

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	\$381.73	\$374.77	\$370.88
15 ¹	\$414.36	\$406.79	\$402.55
16 ¹	\$426.84	\$419.03	\$414.66
17 ¹	\$439.32	\$431.27	\$426.77
18 ¹	\$452.76	\$444.46	\$439.81
19	\$451.64	\$443.08	\$438.29
20	\$465.56	\$456.74	\$451.80
21	\$479.96	\$470.86	\$465.77
22	\$479.96	\$470.86	\$465.77
23	\$479.96	\$470.86	\$465.77
24	\$479.96	\$470.86	\$465.77
25	\$481.88	\$472.75	\$467.63
26	\$491.48	\$482.16	\$476.95
27	\$502.99	\$493.46	\$488.13
28	\$521.71	\$511.83	\$506.29
29	\$537.07	\$526.89	\$521.20
30	\$544.75	\$534.43	\$528.65
31	\$556.27	\$545.73	\$539.83
32	\$567.79	\$557.03	\$551.01
33	\$574.99	\$564.09	\$557.99
34	\$582.67	\$571.63	\$565.45
35	\$586.51	\$575.39	\$569.17
36	\$590.35	\$579.16	\$572.90
37	\$594.19	\$582.93	\$576.63
38	\$598.03	\$586.69	\$580.35
39	\$605.70	\$594.23	\$587.80
40	\$613.38	\$601.76	\$595.26
41	\$624.90	\$613.06	\$606.43
42	\$635.94	\$623.89	\$617.15
43	\$651.30	\$638.96	\$632.05
44	\$670.50	\$657.79	\$650.68
45	\$693.06	\$679.92	\$672.57
46	\$719.93	\$706.29	\$698.66
47	\$750.17	\$735.96	\$728.00
48	\$784.73	\$769.86	\$761.54
49	\$818.81	\$803.29	\$794.61
50	\$857.20	\$840.96	\$831.87
51	\$895.12	\$878.16	\$868.66
52	\$936.87	\$919.12	\$909.19
53	\$979.11	\$960.56	\$950.17
54	\$1,024.71	\$1,005.29	\$994.42
55	\$1,070.30	\$1,050.02	\$1,038.67
56	\$1,119.74	\$1,098.52	\$1,086.65
57	\$1,169.65	\$1,147.49	\$1,135.09
58	\$1,222.93	\$1,199.76	\$1,186.79
59	\$1,249.33	\$1,225.65	\$1,212.40
60	\$1,302.60	\$1,277.92	\$1,264.10
61	\$1,348.68	\$1,323.12	\$1,308.82
62	\$1,378.91	\$1,352.79	\$1,338.16
63	\$1,416.83	\$1,389.98	\$1,374.96
64+	\$1,439.88	\$1,412.58	\$1,397.31

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	\$358.14	\$345.85	\$329.34	\$303.04	\$304.63
15 ¹	\$388.69	\$375.30	\$357.32	\$328.68	\$330.41
16 ¹	\$400.36	\$386.56	\$368.01	\$338.48	\$340.27
17 ¹	\$412.04	\$397.82	\$378.71	\$348.29	\$350.13
18 ¹	\$424.62	\$409.95	\$390.23	\$358.85	\$360.74
19	\$422.63	\$407.51	\$387.20	\$354.85	\$356.80
20	\$435.66	\$420.07	\$399.13	\$365.78	\$367.80
21	\$449.13	\$433.06	\$411.47	\$377.09	\$379.17
22	\$449.13	\$433.06	\$411.47	\$377.09	\$379.17
23	\$449.13	\$433.06	\$411.47	\$377.09	\$379.17
24	\$449.13	\$433.06	\$411.47	\$377.09	\$379.17
25	\$450.93	\$434.80	\$413.12	\$378.60	\$380.69
26	\$459.91	\$443.46	\$421.35	\$386.14	\$388.27
27	\$470.69	\$453.85	\$431.22	\$395.19	\$397.37
28	\$488.20	\$470.74	\$447.27	\$409.90	\$412.16
29	\$502.58	\$484.60	\$460.44	\$421.97	\$424.29
30	\$509.76	\$491.53	\$467.02	\$428.00	\$430.36
31	\$520.54	\$501.92	\$476.90	\$437.05	\$439.46
32	\$531.32	\$512.32	\$486.77	\$446.10	\$448.56
33	\$538.06	\$518.81	\$492.94	\$451.76	\$454.25
34	\$545.24	\$525.74	\$499.53	\$457.79	\$460.32
35	\$548.84	\$529.21	\$502.82	\$460.81	\$463.35
36	\$552.43	\$532.67	\$506.11	\$463.83	\$466.38
37	\$556.02	\$536.13	\$509.40	\$466.84	\$469.42
38	\$559.62	\$539.60	\$512.69	\$469.86	\$472.45
39	\$566.80	\$546.53	\$519.28	\$475.89	\$478.52
40	\$573.99	\$553.46	\$525.86	\$481.93	\$484.58
41	\$584.77	\$563.85	\$535.74	\$490.98	\$493.68
42	\$595.10	\$573.81	\$545.20	\$499.65	\$502.40
43	\$609.47	\$587.67	\$558.37	\$511.72	\$514.54
44	\$627.43	\$604.99	\$574.83	\$526.80	\$529.70
45	\$648.54	\$625.35	\$594.17	\$544.52	\$547.52
46	\$673.70	\$649.60	\$617.21	\$565.64	\$568.76
47	\$701.99	\$676.88	\$643.13	\$589.40	\$592.65
48	\$734.33	\$708.06	\$672.76	\$616.55	\$619.95
49	\$766.22	\$738.81	\$701.97	\$643.32	\$646.87
50	\$802.15	\$773.45	\$734.89	\$673.49	\$677.20
51	\$837.63	\$807.67	\$767.39	\$703.28	\$707.16
52	\$876.70	\$845.34	\$803.19	\$736.09	\$740.14
53	\$916.23	\$883.45	\$839.40	\$769.27	\$773.51
54	\$958.89	\$924.59	\$878.49	\$805.10	\$809.53
55	\$1,001.56	\$965.73	\$917.58	\$840.92	\$845.55
56	\$1,047.82	\$1,010.34	\$959.96	\$879.76	\$884.61
57	\$1,094.53	\$1,055.38	\$1,002.76	\$918.98	\$924.04
58	\$1,144.38	\$1,103.45	\$1,048.43	\$960.83	\$966.13
59	\$1,169.09	\$1,127.27	\$1,071.06	\$981.57	\$986.99
60	\$1,218.94	\$1,175.34	\$1,116.73	\$1,023.43	\$1,029.07
61	\$1,262.06	\$1,216.91	\$1,156.24	\$1,059.63	\$1,065.47
62	\$1,290.35	\$1,244.20	\$1,182.16	\$1,083.39	\$1,089.36
63	\$1,325.83	\$1,278.41	\$1,214.66	\$1,113.18	\$1,119.32
64+	\$1,347.39	\$1,299.18	\$1,234.41	\$1,131.27	\$1,137.51

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	\$289.22	\$283.99	\$286.45	\$279.64	\$270.16
15 ¹	\$313.64	\$307.93	\$310.62	\$303.20	\$292.88
16 ¹	\$322.97	\$317.09	\$319.86	\$312.21	\$301.57
17 ¹	\$332.31	\$326.25	\$329.10	\$321.22	\$310.25
18 ¹	\$342.36	\$336.11	\$339.05	\$330.92	\$319.61
19	\$337.85	\$331.41	\$334.45	\$326.06	\$314.40
20	\$348.26	\$341.62	\$344.75	\$336.11	\$324.09
21	\$359.03	\$352.19	\$355.42	\$346.51	\$334.12
22	\$359.03	\$352.19	\$355.42	\$346.51	\$334.12
23	\$359.03	\$352.19	\$355.42	\$346.51	\$334.12
24	\$359.03	\$352.19	\$355.42	\$346.51	\$334.12
25	\$360.47	\$353.60	\$356.84	\$347.89	\$335.45
26	\$367.65	\$360.64	\$363.95	\$354.82	\$342.13
27	\$376.27	\$369.10	\$372.48	\$363.14	\$350.15
28	\$390.27	\$382.83	\$386.34	\$376.65	\$363.18
29	\$401.76	\$394.10	\$397.71	\$387.74	\$373.88
30	\$407.50	\$399.74	\$403.40	\$393.29	\$379.22
31	\$416.12	\$408.19	\$411.93	\$401.60	\$387.24
32	\$424.74	\$416.64	\$420.46	\$409.92	\$395.26
33	\$430.12	\$421.92	\$425.79	\$415.12	\$400.27
34	\$435.87	\$427.56	\$431.48	\$420.66	\$405.62
35	\$438.74	\$430.38	\$434.32	\$423.43	\$408.29
36	\$441.61	\$433.19	\$437.16	\$426.21	\$410.96
37	\$444.49	\$436.01	\$440.01	\$428.98	\$413.64
38	\$447.36	\$438.83	\$442.85	\$431.75	\$416.31
39	\$453.10	\$444.46	\$448.54	\$437.29	\$421.65
40	\$458.85	\$450.10	\$454.22	\$442.84	\$427.00
41	\$467.46	\$458.55	\$462.75	\$451.15	\$435.02
42	\$475.72	\$466.65	\$470.93	\$459.12	\$442.70
43	\$487.21	\$477.92	\$482.30	\$470.21	\$453.40
44	\$501.57	\$492.01	\$496.52	\$484.07	\$466.76
45	\$518.45	\$508.56	\$513.22	\$500.36	\$482.46
46	\$538.55	\$528.29	\$533.12	\$519.76	\$501.17
47	\$561.17	\$550.47	\$555.52	\$541.59	\$522.22
48	\$587.02	\$575.83	\$581.11	\$566.54	\$546.28
49	\$612.51	\$600.84	\$606.34	\$591.14	\$570.00
50	\$641.24	\$629.01	\$634.77	\$618.86	\$596.73
51	\$669.60	\$656.84	\$662.85	\$646.24	\$623.13
52	\$700.84	\$687.48	\$693.77	\$676.38	\$652.19
53	\$732.43	\$718.47	\$725.05	\$706.88	\$681.60
54	\$766.54	\$751.93	\$758.81	\$739.80	\$713.34
55	\$800.65	\$785.38	\$792.58	\$772.71	\$745.08
56	\$837.63	\$821.66	\$829.19	\$808.40	\$779.49
57	\$874.97	\$858.29	\$866.15	\$844.44	\$814.24
58	\$914.82	\$897.38	\$905.60	\$882.90	\$851.33
59	\$934.57	\$916.75	\$925.15	\$901.96	\$869.70
60	\$974.42	\$955.84	\$964.60	\$940.42	\$906.79
61	\$1,008.89	\$989.66	\$998.72	\$973.69	\$938.87
62	\$1,031.51	\$1,011.84	\$1,021.11	\$995.52	\$959.91
63	\$1,059.87	\$1,039.67	\$1,049.19	\$1,022.89	\$986.31
64+	\$1,077.09	\$1,056.57	\$1,066.26	\$1,039.53	\$1,002.36

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	\$259.96	\$249.67
15 ¹	\$281.77	\$270.57
16 ¹	\$290.11	\$278.56
17 ¹	\$298.45	\$286.55
18 ¹	\$307.43	\$295.16
19	\$301.85	\$289.20
20	\$311.16	\$298.12
21	\$320.78	\$307.34
22	\$320.78	\$307.34
23	\$320.78	\$307.34
24	\$320.78	\$307.34
25	\$322.06	\$308.57
26	\$328.48	\$314.71
27	\$336.18	\$322.09
28	\$348.69	\$334.08
29	\$358.95	\$343.91
30	\$364.09	\$348.83
31	\$371.78	\$356.20
32	\$379.48	\$363.58
33	\$384.29	\$368.19
34	\$389.43	\$373.11
35	\$391.99	\$375.57
36	\$394.56	\$378.03
37	\$397.13	\$380.48
38	\$399.69	\$382.94
39	\$404.82	\$387.86
40	\$409.96	\$392.78
41	\$417.66	\$400.15
42	\$425.03	\$407.22
43	\$435.30	\$417.06
44	\$448.13	\$429.35
45	\$463.21	\$443.80
46	\$481.17	\$461.01
47	\$501.38	\$480.37
48	\$524.48	\$502.50
49	\$547.25	\$524.32
50	\$572.91	\$548.91
51	\$598.25	\$573.18
52	\$626.16	\$599.92
53	\$654.39	\$626.97
54	\$684.87	\$656.17
55	\$715.34	\$685.36
56	\$748.38	\$717.02
57	\$781.74	\$748.98
58	\$817.35	\$783.10
59	\$834.99	\$800.00
60	\$870.60	\$834.11
61	\$901.39	\$863.62
62	\$921.60	\$882.98
63	\$946.94	\$907.26
64+	\$962.34	\$922.02

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	\$750.89	\$671.22	\$559.03	\$509.12
15	\$817.63	\$730.88	\$608.73	\$554.38
16	\$843.15	\$753.69	\$627.72	\$571.68
17	\$868.67	\$776.51	\$646.72	\$588.98
18	\$896.16	\$801.07	\$667.19	\$607.62
19	\$923.64	\$825.64	\$687.65	\$626.25
20	\$952.11	\$851.09	\$708.84	\$645.55
21	\$981.55	\$877.41	\$730.76	\$665.52
22	\$981.55	\$877.41	\$730.76	\$665.52
23	\$981.55	\$877.41	\$730.76	\$665.52
24	\$981.55	\$877.41	\$730.76	\$665.52
25	\$985.48	\$880.92	\$733.69	\$668.18
26	\$1,005.11	\$898.47	\$748.30	\$681.49
27	\$1,028.67	\$919.52	\$765.84	\$697.46
28	\$1,066.95	\$953.74	\$794.34	\$723.42
29	\$1,098.36	\$981.82	\$817.72	\$744.72
30	\$1,114.06	\$995.86	\$829.42	\$755.36
31	\$1,137.62	\$1,016.92	\$846.95	\$771.34
32	\$1,161.18	\$1,037.97	\$864.49	\$787.31
33	\$1,175.90	\$1,051.14	\$875.45	\$797.29
34	\$1,191.61	\$1,065.17	\$887.15	\$807.94
35	\$1,199.46	\$1,072.19	\$892.99	\$813.26
36	\$1,207.31	\$1,079.21	\$898.84	\$818.59
37	\$1,215.16	\$1,086.23	\$904.68	\$823.91
38	\$1,223.02	\$1,093.25	\$910.53	\$829.24
39	\$1,238.72	\$1,107.29	\$922.22	\$839.89
40	\$1,254.42	\$1,121.33	\$933.91	\$850.53
41	\$1,277.98	\$1,142.39	\$951.45	\$866.51
42	\$1,300.56	\$1,162.57	\$968.26	\$881.81
43	\$1,331.97	\$1,190.64	\$991.64	\$903.11
44	\$1,371.23	\$1,225.74	\$1,020.87	\$929.73
45	\$1,417.36	\$1,266.98	\$1,055.22	\$961.01
46	\$1,472.33	\$1,316.11	\$1,096.14	\$998.28
47	\$1,534.17	\$1,371.39	\$1,142.18	\$1,040.21
48	\$1,604.84	\$1,434.56	\$1,194.80	\$1,088.12
49	\$1,674.53	\$1,496.86	\$1,246.68	\$1,135.38
50	\$1,753.05	\$1,567.05	\$1,305.14	\$1,188.62
51	\$1,830.60	\$1,636.37	\$1,362.87	\$1,241.19
52	\$1,915.99	\$1,712.70	\$1,426.45	\$1,299.09
53	\$2,002.37	\$1,789.91	\$1,490.76	\$1,357.66
54	\$2,095.62	\$1,873.27	\$1,560.18	\$1,420.88
55	\$2,188.86	\$1,956.62	\$1,629.60	\$1,484.11
56	\$2,289.96	\$2,046.99	\$1,704.87	\$1,552.66
57	\$2,392.04	\$2,138.24	\$1,780.87	\$1,621.87
58	\$2,501.00	\$2,235.64	\$1,861.98	\$1,695.74
59	\$2,554.98	\$2,283.89	\$1,902.17	\$1,732.35
60	\$2,663.93	\$2,381.29	\$1,983.29	\$1,806.22
61	\$2,758.16	\$2,465.52	\$2,053.44	\$1,870.11
62	\$2,820.00	\$2,520.79	\$2,099.48	\$1,912.04
63	\$2,897.54	\$2,590.11	\$2,157.21	\$1,964.61
64+	\$2,944.65	\$2,632.23	\$2,192.28	\$1,996.56

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.