

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*	\$466.66	\$457.50	\$457.32	\$497.98
15*	\$506.87	\$496.90	\$496.70	\$540.97
16*	\$522.25	\$511.96	\$511.76	\$557.41
17*	\$537.62	\$527.03	\$526.81	\$573.85
18*	\$554.18	\$543.25	\$543.03	\$591.56
19	\$556.47	\$545.20	\$544.98	\$594.99
20	\$573.62	\$562.00	\$561.77	\$613.33
21	\$591.36	\$579.38	\$579.15	\$632.30
22	\$591.36	\$579.38	\$579.15	\$632.30
23	\$591.36	\$579.38	\$579.15	\$632.30
24	\$591.36	\$579.38	\$579.15	\$632.30
25	\$593.73	\$581.70	\$581.46	\$634.83
26	\$605.55	\$593.29	\$593.05	\$647.47
27	\$619.75	\$607.20	\$606.95	\$662.65
28	\$642.81	\$629.79	\$629.53	\$687.31
29	\$661.73	\$648.33	\$648.06	\$707.54
30	\$671.19	\$657.60	\$657.33	\$717.66
31	\$685.39	\$671.51	\$671.23	\$732.83
32	\$699.58	\$685.41	\$685.13	\$748.01
33	\$708.45	\$694.10	\$693.82	\$757.49
34	\$717.91	\$703.37	\$703.08	\$767.61
35	\$722.64	\$708.01	\$707.72	\$772.67
36	\$727.37	\$712.64	\$712.35	\$777.73
37	\$732.10	\$717.28	\$716.98	\$782.79
38	\$736.84	\$721.91	\$721.62	\$787.84
39	\$746.30	\$731.18	\$730.88	\$797.96
40	\$755.76	\$740.45	\$740.15	\$808.08
41	\$769.95	\$754.36	\$754.05	\$823.25
42	\$783.55	\$767.68	\$767.37	\$837.80
43	\$802.48	\$786.23	\$785.90	\$858.03
44	\$826.13	\$809.40	\$809.07	\$883.32
45	\$853.92	\$836.63	\$836.29	\$913.04
46	\$887.04	\$869.08	\$868.72	\$948.45
47	\$924.30	\$905.58	\$905.21	\$988.28
48	\$966.87	\$947.29	\$946.90	\$1,033.81
49	\$1,008.86	\$988.43	\$988.02	\$1,078.70
50	\$1,056.17	\$1,034.78	\$1,034.35	\$1,129.29
51	\$1,102.89	\$1,080.55	\$1,080.11	\$1,179.24
52	\$1,154.34	\$1,130.96	\$1,130.49	\$1,234.25
53	\$1,206.38	\$1,181.95	\$1,181.46	\$1,289.89
54	\$1,262.55	\$1,236.99	\$1,236.48	\$1,349.96
55	\$1,318.73	\$1,292.03	\$1,291.50	\$1,410.03
56	\$1,379.64	\$1,351.70	\$1,351.15	\$1,475.15
57	\$1,441.15	\$1,411.96	\$1,411.38	\$1,540.91
58	\$1,506.79	\$1,476.27	\$1,475.66	\$1,611.10
59	\$1,539.31	\$1,508.14	\$1,507.52	\$1,645.87
60	\$1,604.95	\$1,572.45	\$1,571.80	\$1,716.06
61	\$1,661.72	\$1,628.07	\$1,627.40	\$1,776.76
62	\$1,698.98	\$1,664.57	\$1,663.89	\$1,816.59
63	\$1,745.70	\$1,710.34	\$1,709.64	\$1,866.55
64 +	\$1,774.08	\$1,738.14	\$1,737.45	\$1,896.90

*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*	\$438.49	\$431.69	\$425.36	\$412.11	\$377.11	\$378.28	\$462.91
15*	\$476.20	\$468.80	\$461.90	\$447.47	\$409.37	\$410.63	\$502.79
16*	\$490.61	\$482.99	\$475.88	\$460.99	\$421.70	\$423.01	\$518.03
17*	\$505.03	\$497.17	\$489.85	\$474.51	\$434.03	\$435.38	\$533.28
18*	\$520.56	\$512.45	\$504.89	\$489.07	\$447.31	\$448.70	\$549.70
19	\$521.82	\$513.46	\$505.67	\$489.36	\$446.32	\$447.75	\$551.85
20	\$537.90	\$529.28	\$521.25	\$504.45	\$460.08	\$461.55	\$568.86
21	\$554.53	\$545.65	\$537.38	\$520.05	\$474.30	\$475.83	\$586.45
22	\$554.53	\$545.65	\$537.38	\$520.05	\$474.30	\$475.83	\$586.45
23	\$554.53	\$545.65	\$537.38	\$520.05	\$474.30	\$475.83	\$586.45
24	\$554.53	\$545.65	\$537.38	\$520.05	\$474.30	\$475.83	\$586.45
25	\$556.75	\$547.84	\$539.53	\$522.13	\$476.20	\$477.73	\$588.80
26	\$567.84	\$558.75	\$550.27	\$532.53	\$485.69	\$487.25	\$600.53
27	\$581.15	\$571.84	\$563.17	\$545.01	\$497.07	\$498.67	\$614.60
28	\$602.78	\$593.13	\$584.13	\$565.29	\$515.57	\$517.23	\$637.48
29	\$620.52	\$610.59	\$601.32	\$581.93	\$530.75	\$532.45	\$656.24
30	\$629.40	\$619.32	\$609.92	\$590.25	\$538.34	\$540.06	\$665.63
31	\$642.70	\$632.41	\$622.82	\$602.73	\$549.72	\$551.48	\$679.70
32	\$656.01	\$645.51	\$635.72	\$615.22	\$561.10	\$562.90	\$693.78
33	\$664.33	\$653.69	\$643.78	\$623.02	\$568.22	\$570.04	\$702.57
34	\$673.20	\$662.42	\$652.37	\$631.34	\$575.81	\$577.66	\$711.96
35	\$677.64	\$666.79	\$656.67	\$635.50	\$579.60	\$581.46	\$716.65
36	\$682.08	\$671.15	\$660.97	\$639.66	\$583.40	\$585.27	\$721.34
37	\$686.51	\$675.52	\$665.27	\$643.82	\$587.19	\$589.08	\$726.03
38	\$690.95	\$679.88	\$669.57	\$647.98	\$590.98	\$592.88	\$730.72
39	\$699.82	\$688.61	\$678.17	\$656.30	\$598.57	\$600.49	\$740.11
40	\$708.69	\$697.35	\$686.77	\$664.62	\$606.16	\$608.11	\$749.49
41	\$722.00	\$710.44	\$699.66	\$677.10	\$617.54	\$619.53	\$763.56
42	\$734.76	\$722.99	\$712.02	\$689.06	\$628.45	\$630.47	\$777.05
43	\$752.50	\$740.45	\$729.22	\$705.70	\$643.63	\$645.70	\$795.82
44	\$774.68	\$762.28	\$750.71	\$726.50	\$662.60	\$664.73	\$819.28
45	\$800.75	\$787.92	\$775.97	\$750.95	\$684.90	\$687.10	\$846.84
46	\$831.80	\$818.48	\$806.06	\$780.07	\$711.46	\$713.74	\$879.68
47	\$866.74	\$852.86	\$839.92	\$812.83	\$741.34	\$743.72	\$916.63
48	\$906.66	\$892.14	\$878.61	\$850.28	\$775.49	\$777.98	\$958.85
49	\$946.03	\$930.88	\$916.76	\$887.20	\$809.16	\$811.76	\$1,000.49
50	\$990.40	\$974.54	\$959.75	\$928.80	\$847.11	\$849.83	\$1,047.41
51	\$1,034.20	\$1,017.64	\$1,002.21	\$969.89	\$884.58	\$887.42	\$1,093.74
52	\$1,082.45	\$1,065.12	\$1,048.96	\$1,015.13	\$925.84	\$928.82	\$1,144.76
53	\$1,131.25	\$1,113.13	\$1,096.25	\$1,060.89	\$967.58	\$970.69	\$1,196.37
54	\$1,183.93	\$1,164.97	\$1,147.30	\$1,110.30	\$1,012.64	\$1,015.89	\$1,252.08
55	\$1,236.61	\$1,216.81	\$1,198.35	\$1,159.70	\$1,057.70	\$1,061.10	\$1,307.79
56	\$1,293.73	\$1,273.01	\$1,253.70	\$1,213.27	\$1,106.55	\$1,110.11	\$1,368.20
57	\$1,351.40	\$1,329.76	\$1,309.59	\$1,267.35	\$1,155.88	\$1,159.59	\$1,429.19
58	\$1,412.95	\$1,390.32	\$1,369.23	\$1,325.08	\$1,208.53	\$1,212.41	\$1,494.28
59	\$1,443.45	\$1,420.34	\$1,398.79	\$1,353.68	\$1,234.62	\$1,238.58	\$1,526.54
60	\$1,505.00	\$1,480.90	\$1,458.44	\$1,411.41	\$1,287.26	\$1,291.40	\$1,591.64
61	\$1,558.24	\$1,533.29	\$1,510.03	\$1,461.33	\$1,332.80	\$1,337.08	\$1,647.94
62	\$1,593.17	\$1,567.66	\$1,543.88	\$1,494.09	\$1,362.68	\$1,367.05	\$1,684.88
63	\$1,636.98	\$1,610.77	\$1,586.33	\$1,535.18	\$1,400.15	\$1,404.64	\$1,731.21
64 +	\$1,663.59	\$1,636.95	\$1,612.14	\$1,560.15	\$1,422.90	\$1,427.49	\$1,759.35

*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*	\$350.30	\$355.43	\$357.72	\$343.84	\$332.65
15*	\$380.16	\$385.75	\$388.25	\$373.13	\$360.95
16*	\$391.58	\$397.35	\$399.92	\$384.34	\$371.77
17*	\$403.00	\$408.94	\$411.60	\$395.54	\$382.59
18*	\$415.30	\$421.43	\$424.17	\$407.60	\$394.25
19	\$413.33	\$419.65	\$422.47	\$405.39	\$391.63
20	\$426.07	\$432.58	\$435.49	\$417.89	\$403.70
21	\$439.25	\$445.96	\$448.96	\$430.81	\$416.18
22	\$439.25	\$445.96	\$448.96	\$430.81	\$416.18
23	\$439.25	\$445.96	\$448.96	\$430.81	\$416.18
24	\$439.25	\$445.96	\$448.96	\$430.81	\$416.18
25	\$441.01	\$447.74	\$450.75	\$432.53	\$417.85
26	\$449.79	\$456.66	\$459.73	\$441.15	\$426.17
27	\$460.33	\$467.37	\$470.51	\$451.49	\$436.16
28	\$477.46	\$484.76	\$488.01	\$468.29	\$452.39
29	\$491.52	\$499.03	\$502.38	\$482.08	\$465.71
30	\$498.55	\$506.16	\$509.56	\$488.97	\$472.37
31	\$509.09	\$516.87	\$520.34	\$499.31	\$482.36
32	\$519.63	\$527.57	\$531.11	\$509.65	\$492.34
33	\$526.22	\$534.26	\$537.85	\$516.11	\$498.59
34	\$533.25	\$541.40	\$545.03	\$523.00	\$505.25
35	\$536.76	\$544.96	\$548.62	\$526.45	\$508.58
36	\$540.28	\$548.53	\$552.22	\$529.90	\$511.90
37	\$543.79	\$552.10	\$555.81	\$533.34	\$515.23
38	\$547.30	\$555.67	\$559.40	\$536.79	\$518.56
39	\$554.33	\$562.80	\$566.58	\$543.68	\$525.22
40	\$561.36	\$569.94	\$573.77	\$550.58	\$531.88
41	\$571.90	\$580.64	\$584.54	\$560.92	\$541.87
42	\$582.00	\$590.90	\$594.87	\$570.82	\$551.44
43	\$596.06	\$605.17	\$609.23	\$584.61	\$564.76
44	\$613.63	\$623.01	\$627.19	\$601.84	\$581.41
45	\$634.27	\$643.97	\$648.29	\$622.09	\$600.97
46	\$658.87	\$668.94	\$673.43	\$646.22	\$624.27
47	\$686.55	\$697.04	\$701.72	\$673.36	\$650.49
48	\$718.17	\$729.14	\$734.04	\$704.37	\$680.46
49	\$749.36	\$760.81	\$765.92	\$734.96	\$710.01
50	\$784.50	\$796.48	\$801.83	\$769.43	\$743.30
51	\$819.20	\$831.72	\$837.30	\$803.46	\$776.18
52	\$857.41	\$870.51	\$876.36	\$840.94	\$812.39
53	\$896.07	\$909.76	\$915.87	\$878.85	\$849.01
54	\$937.80	\$952.12	\$958.52	\$919.78	\$888.55
55	\$979.52	\$994.49	\$1,001.17	\$960.71	\$928.09
56	\$1,024.77	\$1,040.42	\$1,047.41	\$1,005.08	\$970.95
57	\$1,070.45	\$1,086.80	\$1,094.10	\$1,049.88	\$1,014.24
58	\$1,119.21	\$1,136.31	\$1,143.94	\$1,097.70	\$1,060.43
59	\$1,143.36	\$1,160.83	\$1,168.63	\$1,121.40	\$1,083.32
60	\$1,192.12	\$1,210.34	\$1,218.47	\$1,169.22	\$1,129.52
61	\$1,234.29	\$1,253.15	\$1,261.56	\$1,210.58	\$1,169.47
62	\$1,261.96	\$1,281.24	\$1,289.85	\$1,237.72	\$1,195.69
63	\$1,296.66	\$1,316.47	\$1,325.32	\$1,271.75	\$1,228.57
64 +	\$1,317.75	\$1,337.88	\$1,346.88	\$1,292.43	\$1,248.54

*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*	\$324.19	\$314.67
15*	\$351.74	\$341.37
16*	\$362.27	\$351.58
17*	\$372.81	\$361.79
18*	\$384.15	\$372.78
19	\$381.22	\$369.51
20	\$392.97	\$380.90
21	\$405.12	\$392.68
22	\$405.12	\$392.68
23	\$405.12	\$392.68
24	\$405.12	\$392.68
25	\$406.75	\$394.25
26	\$414.85	\$402.10
27	\$424.57	\$411.52
28	\$440.37	\$426.84
29	\$453.33	\$439.40
30	\$459.82	\$445.69
31	\$469.54	\$455.11
32	\$479.26	\$464.54
33	\$485.34	\$470.43
34	\$491.82	\$476.71
35	\$495.06	\$479.85
36	\$498.30	\$482.99
37	\$501.54	\$486.13
38	\$504.79	\$489.27
39	\$511.27	\$495.56
40	\$517.75	\$501.84
41	\$527.47	\$511.26
42	\$536.79	\$520.30
43	\$549.75	\$532.86
44	\$565.96	\$548.57
45	\$585.00	\$567.02
46	\$607.69	\$589.01
47	\$633.21	\$613.75
48	\$662.38	\$642.03
49	\$691.14	\$669.91
50	\$723.55	\$701.32
51	\$755.56	\$732.34
52	\$790.80	\$766.50
53	\$826.45	\$801.06
54	\$864.94	\$838.36
55	\$903.43	\$875.67
56	\$945.16	\$916.11
57	\$987.29	\$956.95
58	\$1,032.26	\$1,000.54
59	\$1,054.54	\$1,022.14
60	\$1,099.51	\$1,065.72
61	\$1,138.40	\$1,103.42
62	\$1,163.92	\$1,128.16
63	\$1,195.93	\$1,159.18
64 +	\$1,215.36	\$1,178.04

*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 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.