

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	\$458.00	\$449.60	\$444.90
15 ¹	\$497.42	\$488.27	\$483.15
16 ¹	\$512.49	\$503.06	\$497.78
17 ¹	\$527.56	\$517.84	\$512.40
18 ¹	\$543.80	\$533.77	\$528.15
19	\$545.47	\$535.13	\$529.35
20	\$562.28	\$551.62	\$545.66
21	\$579.67	\$568.68	\$562.53
22	\$579.67	\$568.68	\$562.53
23	\$579.67	\$568.68	\$562.53
24	\$579.67	\$568.68	\$562.53
25	\$581.98	\$570.96	\$564.79
26	\$593.58	\$582.33	\$576.04
27	\$607.49	\$595.98	\$589.54
28	\$630.10	\$618.16	\$611.48
29	\$648.65	\$636.36	\$629.48
30	\$657.92	\$645.45	\$638.48
31	\$671.83	\$659.10	\$651.98
32	\$685.75	\$672.75	\$665.48
33	\$694.44	\$681.28	\$673.92
34	\$703.71	\$690.38	\$682.92
35	\$708.35	\$694.93	\$687.42
36	\$712.99	\$699.48	\$691.92
37	\$717.63	\$704.03	\$696.42
38	\$722.26	\$708.58	\$700.92
39	\$731.54	\$717.68	\$709.92
40	\$740.81	\$726.78	\$718.92
41	\$754.73	\$740.42	\$732.42
42	\$768.06	\$753.50	\$745.36
43	\$786.61	\$771.70	\$763.36
44	\$809.79	\$794.45	\$785.86
45	\$837.04	\$821.18	\$812.30
46	\$869.50	\$853.02	\$843.80
47	\$906.02	\$888.85	\$879.24
48	\$947.75	\$929.80	\$919.74
49	\$988.91	\$970.17	\$959.68
50	\$1,035.28	\$1,015.67	\$1,004.69
51	\$1,081.08	\$1,060.59	\$1,049.13
52	\$1,131.51	\$1,110.07	\$1,098.07
53	\$1,182.52	\$1,160.11	\$1,147.57
54	\$1,237.59	\$1,214.14	\$1,201.01
55	\$1,292.66	\$1,268.16	\$1,254.45
56	\$1,352.36	\$1,326.74	\$1,312.39
57	\$1,412.65	\$1,385.88	\$1,370.90
58	\$1,476.99	\$1,449.00	\$1,433.34
59	\$1,508.87	\$1,480.28	\$1,464.28
60	\$1,573.21	\$1,543.40	\$1,526.72
61	\$1,628.86	\$1,598.00	\$1,580.72
62	\$1,665.38	\$1,633.82	\$1,616.16
63	\$1,711.17	\$1,678.75	\$1,660.60
64+	\$1,739.01	\$1,706.04	\$1,687.59

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	\$429.52	\$414.68	\$394.73	\$362.97	\$364.89
15 ¹	\$466.41	\$450.25	\$428.52	\$393.94	\$396.03
16 ¹	\$480.51	\$463.85	\$441.44	\$405.78	\$407.93
17 ¹	\$494.62	\$477.44	\$454.36	\$417.62	\$419.84
18 ¹	\$509.80	\$492.09	\$468.28	\$430.37	\$432.66
19	\$510.43	\$492.17	\$467.63	\$428.56	\$430.93
20	\$526.16	\$507.34	\$482.05	\$441.77	\$444.21
21	\$542.44	\$523.03	\$496.95	\$455.43	\$457.94
22	\$542.44	\$523.03	\$496.95	\$455.43	\$457.94
23	\$542.44	\$523.03	\$496.95	\$455.43	\$457.94
24	\$542.44	\$523.03	\$496.95	\$455.43	\$457.94
25	\$544.61	\$525.13	\$498.94	\$457.26	\$459.78
26	\$555.45	\$535.59	\$508.88	\$466.36	\$468.94
27	\$568.47	\$548.14	\$520.81	\$477.30	\$479.93
28	\$589.63	\$568.54	\$540.19	\$495.06	\$497.79
29	\$606.99	\$585.27	\$556.09	\$509.63	\$512.44
30	\$615.66	\$593.64	\$564.04	\$516.92	\$519.77
31	\$628.68	\$606.20	\$575.97	\$527.85	\$530.76
32	\$641.70	\$618.75	\$587.90	\$538.78	\$541.75
33	\$649.84	\$626.59	\$595.35	\$545.61	\$548.62
34	\$658.52	\$634.96	\$603.30	\$552.90	\$555.94
35	\$662.86	\$639.15	\$607.28	\$556.54	\$559.61
36	\$667.20	\$643.33	\$611.25	\$560.18	\$563.27
37	\$671.54	\$647.52	\$615.23	\$563.83	\$566.94
38	\$675.88	\$651.70	\$619.21	\$567.47	\$570.60
39	\$684.55	\$660.07	\$627.16	\$574.76	\$577.93
40	\$693.23	\$668.44	\$635.11	\$582.04	\$585.25
41	\$706.25	\$680.99	\$647.03	\$592.98	\$596.24
42	\$718.73	\$693.02	\$658.46	\$603.45	\$606.78
43	\$736.09	\$709.76	\$674.37	\$618.02	\$621.43
44	\$757.78	\$730.68	\$694.25	\$636.24	\$639.75
45	\$783.28	\$755.26	\$717.60	\$657.65	\$661.27
46	\$813.65	\$784.55	\$745.43	\$683.15	\$686.92
47	\$847.83	\$817.50	\$776.74	\$711.84	\$715.77
48	\$886.88	\$855.16	\$812.52	\$744.63	\$748.74
49	\$925.40	\$892.29	\$847.80	\$776.97	\$781.25
50	\$968.79	\$934.14	\$887.56	\$813.41	\$817.89
51	\$1,011.64	\$975.46	\$926.82	\$849.38	\$854.07
52	\$1,058.83	\$1,020.96	\$970.05	\$889.01	\$893.91
53	\$1,106.57	\$1,066.99	\$1,013.79	\$929.09	\$934.21
54	\$1,158.10	\$1,116.68	\$1,061.00	\$972.35	\$977.71
55	\$1,209.63	\$1,166.36	\$1,108.21	\$1,015.62	\$1,021.22
56	\$1,265.50	\$1,220.24	\$1,159.39	\$1,062.53	\$1,068.38
57	\$1,321.92	\$1,274.63	\$1,211.08	\$1,109.89	\$1,116.01
58	\$1,382.13	\$1,332.69	\$1,266.24	\$1,160.45	\$1,166.84
59	\$1,411.96	\$1,361.46	\$1,293.57	\$1,185.50	\$1,192.03
60	\$1,472.17	\$1,419.51	\$1,348.73	\$1,236.05	\$1,242.86
61	\$1,524.24	\$1,469.72	\$1,396.44	\$1,279.77	\$1,286.82
62	\$1,558.42	\$1,502.67	\$1,427.75	\$1,308.46	\$1,315.68
63	\$1,601.27	\$1,543.99	\$1,467.01	\$1,344.44	\$1,351.85
64+	\$1,627.32	\$1,569.09	\$1,490.85	\$1,366.29	\$1,373.82

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	\$346.28	\$339.96	\$342.94	\$334.71	\$323.26
15 ¹	\$375.77	\$368.88	\$372.13	\$363.17	\$350.70
16 ¹	\$387.04	\$379.94	\$383.29	\$374.05	\$361.19
17 ¹	\$398.32	\$391.00	\$394.45	\$384.93	\$371.68
18 ¹	\$410.46	\$402.91	\$406.47	\$396.65	\$382.98
19	\$408.04	\$400.26	\$403.93	\$393.80	\$379.72
20	\$420.61	\$412.60	\$416.38	\$405.94	\$391.42
21	\$433.62	\$425.36	\$429.25	\$418.49	\$403.53
22	\$433.62	\$425.36	\$429.25	\$418.49	\$403.53
23	\$433.62	\$425.36	\$429.25	\$418.49	\$403.53
24	\$433.62	\$425.36	\$429.25	\$418.49	\$403.53
25	\$435.36	\$427.06	\$430.97	\$420.17	\$405.14
26	\$444.03	\$435.57	\$439.56	\$428.54	\$413.21
27	\$454.44	\$445.77	\$449.86	\$438.58	\$422.90
28	\$471.35	\$462.36	\$466.60	\$454.90	\$438.63
29	\$485.22	\$475.97	\$480.33	\$468.30	\$451.55
30	\$492.16	\$482.78	\$487.20	\$474.99	\$458.00
31	\$502.57	\$492.99	\$497.50	\$485.04	\$467.69
32	\$512.98	\$503.20	\$507.81	\$495.08	\$477.37
33	\$519.48	\$509.58	\$514.25	\$501.36	\$483.43
34	\$526.42	\$516.38	\$521.11	\$508.05	\$489.88
35	\$529.89	\$519.79	\$524.55	\$511.40	\$493.11
36	\$533.36	\$523.19	\$527.98	\$514.75	\$496.34
37	\$536.83	\$526.59	\$531.42	\$518.10	\$499.57
38	\$540.29	\$530.00	\$534.85	\$521.44	\$502.80
39	\$547.23	\$536.80	\$541.72	\$528.14	\$509.25
40	\$554.17	\$543.61	\$548.59	\$534.84	\$515.71
41	\$564.58	\$553.82	\$558.89	\$544.88	\$525.39
42	\$574.55	\$563.60	\$568.76	\$554.51	\$534.67
43	\$588.43	\$577.21	\$582.50	\$567.90	\$547.59
44	\$605.77	\$594.22	\$599.67	\$584.64	\$563.73
45	\$626.15	\$614.22	\$619.84	\$604.31	\$582.69
46	\$650.44	\$638.04	\$643.88	\$627.74	\$605.29
47	\$677.75	\$664.83	\$670.92	\$654.11	\$630.71
48	\$708.97	\$695.46	\$701.83	\$684.24	\$659.77
49	\$739.76	\$725.66	\$732.31	\$713.95	\$688.42
50	\$774.45	\$759.69	\$766.65	\$747.43	\$720.70
51	\$808.71	\$793.29	\$800.56	\$780.49	\$752.58
52	\$846.43	\$830.30	\$837.90	\$816.90	\$787.69
53	\$884.59	\$867.73	\$875.68	\$853.73	\$823.20
54	\$925.79	\$908.14	\$916.46	\$893.49	\$861.53
55	\$966.98	\$948.55	\$957.23	\$933.24	\$899.87
56	\$1,011.64	\$992.36	\$1,001.45	\$976.35	\$941.43
57	\$1,056.74	\$1,036.60	\$1,046.09	\$1,019.87	\$983.40
58	\$1,104.87	\$1,083.81	\$1,093.74	\$1,066.32	\$1,028.19
59	\$1,128.72	\$1,107.21	\$1,117.35	\$1,089.34	\$1,050.38
60	\$1,176.85	\$1,154.42	\$1,164.99	\$1,135.79	\$1,095.17
61	\$1,218.48	\$1,195.25	\$1,206.20	\$1,175.97	\$1,133.91
62	\$1,245.80	\$1,222.05	\$1,233.24	\$1,202.34	\$1,159.34
63	\$1,280.06	\$1,255.66	\$1,267.16	\$1,235.40	\$1,191.21
64+	\$1,300.86	\$1,276.08	\$1,287.75	\$1,255.47	\$1,210.59

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	\$310.94	\$298.52
15 ¹	\$337.28	\$323.76
16 ¹	\$347.36	\$333.41
17 ¹	\$357.43	\$343.06
18 ¹	\$368.28	\$353.45
19	\$364.56	\$349.29
20	\$375.80	\$360.05
21	\$387.42	\$371.19
22	\$387.42	\$371.19
23	\$387.42	\$371.19
24	\$387.42	\$371.19
25	\$388.97	\$372.67
26	\$396.72	\$380.09
27	\$406.02	\$389.00
28	\$421.13	\$403.48
29	\$433.52	\$415.36
30	\$439.72	\$421.30
31	\$449.02	\$430.21
32	\$458.32	\$439.11
33	\$464.13	\$444.68
34	\$470.33	\$450.62
35	\$473.43	\$453.59
36	\$476.53	\$456.56
37	\$479.63	\$459.53
38	\$482.73	\$462.50
39	\$488.93	\$468.44
40	\$495.12	\$474.38
41	\$504.42	\$483.28
42	\$513.33	\$491.82
43	\$525.73	\$503.70
44	\$541.23	\$518.55
45	\$559.44	\$535.99
46	\$581.13	\$556.78
47	\$605.54	\$580.16
48	\$633.43	\$606.89
49	\$660.94	\$633.24
50	\$691.94	\$662.94
51	\$722.54	\$692.26
52	\$756.25	\$724.56
53	\$790.34	\$757.22
54	\$827.15	\$792.48
55	\$863.95	\$827.75
56	\$903.85	\$865.98
57	\$944.15	\$904.58
58	\$987.15	\$945.78
59	\$1,008.46	\$966.20
60	\$1,051.46	\$1,007.40
61	\$1,088.65	\$1,043.03
62	\$1,113.06	\$1,066.42
63	\$1,143.67	\$1,095.74
64+	\$1,162.26	\$1,113.57

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	\$854.32	\$763.68	\$636.04	\$579.25
15	\$930.26	\$831.56	\$692.58	\$630.74
16	\$959.30	\$857.52	\$714.19	\$650.43
17	\$988.34	\$883.47	\$735.81	\$670.12
18	\$1,019.61	\$911.42	\$759.09	\$691.32
19	\$1,050.87	\$939.37	\$782.37	\$712.52
20	\$1,083.26	\$968.32	\$806.48	\$734.48
21	\$1,116.76	\$998.27	\$831.43	\$757.20
22	\$1,116.76	\$998.27	\$831.43	\$757.20
23	\$1,116.76	\$998.27	\$831.43	\$757.20
24	\$1,116.76	\$998.27	\$831.43	\$757.20
25	\$1,121.23	\$1,002.27	\$834.75	\$760.22
26	\$1,143.57	\$1,022.23	\$851.38	\$775.37
27	\$1,170.37	\$1,046.19	\$871.33	\$793.54
28	\$1,213.92	\$1,085.12	\$903.76	\$823.07
29	\$1,249.66	\$1,117.07	\$930.37	\$847.30
30	\$1,267.53	\$1,133.04	\$943.67	\$859.42
31	\$1,294.33	\$1,157.00	\$963.62	\$877.59
32	\$1,321.13	\$1,180.96	\$983.58	\$895.76
33	\$1,337.88	\$1,195.93	\$996.05	\$907.12
34	\$1,355.75	\$1,211.90	\$1,009.35	\$919.24
35	\$1,364.69	\$1,219.89	\$1,016.00	\$925.29
36	\$1,373.62	\$1,227.88	\$1,022.65	\$931.35
37	\$1,382.55	\$1,235.86	\$1,029.31	\$937.41
38	\$1,391.49	\$1,243.85	\$1,035.96	\$943.47
39	\$1,409.36	\$1,259.82	\$1,049.26	\$955.58
40	\$1,427.22	\$1,275.79	\$1,062.56	\$967.70
41	\$1,454.03	\$1,299.75	\$1,082.52	\$985.87
42	\$1,479.71	\$1,322.71	\$1,101.64	\$1,003.28
43	\$1,515.45	\$1,354.66	\$1,128.25	\$1,027.51
44	\$1,560.12	\$1,394.59	\$1,161.50	\$1,057.80
45	\$1,612.61	\$1,441.51	\$1,200.58	\$1,093.39
46	\$1,675.15	\$1,497.41	\$1,247.14	\$1,135.79
47	\$1,745.50	\$1,560.30	\$1,299.52	\$1,183.50
48	\$1,825.91	\$1,632.18	\$1,359.38	\$1,238.02
49	\$1,905.20	\$1,703.05	\$1,418.41	\$1,291.78
50	\$1,994.54	\$1,782.91	\$1,484.93	\$1,352.35
51	\$2,082.76	\$1,861.78	\$1,550.61	\$1,412.17
52	\$2,179.92	\$1,948.63	\$1,622.94	\$1,478.05
53	\$2,278.20	\$2,036.48	\$1,696.11	\$1,544.68
54	\$2,384.29	\$2,131.31	\$1,775.09	\$1,616.61
55	\$2,490.38	\$2,226.15	\$1,854.08	\$1,688.55
56	\$2,605.41	\$2,328.97	\$1,939.72	\$1,766.54
57	\$2,721.55	\$2,432.79	\$2,026.19	\$1,845.29
58	\$2,845.51	\$2,543.60	\$2,118.47	\$1,929.34
59	\$2,906.94	\$2,598.50	\$2,164.20	\$1,970.98
60	\$3,030.90	\$2,709.31	\$2,256.49	\$2,055.03
61	\$3,138.11	\$2,805.15	\$2,336.31	\$2,127.72
62	\$3,208.46	\$2,868.04	\$2,388.69	\$2,175.42
63	\$3,296.69	\$2,946.90	\$2,454.37	\$2,235.24
64+	\$3,350.28	\$2,994.81	\$2,494.29	\$2,271.60

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.