

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	\$374.01	\$367.19	\$363.38
15 ¹	\$405.96	\$398.54	\$394.39
16 ¹	\$418.17	\$410.52	\$406.24
17 ¹	\$430.39	\$422.51	\$418.10
18 ¹	\$443.54	\$435.42	\$430.87
19	\$442.14	\$433.76	\$429.07
20	\$455.77	\$447.13	\$442.30
21	\$469.86	\$460.96	\$455.98
22	\$469.86	\$460.96	\$455.98
23	\$469.86	\$460.96	\$455.98
24	\$469.86	\$460.96	\$455.98
25	\$471.74	\$462.80	\$457.80
26	\$481.14	\$472.02	\$466.92
27	\$492.42	\$483.09	\$477.86
28	\$510.74	\$501.06	\$495.65
29	\$525.78	\$515.81	\$510.24
30	\$533.29	\$523.19	\$517.53
31	\$544.57	\$534.25	\$528.48
32	\$555.85	\$545.32	\$539.42
33	\$562.90	\$552.23	\$546.26
34	\$570.41	\$559.61	\$553.56
35	\$574.17	\$563.29	\$557.20
36	\$577.93	\$566.98	\$560.85
37	\$581.69	\$570.67	\$564.50
38	\$585.45	\$574.36	\$568.15
39	\$592.97	\$581.73	\$575.44
40	\$600.48	\$589.11	\$582.74
41	\$611.76	\$600.17	\$593.68
42	\$622.57	\$610.77	\$604.17
43	\$637.60	\$625.52	\$618.76
44	\$656.40	\$643.96	\$637.00
45	\$678.48	\$665.63	\$658.43
46	\$704.79	\$691.44	\$683.97
47	\$734.40	\$720.48	\$712.69
48	\$768.23	\$753.67	\$745.52
49	\$801.59	\$786.40	\$777.90
50	\$839.18	\$823.27	\$814.37
51	\$876.29	\$859.69	\$850.40
52	\$917.17	\$899.79	\$890.07
53	\$958.52	\$940.36	\$930.19
54	\$1,003.16	\$984.15	\$973.51
55	\$1,047.79	\$1,027.94	\$1,016.83
56	\$1,096.19	\$1,075.42	\$1,063.79
57	\$1,145.06	\$1,123.36	\$1,111.22
58	\$1,197.21	\$1,174.53	\$1,161.83
59	\$1,223.05	\$1,199.88	\$1,186.91
60	\$1,275.21	\$1,251.04	\$1,237.52
61	\$1,320.31	\$1,295.30	\$1,281.30
62	\$1,349.92	\$1,324.34	\$1,310.02
63	\$1,387.04	\$1,360.75	\$1,346.04
64+	\$1,409.58	\$1,382.88	\$1,367.94

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	\$350.92	\$338.89	\$322.72	\$296.97	\$298.53
15 ¹	\$380.82	\$367.72	\$350.11	\$322.07	\$323.77
16 ¹	\$392.25	\$378.74	\$360.58	\$331.67	\$333.42
17 ¹	\$403.68	\$389.76	\$371.05	\$341.27	\$343.07
18 ¹	\$415.99	\$401.63	\$382.33	\$351.61	\$353.46
19	\$413.74	\$398.94	\$379.05	\$347.38	\$349.30
20	\$426.49	\$411.24	\$390.73	\$358.09	\$360.06
21	\$439.69	\$423.96	\$402.82	\$369.16	\$371.20
22	\$439.69	\$423.96	\$402.82	\$369.16	\$371.20
23	\$439.69	\$423.96	\$402.82	\$369.16	\$371.20
24	\$439.69	\$423.96	\$402.82	\$369.16	\$371.20
25	\$441.44	\$425.65	\$404.43	\$370.64	\$372.68
26	\$450.24	\$434.13	\$412.49	\$378.02	\$380.11
27	\$460.79	\$444.31	\$422.15	\$386.88	\$389.02
28	\$477.94	\$460.84	\$437.86	\$401.28	\$403.49
29	\$492.01	\$474.41	\$450.75	\$413.09	\$415.37
30	\$499.04	\$481.19	\$457.20	\$419.00	\$421.31
31	\$509.60	\$491.37	\$466.87	\$427.86	\$430.22
32	\$520.15	\$501.54	\$476.53	\$436.72	\$439.13
33	\$526.74	\$507.90	\$482.58	\$442.26	\$444.70
34	\$533.78	\$514.68	\$489.02	\$448.16	\$450.64
35	\$537.30	\$518.08	\$492.24	\$451.12	\$453.60
36	\$540.81	\$521.47	\$495.47	\$454.07	\$456.57
37	\$544.33	\$524.86	\$498.69	\$457.02	\$459.54
38	\$547.85	\$528.25	\$501.91	\$459.98	\$462.51
39	\$554.88	\$535.03	\$508.36	\$465.88	\$468.45
40	\$561.92	\$541.82	\$514.80	\$471.79	\$474.39
41	\$572.47	\$551.99	\$524.47	\$480.65	\$483.30
42	\$582.58	\$561.74	\$533.73	\$489.14	\$491.84
43	\$596.65	\$575.31	\$546.63	\$500.96	\$503.72
44	\$614.24	\$592.27	\$562.74	\$515.72	\$518.56
45	\$634.91	\$612.19	\$581.67	\$533.07	\$536.01
46	\$659.53	\$635.94	\$604.23	\$553.75	\$556.80
47	\$687.23	\$662.65	\$629.61	\$577.00	\$580.18
48	\$718.89	\$693.17	\$658.61	\$603.58	\$606.91
49	\$750.10	\$723.27	\$687.21	\$629.79	\$633.26
50	\$785.28	\$757.19	\$719.43	\$659.33	\$662.96
51	\$820.01	\$790.68	\$751.26	\$688.49	\$692.29
52	\$858.27	\$827.57	\$786.30	\$720.61	\$724.58
53	\$896.96	\$864.87	\$821.75	\$753.09	\$757.25
54	\$938.73	\$905.15	\$860.02	\$788.16	\$792.51
55	\$980.50	\$945.43	\$898.29	\$823.23	\$827.77
56	\$1,025.79	\$989.09	\$939.78	\$861.26	\$866.01
57	\$1,071.51	\$1,033.19	\$981.67	\$899.65	\$904.61
58	\$1,120.32	\$1,080.24	\$1,026.38	\$940.63	\$945.81
59	\$1,144.50	\$1,103.56	\$1,048.54	\$960.93	\$966.23
60	\$1,193.31	\$1,150.62	\$1,093.25	\$1,001.91	\$1,007.43
61	\$1,235.52	\$1,191.32	\$1,131.92	\$1,037.35	\$1,043.07
62	\$1,263.22	\$1,218.03	\$1,157.30	\$1,060.61	\$1,066.45
63	\$1,297.95	\$1,251.52	\$1,189.12	\$1,089.77	\$1,095.78
64+	\$1,319.07	\$1,271.88	\$1,208.46	\$1,107.48	\$1,113.60

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	\$283.45	\$278.32	\$280.74	\$274.06	\$264.78
15 ¹	\$307.35	\$301.77	\$304.40	\$297.13	\$287.03
16 ¹	\$316.49	\$310.73	\$313.44	\$305.95	\$295.53
17 ¹	\$325.62	\$319.69	\$322.49	\$314.77	\$304.03
18 ¹	\$335.47	\$329.35	\$332.23	\$324.27	\$313.19
19	\$330.75	\$324.44	\$327.41	\$319.21	\$307.79
20	\$340.94	\$334.44	\$337.50	\$329.04	\$317.28
21	\$351.48	\$344.78	\$347.94	\$339.22	\$327.09
22	\$351.48	\$344.78	\$347.94	\$339.22	\$327.09
23	\$351.48	\$344.78	\$347.94	\$339.22	\$327.09
24	\$351.48	\$344.78	\$347.94	\$339.22	\$327.09
25	\$352.89	\$346.16	\$349.33	\$340.58	\$328.40
26	\$359.92	\$353.06	\$356.29	\$347.36	\$334.94
27	\$368.36	\$361.33	\$364.64	\$355.50	\$342.79
28	\$382.06	\$374.78	\$378.21	\$368.73	\$355.55
29	\$393.31	\$385.81	\$389.35	\$379.59	\$366.01
30	\$398.93	\$391.33	\$394.91	\$385.02	\$371.25
31	\$407.37	\$399.60	\$403.26	\$393.16	\$379.10
32	\$415.81	\$407.88	\$411.62	\$401.30	\$386.95
33	\$421.08	\$413.05	\$416.83	\$406.39	\$391.85
34	\$426.70	\$418.57	\$422.40	\$411.81	\$397.09
35	\$429.51	\$421.33	\$425.18	\$414.53	\$399.70
36	\$432.33	\$424.08	\$427.97	\$417.24	\$402.32
37	\$435.14	\$426.84	\$430.75	\$419.96	\$404.94
38	\$437.95	\$429.60	\$433.54	\$422.67	\$407.55
39	\$443.57	\$435.12	\$439.10	\$428.10	\$412.79
40	\$449.20	\$440.63	\$444.67	\$433.53	\$418.02
41	\$457.63	\$448.91	\$453.02	\$441.67	\$425.87
42	\$465.72	\$456.84	\$461.02	\$449.47	\$433.39
43	\$476.96	\$467.87	\$472.16	\$460.32	\$443.86
44	\$491.02	\$481.66	\$486.07	\$473.89	\$456.94
45	\$507.54	\$497.87	\$502.43	\$489.84	\$472.32
46	\$527.23	\$517.18	\$521.91	\$508.83	\$490.63
47	\$549.37	\$538.90	\$543.83	\$530.20	\$511.24
48	\$574.68	\$563.72	\$568.88	\$554.63	\$534.79
49	\$599.63	\$588.20	\$593.59	\$578.71	\$558.01
50	\$627.75	\$615.78	\$621.42	\$605.85	\$584.18
51	\$655.52	\$643.02	\$648.91	\$632.65	\$610.02
52	\$686.10	\$673.02	\$679.18	\$662.16	\$638.48
53	\$717.03	\$703.36	\$709.80	\$692.01	\$667.26
54	\$750.42	\$736.11	\$742.86	\$724.24	\$698.34
55	\$783.81	\$768.87	\$775.91	\$756.46	\$729.41
56	\$820.01	\$804.38	\$811.75	\$791.40	\$763.10
57	\$856.57	\$840.24	\$847.93	\$826.68	\$797.12
58	\$895.58	\$878.51	\$886.56	\$864.34	\$833.42
59	\$914.91	\$897.47	\$905.69	\$882.99	\$851.41
60	\$953.93	\$935.74	\$944.31	\$920.65	\$887.72
61	\$987.67	\$968.84	\$977.72	\$953.21	\$919.12
62	\$1,009.81	\$990.56	\$999.64	\$974.58	\$939.73
63	\$1,037.58	\$1,017.80	\$1,027.12	\$1,001.38	\$965.57
64+	\$1,054.44	\$1,034.34	\$1,043.82	\$1,017.66	\$981.27

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	\$254.80	\$244.73
15 ¹	\$276.15	\$265.19
16 ¹	\$284.32	\$273.01
17 ¹	\$292.48	\$280.83
18 ¹	\$301.27	\$289.26
19	\$295.51	\$283.12
20	\$304.61	\$291.85
21	\$314.03	\$300.87
22	\$314.03	\$300.87
23	\$314.03	\$300.87
24	\$314.03	\$300.87
25	\$315.29	\$302.08
26	\$321.57	\$308.10
27	\$329.11	\$315.32
28	\$341.36	\$327.05
29	\$351.40	\$336.68
30	\$356.43	\$341.49
31	\$363.97	\$348.71
32	\$371.50	\$355.93
33	\$376.21	\$360.45
34	\$381.24	\$365.26
35	\$383.75	\$367.67
36	\$386.26	\$370.08
37	\$388.77	\$372.48
38	\$391.29	\$374.89
39	\$396.31	\$379.70
40	\$401.34	\$384.52
41	\$408.87	\$391.74
42	\$416.10	\$398.66
43	\$426.14	\$408.29
44	\$438.71	\$420.32
45	\$453.47	\$434.46
46	\$471.05	\$451.31
47	\$490.84	\$470.27
48	\$513.45	\$491.93
49	\$535.74	\$513.29
50	\$560.87	\$537.36
51	\$585.67	\$561.13
52	\$613.00	\$587.31
53	\$640.63	\$613.78
54	\$670.46	\$642.37
55	\$700.30	\$670.95
56	\$732.64	\$701.94
57	\$765.30	\$733.23
58	\$800.16	\$766.63
59	\$817.43	\$783.18
60	\$852.29	\$816.57
61	\$882.44	\$845.46
62	\$902.22	\$864.41
63	\$927.03	\$888.18
64+	\$942.09	\$902.61

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	\$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.