

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	\$392.92	\$385.75	\$381.74
15 ¹	\$426.56	\$418.75	\$414.38
16 ¹	\$439.42	\$431.36	\$426.86
17 ¹	\$452.27	\$443.98	\$439.34
18 ¹	\$466.12	\$457.57	\$452.78
19	\$465.41	\$456.59	\$451.66
20	\$479.75	\$470.66	\$465.58
21	\$494.59	\$485.22	\$479.98
22	\$494.59	\$485.22	\$479.98
23	\$494.59	\$485.22	\$479.98
24	\$494.59	\$485.22	\$479.98
25	\$496.57	\$487.16	\$481.90
26	\$506.46	\$496.87	\$491.50
27	\$518.33	\$508.51	\$503.01
28	\$537.62	\$527.44	\$521.73
29	\$553.45	\$542.96	\$537.09
30	\$561.36	\$550.73	\$544.77
31	\$573.23	\$562.37	\$556.29
32	\$585.10	\$574.02	\$567.81
33	\$592.52	\$581.29	\$575.01
34	\$600.44	\$589.06	\$582.69
35	\$604.39	\$592.94	\$586.53
36	\$608.35	\$596.82	\$590.37
37	\$612.31	\$600.70	\$594.21
38	\$616.26	\$604.59	\$598.05
39	\$624.18	\$612.35	\$605.73
40	\$632.09	\$620.11	\$613.41
41	\$643.96	\$631.76	\$624.93
42	\$655.34	\$642.92	\$635.97
43	\$671.16	\$658.44	\$651.33
44	\$690.95	\$677.85	\$670.53
45	\$714.19	\$700.66	\$693.08
46	\$741.89	\$727.83	\$719.96
47	\$773.05	\$758.40	\$750.20
48	\$808.66	\$793.34	\$784.76
49	\$843.77	\$827.79	\$818.84
50	\$883.34	\$866.60	\$857.24
51	\$922.42	\$904.94	\$895.15
52	\$965.44	\$947.15	\$936.91
53	\$1,008.97	\$989.85	\$979.15
54	\$1,055.96	\$1,035.95	\$1,024.75
55	\$1,102.94	\$1,082.04	\$1,070.35
56	\$1,153.88	\$1,132.02	\$1,119.78
57	\$1,205.32	\$1,182.48	\$1,169.70
58	\$1,260.22	\$1,236.34	\$1,222.98
59	\$1,287.42	\$1,263.03	\$1,249.38
60	\$1,342.32	\$1,316.89	\$1,302.65
61	\$1,389.81	\$1,363.47	\$1,348.73
62	\$1,420.96	\$1,394.04	\$1,378.97
63	\$1,460.04	\$1,432.37	\$1,416.89
64+	\$1,483.77	\$1,455.66	\$1,439.94

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	\$368.62	\$355.96	\$338.94	\$311.83	\$313.47
15 ¹	\$400.09	\$386.30	\$367.77	\$338.26	\$340.04
16 ¹	\$412.13	\$397.91	\$378.79	\$348.36	\$350.20
17 ¹	\$424.16	\$409.51	\$389.82	\$358.47	\$360.36
18 ¹	\$437.12	\$422.01	\$401.69	\$369.35	\$371.30
19	\$435.52	\$419.94	\$399.00	\$365.67	\$367.68
20	\$448.94	\$432.88	\$411.30	\$376.94	\$379.01
21	\$462.83	\$446.27	\$424.02	\$388.59	\$390.74
22	\$462.83	\$446.27	\$424.02	\$388.59	\$390.74
23	\$462.83	\$446.27	\$424.02	\$388.59	\$390.74
24	\$462.83	\$446.27	\$424.02	\$388.59	\$390.74
25	\$464.68	\$448.06	\$425.72	\$390.15	\$392.30
26	\$473.93	\$456.98	\$434.20	\$397.92	\$400.11
27	\$485.04	\$467.69	\$444.37	\$407.25	\$409.49
28	\$503.09	\$485.10	\$460.91	\$422.40	\$424.73
29	\$517.90	\$499.38	\$474.48	\$434.84	\$437.23
30	\$525.31	\$506.52	\$481.26	\$441.05	\$443.48
31	\$536.42	\$517.23	\$491.44	\$450.38	\$452.86
32	\$547.52	\$527.94	\$501.62	\$459.71	\$462.24
33	\$554.47	\$534.63	\$507.98	\$465.53	\$468.10
34	\$561.87	\$541.77	\$514.76	\$471.75	\$474.35
35	\$565.57	\$545.34	\$518.15	\$474.86	\$477.48
36	\$569.28	\$548.91	\$521.54	\$477.97	\$480.60
37	\$572.98	\$552.48	\$524.94	\$481.08	\$483.73
38	\$576.68	\$556.05	\$528.33	\$484.19	\$486.86
39	\$584.09	\$563.19	\$535.11	\$490.40	\$493.11
40	\$591.49	\$570.33	\$541.90	\$496.62	\$499.36
41	\$602.60	\$581.05	\$552.07	\$505.95	\$508.74
42	\$613.25	\$591.31	\$561.83	\$514.89	\$517.72
43	\$628.06	\$605.59	\$575.39	\$527.32	\$530.23
44	\$646.57	\$623.44	\$592.36	\$542.86	\$545.86
45	\$668.32	\$644.42	\$612.28	\$561.13	\$564.22
46	\$694.24	\$669.41	\$636.03	\$582.89	\$586.10
47	\$723.40	\$697.52	\$662.74	\$607.37	\$610.72
48	\$756.72	\$729.65	\$693.27	\$635.35	\$638.85
49	\$789.58	\$761.34	\$723.38	\$662.94	\$666.59
50	\$826.61	\$797.04	\$757.30	\$694.03	\$697.85
51	\$863.17	\$832.30	\$790.80	\$724.73	\$728.72
52	\$903.44	\$871.12	\$827.69	\$758.53	\$762.72
53	\$944.17	\$910.39	\$865.00	\$792.73	\$797.10
54	\$988.13	\$952.79	\$905.28	\$829.65	\$834.22
55	\$1,032.10	\$995.19	\$945.56	\$866.56	\$871.34
56	\$1,079.77	\$1,041.15	\$989.24	\$906.59	\$911.59
57	\$1,127.91	\$1,087.56	\$1,033.34	\$947.00	\$952.22
58	\$1,179.28	\$1,137.10	\$1,080.40	\$990.14	\$995.59
59	\$1,204.74	\$1,161.64	\$1,103.72	\$1,011.51	\$1,017.08
60	\$1,256.11	\$1,211.18	\$1,150.79	\$1,054.64	\$1,060.46
61	\$1,300.54	\$1,254.02	\$1,191.50	\$1,091.95	\$1,097.97
62	\$1,329.70	\$1,282.14	\$1,218.21	\$1,116.43	\$1,122.58
63	\$1,366.26	\$1,317.39	\$1,251.71	\$1,147.13	\$1,153.45
64+	\$1,388.49	\$1,338.81	\$1,272.06	\$1,165.77	\$1,172.22

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	\$297.60	\$292.20	\$294.74	\$287.72	\$277.95
15 ¹	\$322.76	\$316.88	\$319.65	\$312.00	\$301.37
16 ¹	\$332.38	\$326.32	\$329.17	\$321.29	\$310.32
17 ¹	\$342.00	\$335.75	\$338.70	\$330.57	\$319.27
18 ¹	\$352.36	\$345.92	\$348.95	\$340.57	\$328.91
19	\$348.15	\$341.52	\$344.65	\$336.01	\$323.99
20	\$358.88	\$352.04	\$355.27	\$346.36	\$333.98
21	\$369.98	\$362.93	\$366.25	\$357.08	\$344.30
22	\$369.98	\$362.93	\$366.25	\$357.08	\$344.30
23	\$369.98	\$362.93	\$366.25	\$357.08	\$344.30
24	\$369.98	\$362.93	\$366.25	\$357.08	\$344.30
25	\$371.46	\$364.38	\$367.72	\$358.50	\$345.68
26	\$378.86	\$371.64	\$375.04	\$365.65	\$352.57
27	\$387.74	\$380.35	\$383.83	\$374.21	\$360.83
28	\$402.17	\$394.51	\$398.12	\$388.14	\$374.26
29	\$414.01	\$406.12	\$409.84	\$399.57	\$385.28
30	\$419.93	\$411.93	\$415.70	\$405.28	\$390.79
31	\$428.81	\$420.64	\$424.49	\$413.85	\$399.05
32	\$437.69	\$429.35	\$433.28	\$422.42	\$407.31
33	\$443.24	\$434.79	\$438.77	\$427.78	\$412.48
34	\$449.16	\$440.60	\$444.63	\$433.49	\$417.99
35	\$452.12	\$443.50	\$447.56	\$436.35	\$420.74
36	\$455.08	\$446.40	\$450.49	\$439.20	\$423.49
37	\$458.04	\$449.31	\$453.42	\$442.06	\$426.25
38	\$461.00	\$452.21	\$456.35	\$444.92	\$429.00
39	\$466.92	\$458.02	\$462.21	\$450.63	\$434.51
40	\$472.84	\$463.83	\$468.07	\$456.34	\$440.02
41	\$481.72	\$472.54	\$476.86	\$464.91	\$448.28
42	\$490.23	\$480.88	\$485.29	\$473.12	\$456.20
43	\$502.07	\$492.50	\$497.01	\$484.55	\$467.22
44	\$516.87	\$507.01	\$511.66	\$498.83	\$480.99
45	\$534.26	\$524.07	\$528.87	\$515.62	\$497.18
46	\$554.98	\$544.40	\$549.38	\$535.61	\$516.46
47	\$578.28	\$567.26	\$572.46	\$558.11	\$538.15
48	\$604.92	\$593.39	\$598.83	\$583.82	\$562.94
49	\$631.19	\$619.16	\$624.83	\$609.17	\$587.38
50	\$660.79	\$648.19	\$654.13	\$637.74	\$614.93
51	\$690.02	\$676.87	\$683.06	\$665.95	\$642.13
52	\$722.21	\$708.44	\$714.93	\$697.01	\$672.08
53	\$754.77	\$740.38	\$747.16	\$728.43	\$702.38
54	\$789.92	\$774.86	\$781.95	\$762.36	\$735.09
55	\$825.06	\$809.34	\$816.75	\$796.28	\$767.80
56	\$863.17	\$846.72	\$854.47	\$833.06	\$803.26
57	\$901.65	\$884.46	\$892.56	\$870.19	\$839.07
58	\$942.72	\$924.75	\$933.22	\$909.83	\$877.29
59	\$963.07	\$944.71	\$953.36	\$929.47	\$896.23
60	\$1,004.14	\$984.99	\$994.01	\$969.10	\$934.44
61	\$1,039.65	\$1,019.84	\$1,029.18	\$1,003.38	\$967.50
62	\$1,062.96	\$1,042.70	\$1,052.25	\$1,025.88	\$989.19
63	\$1,092.19	\$1,071.37	\$1,081.18	\$1,054.09	\$1,016.39
64+	\$1,109.94	\$1,088.79	\$1,098.75	\$1,071.24	\$1,032.90

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	\$267.44	\$256.84
15 ¹	\$289.92	\$278.38
16 ¹	\$298.51	\$286.61
17 ¹	\$307.11	\$294.85
18 ¹	\$316.36	\$303.72
19	\$311.06	\$298.02
20	\$320.65	\$307.21
21	\$330.56	\$316.71
22	\$330.56	\$316.71
23	\$330.56	\$316.71
24	\$330.56	\$316.71
25	\$331.88	\$317.98
26	\$338.50	\$324.31
27	\$346.43	\$331.91
28	\$359.32	\$344.26
29	\$369.90	\$354.40
30	\$375.19	\$359.47
31	\$383.12	\$367.07
32	\$391.06	\$374.67
33	\$396.01	\$379.42
34	\$401.30	\$384.49
35	\$403.95	\$387.02
36	\$406.59	\$389.55
37	\$409.24	\$392.09
38	\$411.88	\$394.62
39	\$417.17	\$399.69
40	\$422.46	\$404.76
41	\$430.39	\$412.36
42	\$438.00	\$419.64
43	\$448.57	\$429.78
44	\$461.80	\$442.44
45	\$477.33	\$457.33
46	\$495.84	\$475.07
47	\$516.67	\$495.02
48	\$540.47	\$517.82
49	\$563.94	\$540.31
50	\$590.38	\$565.64
51	\$616.50	\$590.66
52	\$645.26	\$618.22
53	\$674.35	\$646.09
54	\$705.75	\$676.18
55	\$737.15	\$706.26
56	\$771.20	\$738.88
57	\$805.58	\$771.82
58	\$842.27	\$806.98
59	\$860.45	\$824.40
60	\$897.15	\$859.55
61	\$928.88	\$889.96
62	\$949.71	\$909.91
63	\$975.82	\$934.93
64+	\$991.68	\$950.13

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 6300/60 PCP + Child Dental
0-14	\$715.13	\$639.25	\$532.41	\$484.88
15	\$778.70	\$696.08	\$579.74	\$527.98
16	\$803.00	\$717.80	\$597.83	\$544.46
17	\$827.31	\$739.53	\$615.93	\$560.94
18	\$853.48	\$762.93	\$635.42	\$578.69
19	\$879.66	\$786.32	\$654.90	\$596.43
20	\$906.77	\$810.56	\$675.09	\$614.81
21	\$934.81	\$835.63	\$695.96	\$633.83
22	\$934.81	\$835.63	\$695.96	\$633.83
23	\$934.81	\$835.63	\$695.96	\$633.83
24	\$934.81	\$835.63	\$695.96	\$633.83
25	\$938.55	\$838.97	\$698.75	\$636.36
26	\$957.25	\$855.68	\$712.67	\$649.04
27	\$979.68	\$875.74	\$729.37	\$664.25
28	\$1,016.14	\$908.33	\$756.51	\$688.97
29	\$1,046.06	\$935.07	\$778.78	\$709.25
30	\$1,061.01	\$948.44	\$789.92	\$719.39
31	\$1,083.45	\$968.49	\$806.62	\$734.61
32	\$1,105.88	\$988.55	\$823.33	\$749.82
33	\$1,119.91	\$1,001.08	\$833.77	\$759.33
34	\$1,134.86	\$1,014.45	\$844.90	\$769.47
35	\$1,142.34	\$1,021.14	\$850.47	\$774.54
36	\$1,149.82	\$1,027.82	\$856.04	\$779.61
37	\$1,157.30	\$1,034.51	\$861.60	\$784.68
38	\$1,164.78	\$1,041.19	\$867.17	\$789.75
39	\$1,179.73	\$1,054.56	\$878.31	\$799.89
40	\$1,194.69	\$1,067.93	\$889.44	\$810.03
41	\$1,217.13	\$1,087.99	\$906.15	\$825.24
42	\$1,238.63	\$1,107.21	\$922.15	\$839.82
43	\$1,268.54	\$1,133.95	\$944.42	\$860.10
44	\$1,305.93	\$1,167.37	\$972.26	\$885.46
45	\$1,349.87	\$1,206.65	\$1,004.97	\$915.25
46	\$1,402.22	\$1,253.44	\$1,043.95	\$950.74
47	\$1,461.11	\$1,306.08	\$1,087.79	\$990.67
48	\$1,528.42	\$1,366.25	\$1,137.90	\$1,036.31
49	\$1,594.79	\$1,425.58	\$1,187.31	\$1,081.31
50	\$1,669.57	\$1,492.43	\$1,242.99	\$1,132.02
51	\$1,743.43	\$1,558.44	\$1,297.97	\$1,182.09
52	\$1,824.75	\$1,631.14	\$1,358.52	\$1,237.23
53	\$1,907.02	\$1,704.68	\$1,419.77	\$1,293.01
54	\$1,995.82	\$1,784.06	\$1,485.88	\$1,353.22
55	\$2,084.63	\$1,863.45	\$1,552.00	\$1,413.44
56	\$2,180.92	\$1,949.52	\$1,623.68	\$1,478.72
57	\$2,278.14	\$2,036.42	\$1,696.06	\$1,544.64
58	\$2,381.90	\$2,129.18	\$1,773.32	\$1,614.99
59	\$2,433.32	\$2,175.14	\$1,811.59	\$1,649.85
60	\$2,537.08	\$2,267.89	\$1,888.85	\$1,720.21
61	\$2,626.82	\$2,348.11	\$1,955.66	\$1,781.06
62	\$2,685.72	\$2,400.76	\$1,999.50	\$1,820.99
63	\$2,759.57	\$2,466.77	\$2,054.49	\$1,871.06
64+	\$2,804.43	\$2,506.89	\$2,087.88	\$1,901.49

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.