

Small Business medical plan rates

Age on 2025 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
0-14 ¹	\$423.56	\$415.81	\$411.47
15 ¹	\$459.92	\$451.48	\$446.76
16 ¹	\$473.82	\$465.12	\$460.25
17 ¹	\$487.72	\$478.75	\$473.74
18 ¹	\$502.69	\$493.44	\$488.26
19	\$503.10	\$493.57	\$488.23
20	\$518.60	\$508.78	\$503.28
21	\$534.64	\$524.51	\$518.84
22	\$534.64	\$524.51	\$518.84
23	\$534.64	\$524.51	\$518.84
24	\$534.64	\$524.51	\$518.84
25	\$536.78	\$526.61	\$520.92
26	\$547.47	\$537.10	\$531.30
27	\$560.31	\$549.69	\$543.75
28	\$581.16	\$570.15	\$563.98
29	\$598.27	\$586.93	\$580.59
30	\$606.82	\$595.32	\$588.89
31	\$619.65	\$607.91	\$601.34
32	\$632.48	\$620.50	\$613.79
33	\$640.50	\$628.37	\$621.57
34	\$649.06	\$636.76	\$629.88
35	\$653.33	\$640.95	\$634.03
36	\$657.61	\$645.15	\$638.18
37	\$661.89	\$649.35	\$642.33
38	\$666.17	\$653.54	\$646.48
39	\$674.72	\$661.94	\$654.78
40	\$683.27	\$670.33	\$663.08
41	\$696.11	\$682.92	\$675.53
42	\$708.40	\$694.98	\$687.47
43	\$725.51	\$711.76	\$704.07
44	\$746.90	\$732.74	\$724.82
45	\$772.03	\$757.40	\$749.21
46	\$801.97	\$786.77	\$778.26
47	\$835.65	\$819.81	\$810.95
48	\$874.14	\$857.58	\$848.31
49	\$912.10	\$894.82	\$885.15
50	\$954.87	\$936.78	\$926.65
51	\$997.11	\$978.22	\$967.64
52	\$1,043.62	\$1,023.85	\$1,012.78
53	\$1,090.67	\$1,070.01	\$1,058.44
54	\$1,141.46	\$1,119.83	\$1,107.73
55	\$1,192.26	\$1,169.66	\$1,157.02
56	\$1,247.32	\$1,223.69	\$1,210.46
57	\$1,302.93	\$1,278.24	\$1,264.42
58	\$1,362.27	\$1,336.46	\$1,322.01
59	\$1,391.68	\$1,365.31	\$1,350.55
60	\$1,451.02	\$1,423.53	\$1,408.14
61	\$1,502.35	\$1,473.88	\$1,457.95
62	\$1,536.03	\$1,506.93	\$1,490.64
63	\$1,578.27	\$1,548.36	\$1,531.62
64+	\$1,603.92	\$1,573.53	\$1,556.52

¹HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.56 for Child Dental coverage.

Small Business medical plan rates

Age on 2025 effective date	Gold 80 HMO 0/35 PCP + Child Dental Alt	Gold 80 HMO 250/35 PCP + Child Dental	Gold 80 HMO 1000/40 PCP + Child Dental Alt	Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	Gold 80 HRA HMO 2250/35 PCP + Child Dental
0-14 ¹	\$397.29	\$383.60	\$365.20	\$335.91	\$337.68
15 ¹	\$431.31	\$416.41	\$396.37	\$364.47	\$366.40
16 ¹	\$444.32	\$428.95	\$408.29	\$375.39	\$377.38
17 ¹	\$457.33	\$441.49	\$420.21	\$386.31	\$388.36
18 ¹	\$471.34	\$455.00	\$433.04	\$398.08	\$400.19
19	\$470.79	\$453.95	\$431.31	\$395.28	\$397.46
20	\$485.30	\$467.94	\$444.61	\$407.46	\$409.70
21	\$500.30	\$482.41	\$458.36	\$420.06	\$422.38
22	\$500.30	\$482.41	\$458.36	\$420.06	\$422.38
23	\$500.30	\$482.41	\$458.36	\$420.06	\$422.38
24	\$500.30	\$482.41	\$458.36	\$420.06	\$422.38
25	\$502.31	\$484.34	\$460.19	\$421.74	\$424.07
26	\$512.31	\$493.99	\$469.36	\$430.14	\$432.51
27	\$524.32	\$505.56	\$480.36	\$440.22	\$442.65
28	\$543.83	\$524.38	\$498.23	\$456.61	\$459.12
29	\$559.84	\$539.82	\$512.90	\$470.05	\$472.64
30	\$567.85	\$547.53	\$520.23	\$476.77	\$479.40
31	\$579.85	\$559.11	\$531.23	\$486.85	\$489.53
32	\$591.86	\$570.69	\$542.24	\$496.93	\$499.67
33	\$599.37	\$577.93	\$549.11	\$503.23	\$506.01
34	\$607.37	\$585.64	\$556.44	\$509.95	\$512.76
35	\$611.37	\$589.50	\$560.11	\$513.31	\$516.14
36	\$615.38	\$593.36	\$563.78	\$516.67	\$519.52
37	\$619.38	\$597.22	\$567.44	\$520.04	\$522.90
38	\$623.38	\$601.08	\$571.11	\$523.40	\$526.28
39	\$631.38	\$608.80	\$578.45	\$530.12	\$533.04
40	\$639.39	\$616.52	\$585.78	\$536.84	\$539.80
41	\$651.40	\$628.10	\$596.78	\$546.92	\$549.93
42	\$662.90	\$639.19	\$607.32	\$556.58	\$559.65
43	\$678.91	\$654.63	\$621.99	\$570.02	\$573.16
44	\$698.93	\$673.93	\$640.32	\$586.82	\$590.06
45	\$722.44	\$696.60	\$661.87	\$606.57	\$609.91
46	\$750.46	\$723.61	\$687.53	\$630.09	\$633.56
47	\$781.98	\$754.01	\$716.41	\$656.55	\$660.17
48	\$818.00	\$788.74	\$749.41	\$686.80	\$690.58
49	\$853.52	\$822.99	\$781.96	\$716.62	\$720.57
50	\$893.54	\$861.58	\$818.62	\$750.23	\$754.36
51	\$933.07	\$899.69	\$854.83	\$783.41	\$787.73
52	\$976.60	\$941.66	\$894.71	\$819.96	\$824.48
53	\$1,020.62	\$984.11	\$935.05	\$856.92	\$861.65
54	\$1,068.15	\$1,029.94	\$978.59	\$896.83	\$901.77
55	\$1,115.68	\$1,075.77	\$1,022.13	\$936.74	\$941.90
56	\$1,167.21	\$1,125.46	\$1,069.34	\$980.00	\$985.40
57	\$1,219.24	\$1,175.63	\$1,117.01	\$1,023.69	\$1,029.33
58	\$1,274.78	\$1,229.18	\$1,167.89	\$1,070.31	\$1,076.21
59	\$1,302.29	\$1,255.71	\$1,193.10	\$1,093.42	\$1,099.45
60	\$1,357.83	\$1,309.26	\$1,243.98	\$1,140.04	\$1,146.33
61	\$1,405.86	\$1,355.57	\$1,287.98	\$1,180.37	\$1,186.88
62	\$1,437.38	\$1,385.96	\$1,316.86	\$1,206.83	\$1,213.49
63	\$1,476.90	\$1,424.07	\$1,353.07	\$1,240.02	\$1,246.85
64+	\$1,500.90	\$1,447.23	\$1,375.08	\$1,260.18	\$1,267.14

¹HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.56 for Child Dental coverage.

Small Business medical plan rates

Age on 2025 effective date	Silver 70 HMO 1900/65 PCP + Child Dental Alt	Silver 70 HMO 2300/65 PCP + Child Dental Alt	Silver 70 HMO 2500/55 PCP + Child Dental	Silver 70 HMO 2900/65 PCP + Child Dental Alt	Silver 70 HDHP HMO 2850/25% PCP + Child Dental
0-14 ¹	\$320.52	\$314.68	\$317.43	\$309.84	\$299.28
15 ¹	\$347.71	\$341.36	\$344.36	\$336.09	\$324.59
16 ¹	\$358.11	\$351.56	\$354.65	\$346.13	\$334.27
17 ¹	\$368.51	\$361.76	\$364.94	\$356.16	\$343.94
18 ¹	\$379.71	\$372.75	\$376.03	\$366.97	\$354.37
19	\$376.35	\$369.17	\$372.55	\$363.22	\$350.23
20	\$387.95	\$380.55	\$384.04	\$374.41	\$361.02
21	\$399.94	\$392.32	\$395.91	\$385.99	\$372.19
22	\$399.94	\$392.32	\$395.91	\$385.99	\$372.19
23	\$399.94	\$392.32	\$395.91	\$385.99	\$372.19
24	\$399.94	\$392.32	\$395.91	\$385.99	\$372.19
25	\$401.54	\$393.89	\$397.50	\$387.53	\$373.67
26	\$409.54	\$401.74	\$405.41	\$395.25	\$381.12
27	\$419.14	\$411.15	\$414.92	\$404.52	\$390.05
28	\$434.74	\$426.45	\$430.36	\$419.57	\$404.57
29	\$447.54	\$439.01	\$443.03	\$431.92	\$416.48
30	\$453.94	\$445.28	\$449.36	\$438.10	\$422.43
31	\$463.54	\$454.70	\$458.86	\$447.36	\$431.36
32	\$473.13	\$464.11	\$468.37	\$456.63	\$440.30
33	\$479.13	\$470.00	\$474.30	\$462.42	\$445.88
34	\$485.53	\$476.28	\$480.64	\$468.59	\$451.83
35	\$488.73	\$479.41	\$483.81	\$471.68	\$454.81
36	\$491.93	\$482.55	\$486.97	\$474.77	\$457.79
37	\$495.13	\$485.69	\$490.14	\$477.86	\$460.77
38	\$498.33	\$488.83	\$493.31	\$480.94	\$463.74
39	\$504.73	\$495.11	\$499.64	\$487.12	\$469.70
40	\$511.13	\$501.38	\$505.98	\$493.30	\$475.65
41	\$520.73	\$510.80	\$515.48	\$502.56	\$484.59
42	\$529.93	\$519.82	\$524.58	\$511.44	\$493.15
43	\$542.72	\$532.38	\$537.25	\$523.79	\$505.06
44	\$558.72	\$548.07	\$553.09	\$539.23	\$519.94
45	\$577.52	\$566.51	\$571.70	\$557.37	\$537.44
46	\$599.92	\$588.48	\$593.87	\$578.99	\$558.28
47	\$625.11	\$613.20	\$618.81	\$603.30	\$581.73
48	\$653.91	\$641.44	\$647.32	\$631.09	\$608.52
49	\$682.30	\$669.30	\$675.43	\$658.50	\$634.95
50	\$714.30	\$700.68	\$707.10	\$689.38	\$664.72
51	\$745.90	\$731.68	\$738.38	\$719.87	\$694.13
52	\$780.69	\$765.81	\$772.82	\$753.45	\$726.51
53	\$815.89	\$800.33	\$807.66	\$787.42	\$759.26
54	\$853.88	\$837.60	\$845.27	\$824.09	\$794.62
55	\$891.88	\$874.87	\$882.89	\$860.76	\$829.97
56	\$933.07	\$915.28	\$923.67	\$900.52	\$868.31
57	\$974.66	\$956.08	\$964.84	\$940.66	\$907.02
58	\$1,019.06	\$999.63	\$1,008.79	\$983.50	\$948.33
59	\$1,041.05	\$1,021.21	\$1,030.56	\$1,004.73	\$968.80
60	\$1,085.45	\$1,064.76	\$1,074.51	\$1,047.58	\$1,010.11
61	\$1,123.84	\$1,102.42	\$1,112.52	\$1,084.63	\$1,045.84
62	\$1,149.04	\$1,127.14	\$1,137.46	\$1,108.95	\$1,069.29
63	\$1,180.63	\$1,158.13	\$1,168.74	\$1,139.44	\$1,098.69
64+	\$1,199.82	\$1,176.96	\$1,187.73	\$1,157.97	\$1,116.57

¹HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.56 for Child Dental coverage.

Small Business medical plan rates

Age on 2025 effective date	Bronze 60 HMO 5800/60 PCP + Child Dental	Bronze 60 HDHP HMO 6650/0 PCP + Child Dental
0-14 ¹	\$287.92	\$276.46
15 ¹	\$312.22	\$299.74
16 ¹	\$321.51	\$308.64
17 ¹	\$330.80	\$317.55
18 ¹	\$340.80	\$327.13
19	\$336.25	\$322.16
20	\$346.61	\$332.09
21	\$357.33	\$342.36
22	\$357.33	\$342.36
23	\$357.33	\$342.36
24	\$357.33	\$342.36
25	\$358.76	\$343.73
26	\$365.91	\$350.57
27	\$374.48	\$358.79
28	\$388.42	\$372.14
29	\$399.85	\$383.10
30	\$405.57	\$388.57
31	\$414.15	\$396.79
32	\$422.72	\$405.01
33	\$428.08	\$410.14
34	\$433.80	\$415.62
35	\$436.66	\$418.36
36	\$439.52	\$421.10
37	\$442.38	\$423.84
38	\$445.23	\$426.58
39	\$450.95	\$432.05
40	\$456.67	\$437.53
41	\$465.24	\$445.75
42	\$473.46	\$453.62
43	\$484.90	\$464.58
44	\$499.19	\$478.27
45	\$515.99	\$494.36
46	\$536.00	\$513.53
47	\$558.51	\$535.10
48	\$584.24	\$559.75
49	\$609.61	\$584.06
50	\$638.19	\$611.45
51	\$666.42	\$638.49
52	\$697.51	\$668.28
53	\$728.95	\$698.41
54	\$762.90	\$730.93
55	\$796.85	\$763.45
56	\$833.65	\$798.72
57	\$870.81	\$834.32
58	\$910.48	\$872.32
59	\$930.13	\$891.15
60	\$969.80	\$929.16
61	\$1,004.10	\$962.02
62	\$1,026.61	\$983.59
63	\$1,054.84	\$1,010.64
64+	\$1,071.99	\$1,027.08

¹HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.56 for Child Dental coverage.

Small Business medical plan rates

Age on 2025 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	\$772.96	\$690.95	\$575.47	\$524.09
15	\$841.67	\$752.36	\$626.62	\$570.67
16	\$867.94	\$775.85	\$646.18	\$588.49
17	\$894.21	\$799.33	\$665.73	\$606.30
18	\$922.50	\$824.62	\$686.80	\$625.48
19	\$950.79	\$849.91	\$707.86	\$644.66
20	\$980.09	\$876.10	\$729.68	\$664.53
21	\$1,010.41	\$903.20	\$752.24	\$685.08
22	\$1,010.41	\$903.20	\$752.24	\$685.08
23	\$1,010.41	\$903.20	\$752.24	\$685.08
24	\$1,010.41	\$903.20	\$752.24	\$685.08
25	\$1,014.45	\$906.81	\$755.25	\$687.82
26	\$1,034.65	\$924.88	\$770.30	\$701.52
27	\$1,058.90	\$946.55	\$788.35	\$717.97
28	\$1,098.31	\$981.78	\$817.69	\$744.68
29	\$1,130.64	\$1,010.68	\$841.76	\$766.61
30	\$1,146.81	\$1,025.13	\$853.80	\$777.57
31	\$1,171.06	\$1,046.81	\$871.85	\$794.01
32	\$1,195.31	\$1,068.48	\$889.90	\$810.45
33	\$1,210.47	\$1,082.03	\$901.19	\$820.73
34	\$1,226.63	\$1,096.48	\$913.22	\$831.69
35	\$1,234.72	\$1,103.71	\$919.24	\$837.17
36	\$1,242.80	\$1,110.93	\$925.26	\$842.65
37	\$1,250.88	\$1,118.16	\$931.28	\$848.13
38	\$1,258.96	\$1,125.39	\$937.29	\$853.61
39	\$1,275.13	\$1,139.84	\$949.33	\$864.57
40	\$1,291.30	\$1,154.29	\$961.37	\$875.53
41	\$1,315.55	\$1,175.97	\$979.42	\$891.98
42	\$1,338.79	\$1,196.74	\$996.72	\$907.73
43	\$1,371.12	\$1,225.64	\$1,020.79	\$929.66
44	\$1,411.54	\$1,261.77	\$1,050.88	\$957.06
45	\$1,459.02	\$1,304.22	\$1,086.24	\$989.26
46	\$1,515.61	\$1,354.80	\$1,128.36	\$1,027.62
47	\$1,579.26	\$1,411.70	\$1,175.76	\$1,070.78
48	\$1,652.01	\$1,476.73	\$1,229.92	\$1,120.11
49	\$1,723.75	\$1,540.86	\$1,283.33	\$1,168.75
50	\$1,804.58	\$1,613.11	\$1,343.51	\$1,223.56
51	\$1,884.41	\$1,684.47	\$1,402.93	\$1,277.68
52	\$1,972.31	\$1,763.04	\$1,468.38	\$1,337.28
53	\$2,061.23	\$1,842.53	\$1,534.57	\$1,397.57
54	\$2,157.21	\$1,928.33	\$1,606.04	\$1,462.65
55	\$2,253.20	\$2,014.13	\$1,677.50	\$1,527.73
56	\$2,357.28	\$2,107.16	\$1,754.98	\$1,598.30
57	\$2,462.36	\$2,201.10	\$1,833.22	\$1,669.54
58	\$2,574.51	\$2,301.35	\$1,916.71	\$1,745.59
59	\$2,630.08	\$2,351.03	\$1,958.09	\$1,783.27
60	\$2,742.24	\$2,451.28	\$2,041.59	\$1,859.31
61	\$2,839.24	\$2,537.99	\$2,113.80	\$1,925.08
62	\$2,902.89	\$2,594.89	\$2,161.19	\$1,968.24
63	\$2,982.72	\$2,666.24	\$2,220.62	\$2,022.36
64+	\$3,031.23	\$2,709.60	\$2,256.72	\$2,055.24

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.