

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	\$363.54	\$356.92	\$353.22
15 ¹	\$394.56	\$387.36	\$383.33
16 ¹	\$406.42	\$398.99	\$394.84
17 ¹	\$418.28	\$410.63	\$406.35
18 ¹	\$431.05	\$423.16	\$418.74
19	\$429.26	\$421.13	\$416.58
20	\$442.49	\$434.11	\$429.42
21	\$456.18	\$447.53	\$442.70
22	\$456.18	\$447.53	\$442.70
23	\$456.18	\$447.53	\$442.70
24	\$456.18	\$447.53	\$442.70
25	\$458.00	\$449.32	\$444.47
26	\$467.13	\$458.27	\$453.32
27	\$478.07	\$469.02	\$463.95
28	\$495.87	\$486.47	\$481.21
29	\$510.46	\$500.79	\$495.38
30	\$517.76	\$507.95	\$502.46
31	\$528.71	\$518.69	\$513.08
32	\$539.66	\$529.43	\$523.71
33	\$546.50	\$536.15	\$530.35
34	\$553.80	\$543.31	\$537.43
35	\$557.45	\$546.89	\$540.97
36	\$561.10	\$550.47	\$544.52
37	\$564.75	\$554.05	\$548.06
38	\$568.40	\$557.63	\$551.60
39	\$575.70	\$564.79	\$558.68
40	\$583.00	\$571.95	\$565.77
41	\$593.94	\$582.69	\$576.39
42	\$604.44	\$592.98	\$586.57
43	\$619.03	\$607.30	\$600.74
44	\$637.28	\$625.20	\$618.45
45	\$658.72	\$646.24	\$639.25
46	\$684.27	\$671.30	\$664.04
47	\$713.01	\$699.50	\$691.93
48	\$745.85	\$731.72	\$723.81
49	\$778.24	\$763.49	\$755.24
50	\$814.73	\$799.30	\$790.66
51	\$850.77	\$834.65	\$825.63
52	\$890.46	\$873.59	\$864.14
53	\$930.60	\$912.97	\$903.10
54	\$973.94	\$955.48	\$945.16
55	\$1,017.28	\$998.00	\$987.21
56	\$1,064.26	\$1,044.10	\$1,032.81
57	\$1,111.70	\$1,090.64	\$1,078.85
58	\$1,162.34	\$1,140.32	\$1,127.99
59	\$1,187.43	\$1,164.93	\$1,152.34
60	\$1,238.07	\$1,214.61	\$1,201.48
61	\$1,281.86	\$1,257.57	\$1,243.98
62	\$1,310.60	\$1,285.76	\$1,271.87
63	\$1,346.64	\$1,321.12	\$1,306.84
64+	\$1,368.54	\$1,342.59	\$1,328.10

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	\$341.12	\$329.44	\$313.74	\$288.74	\$290.26
15 ¹	\$370.15	\$357.43	\$340.33	\$313.12	\$314.76
16 ¹	\$381.25	\$368.13	\$350.50	\$322.44	\$324.13
17 ¹	\$392.35	\$378.83	\$360.67	\$331.75	\$333.50
18 ¹	\$404.30	\$390.36	\$371.62	\$341.79	\$343.59
19	\$401.69	\$387.32	\$368.01	\$337.27	\$339.12
20	\$414.07	\$399.26	\$379.35	\$347.66	\$349.58
21	\$426.88	\$411.61	\$391.09	\$358.41	\$360.39
22	\$426.88	\$411.61	\$391.09	\$358.41	\$360.39
23	\$426.88	\$411.61	\$391.09	\$358.41	\$360.39
24	\$426.88	\$411.61	\$391.09	\$358.41	\$360.39
25	\$428.59	\$413.26	\$392.65	\$359.84	\$361.83
26	\$437.12	\$421.49	\$400.47	\$367.01	\$369.04
27	\$447.37	\$431.37	\$409.86	\$375.62	\$377.69
28	\$464.02	\$447.42	\$425.11	\$389.59	\$391.74
29	\$477.68	\$460.59	\$437.63	\$401.06	\$403.27
30	\$484.51	\$467.18	\$443.88	\$406.80	\$409.04
31	\$494.75	\$477.06	\$453.27	\$415.40	\$417.69
32	\$505.00	\$486.93	\$462.66	\$424.00	\$426.34
33	\$511.40	\$493.11	\$468.52	\$429.38	\$431.74
34	\$518.23	\$499.69	\$474.78	\$435.11	\$437.51
35	\$521.65	\$502.99	\$477.91	\$437.98	\$440.39
36	\$525.06	\$506.28	\$481.04	\$440.85	\$443.28
37	\$528.48	\$509.57	\$484.16	\$443.71	\$446.16
38	\$531.89	\$512.87	\$487.29	\$446.58	\$449.04
39	\$538.72	\$519.45	\$493.55	\$452.32	\$454.81
40	\$545.55	\$526.04	\$499.81	\$458.05	\$460.57
41	\$555.80	\$535.92	\$509.19	\$466.65	\$469.22
42	\$565.61	\$545.38	\$518.19	\$474.90	\$477.51
43	\$579.27	\$558.55	\$530.70	\$486.36	\$489.05
44	\$596.35	\$575.02	\$546.35	\$500.70	\$503.46
45	\$616.41	\$594.36	\$564.73	\$517.55	\$520.40
46	\$640.32	\$617.41	\$586.63	\$537.62	\$540.58
47	\$667.21	\$643.35	\$611.27	\$560.20	\$563.28
48	\$697.95	\$672.98	\$639.43	\$586.00	\$589.23
49	\$728.26	\$702.21	\$667.19	\$611.45	\$614.82
50	\$762.41	\$735.13	\$698.48	\$640.12	\$643.65
51	\$796.13	\$767.65	\$729.38	\$668.44	\$672.12
52	\$833.27	\$803.46	\$763.40	\$699.62	\$703.48
53	\$870.83	\$839.68	\$797.82	\$731.16	\$735.19
54	\$911.39	\$878.79	\$834.97	\$765.21	\$769.43
55	\$951.94	\$917.89	\$872.12	\$799.26	\$803.66
56	\$995.91	\$960.28	\$912.40	\$836.17	\$840.78
57	\$1,040.30	\$1,003.09	\$953.08	\$873.45	\$878.26
58	\$1,087.69	\$1,048.78	\$996.49	\$913.23	\$918.27
59	\$1,111.17	\$1,071.42	\$1,018.00	\$932.94	\$938.09
60	\$1,158.55	\$1,117.11	\$1,061.41	\$972.73	\$978.09
61	\$1,199.53	\$1,156.62	\$1,098.95	\$1,007.14	\$1,012.69
62	\$1,226.42	\$1,182.55	\$1,123.59	\$1,029.72	\$1,035.39
63	\$1,260.15	\$1,215.07	\$1,154.49	\$1,058.03	\$1,063.86
64+	\$1,280.64	\$1,234.83	\$1,173.27	\$1,075.23	\$1,081.17

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	\$275.61	\$270.64	\$272.98	\$266.51	\$257.50
15 ¹	\$298.82	\$293.40	\$295.95	\$288.90	\$279.09
16 ¹	\$307.69	\$302.10	\$304.74	\$297.46	\$287.35
17 ¹	\$316.56	\$310.81	\$313.52	\$306.03	\$295.60
18 ¹	\$326.12	\$320.18	\$322.98	\$315.25	\$304.49
19	\$321.11	\$314.99	\$317.88	\$309.91	\$298.83
20	\$331.01	\$324.70	\$327.67	\$319.46	\$308.04
21	\$341.25	\$334.74	\$337.81	\$329.34	\$317.56
22	\$341.25	\$334.74	\$337.81	\$329.34	\$317.56
23	\$341.25	\$334.74	\$337.81	\$329.34	\$317.56
24	\$341.25	\$334.74	\$337.81	\$329.34	\$317.56
25	\$342.61	\$336.08	\$339.16	\$330.66	\$318.83
26	\$349.44	\$342.78	\$345.92	\$337.25	\$325.18
27	\$357.63	\$350.81	\$354.02	\$345.15	\$332.81
28	\$370.94	\$363.86	\$367.20	\$357.99	\$345.19
29	\$381.86	\$374.58	\$378.01	\$368.53	\$355.35
30	\$387.32	\$379.93	\$383.41	\$373.80	\$360.43
31	\$395.51	\$387.97	\$391.52	\$381.71	\$368.06
32	\$403.70	\$396.00	\$399.63	\$389.61	\$375.68
33	\$408.81	\$401.02	\$404.69	\$394.55	\$380.44
34	\$414.27	\$406.38	\$410.10	\$399.82	\$385.52
35	\$417.00	\$409.05	\$412.80	\$402.45	\$388.06
36	\$419.73	\$411.73	\$415.50	\$405.09	\$390.60
37	\$422.46	\$414.41	\$418.21	\$407.72	\$393.14
38	\$425.19	\$417.09	\$420.91	\$410.36	\$395.68
39	\$430.65	\$422.44	\$426.31	\$415.63	\$400.76
40	\$436.11	\$427.80	\$431.72	\$420.90	\$405.85
41	\$444.30	\$435.83	\$439.83	\$428.80	\$413.47
42	\$452.15	\$443.53	\$447.60	\$436.38	\$420.77
43	\$463.07	\$454.24	\$458.40	\$446.92	\$430.93
44	\$476.72	\$467.63	\$471.92	\$460.09	\$443.64
45	\$492.76	\$483.37	\$487.79	\$475.57	\$458.56
46	\$511.87	\$502.11	\$506.71	\$494.01	\$476.34
47	\$533.37	\$523.20	\$527.99	\$514.76	\$496.35
48	\$557.94	\$547.30	\$552.32	\$538.47	\$519.22
49	\$582.17	\$571.07	\$576.30	\$561.86	\$541.76
50	\$609.47	\$597.85	\$603.32	\$588.20	\$567.17
51	\$636.43	\$624.29	\$630.01	\$614.22	\$592.25
52	\$666.11	\$653.42	\$659.40	\$642.87	\$619.88
53	\$696.14	\$682.87	\$689.13	\$671.86	\$647.83
54	\$728.56	\$714.67	\$721.22	\$703.14	\$678.00
55	\$760.98	\$746.47	\$753.31	\$734.43	\$708.16
56	\$796.13	\$780.95	\$788.11	\$768.35	\$740.87
57	\$831.62	\$815.77	\$823.24	\$802.60	\$773.90
58	\$869.50	\$852.92	\$860.73	\$839.16	\$809.15
59	\$888.27	\$871.33	\$879.31	\$857.28	\$826.62
60	\$926.14	\$908.49	\$916.81	\$893.83	\$861.87
61	\$958.90	\$940.62	\$949.24	\$925.45	\$892.35
62	\$980.40	\$961.71	\$970.52	\$946.20	\$912.36
63	\$1,007.36	\$988.16	\$997.21	\$972.22	\$937.45
64+	\$1,023.75	\$1,004.22	\$1,013.43	\$988.02	\$952.68

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	\$247.80	\$238.03
15 ¹	\$268.53	\$257.89
16 ¹	\$276.46	\$265.48
17 ¹	\$284.39	\$273.08
18 ¹	\$292.92	\$281.26
19	\$286.90	\$274.88
20	\$295.74	\$283.35
21	\$304.89	\$292.11
22	\$304.89	\$292.11
23	\$304.89	\$292.11
24	\$304.89	\$292.11
25	\$306.11	\$293.28
26	\$312.21	\$299.12
27	\$319.52	\$306.13
28	\$331.41	\$317.52
29	\$341.17	\$326.87
30	\$346.05	\$331.55
31	\$353.36	\$338.56
32	\$360.68	\$345.57
33	\$365.26	\$349.95
34	\$370.13	\$354.62
35	\$372.57	\$356.96
36	\$375.01	\$359.30
37	\$377.45	\$361.63
38	\$379.89	\$363.97
39	\$384.77	\$368.64
40	\$389.65	\$373.32
41	\$396.96	\$380.33
42	\$403.98	\$387.05
43	\$413.73	\$396.39
44	\$425.93	\$408.08
45	\$440.26	\$421.81
46	\$457.33	\$438.17
47	\$476.54	\$456.57
48	\$498.49	\$477.60
49	\$520.14	\$498.34
50	\$544.53	\$521.71
51	\$568.62	\$544.79
52	\$595.14	\$570.20
53	\$621.97	\$595.91
54	\$650.94	\$623.66
55	\$679.90	\$651.41
56	\$711.30	\$681.50
57	\$743.01	\$711.88
58	\$776.85	\$744.30
59	\$793.62	\$760.37
60	\$827.47	\$792.79
61	\$856.73	\$820.83
62	\$875.94	\$839.24
63	\$900.03	\$862.31
64+	\$914.67	\$876.33

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	\$679.37	\$607.29	\$505.79	\$460.63
15	\$739.76	\$661.27	\$550.75	\$501.58
16	\$762.85	\$681.91	\$567.94	\$517.24
17	\$785.94	\$702.55	\$585.13	\$532.89
18	\$810.81	\$724.78	\$603.64	\$549.75
19	\$835.68	\$747.01	\$622.16	\$566.61
20	\$861.43	\$770.03	\$641.33	\$584.07
21	\$888.07	\$793.85	\$661.17	\$602.14
22	\$888.07	\$793.85	\$661.17	\$602.14
23	\$888.07	\$793.85	\$661.17	\$602.14
24	\$888.07	\$793.85	\$661.17	\$602.14
25	\$891.62	\$797.02	\$663.81	\$604.55
26	\$909.39	\$812.90	\$677.03	\$616.59
27	\$930.70	\$831.95	\$692.90	\$631.04
28	\$965.33	\$862.91	\$718.69	\$654.52
29	\$993.75	\$888.31	\$739.84	\$673.79
30	\$1,007.96	\$901.01	\$750.42	\$683.43
31	\$1,029.28	\$920.07	\$766.29	\$697.88
32	\$1,050.59	\$939.12	\$782.16	\$712.33
33	\$1,063.91	\$951.03	\$792.08	\$721.36
34	\$1,078.12	\$963.73	\$802.66	\$730.99
35	\$1,085.22	\$970.08	\$807.94	\$735.81
36	\$1,092.33	\$976.43	\$813.23	\$740.63
37	\$1,099.43	\$982.78	\$818.52	\$745.45
38	\$1,106.54	\$989.13	\$823.81	\$750.26
39	\$1,120.75	\$1,001.83	\$834.39	\$759.90
40	\$1,134.96	\$1,014.53	\$844.97	\$769.53
41	\$1,156.27	\$1,033.59	\$860.84	\$783.98
42	\$1,176.70	\$1,051.85	\$876.04	\$797.83
43	\$1,205.11	\$1,077.25	\$897.20	\$817.10
44	\$1,240.64	\$1,109.00	\$923.65	\$841.19
45	\$1,282.38	\$1,146.31	\$954.72	\$869.49
46	\$1,332.11	\$1,190.77	\$991.75	\$903.21
47	\$1,388.06	\$1,240.78	\$1,033.40	\$941.14
48	\$1,452.00	\$1,297.94	\$1,081.01	\$984.49
49	\$1,515.05	\$1,354.30	\$1,127.95	\$1,027.25
50	\$1,586.10	\$1,417.81	\$1,180.84	\$1,075.42
51	\$1,656.25	\$1,480.52	\$1,233.07	\$1,122.98
52	\$1,733.52	\$1,549.59	\$1,290.60	\$1,175.37
53	\$1,811.67	\$1,619.44	\$1,348.78	\$1,228.36
54	\$1,896.03	\$1,694.86	\$1,411.59	\$1,285.56
55	\$1,980.40	\$1,770.28	\$1,474.40	\$1,342.76
56	\$2,071.87	\$1,852.04	\$1,542.50	\$1,404.78
57	\$2,164.23	\$1,934.60	\$1,611.26	\$1,467.41
58	\$2,262.81	\$2,022.72	\$1,684.65	\$1,534.24
59	\$2,311.65	\$2,066.38	\$1,721.01	\$1,567.36
60	\$2,410.23	\$2,154.50	\$1,794.40	\$1,634.20
61	\$2,495.48	\$2,230.71	\$1,857.88	\$1,692.00
62	\$2,551.43	\$2,280.72	\$1,899.53	\$1,729.94
63	\$2,621.59	\$2,343.43	\$1,951.76	\$1,777.51
64+	\$2,664.21	\$2,381.55	\$1,983.51	\$1,806.42

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.