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## Plan rates

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For effective dates January 1–December 1, 2024

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### 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?

ALT denotes Kaiser Permanente designed plans which includes chiropractic and acupuncture benefits (except for the Gold 80 HDHP HMO 1750/15% plan). These plans are different from the standard plans and offered at Covered California for Small Business and CaliforniaChoice®.

## Small Business medical plan rates

Age on 2024 effective date	Platinum 90 HMO 0/10 + Child Dental Alt	Platinum 90 HMO 0/20 + Child Dental	Platinum 90 HMO 250/30 + Child Dental Alt
0-14 <sup>1</sup>	\$376.96	\$369.40	\$365.29
15 <sup>1</sup>	\$409.20	\$400.97	\$396.49
16 <sup>1</sup>	\$421.53	\$413.04	\$408.42
17 <sup>1</sup>	\$433.86	\$425.11	\$420.35
18 <sup>1</sup>	\$447.13	\$438.11	\$433.20
19	\$446.14	\$436.83	\$431.78
20	\$459.89	\$450.30	\$445.08
21	\$474.11	\$464.22	\$458.85
22	\$474.11	\$464.22	\$458.85
23	\$474.11	\$464.22	\$458.85
24	\$474.11	\$464.22	\$458.85
25	\$476.01	\$466.08	\$460.69
26	\$485.49	\$475.37	\$469.86
27	\$496.87	\$486.51	\$480.87
28	\$515.36	\$504.61	\$498.77
29	\$530.53	\$519.47	\$513.45
30	\$538.12	\$526.89	\$520.79
31	\$549.49	\$538.04	\$531.81
32	\$560.87	\$549.18	\$542.82
33	\$567.98	\$556.14	\$549.70
34	\$575.57	\$563.57	\$557.04
35	\$579.36	\$567.28	\$560.71
36	\$583.16	\$571.00	\$564.39
37	\$586.95	\$574.71	\$568.06
38	\$590.74	\$578.42	\$571.73
39	\$598.33	\$585.85	\$579.07
40	\$605.91	\$593.28	\$586.41
41	\$617.29	\$604.42	\$597.42
42	\$628.20	\$615.10	\$607.98
43	\$643.37	\$629.95	\$622.66
44	\$662.33	\$648.52	\$641.01
45	\$684.62	\$670.34	\$662.58
46	\$711.17	\$696.34	\$688.27
47	\$741.03	\$725.58	\$717.18
48	\$775.17	\$759.01	\$750.22
49	\$808.83	\$791.97	\$782.80
50	\$846.76	\$829.10	\$819.51
51	\$884.22	\$865.78	\$855.75
52	\$925.46	\$906.16	\$895.67
53	\$967.19	\$947.02	\$936.05
54	\$1,012.23	\$991.12	\$979.64
55	\$1,057.27	\$1,035.22	\$1,023.24
56	\$1,106.10	\$1,083.03	\$1,070.50
57	\$1,155.41	\$1,131.31	\$1,118.22
58	\$1,208.03	\$1,182.84	\$1,169.15
59	\$1,234.11	\$1,208.37	\$1,194.39
60	\$1,286.74	\$1,259.90	\$1,245.32
61	\$1,332.25	\$1,304.47	\$1,289.37
62	\$1,362.12	\$1,333.72	\$1,318.28
63	\$1,399.57	\$1,370.39	\$1,354.52
64+	\$1,422.33	\$1,392.66	\$1,376.55

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates

Age on 2024 effective date	Gold 80 HMO 0/35 + Child Dental Alt	Gold 80 HMO 250/35 + Child Dental	Gold 80 HMO 1000/40 + Child Dental Alt	Gold 80 HDHP HMO 1750/15% + Child Dental Alt	Gold 80 HRA HMO 2250/35 + Child Dental
0-14 <sup>1</sup>	\$349.55	\$339.20	\$323.28	\$295.62	\$297.77
15 <sup>1</sup>	\$379.35	\$368.08	\$350.74	\$320.62	\$322.97
16 <sup>1</sup>	\$390.75	\$379.13	\$361.25	\$330.19	\$332.61
17 <sup>1</sup>	\$402.14	\$390.17	\$371.75	\$339.75	\$342.24
18 <sup>1</sup>	\$414.42	\$402.06	\$383.06	\$350.05	\$352.62
19	\$412.42	\$399.69	\$380.10	\$346.07	\$348.73
20	\$425.13	\$412.00	\$391.81	\$356.74	\$359.47
21	\$438.28	\$424.75	\$403.93	\$367.77	\$370.59
22	\$438.28	\$424.75	\$403.93	\$367.77	\$370.59
23	\$438.28	\$424.75	\$403.93	\$367.77	\$370.59
24	\$438.28	\$424.75	\$403.93	\$367.77	\$370.59
25	\$440.03	\$426.45	\$405.55	\$369.24	\$372.07
26	\$448.79	\$434.94	\$413.62	\$376.60	\$379.49
27	\$459.31	\$445.13	\$423.32	\$385.43	\$388.38
28	\$476.41	\$461.70	\$439.07	\$399.77	\$402.83
29	\$490.43	\$475.29	\$452.00	\$411.54	\$414.69
30	\$497.44	\$482.09	\$458.46	\$417.42	\$420.62
31	\$507.96	\$492.28	\$468.16	\$426.25	\$429.52
32	\$518.48	\$502.47	\$477.85	\$435.08	\$438.41
33	\$525.05	\$508.85	\$483.91	\$440.59	\$443.97
34	\$532.07	\$515.64	\$490.37	\$446.48	\$449.90
35	\$535.57	\$519.04	\$493.60	\$449.42	\$452.86
36	\$539.08	\$522.44	\$496.83	\$452.36	\$455.83
37	\$542.59	\$525.84	\$500.07	\$455.30	\$458.79
38	\$546.09	\$529.23	\$503.30	\$458.25	\$461.76
39	\$553.10	\$536.03	\$509.76	\$464.13	\$467.69
40	\$560.12	\$542.83	\$516.22	\$470.01	\$473.62
41	\$570.64	\$553.02	\$525.92	\$478.84	\$482.51
42	\$580.72	\$562.79	\$535.21	\$487.30	\$491.03
43	\$594.74	\$576.38	\$548.13	\$499.07	\$502.89
44	\$612.27	\$593.37	\$564.29	\$513.78	\$517.72
45	\$632.87	\$613.33	\$583.28	\$531.06	\$535.13
46	\$657.41	\$637.12	\$605.90	\$551.66	\$555.89
47	\$685.03	\$663.88	\$631.34	\$574.83	\$579.23
48	\$716.58	\$694.46	\$660.43	\$601.31	\$605.92
49	\$747.70	\$724.62	\$689.11	\$627.42	\$632.23
50	\$782.76	\$758.60	\$721.42	\$656.84	\$661.88
51	\$817.38	\$792.15	\$753.33	\$685.90	\$691.15
52	\$855.51	\$829.10	\$788.47	\$717.89	\$723.39
53	\$894.08	\$866.48	\$824.02	\$750.26	\$756.01
54	\$935.72	\$906.83	\$862.39	\$785.20	\$791.21
55	\$977.36	\$947.18	\$900.76	\$820.13	\$826.42
56	\$1,022.50	\$990.93	\$942.37	\$858.01	\$864.59
57	\$1,068.08	\$1,035.11	\$984.38	\$896.26	\$903.13
58	\$1,116.73	\$1,082.25	\$1,029.21	\$937.09	\$944.27
59	\$1,140.83	\$1,105.61	\$1,051.43	\$957.31	\$964.65
60	\$1,189.48	\$1,152.76	\$1,096.27	\$998.14	\$1,005.78
61	\$1,231.56	\$1,193.54	\$1,135.04	\$1,033.44	\$1,041.36
62	\$1,259.17	\$1,220.30	\$1,160.49	\$1,056.61	\$1,064.71
63	\$1,293.79	\$1,253.85	\$1,192.40	\$1,085.67	\$1,093.98
64+	\$1,314.84	\$1,274.25	\$1,211.79	\$1,103.31	\$1,111.77

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates

Age on 2024 effective date	Silver 70 HMO 1900/65 + Child Dental Alt	Silver 70 HMO 2300/65 + Child Dental Alt	Silver 70 HMO 2500/55 + Child Dental	Silver 70 HMO 2950/65 + Child Dental Alt	Silver 70 HDHP HMO 2850/25% + Child Dental
0-14 <sup>1</sup>	\$281.48	\$276.24	\$279.75	\$267.26	\$258.94
15 <sup>1</sup>	\$305.23	\$299.53	\$303.35	\$289.75	\$280.69
16 <sup>1</sup>	\$314.32	\$308.43	\$312.37	\$298.35	\$289.01
17 <sup>1</sup>	\$323.40	\$317.34	\$321.39	\$306.95	\$297.32
18 <sup>1</sup>	\$333.18	\$326.93	\$331.11	\$316.21	\$306.28
19	\$328.69	\$322.24	\$326.56	\$311.20	\$300.96
20	\$338.82	\$332.18	\$336.62	\$320.79	\$310.24
21	\$349.30	\$342.45	\$347.03	\$330.71	\$319.83
22	\$349.30	\$342.45	\$347.03	\$330.71	\$319.83
23	\$349.30	\$342.45	\$347.03	\$330.71	\$319.83
24	\$349.30	\$342.45	\$347.03	\$330.71	\$319.83
25	\$350.69	\$343.82	\$348.42	\$332.03	\$321.11
26	\$357.68	\$350.67	\$355.36	\$338.64	\$327.51
27	\$366.06	\$358.89	\$363.69	\$346.58	\$335.18
28	\$379.68	\$372.24	\$377.22	\$359.48	\$347.66
29	\$390.86	\$383.20	\$388.33	\$370.06	\$357.89
30	\$396.45	\$388.68	\$393.88	\$375.35	\$363.01
31	\$404.83	\$396.90	\$402.21	\$383.29	\$370.68
32	\$413.22	\$405.12	\$410.54	\$391.23	\$378.36
33	\$418.46	\$410.25	\$415.75	\$396.19	\$383.16
34	\$424.05	\$415.73	\$421.30	\$401.48	\$388.28
35	\$426.84	\$418.47	\$424.07	\$404.12	\$390.83
36	\$429.63	\$421.21	\$426.85	\$406.77	\$393.39
37	\$432.43	\$423.95	\$429.63	\$409.42	\$395.95
38	\$435.22	\$426.69	\$432.40	\$412.06	\$398.51
39	\$440.81	\$432.17	\$437.96	\$417.35	\$403.63
40	\$446.40	\$437.65	\$443.51	\$422.64	\$408.74
41	\$454.78	\$445.87	\$451.84	\$430.58	\$416.42
42	\$462.82	\$453.75	\$459.82	\$438.19	\$423.78
43	\$473.99	\$464.70	\$470.92	\$448.77	\$434.01
44	\$487.97	\$478.40	\$484.80	\$462.00	\$446.80
45	\$504.38	\$494.50	\$501.12	\$477.54	\$461.84
46	\$523.94	\$513.67	\$520.55	\$496.06	\$479.75
47	\$545.95	\$535.25	\$542.41	\$516.90	\$499.90
48	\$571.10	\$559.90	\$567.40	\$540.71	\$522.92
49	\$595.90	\$584.22	\$592.04	\$564.19	\$545.63
50	\$623.84	\$611.61	\$619.80	\$590.64	\$571.22
51	\$651.44	\$638.67	\$647.22	\$616.77	\$596.49
52	\$681.83	\$668.46	\$677.41	\$645.54	\$624.31
53	\$712.56	\$698.60	\$707.95	\$674.64	\$652.46
54	\$745.75	\$731.13	\$740.91	\$706.06	\$682.84
55	\$778.93	\$763.66	\$773.88	\$737.48	\$713.22
56	\$814.91	\$798.93	\$809.63	\$771.54	\$746.17
57	\$851.23	\$834.55	\$845.72	\$805.93	\$779.43
58	\$890.01	\$872.56	\$884.24	\$842.64	\$814.93
59	\$909.22	\$891.39	\$903.33	\$860.83	\$832.52
60	\$947.99	\$929.41	\$941.85	\$897.54	\$868.02
61	\$981.52	\$962.28	\$975.16	\$929.29	\$898.73
62	\$1,003.53	\$983.86	\$997.02	\$950.12	\$918.88
63	\$1,031.12	\$1,010.91	\$1,024.44	\$976.25	\$944.14
64+	\$1,047.90	\$1,027.35	\$1,041.09	\$992.13	\$959.49

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates

Age on 2024 effective date	Bronze 60 HMO 5400/60 + Child Dental Alt	Bronze 60 HMO 6300/60 + Child Dental	Bronze 60 HDHP HMO 7050/0 + Child Dental
0-14 <sup>1</sup>	\$237.28	\$242.40	\$236.67
15 <sup>1</sup>	\$257.10	\$262.67	\$256.44
16 <sup>1</sup>	\$264.68	\$270.43	\$264.00
17 <sup>1</sup>	\$272.26	\$278.18	\$271.55
18 <sup>1</sup>	\$280.42	\$286.53	\$279.69
19	\$274.31	\$280.61	\$273.56
20	\$282.77	\$289.26	\$282.00
21	\$291.51	\$298.20	\$290.72
22	\$291.51	\$298.20	\$290.72
23	\$291.51	\$298.20	\$290.72
24	\$291.51	\$298.20	\$290.72
25	\$292.68	\$299.40	\$291.88
26	\$298.51	\$305.36	\$297.69
27	\$305.51	\$312.52	\$304.67
28	\$316.87	\$324.15	\$316.01
29	\$326.20	\$333.69	\$325.31
30	\$330.87	\$338.46	\$329.96
31	\$337.86	\$345.62	\$336.94
32	\$344.86	\$352.78	\$343.92
33	\$349.23	\$357.25	\$348.28
34	\$353.90	\$362.02	\$352.93
35	\$356.23	\$364.41	\$355.26
36	\$358.56	\$366.79	\$357.58
37	\$360.89	\$369.18	\$359.91
38	\$363.22	\$371.56	\$362.23
39	\$367.89	\$376.33	\$366.88
40	\$372.55	\$381.11	\$371.54
41	\$379.55	\$388.26	\$378.51
42	\$386.25	\$395.12	\$385.20
43	\$395.58	\$404.66	\$394.50
44	\$407.24	\$416.59	\$406.13
45	\$420.94	\$430.61	\$419.80
46	\$437.27	\$447.31	\$436.08
47	\$455.63	\$466.09	\$454.39
48	\$476.62	\$487.56	\$475.32
49	\$497.32	\$508.74	\$495.96
50	\$520.64	\$532.59	\$519.22
51	\$543.67	\$556.15	\$542.19
52	\$569.03	\$582.10	\$567.48
53	\$594.69	\$608.34	\$593.06
54	\$622.38	\$636.67	\$620.68
55	\$650.07	\$665.00	\$648.30
56	\$680.10	\$695.71	\$678.24
57	\$710.42	\$726.72	\$708.48
58	\$742.77	\$759.83	\$740.75
59	\$758.81	\$776.23	\$756.74
60	\$791.17	\$809.33	\$789.01
61	\$819.15	\$837.95	\$816.91
62	\$837.52	\$856.74	\$835.23
63	\$860.55	\$880.30	\$858.20
64+	\$874.53	\$894.60	\$872.16

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates

Age on 2024 effective date	Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 350/25 + Child Dental	Silver 70 PPO 2500/55 + Child Dental	Bronze 60 PPO 6300/60 + Child Dental
0-14	\$686.51	\$614.52	\$511.64	\$447.84
15	\$747.53	\$669.14	\$557.12	\$487.65
16	\$770.87	\$690.03	\$574.51	\$502.87
17	\$794.20	\$710.91	\$591.90	\$518.09
18	\$819.33	\$733.40	\$610.63	\$534.48
19	\$844.45	\$755.90	\$629.36	\$550.87
20	\$870.48	\$779.19	\$648.75	\$567.85
21	\$897.40	\$803.29	\$668.82	\$585.41
22	\$897.40	\$803.29	\$668.82	\$585.41
23	\$897.40	\$803.29	\$668.82	\$585.41
24	\$897.40	\$803.29	\$668.82	\$585.41
25	\$900.99	\$806.50	\$671.49	\$587.75
26	\$918.94	\$822.57	\$684.87	\$599.46
27	\$940.48	\$841.85	\$700.92	\$613.51
28	\$975.47	\$873.18	\$727.00	\$636.34
29	\$1,004.19	\$898.88	\$748.41	\$655.07
30	\$1,018.55	\$911.73	\$759.11	\$664.44
31	\$1,040.09	\$931.01	\$775.16	\$678.49
32	\$1,061.63	\$950.29	\$791.21	\$692.54
33	\$1,075.09	\$962.34	\$801.24	\$701.32
34	\$1,089.44	\$975.19	\$811.94	\$710.69
35	\$1,096.62	\$981.62	\$817.29	\$715.37
36	\$1,103.80	\$988.05	\$822.64	\$720.05
37	\$1,110.98	\$994.47	\$827.99	\$724.74
38	\$1,118.16	\$1,000.90	\$833.34	\$729.42
39	\$1,132.52	\$1,013.75	\$844.05	\$738.79
40	\$1,146.88	\$1,026.61	\$854.75	\$748.15
41	\$1,168.42	\$1,045.88	\$870.80	\$762.20
42	\$1,189.06	\$1,064.36	\$886.18	\$775.67
43	\$1,217.77	\$1,090.07	\$907.58	\$794.40
44	\$1,253.67	\$1,122.20	\$934.34	\$817.82
45	\$1,295.85	\$1,159.95	\$965.77	\$845.33
46	\$1,346.10	\$1,204.94	\$1,003.22	\$878.11
47	\$1,402.64	\$1,255.54	\$1,045.36	\$915.00
48	\$1,467.25	\$1,313.38	\$1,093.51	\$957.14
49	\$1,530.97	\$1,370.41	\$1,141.00	\$998.71
50	\$1,602.76	\$1,434.68	\$1,194.51	\$1,045.54
51	\$1,673.65	\$1,498.14	\$1,247.34	\$1,091.79
52	\$1,751.73	\$1,568.02	\$1,305.53	\$1,142.72
53	\$1,830.70	\$1,638.71	\$1,364.38	\$1,194.24
54	\$1,915.95	\$1,715.03	\$1,427.92	\$1,249.85
55	\$2,001.20	\$1,791.34	\$1,491.46	\$1,305.46
56	\$2,093.64	\$1,874.08	\$1,560.35	\$1,365.76
57	\$2,186.97	\$1,957.62	\$1,629.90	\$1,426.64
58	\$2,286.58	\$2,046.78	\$1,704.14	\$1,491.62
59	\$2,335.93	\$2,090.97	\$1,740.93	\$1,523.82
60	\$2,435.55	\$2,180.13	\$1,815.17	\$1,588.80
61	\$2,521.70	\$2,257.25	\$1,879.37	\$1,645.00
62	\$2,578.23	\$2,307.85	\$1,921.51	\$1,681.88
63	\$2,649.13	\$2,371.31	\$1,974.35	\$1,728.13
64+	\$2,692.20	\$2,409.87	\$2,006.46	\$1,756.23

Below is a listing of all ZIP codes within Rate Area 10

County	Rate Area	County + ZIP code combinations in Kaiser Permanente service area								
Mariposa	10	93601	93623	93653						
Merced	10									
San Joaquin	10	94514	95227	95236-37	95258	95296-97	95330	95366	95391	95690
		95201-15	95230-31	95240-42	95267	95304	95336-37	95376-78	95632	
		95219-20	95234	95253	95269	95320	95361	95385	95686	
Stanislaus	10	95230	95307	95316	95322-23	95328-29	95360-61	95367-68	95385-87	
		95304	95313	95319	95326	95350-58	95363	95380-82	95397	
Tulare	10	93238	93261	93618	93631	93646	93654	93666	93673	