
Medical plan rates with infertility benefits

Kaiser Permanente for small businesses ■ For effective dates January 1–December 1, 2023

Benefits

50% coinsurance, no annual maximum

- Services for diagnosis and treatment of infertility
- Artificial insemination
- Services for gamete intrafallopian transfer (GIFT), limited to 1 treatment cycle per lifetime
- Benefits aren't subject to deductible and don't accrue to the out-of-pocket maximum, except for High Deductible Health Plans (HDHPs)

Exclusions

- Services to reverse voluntary, surgically induced infertility
- All other services related to conception by artificial means (except for GIFT), such as:
 - In vitro fertilization (IVF)
 - Zygote intrafallopian transfer (ZIFT)
 - Ovum transplants
 - Procurement and storage of semen and eggs

Underwriting guidelines

- Minimum of 20 eligible employees.
- Kaiser Permanente is the sole carrier.
- Benefits will be added to all ACA-compliant HMO plans offered.

Rate rules for metal plans

Understand the way rates are set in the small group market. You'll use these factors to calculate rates for your metal plans:

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■ **Rate areas** – There are 19 geographical rate areas.

- The rating areas for metal plans are assigned based on the employer's physical, authenticated address and defined using county boundaries (5-digit ZIP code + county), regardless if a group is located outside the Kaiser Permanente service area in California.
- If a group is located out of state, then rating area 4 is assigned. When a group is located outside the Kaiser Permanente service area in California or out of state, then only employees living in the service area are eligible to enroll based on their home ZIP code + county.

■ **Individual age categories** – 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 maximum of 3 children under the age of 21 (additional children under 21 are covered at no additional cost)
- All adult children ages 21 to 25, including those in school or living at home

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Child dental coverage

Child dental coverage is only activated if child(ren) are enrolled in a medical plan.

Child dental services is one of the essential health benefits required to be provided in conjunction with Affordable Care Act (ACA)-compliant medical plans. Employees and their dependents enrolled in an ACA-compliant HMO medical plan will also be enrolled in a separate child dental plan based on their level of coverage and underwritten by Delta Dental of California.

Child dental services apply to all members under 19 years old who are on an ACA-compliant plan.

What does "Alt" mean?

The abbreviation "Alt," in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business. These Alt plans also include chiro/acu benefits with the exception of the Gold 80 HDHP HMO 1600/15% plan.

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Age on 2023 effective date	Platinum 90 HMO 0/10* + Child Dental Alt INF	Platinum 90 HMO 0/20* + Child Dental INF
0-14†	\$351.62	\$345.75
15†	\$381.64	\$375.23
16†	\$393.11	\$386.51
17†	\$404.59	\$397.79
18†	\$416.94	\$409.93
19	\$415.31	\$408.08
20	\$428.11	\$420.66
21	\$441.35	\$433.67
22	\$441.35	\$433.67
23	\$441.35	\$433.67
24	\$441.35	\$433.67
25	\$443.12	\$435.40
26	\$451.94	\$444.07
27	\$462.54	\$454.48
28	\$479.75	\$471.40
29	\$493.87	\$485.27
30	\$500.93	\$492.21
31	\$511.53	\$502.62
32	\$522.12	\$513.03
33	\$528.74	\$519.53
34	\$535.80	\$526.47
35	\$539.33	\$529.94
36	\$542.86	\$533.41
37	\$546.39	\$536.88
38	\$549.92	\$540.35
39	\$556.98	\$547.29
40	\$564.05	\$554.23
41	\$574.64	\$564.63
42	\$584.79	\$574.61
43	\$598.91	\$588.49
44	\$616.57	\$605.83
45	\$637.31	\$626.22
46	\$662.03	\$650.50
47	\$689.83	\$677.82
48	\$721.61	\$709.05
49	\$752.94	\$739.84
50	\$788.25	\$774.53
51	\$823.12	\$808.79
52	\$861.52	\$846.52
53	\$900.36	\$884.68
54	\$942.28	\$925.88
55	\$984.21	\$967.08
56	\$1,029.67	\$1,011.74
57	\$1,075.57	\$1,056.85
58	\$1,124.56	\$1,104.98
59	\$1,148.84	\$1,128.83
60	\$1,197.83	\$1,176.97
61	\$1,240.20	\$1,218.60
62	\$1,268.00	\$1,245.93
63	\$1,302.87	\$1,280.18
64+	\$1,324.05	\$1,301.01

†HMO 0-14, 15, 16, 17, 18 age rates include the cost of \$13.99 for child dental coverage.

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Age on 2023 effective date	Gold 80 HMO 0/30* + Child Dental Alt INF	Gold 80 HMO 250/35* + Child Dental INF	Gold 80 HMO 1000/40* + Child Dental Alt INF	Gold 80 HDHP HMO 1600/15%* + Child Dental Alt INF	Gold 80 HRA HMO 2250/35 + Child Dental INF
0-14†	\$328.49	\$313.36	\$296.03	\$275.65	\$277.66
15†	\$356.44	\$339.97	\$321.11	\$298.91	\$301.09
16†	\$367.13	\$350.14	\$330.69	\$307.80	\$310.06
17†	\$377.82	\$360.32	\$340.28	\$316.69	\$319.02
18†	\$389.33	\$371.28	\$350.60	\$326.27	\$328.67
19	\$386.85	\$368.24	\$346.93	\$321.86	\$324.33
20	\$398.77	\$379.59	\$357.63	\$331.78	\$334.32
21	\$411.11	\$391.33	\$368.69	\$342.04	\$344.66
22	\$411.11	\$391.33	\$368.69	\$342.04	\$344.66
23	\$411.11	\$391.33	\$368.69	\$342.04	\$344.66
24	\$411.11	\$391.33	\$368.69	\$342.04	\$344.66
25	\$412.75	\$392.90	\$370.16	\$343.40	\$346.04
26	\$420.97	\$400.72	\$377.53	\$350.25	\$352.93
27	\$430.84	\$410.11	\$386.38	\$358.45	\$361.21
28	\$446.87	\$425.38	\$400.76	\$371.79	\$374.65
29	\$460.03	\$437.90	\$412.56	\$382.74	\$385.68
30	\$466.61	\$444.16	\$418.46	\$388.21	\$391.19
31	\$476.47	\$453.55	\$427.31	\$396.42	\$399.46
32	\$486.34	\$462.94	\$436.16	\$404.63	\$407.74
33	\$492.51	\$468.81	\$441.69	\$409.76	\$412.91
34	\$499.08	\$475.08	\$447.58	\$415.23	\$418.42
35	\$502.37	\$478.21	\$450.53	\$417.97	\$421.18
36	\$505.66	\$481.34	\$453.48	\$420.70	\$423.93
37	\$508.95	\$484.47	\$456.43	\$423.44	\$426.69
38	\$512.24	\$487.60	\$459.38	\$426.18	\$429.45
39	\$518.82	\$493.86	\$465.28	\$431.65	\$434.96
40	\$525.40	\$500.12	\$471.18	\$437.12	\$440.48
41	\$535.26	\$509.51	\$480.03	\$445.33	\$448.75
42	\$544.72	\$518.51	\$488.51	\$453.20	\$456.68
43	\$557.87	\$531.04	\$500.31	\$464.14	\$467.71
44	\$574.32	\$546.69	\$515.05	\$477.83	\$481.49
45	\$593.64	\$565.08	\$532.38	\$493.90	\$497.69
46	\$616.66	\$587.00	\$553.03	\$513.05	\$516.99
47	\$642.56	\$611.65	\$576.26	\$534.60	\$538.71
48	\$672.16	\$639.83	\$602.80	\$559.23	\$563.52
49	\$701.35	\$667.61	\$628.98	\$583.51	\$587.99
50	\$734.24	\$698.92	\$658.47	\$610.88	\$615.57
51	\$766.72	\$729.83	\$687.60	\$637.90	\$642.80
52	\$802.48	\$763.88	\$719.68	\$667.66	\$672.78
53	\$838.66	\$798.32	\$752.12	\$697.75	\$703.11
54	\$877.72	\$835.49	\$787.14	\$730.25	\$735.85
55	\$916.77	\$872.67	\$822.17	\$762.74	\$768.60
56	\$959.11	\$912.98	\$860.14	\$797.97	\$804.10
57	\$1,001.87	\$953.67	\$898.49	\$833.54	\$839.94
58	\$1,047.50	\$997.11	\$939.41	\$871.51	\$878.20
59	\$1,070.11	\$1,018.63	\$959.69	\$890.32	\$897.16
60	\$1,115.75	\$1,062.07	\$1,000.61	\$928.29	\$935.41
61	\$1,155.21	\$1,099.64	\$1,036.01	\$961.12	\$968.50
62	\$1,181.11	\$1,124.29	\$1,059.24	\$982.67	\$990.22
63	\$1,213.59	\$1,155.21	\$1,088.36	\$1,009.69	\$1,017.44
64+	\$1,233.33	\$1,173.99	\$1,106.07	\$1,026.12	\$1,033.98

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Age on 2023 effective date	Silver 70 HMO 1900/65* + Child Dental Alt INF	Silver 70 HMO 2300/65* + Child Dental Alt INF	Silver 70 HMO 2500/55* + Child Dental INF	Silver 70 HMO 2800/65* + Child Dental Alt INF	Silver 70 HDHP HMO 2700/25%* + Child Dental INF
0-14†	\$266.40	\$261.08	\$260.81	\$256.06	\$245.99
15†	\$288.84	\$283.04	\$282.75	\$277.57	\$266.61
16†	\$297.42	\$291.44	\$291.13	\$285.80	\$274.50
17†	\$306.00	\$299.84	\$299.52	\$294.03	\$282.38
18†	\$315.24	\$308.88	\$308.56	\$302.89	\$290.88
19	\$310.49	\$303.94	\$303.60	\$297.76	\$285.38
20	\$320.05	\$313.30	\$312.96	\$306.93	\$294.17
21	\$329.95	\$322.99	\$322.64	\$316.42	\$303.27
22	\$329.95	\$322.99	\$322.64	\$316.42	\$303.27
23	\$329.95	\$322.99	\$322.64	\$316.42	\$303.27
24	\$329.95	\$322.99	\$322.64	\$316.42	\$303.27
25	\$331.27	\$324.28	\$323.93	\$317.69	\$304.48
26	\$337.87	\$330.74	\$330.38	\$324.02	\$310.55
27	\$345.79	\$338.50	\$338.12	\$331.61	\$317.83
28	\$358.66	\$351.09	\$350.70	\$343.95	\$329.65
29	\$369.22	\$361.43	\$361.03	\$354.08	\$339.36
30	\$374.50	\$366.60	\$366.19	\$359.14	\$344.21
31	\$382.42	\$374.35	\$373.93	\$366.74	\$351.49
32	\$390.33	\$382.10	\$381.68	\$374.33	\$358.77
33	\$395.28	\$386.95	\$386.52	\$379.08	\$363.32
34	\$400.56	\$392.11	\$391.68	\$384.14	\$368.17
35	\$403.20	\$394.70	\$394.26	\$386.67	\$370.60
36	\$405.84	\$397.28	\$396.84	\$389.20	\$373.02
37	\$408.48	\$399.86	\$399.42	\$391.73	\$375.45
38	\$411.12	\$402.45	\$402.00	\$394.27	\$377.87
39	\$416.40	\$407.62	\$407.17	\$399.33	\$382.73
40	\$421.68	\$412.78	\$412.33	\$404.39	\$387.58
41	\$429.60	\$420.54	\$420.07	\$411.99	\$394.86
42	\$437.19	\$427.97	\$427.49	\$419.26	\$401.83
43	\$447.75	\$438.30	\$437.82	\$429.39	\$411.54
44	\$460.94	\$451.22	\$450.72	\$442.05	\$423.67
45	\$476.45	\$466.40	\$465.89	\$456.92	\$437.92
46	\$494.93	\$484.49	\$483.95	\$474.64	\$454.90
47	\$515.72	\$504.84	\$504.28	\$494.57	\$474.01
48	\$539.47	\$528.09	\$527.51	\$517.35	\$495.85
49	\$562.90	\$551.03	\$550.42	\$539.82	\$517.38
50	\$589.30	\$576.86	\$576.23	\$565.13	\$541.64
51	\$615.36	\$602.38	\$601.71	\$590.13	\$565.60
52	\$644.07	\$630.48	\$629.78	\$617.66	\$591.98
53	\$673.10	\$658.90	\$658.18	\$645.51	\$618.67
54	\$704.45	\$689.59	\$688.83	\$675.57	\$647.48
55	\$735.80	\$720.27	\$719.48	\$705.63	\$676.29
56	\$769.78	\$753.54	\$752.71	\$738.22	\$707.53
57	\$804.10	\$787.13	\$786.26	\$771.13	\$739.07
58	\$840.72	\$822.99	\$822.07	\$806.25	\$772.73
59	\$858.87	\$840.75	\$839.82	\$823.65	\$789.41
60	\$895.49	\$876.60	\$875.63	\$858.78	\$823.07
61	\$927.17	\$907.61	\$906.61	\$889.15	\$852.19
62	\$947.96	\$927.96	\$926.93	\$909.09	\$871.29
63	\$974.02	\$953.47	\$952.42	\$934.09	\$895.25
64+	\$989.85	\$968.97	\$967.92	\$949.26	\$909.81

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Age on 2023 effective date	Bronze 60 HMO 5400/60* + Child Dental Alt INF	Bronze 60 HMO 6300/65* + Child Dental INF	Bronze 60 HDHP HMO 7000/0* + Child Dental INF
0-14†	\$228.09	\$233.00	\$220.48
15†	\$247.12	\$252.47	\$238.84
16†	\$254.39	\$259.92	\$245.86
17†	\$261.67	\$267.36	\$252.88
18†	\$269.50	\$275.38	\$260.43
19	\$263.35	\$269.40	\$254.00
20	\$271.47	\$277.70	\$261.83
21	\$279.86	\$286.29	\$269.93
22	\$279.86	\$286.29	\$269.93
23	\$279.86	\$286.29	\$269.93
24	\$279.86	\$286.29	\$269.93
25	\$280.98	\$287.44	\$271.01
26	\$286.58	\$293.16	\$276.41
27	\$293.30	\$300.04	\$282.88
28	\$304.21	\$311.20	\$293.41
29	\$313.17	\$320.36	\$302.05
30	\$317.64	\$324.94	\$306.37
31	\$324.36	\$331.81	\$312.85
32	\$331.08	\$338.68	\$319.32
33	\$335.28	\$342.98	\$323.37
34	\$339.75	\$347.56	\$327.69
35	\$341.99	\$349.85	\$329.85
36	\$344.23	\$352.14	\$332.01
37	\$346.47	\$354.43	\$334.17
38	\$348.71	\$356.72	\$336.33
39	\$353.19	\$361.30	\$340.65
40	\$357.67	\$365.88	\$344.97
41	\$364.38	\$372.75	\$351.45
42	\$370.82	\$379.34	\$357.65
43	\$379.77	\$388.50	\$366.29
44	\$390.97	\$399.95	\$377.09
45	\$404.12	\$413.41	\$389.78
46	\$419.79	\$429.44	\$404.89
47	\$437.43	\$447.48	\$421.90
48	\$457.58	\$468.09	\$441.33
49	\$477.45	\$488.42	\$460.50
50	\$499.84	\$511.32	\$482.09
51	\$521.94	\$533.94	\$503.41
52	\$546.29	\$558.84	\$526.90
53	\$570.92	\$584.04	\$550.65
54	\$597.51	\$611.24	\$576.29
55	\$624.09	\$638.43	\$601.94
56	\$652.92	\$667.92	\$629.74
57	\$682.03	\$697.70	\$657.81
58	\$713.09	\$729.47	\$687.77
59	\$728.48	\$745.22	\$702.62
60	\$759.55	\$777.00	\$732.58
61	\$786.42	\$804.48	\$758.50
62	\$804.05	\$822.52	\$775.50
63	\$826.16	\$845.14	\$796.83
64+	\$839.58	\$858.87	\$809.79

†HMO 0–14, 15, 16, 17, 18 age rates include the cost of \$13.99 for child dental coverage.

Below is a listing of all ZIP codes within Rate Area 18

County	Rate Area	County + ZIP code combinations in Kaiser Permanente service area									
Orange	18	90620-24	90720-21	92609-10	92637	92688	92711-12	92799	92821-23	92850	92885-87
		90630-33	90740	92612	92646-63	92690-94	92728	92801-09	92825	92856-57	92899
		90638	90742-43	92614-20	92672-79	92697-98	92735	92811-12	92831-38	92859	
		90680	92602-07	92623-30	92683-85	92701-08	92780-82	92814-17	92840-46	92861-71	

