

Copayment plans

_	\$5 0	Copaymen	t Plan		\$15 Copayment Plan						\$20 Copayment Plan				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$592	\$1,653	\$1,626	\$2,300	<30	\$476	\$1,330	\$1,308	\$1,851	<30	\$433	\$1,210	\$1,190	\$1,684	
30–39	\$654	\$1,776	\$1,671	\$2,542	30–39	\$526	\$1,430	\$1,345	\$2,047	30–39	\$479	\$1,301	\$1,224	\$1,862	
40-49	\$843	\$1,940	\$1,602	\$2,560	40-49	\$679	\$1,562	\$1,290	\$2,062	40-49	\$618	\$1,422	\$1,174	\$1,876	
50-54	\$1,098	\$2,282	\$1,811	\$2,917	50-54	\$884	\$1,837	\$1,458	\$2,348	50-54	\$804	\$1,671	\$1,326	\$2,136	
55-59	\$1,387	\$2,913	\$2,073	\$3,350	55–59	\$1,117	\$2,346	\$1,670	\$2,698	55-59	\$1,016	\$2,134	\$1,519	\$2,454	
60-64	\$1,711	\$3,250	\$2,288	\$3,794	60–64	\$1,378	\$2,617	\$1,843	\$3,055	60-64	\$1,253	\$2,380	\$1,676	\$2,778	
65+	\$1,940	\$4,193	\$2,917	\$4,609	65+	\$1,563	\$3,377	\$2,350	\$3,712	65+	\$1,421	\$3,071	\$2,136	\$3,376	

	\$30	Copayme	nt Plan			\$50	Copaymer	nt Plan	
		EE . O	FF : 0	55.0.0			FF : 0	55.0	55.0.0
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$397	\$1,108	\$1,090	\$1,542	<30	\$363	\$1,014	\$997	\$1,411
30–39	\$438	\$1,191	\$1,120	\$1,705	30–39	\$401	\$1,089	\$1,025	\$1,559
40-49	\$565	\$1,300	\$1,074	\$1,716	40-49	\$517	\$1,190	\$982	\$1,570
50-54	\$736	\$1,530	\$1,214	\$1,956	50-54	\$673	\$1,399	\$1,110	\$1,788
55–59	\$930	\$1,953	\$1,390	\$2,246	55–59	\$851	\$1,787	\$1,272	\$2,055
60-64	\$1,147	\$2,179	\$1,534	\$2,544	60–64	\$1,049	\$1,993	\$1,403	\$2,326
65+	\$1,301	\$2,811	\$1,956	\$3,090	65+	\$1,190	\$2,571	\$1,789	\$2,826

Deductible HMO plans

	\$30/\$1,000	Deductib	le HMO P	lan	\$30/\$1,500 Deductible HMO Plan						\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$329	\$902	\$745	\$1,087	<30	\$302	\$827	\$683	\$996	<30	\$270	\$739	\$611	\$890		
30–39	\$389	\$1,040	\$785	\$1,217	30–39	\$356	\$952	\$719	\$1,115	30-39	\$319	\$852	\$644	\$997		
40-49	\$526	\$1,074	\$823	\$1,364	40-49	\$482	\$984	\$754	\$1,250	40-49	\$431	\$879	\$674	\$1,117		
50-54	\$703	\$1,459	\$963	\$1,615	50-54	\$644	\$1,337	\$882	\$1,480	50-54	\$575	\$1,194	\$788	\$1,322		
55-59	\$872	\$1,814	\$1,131	\$1,988	55–59	\$799	\$1,662	\$1,036	\$1,822	55-59	\$714	\$1,485	\$926	\$1,628		
60-64	\$1,118	\$2,237	\$1,382	\$2,475	60–64	\$1,024	\$2,049	\$1,266	\$2,267	60-64	\$916	\$1,833	\$1,132	\$2,028		
65+	\$1,356	\$3,092	\$1,609	\$3,244	65+	\$1,242	\$2,832	\$1,474	\$2,971	65+	\$1,110	\$2,532	\$1,317	\$2,656		

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)	
Age is based on employee/subscriber	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For offective dates, January 1, December 1, 2021	-	Small Pupinosa

For effective dates January 1–December 1, 2024



HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	O Plan wi	ith HSA	\$0/\$3,200 Deductible Plan with HSA Option						\$30/\$3,200 Deductible Plan with HSA Option						
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C			
<30	\$308	\$844	\$697	\$1,017	<30	\$238	\$651	\$538	\$784	<30	\$210	\$575	\$476	\$693			
30–39	\$364	\$973	\$735	\$1,139	30–39	\$281	\$750	\$567	\$878	30-3	9 \$248	\$663	\$501	\$776			
40-49	\$492	\$1,004	\$770	\$1,276	40-49	\$379	\$774	\$593	\$983	40-4	9 \$336	\$685	\$525	\$870			
50-54	\$657	\$1,364	\$900	\$1,510	50-54	\$507	\$1,052	\$694	\$1,165	50-5	4 \$448	\$931	\$614	\$1,031			
55-59	\$816	\$1,697	\$1,058	\$1,860	55-59	\$629	\$1,308	\$816	\$1,434	55-5	9 \$557	\$1,158	\$722	\$1,269			
60-64	\$1,046	\$2,093	\$1,293	\$2,316	60-64	\$806	\$1,613	\$996	\$1,785	60-6	4 \$714	\$1,428	\$882	\$1,580			
65+	\$1,269	\$2,893	\$1,506	\$3,035	65+	\$978	\$2,230	\$1,161	\$2,339	65+	\$865	\$1,973	\$1,027	\$2,070			

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HN	IO Plan w	ith HRA		\$30/\$	2,500 Ded	uctible HM	IO Plan w	ith HRA
					U					
Age	EE only	EE+S	EE+C	EE+S+C		Age	EE only	EE+S	EE+C	EE+S+C
<30	\$301	\$824	\$681	\$993		<30	\$267	\$731	\$604	\$881
30–39	\$355	\$950	\$717	\$1,112		30–39	\$315	\$842	\$636	\$986
40-49	\$481	\$981	\$752	\$1,246		40–49	\$426	\$870	\$667	\$1,105
50-54	\$642	\$1,333	\$879	\$1,476		50-54	\$569	\$1,182	\$779	\$1,309
55-59	\$797	\$1,657	\$1,033	\$1,816		55–59	\$707	\$1,470	\$917	\$1,611
60–64	\$1,022	\$2,045	\$1,263	\$2,263		60–64	\$906	\$1,813	\$1,120	\$2,006
65+	\$1,239	\$2,825	\$1,470	\$2,964		65+	\$1,099	\$2,506	\$1,304	\$2,629

Employee/Dependent Codes Age is based on employee/subscriber	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates January 1–December 1, 2024		Small Business



Copayment plans

_	\$5 0	Copaymen	t Plan		\$15 Copayment Plan					\$20 Copayment Plan				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$625	\$1,745	\$1,716	\$2,428	<30	\$503	\$1,405	\$1,382	\$1,955	<30	\$457	\$1,277	\$1,256	\$1,777
30–39	\$690	\$1,875	\$1,764	\$2,684	30–39	\$556	\$1,510	\$1,421	\$2,161	30–39	\$506	\$1,374	\$1,293	\$1,966
40-49	\$890	\$2,048	\$1,691	\$2,703	40-49	\$717	\$1,649	\$1,362	\$2,176	40-49	\$652	\$1,500	\$1,239	\$1,980
50-54	\$1,159	\$2,409	\$1,911	\$3,079	50-54	\$933	\$1,939	\$1,539	\$2,479	50-54	\$849	\$1,764	\$1,400	\$2,255
55–59	\$1,464	\$3,075	\$2,189	\$3,537	55–59	\$1,179	\$2,476	\$1,763	\$2,848	55-59	\$1,073	\$2,253	\$1,604	\$2,591
60-64	\$1,806	\$3,430	\$2,415	\$4,004	60–64	\$1,454	\$2,762	\$1,945	\$3,224	60-64	\$1,323	\$2,513	\$1,769	\$2,934
65+	\$2,048	\$4,426	\$3,079	\$4,866	65+	\$1,649	\$3,564	\$2,479	\$3,918	65+	\$1,500	\$3,242	\$2,255	\$3,564

	\$30	Copayme	nt Plan			\$50	Copaymer	nt Plan	
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$419	\$1,170	\$1,150	\$1,628	<30	\$383	\$1,070	\$1,052	\$1,489
30–39	\$463	\$1,257	\$1,183	\$1,799	30–39	\$423	\$1,149	\$1,081	\$1,645
40–49	\$597	\$1,373	\$1,134	\$1,812	40-49	\$546	\$1,256	\$1,037	\$1,658
50-54	\$777	\$1,615	\$1,281	\$2,064	50-54	\$710	\$1,476	\$1,171	\$1,887
55–59	\$982	\$2,062	\$1,468	\$2,372	55-59	\$898	\$1,885	\$1,342	\$2,168
60–64	\$1,211	\$2,300	\$1,620	\$2,685	60–64	\$1,107	\$2,103	\$1,481	\$2,455
65+	\$1,373	\$2,967	\$2,064	\$3,262	65+	\$1,256	\$2,714	\$1,888	\$2,984

Deductible HMO plans

	\$30/\$1,000	Deductib	le HMO P	lan	\$30/\$1,500 Deductible HMO Plan						\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$348	\$952	\$787	\$1,147	<30	\$318	\$872	\$720	\$1,051	<30	\$285	\$780	\$645	\$940		
30–39	\$411	\$1,098	\$829	\$1,285	30–39	\$376	\$1,005	\$759	\$1,177	30–39	\$336	\$899	\$679	\$1,052		
40-49	\$555	\$1,133	\$868	\$1,440	40-49	\$509	\$1,038	\$796	\$1,319	40-49	\$455	\$928	\$712	\$1,179		
50-54	\$742	\$1,540	\$1,016	\$1,705	50-54	\$679	\$1,410	\$930	\$1,561	50-54	\$607	\$1,261	\$831	\$1,396		
55–59	\$921	\$1,915	\$1,194	\$2,099	55-59	\$843	\$1,753	\$1,093	\$1,922	55–59	\$754	\$1,568	\$978	\$1,719		
60-64	\$1,180	\$2,362	\$1,459	\$2,613	60-64	\$1,081	\$2,163	\$1,336	\$2,393	60-64	\$966	\$1,934	\$1,194	\$2,140		
65+	\$1,431	\$3,263	\$1,698	\$3,423	65+	\$1,311	\$2,989	\$1,556	\$3,136	65+	\$1,172	\$2,673	\$1,391	\$2,804		

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)	
	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates, January 1, December 1, 2024		Small Business

For effective dates January 1–December 1, 2024



HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	O Plan wi	th HSA	\$0/\$3	200 Dedu	ctible Pla	n with HS/	A Option	\$30/\$3,200 Deductible Plan with HSA Option						
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$325	\$890	\$736	\$1,073	<30	\$251	\$687	\$568	\$828	<30	\$222	\$608	\$502	\$733		
30–39	\$384	\$1,027	\$775	\$1,202	30-39	\$296	\$791	\$598	\$926	30–3	9 \$262	\$700	\$529	\$820		
40-49	\$520	\$1,061	\$813	\$1,348	40-49	\$401	\$818	\$627	\$1,039	40-4	9 \$354	\$723	\$554	\$919		
50-54	\$694	\$1,441	\$950	\$1,595	50-54	\$535	\$1,111	\$733	\$1,230	50-5	4 \$473	\$982	\$648	\$1,087		
55-59	\$861	\$1,791	\$1,116	\$1,963	55-59	\$664	\$1,381	\$861	\$1,514	55-5	9 \$588	\$1,222	\$762	\$1,340		
60-64	\$1,104	\$2,209	\$1,365	\$2,444	60-64	\$851	\$1,703	\$1,052	\$1,884	60-6	4 \$753	\$1,507	\$931	\$1,668		
65+	\$1,339	\$3,053	\$1,589	\$3,203	65+	\$1,032	\$2,354	\$1,225	\$2,469	65+	\$914	\$2,083	\$1,085	\$2,185		

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HN	IO Plan w	ith HRA	\$30/\$	2,500 Ded	uctible HM	IO Plan w	ith HRA
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$318	\$870	\$719	\$1,048	<30	\$282	\$772	\$638	\$930
30–39	\$375	\$1,003	\$757	\$1,174	30–39	\$333	\$890	\$672	\$1,042
40-49	\$507	\$1,035	\$793	\$1,315	40–49	\$450	\$918	\$704	\$1,166
50-54	\$678	\$1,407	\$928	\$1,558	50-54	\$601	\$1,248	\$823	\$1,382
55-59	\$841	\$1,749	\$1,090	\$1,917	55–59	\$746	\$1,552	\$967	\$1,701
60-64	\$1,078	\$2,158	\$1,333	\$2,388	60–64	\$956	\$1,914	\$1,182	\$2,118
65+	\$1,308	\$2,982	\$1,552	\$3,128	65+	\$1,160	\$2,645	\$1,377	\$2,775

Employee/Dependent Codes Age is based on employee/subscriber	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates January 1–December 1, 2024		Small Business



Copayment plans

_	\$5 0	Copaymen	t Plan			\$15	Copaymer	nt Plan	\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$657	\$1,836	\$1,805	\$2,555	<30	\$529	\$1,478	\$1,454	\$2,057	<30	\$482	\$1,346	\$1,323	\$1,873
30–39	\$726	\$1,973	\$1,856	\$2,824	30–39	\$585	\$1,589	\$1,495	\$2,275	30–39	\$532	\$1,446	\$1,360	\$2,070
40-49	\$937	\$2,156	\$1,780	\$2,845	40-49	\$755	\$1,737	\$1,434	\$2,292	40-49	\$686	\$1,579	\$1,304	\$2,084
50-54	\$1,220	\$2,535	\$2,012	\$3,240	50-54	\$982	\$2,041	\$1,620	\$2,609	50-54	\$893	\$1,857	\$1,473	\$2,374
55-59	\$1,541	\$3,236	\$2,304	\$3,722	55–59	\$1,241	\$2,606	\$1,855	\$2,997	55-59	\$1,129	\$2,371	\$1,688	\$2,727
60-64	\$1,901	\$3,611	\$2,542	\$4,215	60–64	\$1,531	\$2,908	\$2,048	\$3,395	60-64	\$1,393	\$2,646	\$1,863	\$3,089
65+	\$2,156	\$4,659	\$3,241	\$5,122	65+	\$1,736	\$3,752	\$2,610	\$4,125	65+	\$1,579	\$3,413	\$2,374	\$3,752

	\$30	Copayme	nt Plan		\$50 Copayment Plan							
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C			
<30	\$441	\$1,231	\$1,211	\$1,713	<30	\$403	\$1,126	\$1,107	\$1,567			
30–39	\$487	\$1,323	\$1,245	\$1,894	30–39	\$445	\$1,210	\$1,138	\$1,732			
40-49	\$628	\$1,445	\$1,193	\$1,907	40-49	\$575	\$1,322	\$1,092	\$1,745			
50-54	\$818	\$1,700	\$1,349	\$2,173	50-54	\$748	\$1,555	\$1,233	\$1,987			
55–59	\$1,033	\$2,170	\$1,544	\$2,496	55–59	\$945	\$1,984	\$1,413	\$2,282			
60-64	\$1,274	\$2,420	\$1,704	\$2,825	60-64	\$1,165	\$2,213	\$1,558	\$2,584			
65+	\$1,445	\$3,123	\$2,173	\$3,433	65+	\$1,322	\$2,857	\$1,987	\$3,141			

Deductible HMO plans

	\$30/\$1,000	Deductib	le HMO P	lan		\$30/\$1,50	0 Deductib	le HMO PI	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$366	\$1,002	\$828	\$1,207	<30	\$335	\$918	\$759	\$1,106	<30	\$300	\$821	\$679	\$989
30–39	\$432	\$1,155	\$872	\$1,352	30–39	\$396	\$1,058	\$799	\$1,239	30–39	\$354	\$946	\$715	\$1,107
40-49	\$585	\$1,193	\$915	\$1,516	40-49	\$535	\$1,092	\$837	\$1,388	40-49	\$479	\$977	\$749	\$1,241
50-54	\$781	\$1,621	\$1,069	\$1,794	50-54	\$715	\$1,485	\$979	\$1,644	50-54	\$639	\$1,327	\$875	\$1,469
55-59	\$969	\$2,015	\$1,256	\$2,209	55–59	\$888	\$1,846	\$1,151	\$2,024	55–59	\$794	\$1,651	\$1,029	\$1,810
60-64	\$1,242	\$2,486	\$1,535	\$2,751	60-64	\$1,138	\$2,277	\$1,407	\$2,519	60-64	\$1,017	\$2,036	\$1,257	\$2,253
65+	\$1,507	\$3,436	\$1,788	\$3,604	65+	\$1,380	\$3,147	\$1,638	\$3,301	65+	\$1,234	\$2,813	\$1,464	\$2,951

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)	
Age is based on employee/subscriber	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For offective dates, January 1, December 1, 2024		Small Business

For effective dates January 1–December 1, 2024



HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	IO Plan wi	ith HSA	\$0/\$3,200 Deductible Plan with HSA Option						\$30/\$3,200 Deductible Plan with HSA Option					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$342	\$937	\$775	\$1,129	<30	\$264	\$723	\$598	\$871	<30	\$234	\$640	\$529	\$771		
30–39	\$404	\$1,080	\$816	\$1,264	30–39	\$312	\$834	\$630	\$976	30–3	9 \$276	\$737	\$557	\$863		
40-49	\$547	\$1,116	\$855	\$1,418	40-49	\$422	\$861	\$660	\$1,094	40-4	9 \$373	\$761	\$583	\$967		
50-54	\$730	\$1,516	\$1,000	\$1,678	50-54	\$563	\$1,169	\$771	\$1,294	50-5	4 \$498	\$1,034	\$682	\$1,145		
55-59	\$907	\$1,886	\$1,176	\$2,067	55-59	\$699	\$1,454	\$906	\$1,594	55–5	9 \$619	\$1,287	\$802	\$1,411		
60–64	\$1,162	\$2,326	\$1,436	\$2,574	60–64	\$896	\$1,793	\$1,108	\$1,984	60–6	4 \$793	\$1,587	\$980	\$1,756		
65+	\$1,409	\$3,213	\$1,672	\$3,371	65+	\$1,087	\$2,478	\$1,290	\$2,599	65+	\$962	\$2,193	\$1,142	\$2,300		

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HN	IO Plan w	ith HRA	\$30/\$	2,500 Ded	uctible HN	IO Plan w	vith HRA
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$334	\$915	\$757	\$1,103	<30	\$297	\$813	\$672	\$979
30–39	\$395	\$1,056	\$797	\$1,236	30–39	\$350	\$936	\$707	\$1,096
40-49	\$534	\$1,090	\$835	\$1,385	40–49	\$474	\$967	\$741	\$1,229
50-54	\$713	\$1,481	\$977	\$1,640	50-54	\$633	\$1,314	\$867	\$1,455
55-59	\$886	\$1,842	\$1,149	\$2,019	55–59	\$786	\$1,634	\$1,019	\$1,791
60–64	\$1,135	\$2,272	\$1,403	\$2,514	60–64	\$1,007	\$2,015	\$1,245	\$2,230
65+	\$1,377	\$3,139	\$1,634	\$3,293	65+	\$1,221	\$2,784	\$1,449	\$2,921

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates January 1–December 1, 2024		Small Business



Copayment plans

	\$5 C	Copaymen	t Plan		\$15 Copayment Plan						\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$690	\$1,928	\$1,896	\$2,683	<30	\$556	\$1,553	\$1,527	\$2,161	<30	\$506	\$1,413	\$1,389	\$1,966		
30–39	\$763	\$2,073	\$1,950	\$2,967	30–39	\$614	\$1,669	\$1,570	\$2,389	30–39	\$559	\$1,518	\$1,428	\$2,173		
40-49	\$984	\$2,264	\$1,869	\$2,988	40-49	\$792	\$1,823	\$1,505	\$2,406	40-49	\$721	\$1,659	\$1,370	\$2,189		
50-54	\$1,281	\$2,662	\$2,112	\$3,403	50-54	\$1,031	\$2,143	\$1,700	\$2,739	50-54	\$938	\$1,950	\$1,547	\$2,493		
55–59	\$1,618	\$3,398	\$2,419	\$3,908	55–59	\$1,303	\$2,737	\$1,948	\$3,148	55-59	\$1,186	\$2,490	\$1,773	\$2,864		
60-64	\$1,996	\$3,791	\$2,669	\$4,426	60–64	\$1,607	\$3,053	\$2,149	\$3,564	60-64	\$1,462	\$2,777	\$1,955	\$3,242		
65+	\$2,264	\$4,892	\$3,403	\$5,378	65+	\$1,823	\$3,940	\$2,741	\$4,331	65+	\$1,658	\$3,583	\$2,493	\$3,939		

	\$30	Copaymeı	nt Plan		\$50 Copayment Plan								
		==.0	FF : 0	55.0.0		FF	FF : 0	55.0	55.0.0				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C				
<30	\$463	\$1,293	\$1,271	\$1,799	<30	\$423	\$1,182	\$1,162	\$1,645				
30–39	\$511	\$1,389	\$1,307	\$1,988	30–39	\$468	\$1,271	\$1,196	\$1,819				
40–49	\$660	\$1,518	\$1,254	\$2,003	40–49	\$603	\$1,388	\$1,146	\$1,832				
50-54	\$859	\$1,785	\$1,416	\$2,282	50-54	\$785	\$1,632	\$1,295	\$2,086				
55–59	\$1,085	\$2,278	\$1,622	\$2,620	55–59	\$992	\$2,083	\$1,483	\$2,396				
60-64	\$1,338	\$2,542	\$1,790	\$2,967	60-64	\$1,224	\$2,325	\$1,637	\$2,714				
65+	\$1,518	\$3,280	\$2,282	\$3,606	65+	\$1,388	\$2,999	\$2,087	\$3,297				

Deductible HMO plans

	\$30/\$1,000	Deductib	le HMO P	lan		\$30/\$1,50	0 Deductib	le HMO PI	an	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$384	\$1,052	\$869	\$1,268	<30	\$352	\$964	\$797	\$1,162	<30	\$315	\$862	\$713	\$1,039	
30–39	\$454	\$1,213	\$916	\$1,420	30–39	\$416	\$1,111	\$839	\$1,301	30–39	\$372	\$994	\$751	\$1,164	
40-49	\$614	\$1,253	\$960	\$1,592	40-49	\$562	\$1,147	\$879	\$1,457	40-49	\$503	\$1,026	\$787	\$1,303	
50-54	\$820	\$1,702	\$1,123	\$1,884	50-54	\$751	\$1,559	\$1,028	\$1,726	50-54	\$671	\$1,393	\$919	\$1,542	
55–59	\$1,018	\$2,117	\$1,320	\$2,321	55-59	\$932	\$1,938	\$1,208	\$2,124	55–59	\$833	\$1,733	\$1,080	\$1,900	
60-64	\$1,304	\$2,610	\$1,612	\$2,888	60-64	\$1,195	\$2,391	\$1,477	\$2,646	60–64	\$1,068	\$2,138	\$1,320	\$2,366	
65+	\$1,582	\$3,607	\$1,877	\$3,784	65+	\$1,449	\$3,304	\$1,720	\$3,466	65+	\$1,296	\$2,954	\$1,538	\$3,099	

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)	
Age is based on employee/subscriber	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For offective dates, January 1, December 1, 2024		Small Rusinsso

For effective dates January 1–December 1, 2024



HSA-qualified deductible HMO plans

\$0/\$	2,000 Ded	uctible HM	IO Plan wi	ith HSA	\$0/\$3,	200 Dedu	ctible Pla	n with HS/	A Option	\$30/\$3,200 Deductible Plan with HSA Option					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$359	\$984	\$813	\$1,186	<30	\$277	\$759	\$627	\$915	<30	\$245	\$671	\$555	\$809	
30–39	\$425	\$1,135	\$858	\$1,329	30-39	\$327	\$875	\$660	\$1,024	30–3	9 \$290	\$775	\$585	\$907	
40-49	\$574	\$1,172	\$898	\$1,489	40-49	\$443	\$904	\$693	\$1,148	40-4	9 \$392	\$800	\$613	\$1,016	
50-54	\$767	\$1,592	\$1,050	\$1,762	50-54	\$591	\$1,227	\$809	\$1,358	50-5	4 \$523	\$1,086	\$716	\$1,202	
55–59	\$952	\$1,980	\$1,234	\$2,170	55-59	\$734	\$1,526	\$952	\$1,673	55-5	9 \$650	\$1,351	\$843	\$1,481	
60-64	\$1,220	\$2,442	\$1,508	\$2,702	60-64	\$941	\$1,883	\$1,163	\$2,084	60-6	4 \$832	\$1,666	\$1,029	\$1,843	
65+	\$1,480	\$3,375	\$1,756	\$3,540	65+	\$1,141	\$2,602	\$1,354	\$2,730	65+	\$1,010	\$2,303	\$1,199	\$2,416	

Deductible HMO plans with HRA plans

\$30/\$	51,500 Ded	uctible HM	/IO Plan w	ith HRA	\$30/\$	2,500 Ded	uctible HM	IO Plan w	ith HRA
-					-				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$351	\$961	\$795	\$1,158	<30	\$311	\$852	\$705	\$1,027
30–39	\$415	\$1,109	\$837	\$1,298	30–39	\$368	\$983	\$743	\$1,151
40-49	\$561	\$1,145	\$877	\$1,455	40–49	\$497	\$1,015	\$778	\$1,290
50-54	\$749	\$1,555	\$1,026	\$1,721	50-54	\$664	\$1,379	\$909	\$1,527
55-59	\$930	\$1,934	\$1,206	\$2,120	55–59	\$825	\$1,715	\$1,070	\$1,880
60-64	\$1,192	\$2,385	\$1,473	\$2,639	60–64	\$1,057	\$2,116	\$1,307	\$2,341
65+	\$1,446	\$3,297	\$1,716	\$3,459	65+	\$1,282	\$2,923	\$1,521	\$3,066

Employee/Dependent Codes Age is based on employee/subscriber	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates January 1–December 1, 2024		Small Business



Copayment plans

_	\$5 (Copaymen	t Plan			\$15	Copaymer	nt Plan		\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$723	\$2,020	\$1,986	\$2,811	<30	\$582	\$1,626	\$1,599	\$2,263	<30	\$530	\$1,480	\$1,455	\$2,059	
30–39	\$799	\$2,171	\$2,042	\$3,107	30–39	\$643	\$1,748	\$1,644	\$2,502	30–39	\$585	\$1,590	\$1,496	\$2,276	
40-49	\$1,031	\$2,372	\$1,959	\$3,130	40-49	\$830	\$1,910	\$1,577	\$2,521	40-49	\$755	\$1,737	\$1,435	\$2,292	
50-54	\$1,342	\$2,789	\$2,213	\$3,565	50-54	\$1,080	\$2,245	\$1,781	\$2,870	50-54	\$983	\$2,043	\$1,621	\$2,611	
55–59	\$1,696	\$3,561	\$2,535	\$4,096	55-59	\$1,365	\$2,867	\$2,041	\$3,297	55-59	\$1,242	\$2,608	\$1,857	\$3,000	
60-64	\$2,091	\$3,972	\$2,797	\$4,637	60-64	\$1,684	\$3,199	\$2,252	\$3,734	60-64	\$1,532	\$2,910	\$2,049	\$3,397	
65+	\$2,371	\$5,124	\$3,565	\$5,633	65+	\$1,910	\$4,127	\$2,871	\$4,537	65+	\$1,737	\$3,754	\$2,611	\$4,127	

	\$30	Copayme	nt Plan		\$50 Copayment Plan							
-												
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C			
<30	\$485	\$1,354	\$1,332	\$1,884	<30	\$443	\$1,238	\$1,218	\$1,723			
30–39	\$536	\$1,456	\$1,370	\$2,084	30–39	\$490	\$1,331	\$1,252	\$1,905			
40–49	\$691	\$1,590	\$1,313	\$2,098	40-49	\$632	\$1,454	\$1,201	\$1,919			
50-54	\$899	\$1,869	\$1,483	\$2,389	50-54	\$823	\$1,710	\$1,357	\$2,186			
55–59	\$1,137	\$2,387	\$1,699	\$2,745	55–59	\$1,040	\$2,183	\$1,554	\$2,511			
60-64	\$1,402	\$2,663	\$1,875	\$3,109	60-64	\$1,282	\$2,435	\$1,715	\$2,843			
65+	\$1,590	\$3,436	\$2,390	\$3,777	65+	\$1,454	\$3,142	\$2,186	\$3,454			

Deductible HMO plans

	\$30/\$1,000	Deductib	le HMO P	lan		\$30/\$1,50	0 Deductib	le HMO PI	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$402	\$1,102	\$911	\$1,328	<30	\$369	\$1,010	\$835	\$1,217	<30	\$330	\$903	\$747	\$1,088
30–39	\$475	\$1,270	\$959	\$1,487	30–39	\$436	\$1,165	\$880	\$1,364	30–39	\$389	\$1,040	\$786	\$1,218
40-49	\$643	\$1,312	\$1,006	\$1,667	40–49	\$589	\$1,202	\$921	\$1,527	40-49	\$527	\$1,075	\$824	\$1,366
50-54	\$859	\$1,783	\$1,176	\$1,974	50-54	\$787	\$1,634	\$1,078	\$1,809	50-54	\$703	\$1,460	\$963	\$1,616
55–59	\$1,066	\$2,217	\$1,382	\$2,430	55–59	\$977	\$2,031	\$1,267	\$2,226	55-59	\$873	\$1,816	\$1,132	\$1,991
60–64	\$1,366	\$2,734	\$1,689	\$3,025	60-64	\$1,252	\$2,505	\$1,548	\$2,772	60-64	\$1,119	\$2,239	\$1,383	\$2,477
65+	\$1,657	\$3,778	\$1,967	\$3,963	65+	\$1,518	\$3,461	\$1,802	\$3,631	65+	\$1,357	\$3,094	\$1,611	\$3,246

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)	
Age is based on employee/subscriber	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates January 1 December 1 2024	•	Small Business

For effective dates January 1–December 1, 2024



HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	O Plan wi	th HSA	\$0/\$3,	200 Dedu	ctible Pla	n with HS،	A Option	\$30/\$3,200 Deductible Plan with HSA Option					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$377	\$1,032	\$853	\$1,243	<30	\$290	\$795	\$657	\$958	<30	\$257	\$704	\$582	\$848	
30-39	\$445	\$1,189	\$898	\$1,392	30–39	\$343	\$917	\$692	\$1,073	30–3	9 \$303	\$811	\$612	\$949	
40-49	\$602	\$1,228	\$941	\$1,560	40-49	\$464	\$947	\$726	\$1,203	40-4	9 \$410	\$837	\$642	\$1,064	
50-54	\$803	\$1,668	\$1,100	\$1,847	50-54	\$619	\$1,286	\$848	\$1,424	50-5	4 \$548	\$1,138	\$751	\$1,260	
55–59	\$997	\$2,074	\$1,293	\$2,273	55-59	\$769	\$1,599	\$997	\$1,753	55-5	9 \$681	\$1,416	\$883	\$1,552	
60–64	\$1,278	\$2,558	\$1,580	\$2,830	60-64	\$986	\$1,973	\$1,219	\$2,183	60–6	4 \$872	\$1,745	\$1,078	\$1,931	
65+	\$1,550	\$3,535	\$1,840	\$3,708	65+	\$1,195	\$2,725	\$1,418	\$2,859	65+	\$1,058	\$2,412	\$1,256	\$2,530	

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HM	/IO Plan w	ith HRA	\$30/\$2,500 Deductible HMO Plan with HRA							
-					-							
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C			
<30	\$368	\$1,008	\$833	\$1,214	<30	\$326	\$893	\$738	\$1,076			
30–39	\$434	\$1,161	\$877	\$1,359	30–39	\$385	\$1,030	\$778	\$1,206			
40-49	\$588	\$1,200	\$919	\$1,524	40–49	\$521	\$1,063	\$815	\$1,351			
50-54	\$785	\$1,629	\$1,075	\$1,803	50-54	\$696	\$1,445	\$953	\$1,600			
55-59	\$974	\$2,026	\$1,263	\$2,221	55–59	\$864	\$1,797	\$1,120	\$1,970			
60-64	\$1,249	\$2,499	\$1,544	\$2,765	60–64	\$1,107	\$2,216	\$1,368	\$2,452			
65+	\$1,514	\$3,453	\$1,797	\$3,622	65+	\$1,343	\$3,063	\$1,594	\$3,213			

Employee/Dependent Codes Age is based on employee/subscriber	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates January 1–December 1, 2024		Small Business