\$615.10
19	\$579.16	\$567.43	\$567.20	\$619.25
20	\$597.01	\$584.92	\$584.68	\$638.34
21	\$615.47	\$603.01	\$602.76	\$658.08
22	\$615.47	\$603.01	\$602.76	\$658.08
23	\$615.47	\$603.01	\$602.76	\$658.08
24	\$615.47	\$603.01	\$602.76	\$658.08
25	\$617.94	\$605.42	\$605.17	\$660.71
26	\$630.24	\$617.48	\$617.23	\$673.87
27	\$645.02	\$631.95	\$631.69	\$689.67
28	\$669.02	\$655.47	\$655.20	\$715.33
29	\$688.71	\$674.77	\$674.49	\$736.39
30	\$698.56	\$684.42	\$684.13	\$746.92
31	\$713.33	\$698.89	\$698.60	\$762.72
32	\$728.10	\$713.36	\$713.07	\$778.51
33	\$737.34	\$722.41	\$722.11	\$788.38
34	\$747.18	\$732.05	\$731.75	\$798.91
35	\$752.11	\$736.88	\$736.57	\$804.17
36	\$757.03	\$741.70	\$741.40	\$809.44
37	\$761.96	\$746.53	\$746.22	\$814.70
38	\$766.88	\$751.35	\$751.04	\$819.97
39	\$776.73	\$761.00	\$760.68	\$830.50
40	\$786.57	\$770.65	\$770.33	\$841.03
41	\$801.35	\$785.12	\$784.79	\$856.82
42	\$815.50	\$798.99	\$798.66	\$871.96
43	\$835.20	\$818.28	\$817.95	\$893.02
44	\$859.82	\$842.40	\$842.06	\$919.34
45	\$888.74	\$870.75	\$870.39	\$950.27
46	\$923.21	\$904.51	\$904.14	\$987.12
47	\$961.98	\$942.50	\$942.12	\$1,028.58
48	\$1,006.30	\$985.92	\$985.51	\$1,075.96
49	\$1,050.00	\$1,028.73	\$1,028.31	\$1,122.69
50	\$1,099.24	\$1,076.97	\$1,076.53	\$1,175.33
51	\$1,147.86	\$1,124.61	\$1,124.15	\$1,227.32
52	\$1,201.40	\$1,177.07	\$1,176.59	\$1,284.57
53	\$1,255.57	\$1,230.14	\$1,229.63	\$1,342.48
54	\$1,314.04	\$1,287.42	\$1,286.89	\$1,405.00
55	\$1,372.51	\$1,344.71	\$1,344.16	\$1,467.52
56	\$1,435.90	\$1,406.82	\$1,406.24	\$1,535.30
57	\$1,499.91	\$1,469.53	\$1,468.93	\$1,603.74
58	\$1,568.23	\$1,536.47	\$1,535.83	\$1,676.79
59	\$1,602.08	\$1,569.63	\$1,568.99	\$1,712.98
60	\$1,670.39	\$1,636.57	\$1,635.89	\$1,786.03
61	\$1,729.48	\$1,694.46	\$1,693.76	\$1,849.21
62	\$1,768.25	\$1,732.45	\$1,731.73	\$1,890.67
63	\$1,816.88	\$1,780.08	\$1,779.35	\$1,942.65
64 +	\$1,846.41	\$1,809.03	\$1,808.28	\$1,974.24

\*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*	\$455.79	\$448.72	\$442.12	\$428.33	\$391.91	\$393.12	\$481.20
15*	\$495.03	\$487.33	\$480.16	\$465.13	\$425.48	\$426.80	\$522.71
16*	\$510.04	\$502.10	\$494.70	\$479.20	\$438.31	\$439.67	\$538.58
17*	\$525.04	\$516.86	\$509.24	\$493.28	\$451.15	\$452.55	\$554.44
18*	\$541.20	\$532.76	\$524.90	\$508.43	\$464.97	\$466.41	\$571.53
19	\$543.09	\$534.40	\$526.29	\$509.32	\$464.52	\$466.01	\$574.36
20	\$559.83	\$550.87	\$542.51	\$525.01	\$478.84	\$480.37	\$592.06
21	\$577.14	\$567.90	\$559.29	\$541.25	\$493.64	\$495.23	\$610.37
22	\$577.14	\$567.90	\$559.29	\$541.25	\$493.64	\$495.23	\$610.37
23	\$577.14	\$567.90	\$559.29	\$541.25	\$493.64	\$495.23	\$610.37
24	\$577.14	\$567.90	\$559.29	\$541.25	\$493.64	\$495.23	\$610.37
25	\$579.45	\$570.17	\$561.52	\$543.42	\$495.62	\$497.21	\$612.81
26	\$591.00	\$581.53	\$572.71	\$554.24	\$505.49	\$507.12	\$625.02
27	\$604.85	\$595.16	\$586.13	\$567.23	\$517.34	\$519.00	\$639.66
28	\$627.36	\$617.31	\$607.95	\$588.34	\$536.59	\$538.31	\$663.47
29	\$645.82	\$635.48	\$625.84	\$605.66	\$552.39	\$554.16	\$683.00
30	\$655.06	\$644.57	\$634.79	\$614.32	\$560.29	\$562.09	\$692.77
31	\$668.91	\$658.20	\$648.21	\$627.31	\$572.13	\$573.97	\$707.42
32	\$682.76	\$671.83	\$661.64	\$640.30	\$583.98	\$585.86	\$722.06
33	\$691.42	\$680.35	\$670.03	\$648.42	\$591.39	\$593.29	\$731.22
34	\$700.65	\$689.43	\$678.98	\$657.08	\$599.28	\$601.21	\$740.99
35	\$705.27	\$693.98	\$683.45	\$661.41	\$603.23	\$605.17	\$745.87
36	\$709.89	\$698.52	\$687.92	\$665.74	\$607.18	\$609.13	\$750.75
37	\$714.50	\$703.06	\$692.40	\$670.07	\$611.13	\$613.09	\$755.63
38	\$719.12	\$707.61	\$696.87	\$674.40	\$615.08	\$617.06	\$760.52
39	\$728.36	\$716.69	\$705.82	\$683.06	\$622.98	\$624.98	\$770.28
40	\$737.59	\$725.78	\$714.77	\$691.72	\$630.88	\$632.90	\$780.05
41	\$751.44	\$739.41	\$728.19	\$704.71	\$642.73	\$644.79	\$794.70
42	\$764.72	\$752.47	\$741.06	\$717.16	\$654.08	\$656.18	\$808.74
43	\$783.19	\$770.64	\$758.95	\$734.48	\$669.88	\$672.03	\$828.27
44	\$806.27	\$793.36	\$781.32	\$756.13	\$689.62	\$691.84	\$852.68
45	\$833.40	\$820.05	\$807.61	\$781.57	\$712.82	\$715.11	\$881.37
46	\$865.72	\$851.85	\$838.93	\$811.88	\$740.47	\$742.84	\$915.55
47	\$902.08	\$887.63	\$874.17	\$845.98	\$771.57	\$774.04	\$954.00
48	\$943.63	\$928.52	\$914.44	\$884.95	\$807.11	\$809.70	\$997.95
49	\$984.61	\$968.84	\$954.14	\$923.37	\$842.16	\$844.86	\$1,041.29
50	\$1,030.78	\$1,014.27	\$998.89	\$966.68	\$881.65	\$884.48	\$1,090.11
51	\$1,076.37	\$1,059.14	\$1,043.07	\$1,009.43	\$920.65	\$923.60	\$1,138.33
52	\$1,126.59	\$1,108.55	\$1,091.73	\$1,056.52	\$963.59	\$966.69	\$1,191.44
53	\$1,177.37	\$1,158.52	\$1,140.95	\$1,104.15	\$1,007.04	\$1,010.27	\$1,245.15
54	\$1,232.20	\$1,212.47	\$1,194.08	\$1,155.57	\$1,053.93	\$1,057.32	\$1,303.13
55	\$1,287.03	\$1,266.42	\$1,247.21	\$1,206.99	\$1,100.83	\$1,104.36	\$1,361.12
56	\$1,346.48	\$1,324.92	\$1,304.82	\$1,262.74	\$1,151.67	\$1,155.37	\$1,423.99
57	\$1,406.50	\$1,383.98	\$1,362.98	\$1,319.03	\$1,203.01	\$1,206.88	\$1,487.46
58	\$1,470.56	\$1,447.02	\$1,425.06	\$1,379.11	\$1,257.81	\$1,261.85	\$1,555.21
59	\$1,502.31	\$1,478.25	\$1,455.83	\$1,408.88	\$1,284.96	\$1,289.08	\$1,588.78
60	\$1,566.37	\$1,541.29	\$1,517.91	\$1,468.96	\$1,339.75	\$1,344.05	\$1,656.54
61	\$1,621.78	\$1,595.81	\$1,571.60	\$1,520.92	\$1,387.14	\$1,391.60	\$1,715.13
62	\$1,658.14	\$1,631.58	\$1,606.83	\$1,555.02	\$1,418.24	\$1,422.80	\$1,753.58
63	\$1,703.73	\$1,676.45	\$1,651.02	\$1,597.77	\$1,457.24	\$1,461.92	\$1,801.80
64 +	\$1,731.42	\$1,703.70	\$1,677.87	\$1,623.75	\$1,480.92	\$1,485.69	\$1,831.11

\*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*	\$364.00	\$369.34	\$371.73	\$357.28	\$345.63
15*	\$395.08	\$400.90	\$403.50	\$387.77	\$375.09
16*	\$406.97	\$412.97	\$415.65	\$399.43	\$386.35
17*	\$418.86	\$425.04	\$427.80	\$411.08	\$397.61
18*	\$431.66	\$438.03	\$440.88	\$423.64	\$409.74
19	\$430.19	\$436.76	\$439.69	\$421.92	\$407.60
20	\$443.44	\$450.22	\$453.24	\$434.93	\$420.16
21	\$457.16	\$464.14	\$467.26	\$448.38	\$433.15
22	\$457.16	\$464.14	\$467.26	\$448.38	\$433.15
23	\$457.16	\$464.14	\$467.26	\$448.38	\$433.15
24	\$457.16	\$464.14	\$467.26	\$448.38	\$433.15
25	\$458.99	\$466.00	\$469.13	\$450.17	\$434.89
26	\$468.13	\$475.28	\$478.48	\$459.14	\$443.55
27	\$479.10	\$486.42	\$489.69	\$469.90	\$453.94
28	\$496.93	\$504.52	\$507.91	\$487.39	\$470.84
29	\$511.56	\$519.38	\$522.87	\$501.73	\$484.70
30	\$518.88	\$526.80	\$530.34	\$508.91	\$491.63
31	\$529.85	\$537.94	\$541.56	\$519.67	\$502.02
32	\$540.82	\$549.08	\$552.77	\$530.43	\$512.42
33	\$547.68	\$556.04	\$559.78	\$537.16	\$518.92
34	\$554.99	\$563.47	\$567.26	\$544.33	\$525.85
35	\$558.65	\$567.18	\$570.99	\$547.92	\$529.31
36	\$562.31	\$570.90	\$574.73	\$551.50	\$532.78
37	\$565.96	\$574.61	\$578.47	\$555.09	\$536.24
38	\$569.62	\$578.32	\$582.21	\$558.68	\$539.71
39	\$576.93	\$585.75	\$589.68	\$565.85	\$546.64
40	\$584.25	\$593.18	\$597.16	\$573.03	\$553.57
41	\$595.22	\$604.32	\$608.37	\$583.79	\$563.96
42	\$605.74	\$614.99	\$619.12	\$594.10	\$573.93
43	\$620.36	\$629.84	\$634.07	\$608.45	\$587.79
44	\$638.65	\$648.41	\$652.76	\$626.38	\$605.11
45	\$660.14	\$670.22	\$674.73	\$647.46	\$625.47
46	\$685.74	\$696.22	\$700.89	\$672.56	\$649.73
47	\$714.54	\$725.46	\$730.33	\$700.81	\$677.02
48	\$747.45	\$758.88	\$763.97	\$733.10	\$708.20
49	\$779.91	\$791.83	\$797.15	\$764.93	\$738.96
50	\$816.49	\$828.96	\$834.53	\$800.80	\$773.61
51	\$852.60	\$865.63	\$871.44	\$836.22	\$807.83
52	\$892.37	\$906.01	\$912.09	\$875.23	\$845.51
53	\$932.60	\$946.85	\$953.21	\$914.69	\$883.63
54	\$976.03	\$990.95	\$997.60	\$957.28	\$924.78
55	\$1,019.46	\$1,035.04	\$1,041.99	\$999.88	\$965.93
56	\$1,066.55	\$1,082.85	\$1,090.12	\$1,046.06	\$1,010.55
57	\$1,114.10	\$1,131.12	\$1,138.72	\$1,092.69	\$1,055.59
58	\$1,164.84	\$1,182.64	\$1,190.58	\$1,142.46	\$1,103.67
59	\$1,189.98	\$1,208.17	\$1,216.28	\$1,167.12	\$1,127.50
60	\$1,240.73	\$1,259.69	\$1,268.15	\$1,216.89	\$1,175.58
61	\$1,284.62	\$1,304.24	\$1,313.01	\$1,259.94	\$1,217.16
62	\$1,313.42	\$1,333.49	\$1,342.44	\$1,288.19	\$1,244.45
63	\$1,349.53	\$1,370.15	\$1,379.36	\$1,323.61	\$1,278.67
64 +	\$1,371.48	\$1,392.42	\$1,401.78	\$1,345.14	\$1,299.45

\*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*	\$336.83	\$326.92
15*	\$365.50	\$354.71
16*	\$376.46	\$365.33
17*	\$387.42	\$375.96
18*	\$399.23	\$387.40
19	\$396.77	\$384.58
20	\$408.99	\$396.43
21	\$421.64	\$408.69
22	\$421.64	\$408.69
23	\$421.64	\$408.69
24	\$421.64	\$408.69
25	\$423.33	\$410.32
26	\$431.76	\$418.50
27	\$441.88	\$428.30
28	\$458.33	\$444.24
29	\$471.82	\$457.32
30	\$478.57	\$463.86
31	\$488.69	\$473.67
32	\$498.80	\$483.48
33	\$505.13	\$489.61
34	\$511.88	\$496.15
35	\$515.25	\$499.42
36	\$518.62	\$502.69
37	\$522.00	\$505.96
38	\$525.37	\$509.23
39	\$532.11	\$515.76
40	\$538.86	\$522.30
41	\$548.98	\$532.11
42	\$558.68	\$541.51
43	\$572.17	\$554.59
44	\$589.04	\$570.94
45	\$608.85	\$590.15
46	\$632.47	\$613.03
47	\$659.03	\$638.78
48	\$689.39	\$668.20
49	\$719.32	\$697.22
50	\$753.06	\$729.92
51	\$786.37	\$762.20
52	\$823.05	\$797.76
53	\$860.15	\$833.72
54	\$900.21	\$872.55
55	\$940.27	\$911.37
56	\$983.70	\$953.47
57	\$1,027.55	\$995.97
58	\$1,074.35	\$1,041.34
59	\$1,097.54	\$1,063.81
60	\$1,144.34	\$1,109.18
61	\$1,184.82	\$1,148.41
62	\$1,211.38	\$1,174.16
63	\$1,244.69	\$1,206.45
64 +	\$1,264.92	\$1,226.07

\*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

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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.