

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	\$390.41	\$383.29	\$379.30
15 ¹	\$423.82	\$416.07	\$411.73
16 ¹	\$436.59	\$428.60	\$424.12
17 ¹	\$449.37	\$441.13	\$436.52
18 ¹	\$463.13	\$454.63	\$449.87
19	\$462.32	\$453.56	\$448.66
20	\$476.57	\$467.54	\$462.49
21	\$491.31	\$482.00	\$476.79
22	\$491.31	\$482.00	\$476.79
23	\$491.31	\$482.00	\$476.79
24	\$491.31	\$482.00	\$476.79
25	\$493.27	\$483.93	\$478.70
26	\$503.10	\$493.57	\$488.23
27	\$514.89	\$505.14	\$499.68
28	\$534.05	\$523.93	\$518.27
29	\$549.78	\$539.36	\$533.53
30	\$557.64	\$547.07	\$541.16
31	\$569.43	\$558.64	\$552.60
32	\$581.22	\$570.21	\$564.04
33	\$588.59	\$577.44	\$571.19
34	\$596.45	\$585.15	\$578.82
35	\$600.38	\$589.00	\$582.64
36	\$604.31	\$592.86	\$586.45
37	\$608.24	\$596.72	\$590.27
38	\$612.17	\$600.57	\$594.08
39	\$620.03	\$608.28	\$601.71
40	\$627.89	\$616.00	\$609.34
41	\$639.68	\$627.56	\$620.78
42	\$650.98	\$638.65	\$631.75
43	\$666.71	\$654.07	\$647.00
44	\$686.36	\$673.35	\$666.07
45	\$709.45	\$696.01	\$688.48
46	\$736.96	\$723.00	\$715.18
47	\$767.92	\$753.37	\$745.22
48	\$803.29	\$788.07	\$779.55
49	\$838.17	\$822.29	\$813.40
50	\$877.48	\$860.85	\$851.55
51	\$916.29	\$898.93	\$889.21
52	\$959.04	\$940.86	\$930.69
53	\$1,002.27	\$983.28	\$972.65
54	\$1,048.95	\$1,029.07	\$1,017.95
55	\$1,095.62	\$1,074.86	\$1,063.24
56	\$1,146.22	\$1,124.51	\$1,112.35
57	\$1,197.32	\$1,174.63	\$1,161.94
58	\$1,251.86	\$1,228.14	\$1,214.86
59	\$1,278.88	\$1,254.65	\$1,241.08
60	\$1,333.41	\$1,308.15	\$1,294.01
61	\$1,380.58	\$1,354.42	\$1,339.78
62	\$1,411.53	\$1,384.79	\$1,369.82
63	\$1,450.34	\$1,422.86	\$1,407.48
64+	\$1,473.93	\$1,446.00	\$1,430.37

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	\$366.27	\$353.69	\$336.78	\$309.86	\$311.49
15 ¹	\$397.54	\$383.84	\$365.42	\$336.11	\$337.88
16 ¹	\$409.49	\$395.36	\$376.38	\$346.15	\$347.97
17 ¹	\$421.44	\$406.89	\$387.33	\$356.18	\$358.07
18 ¹	\$434.32	\$419.30	\$399.12	\$366.99	\$368.93
19	\$432.63	\$417.15	\$396.35	\$363.24	\$365.24
20	\$445.96	\$430.01	\$408.57	\$374.43	\$376.50
21	\$459.75	\$443.31	\$421.21	\$386.01	\$388.14
22	\$459.75	\$443.31	\$421.21	\$386.01	\$388.14
23	\$459.75	\$443.31	\$421.21	\$386.01	\$388.14
24	\$459.75	\$443.31	\$421.21	\$386.01	\$388.14
25	\$461.59	\$445.08	\$422.89	\$387.56	\$389.69
26	\$470.79	\$453.95	\$431.31	\$395.28	\$397.46
27	\$481.82	\$464.59	\$441.42	\$404.54	\$406.77
28	\$499.75	\$481.88	\$457.85	\$419.60	\$421.91
29	\$514.46	\$496.06	\$471.33	\$431.95	\$434.33
30	\$521.82	\$503.16	\$478.07	\$438.13	\$440.54
31	\$532.85	\$513.79	\$488.18	\$447.39	\$449.86
32	\$543.89	\$524.43	\$498.29	\$456.65	\$459.17
33	\$550.79	\$531.08	\$504.60	\$462.44	\$464.99
34	\$558.14	\$538.18	\$511.34	\$468.62	\$471.20
35	\$561.82	\$541.72	\$514.71	\$471.71	\$474.31
36	\$565.50	\$545.27	\$518.08	\$474.80	\$477.41
37	\$569.18	\$548.82	\$521.45	\$477.88	\$480.52
38	\$572.85	\$552.36	\$524.82	\$480.97	\$483.62
39	\$580.21	\$559.46	\$531.56	\$487.15	\$489.83
40	\$587.57	\$566.55	\$538.30	\$493.33	\$496.04
41	\$598.60	\$577.19	\$548.41	\$502.59	\$505.36
42	\$609.17	\$587.38	\$558.10	\$511.47	\$514.29
43	\$623.89	\$601.57	\$571.58	\$523.82	\$526.71
44	\$642.28	\$619.30	\$588.42	\$539.26	\$542.23
45	\$663.88	\$640.14	\$608.22	\$557.40	\$560.48
46	\$689.63	\$664.96	\$631.81	\$579.02	\$582.21
47	\$718.60	\$692.89	\$658.34	\$603.34	\$606.67
48	\$751.70	\$724.81	\$688.67	\$631.13	\$634.61
49	\$784.34	\$756.28	\$718.58	\$658.54	\$662.17
50	\$821.12	\$791.75	\$752.27	\$689.42	\$693.22
51	\$857.44	\$826.77	\$785.55	\$719.92	\$723.88
52	\$897.44	\$865.34	\$822.19	\$753.50	\$757.65
53	\$937.90	\$904.35	\$859.26	\$787.47	\$791.81
54	\$981.57	\$946.46	\$899.27	\$824.14	\$828.68
55	\$1,025.25	\$988.58	\$939.29	\$860.81	\$865.56
56	\$1,072.61	\$1,034.24	\$982.67	\$900.57	\$905.53
57	\$1,120.42	\$1,080.34	\$1,026.48	\$940.72	\$945.90
58	\$1,171.45	\$1,129.55	\$1,073.23	\$983.56	\$988.98
59	\$1,196.74	\$1,153.93	\$1,096.40	\$1,004.79	\$1,010.33
60	\$1,247.77	\$1,203.14	\$1,143.15	\$1,047.64	\$1,053.42
61	\$1,291.91	\$1,245.70	\$1,183.59	\$1,084.70	\$1,090.68
62	\$1,320.87	\$1,273.63	\$1,210.12	\$1,109.02	\$1,115.13
63	\$1,357.19	\$1,308.65	\$1,243.40	\$1,139.51	\$1,145.79
64+	\$1,379.25	\$1,329.93	\$1,263.63	\$1,158.03	\$1,164.42

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	\$295.72	\$290.36	\$292.88	\$285.91	\$276.20
15 ¹	\$320.71	\$314.87	\$317.62	\$310.03	\$299.46
16 ¹	\$330.27	\$324.25	\$327.08	\$319.25	\$308.35
17 ¹	\$339.82	\$333.62	\$336.54	\$328.47	\$317.25
18 ¹	\$350.11	\$343.72	\$346.73	\$338.41	\$326.82
19	\$345.84	\$339.25	\$342.36	\$333.78	\$321.84
20	\$356.50	\$349.71	\$352.91	\$344.06	\$331.76
21	\$367.53	\$360.52	\$363.82	\$354.70	\$342.02
22	\$367.53	\$360.52	\$363.82	\$354.70	\$342.02
23	\$367.53	\$360.52	\$363.82	\$354.70	\$342.02
24	\$367.53	\$360.52	\$363.82	\$354.70	\$342.02
25	\$369.00	\$361.96	\$365.28	\$356.12	\$343.39
26	\$376.35	\$369.17	\$372.55	\$363.22	\$350.23
27	\$385.17	\$377.83	\$381.29	\$371.73	\$358.44
28	\$399.50	\$391.89	\$395.48	\$385.56	\$371.77
29	\$411.26	\$403.42	\$407.12	\$396.91	\$382.72
30	\$417.14	\$409.19	\$412.94	\$402.59	\$388.19
31	\$425.96	\$417.84	\$421.67	\$411.10	\$396.40
32	\$434.79	\$426.50	\$430.40	\$419.62	\$404.61
33	\$440.30	\$431.90	\$435.86	\$424.94	\$409.74
34	\$446.18	\$437.67	\$441.68	\$430.61	\$415.21
35	\$449.12	\$440.56	\$444.59	\$433.45	\$417.95
36	\$452.06	\$443.44	\$447.50	\$436.29	\$420.68
37	\$455.00	\$446.33	\$450.41	\$439.12	\$423.42
38	\$457.94	\$449.21	\$453.32	\$441.96	\$426.16
39	\$463.82	\$454.98	\$459.14	\$447.64	\$431.63
40	\$469.70	\$460.75	\$464.97	\$453.31	\$437.10
41	\$478.52	\$469.40	\$473.70	\$461.83	\$445.31
42	\$486.97	\$477.69	\$482.07	\$469.98	\$453.18
43	\$498.73	\$489.23	\$493.71	\$481.33	\$464.12
44	\$513.44	\$503.65	\$508.26	\$495.52	\$477.80
45	\$530.71	\$520.59	\$525.36	\$512.19	\$493.88
46	\$551.29	\$540.78	\$545.73	\$532.06	\$513.03
47	\$574.45	\$563.49	\$568.66	\$554.40	\$534.58
48	\$600.91	\$589.45	\$594.85	\$579.94	\$559.20
49	\$627.00	\$615.05	\$620.68	\$605.13	\$583.48
50	\$656.40	\$643.89	\$649.79	\$633.50	\$610.85
51	\$685.44	\$672.37	\$678.53	\$661.52	\$637.87
52	\$717.41	\$703.74	\$710.18	\$692.38	\$667.62
53	\$749.76	\$735.46	\$742.20	\$723.60	\$697.72
54	\$784.67	\$769.71	\$776.76	\$757.29	\$730.21
55	\$819.59	\$803.96	\$811.33	\$790.99	\$762.70
56	\$857.44	\$841.10	\$848.80	\$827.53	\$797.93
57	\$895.66	\$878.59	\$886.64	\$864.42	\$833.50
58	\$936.46	\$918.61	\$927.02	\$903.79	\$871.46
59	\$956.67	\$938.44	\$947.03	\$923.30	\$890.28
60	\$997.47	\$978.46	\$987.42	\$962.67	\$928.24
61	\$1,032.75	\$1,013.07	\$1,022.34	\$996.72	\$961.07
62	\$1,055.91	\$1,035.78	\$1,045.26	\$1,019.07	\$982.62
63	\$1,084.94	\$1,064.26	\$1,074.01	\$1,047.09	\$1,009.64
64+	\$1,102.59	\$1,081.56	\$1,091.46	\$1,064.10	\$1,026.06

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	\$265.76	\$255.23
15 ¹	\$288.09	\$276.63
16 ¹	\$296.63	\$284.81
17 ¹	\$305.17	\$292.99
18 ¹	\$314.36	\$301.80
19	\$308.99	\$296.05
20	\$318.52	\$305.17
21	\$328.37	\$314.61
22	\$328.37	\$314.61
23	\$328.37	\$314.61
24	\$328.37	\$314.61
25	\$329.68	\$315.87
26	\$336.25	\$322.16
27	\$344.13	\$329.71
28	\$356.94	\$341.98
29	\$367.44	\$352.05
30	\$372.70	\$357.08
31	\$380.58	\$364.63
32	\$388.46	\$372.18
33	\$393.38	\$376.90
34	\$398.64	\$381.93
35	\$401.27	\$384.45
36	\$403.89	\$386.97
37	\$406.52	\$389.48
38	\$409.15	\$392.00
39	\$414.40	\$397.03
40	\$419.65	\$402.07
41	\$427.54	\$409.62
42	\$435.09	\$416.86
43	\$445.60	\$426.92
44	\$458.73	\$439.51
45	\$474.16	\$454.29
46	\$492.55	\$471.91
47	\$513.24	\$491.73
48	\$536.88	\$514.38
49	\$560.20	\$536.72
50	\$586.47	\$561.89
51	\$612.41	\$586.74
52	\$640.97	\$614.11
53	\$669.87	\$641.80
54	\$701.07	\$671.69
55	\$732.26	\$701.57
56	\$766.08	\$733.98
57	\$800.23	\$766.70
58	\$836.68	\$801.62
59	\$854.74	\$818.92
60	\$891.19	\$853.84
61	\$922.71	\$884.05
62	\$943.40	\$903.87
63	\$969.34	\$928.72
64+	\$985.11	\$943.83

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	\$710.31	\$634.94	\$528.82	\$481.61
15	\$773.45	\$691.38	\$575.83	\$524.42
16	\$797.59	\$712.96	\$593.80	\$540.79
17	\$821.73	\$734.54	\$611.78	\$557.16
18	\$847.73	\$757.78	\$631.13	\$574.78
19	\$873.73	\$781.02	\$650.49	\$592.41
20	\$900.65	\$805.09	\$670.53	\$610.67
21	\$928.51	\$829.99	\$691.27	\$629.55
22	\$928.51	\$829.99	\$691.27	\$629.55
23	\$928.51	\$829.99	\$691.27	\$629.55
24	\$928.51	\$829.99	\$691.27	\$629.55
25	\$932.22	\$833.31	\$694.04	\$632.07
26	\$950.79	\$849.91	\$707.86	\$644.66
27	\$973.08	\$869.83	\$724.45	\$659.77
28	\$1,009.29	\$902.20	\$751.41	\$684.33
29	\$1,039.00	\$928.76	\$773.53	\$704.47
30	\$1,053.86	\$942.04	\$784.59	\$714.54
31	\$1,076.14	\$961.96	\$801.18	\$729.65
32	\$1,098.43	\$981.88	\$817.77	\$744.76
33	\$1,112.35	\$994.33	\$828.14	\$754.21
34	\$1,127.21	\$1,007.61	\$839.20	\$764.28
35	\$1,134.64	\$1,014.25	\$844.73	\$769.32
36	\$1,142.07	\$1,020.89	\$850.26	\$774.35
37	\$1,149.49	\$1,027.53	\$855.79	\$779.39
38	\$1,156.92	\$1,034.17	\$861.32	\$784.42
39	\$1,171.78	\$1,047.45	\$872.38	\$794.50
40	\$1,186.63	\$1,060.73	\$883.44	\$804.57
41	\$1,208.92	\$1,080.65	\$900.04	\$819.68
42	\$1,230.27	\$1,099.74	\$915.93	\$834.16
43	\$1,259.99	\$1,126.30	\$938.06	\$854.31
44	\$1,297.13	\$1,159.50	\$965.71	\$879.49
45	\$1,340.77	\$1,198.51	\$998.20	\$909.08
46	\$1,392.76	\$1,244.99	\$1,036.91	\$944.33
47	\$1,451.26	\$1,297.28	\$1,080.46	\$983.99
48	\$1,518.11	\$1,357.04	\$1,130.23	\$1,029.32
49	\$1,584.04	\$1,415.97	\$1,179.31	\$1,074.02
50	\$1,658.32	\$1,482.37	\$1,234.61	\$1,124.38
51	\$1,731.67	\$1,547.94	\$1,289.22	\$1,174.12
52	\$1,812.45	\$1,620.15	\$1,349.36	\$1,228.89
53	\$1,894.16	\$1,693.18	\$1,410.19	\$1,284.29
54	\$1,982.37	\$1,772.03	\$1,475.86	\$1,344.10
55	\$2,070.58	\$1,850.88	\$1,541.54	\$1,403.91
56	\$2,166.21	\$1,936.37	\$1,612.74	\$1,468.75
57	\$2,262.78	\$2,022.69	\$1,684.63	\$1,534.22
58	\$2,365.84	\$2,114.82	\$1,761.36	\$1,604.10
59	\$2,416.91	\$2,160.47	\$1,799.38	\$1,638.73
60	\$2,519.97	\$2,252.60	\$1,876.11	\$1,708.61
61	\$2,609.11	\$2,332.28	\$1,942.47	\$1,769.05
62	\$2,667.61	\$2,384.57	\$1,986.02	\$1,808.71
63	\$2,740.96	\$2,450.14	\$2,040.63	\$1,858.44
64+	\$2,785.53	\$2,489.97	\$2,073.81	\$1,888.65

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.