

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	\$440.63	\$432.56	\$428.04
15 ¹	\$478.50	\$469.71	\$464.79
16 ¹	\$492.99	\$483.92	\$478.85
17 ¹	\$507.47	\$498.13	\$492.90
18 ¹	\$523.06	\$513.43	\$508.03
19	\$524.10	\$514.17	\$508.61
20	\$540.25	\$530.01	\$524.28
21	\$556.96	\$546.40	\$540.50
22	\$556.96	\$546.40	\$540.50
23	\$556.96	\$546.40	\$540.50
24	\$556.96	\$546.40	\$540.50
25	\$559.18	\$548.59	\$542.66
26	\$570.32	\$559.52	\$553.47
27	\$583.69	\$572.63	\$566.44
28	\$605.41	\$593.94	\$587.52
29	\$623.23	\$611.42	\$604.82
30	\$632.15	\$620.17	\$613.46
31	\$645.51	\$633.28	\$626.44
32	\$658.88	\$646.39	\$639.41
33	\$667.23	\$654.59	\$647.51
34	\$676.14	\$663.33	\$656.16
35	\$680.60	\$667.70	\$660.49
36	\$685.06	\$672.08	\$664.81
37	\$689.51	\$676.45	\$669.13
38	\$693.97	\$680.82	\$673.46
39	\$702.88	\$689.56	\$682.11
40	\$711.79	\$698.30	\$690.75
41	\$725.16	\$711.42	\$703.73
42	\$737.97	\$723.98	\$716.16
43	\$755.79	\$741.47	\$733.45
44	\$778.07	\$763.32	\$755.07
45	\$804.24	\$789.01	\$780.48
46	\$835.43	\$819.60	\$810.74
47	\$870.52	\$854.03	\$844.80
48	\$910.62	\$893.37	\$883.71
49	\$950.17	\$932.16	\$922.09
50	\$994.72	\$975.88	\$965.33
51	\$1,038.72	\$1,019.04	\$1,008.03
52	\$1,087.18	\$1,066.58	\$1,055.05
53	\$1,136.19	\$1,114.66	\$1,102.61
54	\$1,189.10	\$1,166.57	\$1,153.96
55	\$1,242.01	\$1,218.48	\$1,205.31
56	\$1,299.38	\$1,274.76	\$1,260.98
57	\$1,357.30	\$1,331.58	\$1,317.19
58	\$1,419.12	\$1,392.23	\$1,377.18
59	\$1,449.76	\$1,422.29	\$1,406.91
60	\$1,511.58	\$1,482.94	\$1,466.91
61	\$1,565.05	\$1,535.39	\$1,518.79
62	\$1,600.14	\$1,569.82	\$1,552.85
63	\$1,644.13	\$1,612.98	\$1,595.54
64+	\$1,670.88	\$1,639.20	\$1,621.50

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	\$413.27	\$399.00	\$379.84	\$349.32	\$351.16
15 ¹	\$448.71	\$433.18	\$412.30	\$379.07	\$381.08
16 ¹	\$462.26	\$446.24	\$424.72	\$390.45	\$392.52
17 ¹	\$475.81	\$459.31	\$437.13	\$401.83	\$403.96
18 ¹	\$490.40	\$473.38	\$450.50	\$414.08	\$416.28
19	\$490.43	\$472.89	\$449.31	\$411.77	\$414.04
20	\$505.55	\$487.47	\$463.16	\$424.46	\$426.80
21	\$521.18	\$502.54	\$477.48	\$437.59	\$440.00
22	\$521.18	\$502.54	\$477.48	\$437.59	\$440.00
23	\$521.18	\$502.54	\$477.48	\$437.59	\$440.00
24	\$521.18	\$502.54	\$477.48	\$437.59	\$440.00
25	\$523.27	\$504.55	\$479.39	\$439.34	\$441.76
26	\$533.69	\$514.60	\$488.94	\$448.09	\$450.56
27	\$546.20	\$526.66	\$500.40	\$458.60	\$461.12
28	\$566.53	\$546.26	\$519.03	\$475.66	\$478.28
29	\$583.21	\$562.34	\$534.31	\$489.66	\$492.36
30	\$591.54	\$570.39	\$541.95	\$496.67	\$499.40
31	\$604.05	\$582.45	\$553.40	\$507.17	\$509.96
32	\$616.56	\$594.51	\$564.86	\$517.67	\$520.52
33	\$624.38	\$602.05	\$572.03	\$524.23	\$527.12
34	\$632.72	\$610.09	\$579.67	\$531.24	\$534.16
35	\$636.89	\$614.11	\$583.49	\$534.74	\$537.68
36	\$641.06	\$618.13	\$587.31	\$538.24	\$541.20
37	\$645.23	\$622.15	\$591.13	\$541.74	\$544.72
38	\$649.40	\$626.17	\$594.95	\$545.24	\$548.24
39	\$657.73	\$634.21	\$602.59	\$552.24	\$555.28
40	\$666.07	\$642.25	\$610.23	\$559.24	\$562.32
41	\$678.58	\$654.31	\$621.69	\$569.74	\$572.88
42	\$690.57	\$665.87	\$632.67	\$579.81	\$583.00
43	\$707.25	\$681.95	\$647.95	\$593.81	\$597.08
44	\$728.09	\$702.05	\$667.05	\$611.32	\$614.68
45	\$752.59	\$725.67	\$689.49	\$631.88	\$635.37
46	\$781.78	\$753.81	\$716.23	\$656.39	\$660.01
47	\$814.61	\$785.47	\$746.31	\$683.96	\$687.73
48	\$852.14	\$821.66	\$780.69	\$715.46	\$719.41
49	\$889.14	\$857.34	\$814.59	\$746.53	\$750.65
50	\$930.84	\$897.54	\$852.79	\$781.54	\$785.85
51	\$972.01	\$937.24	\$890.51	\$816.11	\$820.61
52	\$1,017.35	\$980.96	\$932.05	\$854.18	\$858.89
53	\$1,063.22	\$1,025.19	\$974.07	\$892.69	\$897.61
54	\$1,112.73	\$1,072.93	\$1,019.43	\$934.26	\$939.41
55	\$1,162.24	\$1,120.67	\$1,064.79	\$975.83	\$981.21
56	\$1,215.92	\$1,172.43	\$1,113.97	\$1,020.90	\$1,026.53
57	\$1,270.13	\$1,224.70	\$1,163.63	\$1,066.41	\$1,072.29
58	\$1,327.98	\$1,280.48	\$1,216.63	\$1,114.98	\$1,121.13
59	\$1,356.64	\$1,308.12	\$1,242.89	\$1,139.05	\$1,145.33
60	\$1,414.50	\$1,363.90	\$1,295.89	\$1,187.62	\$1,194.17
61	\$1,464.53	\$1,412.14	\$1,341.73	\$1,229.63	\$1,236.41
62	\$1,497.36	\$1,443.80	\$1,371.81	\$1,257.20	\$1,264.13
63	\$1,538.54	\$1,483.50	\$1,409.54	\$1,291.77	\$1,298.89
64+	\$1,563.54	\$1,507.62	\$1,432.44	\$1,312.77	\$1,320.00

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	\$333.29	\$327.21	\$330.07	\$322.17	\$311.16
15 ¹	\$361.62	\$355.00	\$358.12	\$349.51	\$337.53
16 ¹	\$372.45	\$365.63	\$368.84	\$359.96	\$347.61
17 ¹	\$383.28	\$376.25	\$379.57	\$370.42	\$357.69
18 ¹	\$394.95	\$387.70	\$391.11	\$381.68	\$368.55
19	\$392.05	\$384.58	\$388.10	\$378.38	\$364.84
20	\$404.14	\$396.43	\$400.06	\$390.04	\$376.09
21	\$416.64	\$408.69	\$412.44	\$402.10	\$387.72
22	\$416.64	\$408.69	\$412.44	\$402.10	\$387.72
23	\$416.64	\$408.69	\$412.44	\$402.10	\$387.72
24	\$416.64	\$408.69	\$412.44	\$402.10	\$387.72
25	\$418.30	\$410.33	\$414.09	\$403.71	\$389.27
26	\$426.63	\$418.50	\$422.33	\$411.75	\$397.02
27	\$436.63	\$428.31	\$432.23	\$421.40	\$406.33
28	\$452.88	\$444.25	\$448.32	\$437.08	\$421.45
29	\$466.21	\$457.33	\$461.52	\$449.95	\$433.86
30	\$472.88	\$463.87	\$468.11	\$456.38	\$440.06
31	\$482.88	\$473.68	\$478.01	\$466.03	\$449.37
32	\$492.88	\$483.48	\$487.91	\$475.68	\$458.67
33	\$499.13	\$489.61	\$494.10	\$481.71	\$464.49
34	\$505.80	\$496.15	\$500.70	\$488.15	\$470.69
35	\$509.13	\$499.42	\$504.00	\$491.37	\$473.79
36	\$512.46	\$502.69	\$507.30	\$494.58	\$476.89
37	\$515.79	\$505.96	\$510.60	\$497.80	\$480.00
38	\$519.13	\$509.23	\$513.90	\$501.02	\$483.10
39	\$525.79	\$515.77	\$520.49	\$507.45	\$489.30
40	\$532.46	\$522.31	\$527.09	\$513.88	\$495.50
41	\$542.46	\$532.12	\$536.99	\$523.53	\$504.81
42	\$552.04	\$541.52	\$546.48	\$532.78	\$513.73
43	\$565.37	\$554.60	\$559.68	\$545.65	\$526.13
44	\$582.04	\$570.94	\$576.17	\$561.73	\$541.64
45	\$601.62	\$590.15	\$595.56	\$580.63	\$559.87
46	\$624.95	\$613.04	\$618.65	\$603.15	\$581.58
47	\$651.20	\$638.79	\$644.64	\$628.48	\$606.00
48	\$681.20	\$668.21	\$674.33	\$657.43	\$633.92
49	\$710.78	\$697.23	\$703.62	\$685.98	\$661.45
50	\$744.11	\$729.93	\$736.61	\$718.15	\$692.47
51	\$777.02	\$762.21	\$769.19	\$749.91	\$723.10
52	\$813.27	\$797.77	\$805.08	\$784.90	\$756.83
53	\$849.94	\$833.73	\$841.37	\$820.28	\$790.95
54	\$889.52	\$872.56	\$880.55	\$858.48	\$827.78
55	\$929.10	\$911.39	\$919.73	\$896.68	\$864.61
56	\$972.01	\$953.48	\$962.21	\$938.10	\$904.55
57	\$1,015.34	\$995.98	\$1,005.11	\$979.92	\$944.87
58	\$1,061.59	\$1,041.35	\$1,050.89	\$1,024.55	\$987.91
59	\$1,084.50	\$1,063.83	\$1,073.57	\$1,046.66	\$1,009.23
60	\$1,130.75	\$1,109.19	\$1,119.35	\$1,091.30	\$1,052.27
61	\$1,170.75	\$1,148.43	\$1,158.95	\$1,129.90	\$1,089.49
62	\$1,196.99	\$1,174.17	\$1,184.93	\$1,155.23	\$1,113.92
63	\$1,229.91	\$1,206.46	\$1,217.51	\$1,187.00	\$1,144.55
64+	\$1,249.92	\$1,226.07	\$1,237.32	\$1,206.30	\$1,163.16

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	\$299.33	\$287.39
15 ¹	\$324.64	\$311.64
16 ¹	\$334.32	\$320.92
17 ¹	\$344.00	\$330.19
18 ¹	\$354.42	\$340.18
19	\$350.28	\$335.60
20	\$361.08	\$345.94
21	\$372.24	\$356.64
22	\$372.24	\$356.64
23	\$372.24	\$356.64
24	\$372.24	\$356.64
25	\$373.73	\$358.07
26	\$381.18	\$365.20
27	\$390.11	\$373.76
28	\$404.63	\$387.67
29	\$416.54	\$399.08
30	\$422.50	\$404.79
31	\$431.43	\$413.35
32	\$440.36	\$421.91
33	\$445.95	\$427.26
34	\$451.90	\$432.97
35	\$454.88	\$435.82
36	\$457.86	\$438.67
37	\$460.84	\$441.53
38	\$463.82	\$444.38
39	\$469.77	\$450.09
40	\$475.73	\$455.79
41	\$484.66	\$464.35
42	\$493.22	\$472.55
43	\$505.13	\$483.97
44	\$520.02	\$498.23
45	\$537.52	\$514.99
46	\$558.37	\$534.97
47	\$581.82	\$557.44
48	\$608.62	\$583.11
49	\$635.05	\$608.44
50	\$664.83	\$636.97
51	\$694.23	\$665.14
52	\$726.62	\$696.17
53	\$759.38	\$727.55
54	\$794.74	\$761.44
55	\$830.10	\$795.32
56	\$868.44	\$832.05
57	\$907.16	\$869.14
58	\$948.48	\$908.73
59	\$968.95	\$928.35
60	\$1,010.27	\$967.93
61	\$1,046.00	\$1,002.17
62	\$1,069.46	\$1,024.64
63	\$1,098.86	\$1,052.81
64+	\$1,116.72	\$1,069.92

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.