

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	\$402.04	\$394.69	\$390.58
15 ¹	\$436.48	\$428.48	\$424.01
16 ¹	\$449.65	\$441.40	\$436.79
17 ¹	\$462.82	\$454.32	\$449.57
18 ¹	\$477.00	\$468.24	\$463.33
19	\$476.62	\$467.59	\$462.53
20	\$491.31	\$482.00	\$476.79
21	\$506.50	\$496.91	\$491.54
22	\$506.50	\$496.91	\$491.54
23	\$506.50	\$496.91	\$491.54
24	\$506.50	\$496.91	\$491.54
25	\$508.53	\$498.89	\$493.50
26	\$518.66	\$508.83	\$503.33
27	\$530.82	\$520.76	\$515.13
28	\$550.57	\$540.14	\$534.30
29	\$566.78	\$556.04	\$550.03
30	\$574.88	\$563.99	\$557.89
31	\$587.04	\$575.92	\$569.69
32	\$599.19	\$587.84	\$581.49
33	\$606.79	\$595.29	\$588.86
34	\$614.90	\$603.25	\$596.72
35	\$618.95	\$607.22	\$600.66
36	\$623.00	\$611.20	\$604.59
37	\$627.05	\$615.17	\$608.52
38	\$631.10	\$619.15	\$612.45
39	\$639.21	\$627.10	\$620.32
40	\$647.31	\$635.05	\$628.18
41	\$659.47	\$646.97	\$639.98
42	\$671.12	\$658.40	\$651.28
43	\$687.33	\$674.30	\$667.01
44	\$707.59	\$694.18	\$686.67
45	\$731.39	\$717.53	\$709.78
46	\$759.76	\$745.36	\$737.30
47	\$791.67	\$776.67	\$768.27
48	\$828.13	\$812.44	\$803.66
49	\$864.10	\$847.72	\$838.56
50	\$904.62	\$887.48	\$877.88
51	\$944.63	\$926.73	\$916.71
52	\$988.70	\$969.96	\$959.48
53	\$1,033.27	\$1,013.69	\$1,002.73
54	\$1,081.39	\$1,060.90	\$1,049.43
55	\$1,129.50	\$1,108.10	\$1,096.12
56	\$1,181.67	\$1,159.28	\$1,146.75
57	\$1,234.35	\$1,210.96	\$1,197.87
58	\$1,290.57	\$1,266.12	\$1,252.43
59	\$1,318.43	\$1,293.45	\$1,279.47
60	\$1,374.65	\$1,348.61	\$1,334.03
61	\$1,423.28	\$1,396.31	\$1,381.21
62	\$1,455.19	\$1,427.61	\$1,412.18
63	\$1,495.20	\$1,466.87	\$1,451.01
64+	\$1,519.50	\$1,490.73	\$1,474.62

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	\$377.15	\$364.18	\$346.75	\$318.99	\$320.67
15 ¹	\$409.38	\$395.26	\$376.28	\$346.05	\$347.88
16 ¹	\$421.70	\$407.14	\$387.57	\$356.40	\$358.29
17 ¹	\$434.03	\$419.02	\$398.86	\$366.75	\$368.69
18 ¹	\$447.30	\$431.82	\$411.01	\$377.89	\$379.89
19	\$446.01	\$430.06	\$408.61	\$374.47	\$376.54
20	\$459.75	\$443.31	\$421.21	\$386.01	\$388.14
21	\$473.97	\$457.02	\$434.23	\$397.95	\$400.15
22	\$473.97	\$457.02	\$434.23	\$397.95	\$400.15
23	\$473.97	\$457.02	\$434.23	\$397.95	\$400.15
24	\$473.97	\$457.02	\$434.23	\$397.95	\$400.15
25	\$475.87	\$458.85	\$435.97	\$399.54	\$401.75
26	\$485.35	\$467.99	\$444.65	\$407.50	\$409.75
27	\$496.72	\$478.96	\$455.08	\$417.05	\$419.35
28	\$515.21	\$496.78	\$472.01	\$432.57	\$434.96
29	\$530.38	\$511.40	\$485.91	\$445.31	\$447.76
30	\$537.96	\$518.72	\$492.85	\$451.68	\$454.17
31	\$549.33	\$529.69	\$503.27	\$461.23	\$463.77
32	\$560.71	\$540.65	\$513.70	\$470.78	\$473.37
33	\$567.82	\$547.51	\$520.21	\$476.75	\$479.37
34	\$575.40	\$554.82	\$527.16	\$483.11	\$485.78
35	\$579.20	\$558.48	\$530.63	\$486.30	\$488.98
36	\$582.99	\$562.13	\$534.11	\$489.48	\$492.18
37	\$586.78	\$565.79	\$537.58	\$492.66	\$495.38
38	\$590.57	\$569.45	\$541.05	\$495.85	\$498.58
39	\$598.15	\$576.76	\$548.00	\$502.22	\$504.98
40	\$605.74	\$584.07	\$554.95	\$508.58	\$511.39
41	\$617.11	\$595.04	\$565.37	\$518.13	\$520.99
42	\$628.01	\$605.55	\$575.36	\$527.29	\$530.19
43	\$643.18	\$620.18	\$589.25	\$540.02	\$543.00
44	\$662.14	\$638.46	\$606.62	\$555.94	\$559.00
45	\$684.42	\$659.94	\$627.03	\$574.64	\$577.81
46	\$710.96	\$685.53	\$651.35	\$596.93	\$600.22
47	\$740.82	\$714.32	\$678.70	\$622.00	\$625.43
48	\$774.95	\$747.23	\$709.97	\$650.65	\$654.24
49	\$808.60	\$779.67	\$740.80	\$678.91	\$682.65
50	\$846.52	\$816.24	\$775.54	\$710.74	\$714.66
51	\$883.96	\$852.34	\$809.84	\$742.18	\$746.27
52	\$925.20	\$892.10	\$847.62	\$776.80	\$781.08
53	\$966.91	\$932.32	\$885.83	\$811.82	\$816.30
54	\$1,011.93	\$975.74	\$927.09	\$849.63	\$854.31
55	\$1,056.96	\$1,019.15	\$968.34	\$887.43	\$892.33
56	\$1,105.78	\$1,066.23	\$1,013.06	\$928.42	\$933.54
57	\$1,155.07	\$1,113.76	\$1,058.22	\$969.81	\$975.16
58	\$1,207.68	\$1,164.49	\$1,106.42	\$1,013.98	\$1,019.57
59	\$1,233.75	\$1,189.62	\$1,130.31	\$1,035.87	\$1,041.58
60	\$1,286.36	\$1,240.35	\$1,178.51	\$1,080.04	\$1,086.00
61	\$1,331.86	\$1,284.22	\$1,220.19	\$1,118.25	\$1,124.41
62	\$1,361.72	\$1,313.02	\$1,247.55	\$1,143.32	\$1,149.62
63	\$1,399.17	\$1,349.12	\$1,281.85	\$1,174.76	\$1,181.23
64+	\$1,421.91	\$1,371.06	\$1,302.69	\$1,193.85	\$1,200.45

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	\$304.41	\$298.89	\$301.49	\$294.30	\$284.30
15 ¹	\$330.18	\$324.16	\$327.00	\$319.17	\$308.27
16 ¹	\$340.03	\$333.83	\$336.75	\$328.67	\$317.44
17 ¹	\$349.88	\$343.49	\$346.50	\$338.18	\$326.61
18 ¹	\$360.49	\$353.90	\$357.00	\$348.42	\$336.48
19	\$356.54	\$349.74	\$352.95	\$344.10	\$331.79
20	\$367.53	\$360.52	\$363.82	\$354.70	\$342.02
21	\$378.89	\$371.67	\$375.08	\$365.68	\$352.60
22	\$378.89	\$371.67	\$375.08	\$365.68	\$352.60
23	\$378.89	\$371.67	\$375.08	\$365.68	\$352.60
24	\$378.89	\$371.67	\$375.08	\$365.68	\$352.60
25	\$380.41	\$373.16	\$376.58	\$367.14	\$354.01
26	\$387.99	\$380.59	\$384.08	\$374.45	\$361.06
27	\$397.08	\$389.51	\$393.08	\$383.23	\$369.52
28	\$411.86	\$404.01	\$407.71	\$397.49	\$383.27
29	\$423.98	\$415.90	\$419.71	\$409.19	\$394.56
30	\$430.05	\$421.85	\$425.71	\$415.04	\$400.20
31	\$439.14	\$430.77	\$434.71	\$423.82	\$408.66
32	\$448.23	\$439.69	\$443.71	\$432.59	\$417.12
33	\$453.92	\$445.26	\$449.34	\$438.08	\$422.41
34	\$459.98	\$451.21	\$455.34	\$443.93	\$428.05
35	\$463.01	\$454.18	\$458.34	\$446.85	\$430.87
36	\$466.04	\$457.16	\$461.34	\$449.78	\$433.69
37	\$469.07	\$460.13	\$464.34	\$452.71	\$436.52
38	\$472.10	\$463.10	\$467.34	\$455.63	\$439.34
39	\$478.16	\$469.05	\$473.35	\$461.48	\$444.98
40	\$484.23	\$475.00	\$479.35	\$467.33	\$450.62
41	\$493.32	\$483.92	\$488.35	\$476.11	\$459.08
42	\$502.04	\$492.46	\$496.98	\$484.52	\$467.19
43	\$514.16	\$504.36	\$508.98	\$496.22	\$478.47
44	\$529.32	\$519.23	\$523.98	\$510.85	\$492.58
45	\$547.12	\$536.69	\$541.61	\$528.03	\$509.15
46	\$568.34	\$557.51	\$562.61	\$548.51	\$528.90
47	\$592.21	\$580.92	\$586.24	\$571.55	\$551.11
48	\$619.49	\$607.68	\$613.25	\$597.88	\$576.50
49	\$646.39	\$634.07	\$639.88	\$623.84	\$601.53
50	\$676.71	\$663.81	\$669.88	\$653.10	\$629.74
51	\$706.64	\$693.17	\$699.52	\$681.98	\$657.59
52	\$739.60	\$725.50	\$732.15	\$713.80	\$688.27
53	\$772.94	\$758.21	\$765.15	\$745.98	\$719.30
54	\$808.94	\$793.52	\$800.79	\$780.72	\$752.79
55	\$844.93	\$828.83	\$836.42	\$815.46	\$786.29
56	\$883.96	\$867.11	\$875.05	\$853.12	\$822.61
57	\$923.37	\$905.76	\$914.06	\$891.15	\$859.28
58	\$965.42	\$947.02	\$955.69	\$931.74	\$898.42
59	\$986.26	\$967.46	\$976.32	\$951.85	\$917.81
60	\$1,028.32	\$1,008.72	\$1,017.95	\$992.44	\$956.95
61	\$1,064.69	\$1,044.40	\$1,053.96	\$1,027.55	\$990.80
62	\$1,088.56	\$1,067.81	\$1,077.59	\$1,050.58	\$1,013.01
63	\$1,118.50	\$1,097.17	\$1,107.22	\$1,079.47	\$1,040.87
64+	\$1,136.67	\$1,115.01	\$1,125.24	\$1,097.04	\$1,057.80

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	\$273.53	\$262.68
15 ¹	\$296.55	\$284.73
16 ¹	\$305.35	\$293.17
17 ¹	\$314.15	\$301.60
18 ¹	\$323.63	\$310.68
19	\$318.55	\$305.20
20	\$328.37	\$314.61
21	\$338.52	\$324.34
22	\$338.52	\$324.34
23	\$338.52	\$324.34
24	\$338.52	\$324.34
25	\$339.88	\$325.64
26	\$346.65	\$332.12
27	\$354.77	\$339.91
28	\$367.98	\$352.56
29	\$378.81	\$362.93
30	\$384.22	\$368.12
31	\$392.35	\$375.91
32	\$400.47	\$383.69
33	\$405.55	\$388.56
34	\$410.97	\$393.75
35	\$413.68	\$396.34
36	\$416.38	\$398.94
37	\$419.09	\$401.53
38	\$421.80	\$404.12
39	\$427.22	\$409.31
40	\$432.63	\$414.50
41	\$440.76	\$422.29
42	\$448.54	\$429.75
43	\$459.38	\$440.13
44	\$472.92	\$453.10
45	\$488.83	\$468.34
46	\$507.79	\$486.51
47	\$529.11	\$506.94
48	\$553.49	\$530.29
49	\$577.52	\$553.32
50	\$604.60	\$579.27
51	\$631.35	\$604.89
52	\$660.80	\$633.11
53	\$690.59	\$661.65
54	\$722.75	\$692.46
55	\$754.91	\$723.27
56	\$789.78	\$756.68
57	\$824.98	\$790.41
58	\$862.56	\$826.41
59	\$881.18	\$844.25
60	\$918.75	\$880.25
61	\$951.25	\$911.39
62	\$972.58	\$931.82
63	\$999.32	\$957.44
64+	\$1,015.56	\$973.02

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	\$732.28	\$654.58	\$545.18	\$496.50
15	\$797.37	\$712.77	\$593.64	\$540.64
16	\$822.26	\$735.01	\$612.17	\$557.51
17	\$847.14	\$757.26	\$630.70	\$574.39
18	\$873.95	\$781.22	\$650.65	\$592.56
19	\$900.75	\$805.18	\$670.60	\$610.73
20	\$928.51	\$829.99	\$691.27	\$629.55
21	\$957.23	\$855.66	\$712.65	\$649.03
22	\$957.23	\$855.66	\$712.65	\$649.03
23	\$957.23	\$855.66	\$712.65	\$649.03
24	\$957.23	\$855.66	\$712.65	\$649.03
25	\$961.05	\$859.08	\$715.50	\$651.62
26	\$980.20	\$876.20	\$729.75	\$664.60
27	\$1,003.17	\$896.73	\$746.86	\$680.18
28	\$1,040.50	\$930.10	\$774.65	\$705.49
29	\$1,071.14	\$957.49	\$797.46	\$726.26
30	\$1,086.45	\$971.18	\$808.86	\$736.64
31	\$1,109.42	\$991.71	\$825.96	\$752.22
32	\$1,132.40	\$1,012.25	\$843.07	\$767.80
33	\$1,146.76	\$1,025.08	\$853.76	\$777.53
34	\$1,162.07	\$1,038.77	\$865.16	\$787.92
35	\$1,169.73	\$1,045.62	\$870.86	\$793.11
36	\$1,177.39	\$1,052.46	\$876.56	\$798.30
37	\$1,185.05	\$1,059.31	\$882.26	\$803.49
38	\$1,192.70	\$1,066.16	\$887.96	\$808.69
39	\$1,208.02	\$1,079.85	\$899.37	\$819.07
40	\$1,223.33	\$1,093.54	\$910.77	\$829.45
41	\$1,246.31	\$1,114.07	\$927.87	\$845.03
42	\$1,268.32	\$1,133.75	\$944.26	\$859.96
43	\$1,298.96	\$1,161.13	\$967.07	\$880.73
44	\$1,337.24	\$1,195.36	\$995.57	\$906.69
45	\$1,382.23	\$1,235.58	\$1,029.07	\$937.19
46	\$1,435.84	\$1,283.49	\$1,068.98	\$973.54
47	\$1,496.14	\$1,337.40	\$1,113.87	\$1,014.43
48	\$1,565.06	\$1,399.01	\$1,165.18	\$1,061.16
49	\$1,633.03	\$1,459.76	\$1,215.78	\$1,107.24
50	\$1,709.61	\$1,528.21	\$1,272.79	\$1,159.16
51	\$1,785.23	\$1,595.81	\$1,329.09	\$1,210.43
52	\$1,868.50	\$1,670.25	\$1,391.09	\$1,266.90
53	\$1,952.74	\$1,745.55	\$1,453.81	\$1,324.01
54	\$2,043.68	\$1,826.84	\$1,521.51	\$1,385.67
55	\$2,134.61	\$1,908.13	\$1,589.21	\$1,447.33
56	\$2,233.21	\$1,996.26	\$1,662.61	\$1,514.18
57	\$2,332.76	\$2,085.25	\$1,736.73	\$1,581.67
58	\$2,439.01	\$2,180.23	\$1,815.83	\$1,653.72
59	\$2,491.66	\$2,227.29	\$1,855.03	\$1,689.41
60	\$2,597.91	\$2,322.27	\$1,934.13	\$1,761.45
61	\$2,689.80	\$2,404.41	\$2,002.55	\$1,823.76
62	\$2,750.11	\$2,458.32	\$2,047.45	\$1,864.65
63	\$2,825.73	\$2,525.91	\$2,103.75	\$1,915.92
64+	\$2,871.69	\$2,566.98	\$2,137.95	\$1,947.09

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.