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## Medical plan rates with infertility benefits

For effective dates January 1-December 1, 2024

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### 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.

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## Plan rates

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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 with infertility benefits

Age on 2024 effective date	Platinum 90 HMO 0/10 + Child Dental Alt INF	Platinum 90 HMO 0/20 + Child Dental INF	Platinum 90 HMO 250/30 + Child Dental Alt INF
0-14 <sup>1</sup>	\$375.89	\$368.55	\$364.56
15 <sup>1</sup>	\$408.03	\$400.04	\$395.70
16 <sup>1</sup>	\$420.32	\$412.08	\$407.60
17 <sup>1</sup>	\$432.61	\$424.12	\$419.51
18 <sup>1</sup>	\$445.85	\$437.09	\$432.33
19	\$444.81	\$435.79	\$430.88
20	\$458.52	\$449.22	\$444.16
21	\$472.70	\$463.11	\$457.90
22	\$472.70	\$463.11	\$457.90
23	\$472.70	\$463.11	\$457.90
24	\$472.70	\$463.11	\$457.90
25	\$474.59	\$464.96	\$459.73
26	\$484.05	\$474.23	\$468.89
27	\$495.39	\$485.34	\$479.88
28	\$513.83	\$503.40	\$497.74
29	\$528.95	\$518.22	\$512.39
30	\$536.52	\$525.63	\$519.71
31	\$547.86	\$536.75	\$530.70
32	\$559.21	\$547.86	\$541.69
33	\$566.30	\$554.81	\$548.56
34	\$573.86	\$562.22	\$555.89
35	\$577.64	\$565.92	\$559.55
36	\$581.42	\$569.63	\$563.21
37	\$585.20	\$573.33	\$566.88
38	\$588.99	\$577.04	\$570.54
39	\$596.55	\$584.45	\$577.87
40	\$604.11	\$591.86	\$585.19
41	\$615.46	\$602.97	\$596.18
42	\$626.33	\$613.62	\$606.71
43	\$641.45	\$628.44	\$621.37
44	\$660.36	\$646.97	\$639.68
45	\$682.58	\$668.73	\$661.20
46	\$709.05	\$694.67	\$686.85
47	\$738.83	\$723.84	\$715.69
48	\$772.87	\$757.19	\$748.66
49	\$806.43	\$790.07	\$781.17
50	\$844.24	\$827.12	\$817.81
51	\$881.59	\$863.70	\$853.98
52	\$922.71	\$903.99	\$893.82
53	\$964.31	\$944.75	\$934.11
54	\$1,009.22	\$988.74	\$977.61
55	\$1,054.12	\$1,032.74	\$1,021.11
56	\$1,102.81	\$1,080.44	\$1,068.28
57	\$1,151.97	\$1,128.60	\$1,115.90
58	\$1,204.44	\$1,180.01	\$1,166.72
59	\$1,230.44	\$1,205.48	\$1,191.91
60	\$1,282.91	\$1,256.88	\$1,242.74
61	\$1,328.29	\$1,301.34	\$1,286.69
62	\$1,358.07	\$1,330.52	\$1,315.54
63	\$1,395.41	\$1,367.10	\$1,351.72
64+	\$1,418.10	\$1,389.33	\$1,373.70

<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 with infertility benefits

Age on 2024 effective date	Gold 80 HMO 0/35 + 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 1750/15% + Child Dental Alt INF	Gold 80 HRA HMO 2250/35 + Child Dental INF
0-14 <sup>1</sup>	\$349.30	\$339.26	\$323.81	\$296.98	\$299.07
15 <sup>1</sup>	\$379.08	\$368.14	\$351.32	\$322.11	\$324.39
16 <sup>1</sup>	\$390.46	\$379.19	\$361.84	\$331.72	\$334.06
17 <sup>1</sup>	\$401.85	\$390.23	\$372.36	\$341.32	\$343.74
18 <sup>1</sup>	\$414.11	\$402.13	\$383.69	\$351.67	\$354.17
19	\$412.10	\$399.75	\$380.75	\$347.75	\$350.32
20	\$424.80	\$412.07	\$392.49	\$358.47	\$361.12
21	\$437.94	\$424.82	\$404.63	\$369.55	\$372.29
22	\$437.94	\$424.82	\$404.63	\$369.55	\$372.29
23	\$437.94	\$424.82	\$404.63	\$369.55	\$372.29
24	\$437.94	\$424.82	\$404.63	\$369.55	\$372.29
25	\$439.69	\$426.52	\$406.24	\$371.03	\$373.78
26	\$448.45	\$435.01	\$414.34	\$378.42	\$381.22
27	\$458.96	\$445.21	\$424.05	\$387.29	\$390.16
28	\$476.04	\$461.78	\$439.83	\$401.70	\$404.68
29	\$490.06	\$475.37	\$452.78	\$413.53	\$416.59
30	\$497.06	\$482.17	\$459.25	\$419.44	\$422.55
31	\$507.57	\$492.36	\$468.96	\$428.31	\$431.48
32	\$518.08	\$502.56	\$478.67	\$437.18	\$440.42
33	\$524.65	\$508.93	\$484.74	\$442.73	\$446.00
34	\$531.66	\$515.73	\$491.22	\$448.64	\$451.96
35	\$535.16	\$519.13	\$494.45	\$451.59	\$454.93
36	\$538.67	\$522.53	\$497.69	\$454.55	\$457.91
37	\$542.17	\$525.92	\$500.93	\$457.51	\$460.89
38	\$545.67	\$529.32	\$504.16	\$460.46	\$463.87
39	\$552.68	\$536.12	\$510.64	\$466.38	\$469.83
40	\$559.69	\$542.92	\$517.11	\$472.29	\$475.78
41	\$570.20	\$553.11	\$526.82	\$481.16	\$484.72
42	\$580.27	\$562.88	\$536.13	\$489.66	\$493.28
43	\$594.29	\$576.48	\$549.08	\$501.48	\$505.19
44	\$611.80	\$593.47	\$565.26	\$516.27	\$520.09
45	\$632.39	\$613.44	\$584.28	\$533.64	\$537.58
46	\$656.91	\$637.23	\$606.94	\$554.33	\$558.43
47	\$684.50	\$663.99	\$632.43	\$577.61	\$581.88
48	\$716.03	\$694.58	\$661.56	\$604.22	\$608.69
49	\$747.13	\$724.74	\$690.29	\$630.46	\$635.12
50	\$782.16	\$758.72	\$722.66	\$660.02	\$664.90
51	\$816.76	\$792.29	\$754.63	\$689.22	\$694.32
52	\$854.86	\$829.24	\$789.83	\$721.37	\$726.70
53	\$893.40	\$866.63	\$825.44	\$753.89	\$759.47
54	\$935.00	\$906.99	\$863.88	\$789.00	\$794.83
55	\$976.61	\$947.34	\$902.32	\$824.10	\$830.20
56	\$1,021.72	\$991.10	\$943.99	\$862.17	\$868.55
57	\$1,067.26	\$1,035.28	\$986.07	\$900.60	\$907.26
58	\$1,115.87	\$1,082.44	\$1,030.99	\$941.62	\$948.59
59	\$1,139.96	\$1,105.80	\$1,053.24	\$961.95	\$969.06
60	\$1,188.57	\$1,152.96	\$1,098.16	\$1,002.97	\$1,010.39
61	\$1,230.62	\$1,193.74	\$1,137.00	\$1,038.45	\$1,046.13
62	\$1,258.21	\$1,220.50	\$1,162.49	\$1,061.73	\$1,069.58
63	\$1,292.80	\$1,254.06	\$1,194.46	\$1,090.92	\$1,098.99
64+	\$1,313.82	\$1,274.46	\$1,213.89	\$1,108.65	\$1,116.87

<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 with infertility benefits

Age on 2024 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 2950/65 + Child Dental Alt INF	Silver 70 HDHP HMO 2850/25% + Child Dental INF
0-14 <sup>1</sup>	\$283.27	\$278.19	\$281.59	\$269.47	\$261.40
15 <sup>1</sup>	\$307.18	\$301.65	\$305.35	\$292.16	\$283.37
16 <sup>1</sup>	\$316.32	\$310.62	\$314.43	\$300.83	\$291.77
17 <sup>1</sup>	\$325.46	\$319.59	\$323.52	\$309.51	\$300.17
18 <sup>1</sup>	\$335.31	\$329.25	\$333.30	\$318.85	\$309.21
19	\$330.88	\$324.63	\$328.82	\$313.92	\$303.99
20	\$341.08	\$334.64	\$338.95	\$323.59	\$313.36
21	\$351.63	\$344.99	\$349.44	\$333.60	\$323.05
22	\$351.63	\$344.99	\$349.44	\$333.60	\$323.05
23	\$351.63	\$344.99	\$349.44	\$333.60	\$323.05
24	\$351.63	\$344.99	\$349.44	\$333.60	\$323.05
25	\$353.04	\$346.37	\$350.83	\$334.93	\$324.34
26	\$360.07	\$353.27	\$357.82	\$341.61	\$330.80
27	\$368.51	\$361.55	\$366.21	\$349.61	\$338.56
28	\$382.22	\$375.00	\$379.84	\$362.62	\$351.16
29	\$393.47	\$386.04	\$391.02	\$373.30	\$361.49
30	\$399.10	\$391.56	\$396.61	\$378.64	\$366.66
31	\$407.54	\$399.84	\$405.00	\$386.64	\$374.42
32	\$415.98	\$408.12	\$413.38	\$394.65	\$382.17
33	\$421.25	\$413.30	\$418.62	\$399.65	\$387.01
34	\$426.88	\$418.82	\$424.21	\$404.99	\$392.18
35	\$429.69	\$421.58	\$427.01	\$407.66	\$394.77
36	\$432.51	\$424.34	\$429.81	\$410.33	\$397.35
37	\$435.32	\$427.10	\$432.60	\$413.00	\$399.94
38	\$438.13	\$429.86	\$435.40	\$415.67	\$402.52
39	\$443.76	\$435.38	\$440.99	\$421.00	\$407.69
40	\$449.38	\$440.90	\$446.58	\$426.34	\$412.86
41	\$457.82	\$449.18	\$454.96	\$434.35	\$420.61
42	\$465.91	\$457.11	\$463.00	\$442.02	\$428.04
43	\$477.16	\$468.15	\$474.18	\$452.69	\$438.38
44	\$491.23	\$481.95	\$488.16	\$466.04	\$451.30
45	\$507.75	\$498.16	\$504.58	\$481.72	\$466.48
46	\$527.45	\$517.48	\$524.15	\$500.40	\$484.58
47	\$549.60	\$539.22	\$546.17	\$521.42	\$504.93
48	\$574.92	\$564.06	\$571.33	\$545.44	\$528.19
49	\$599.88	\$588.55	\$596.14	\$569.12	\$551.12
50	\$628.01	\$616.15	\$624.09	\$595.81	\$576.97
51	\$655.79	\$643.41	\$651.70	\$622.16	\$602.49
52	\$686.38	\$673.42	\$682.10	\$651.19	\$630.59
53	\$717.33	\$703.78	\$712.85	\$680.54	\$659.02
54	\$750.73	\$736.55	\$746.04	\$712.24	\$689.71
55	\$784.14	\$769.33	\$779.24	\$743.93	\$720.40
56	\$820.35	\$804.86	\$815.23	\$778.29	\$753.68
57	\$856.92	\$840.74	\$851.57	\$812.98	\$787.27
58	\$895.95	\$879.03	\$890.36	\$850.01	\$823.13
59	\$915.29	\$898.01	\$909.58	\$868.36	\$840.90
60	\$954.33	\$936.30	\$948.37	\$905.39	\$876.76
61	\$988.08	\$969.42	\$981.91	\$937.41	\$907.77
62	\$1,010.23	\$991.15	\$1,003.93	\$958.43	\$928.12
63	\$1,038.01	\$1,018.41	\$1,031.53	\$984.79	\$953.64
64+	\$1,054.89	\$1,034.97	\$1,048.32	\$1,000.80	\$969.15

<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 with infertility benefits

Age on 2024 effective date	Bronze 60 HMO 5400/60 + Child Dental Alt INF	Bronze 60 HMO 6300/60 + Child Dental INF	Bronze 60 HDHP HMO 7050/0 + Child Dental INF
0-14 <sup>1</sup>	\$240.39	\$245.36	\$239.80
15 <sup>1</sup>	\$260.49	\$265.90	\$259.85
16 <sup>1</sup>	\$268.17	\$273.75	\$267.51
17 <sup>1</sup>	\$275.86	\$281.60	\$275.18
18 <sup>1</sup>	\$284.14	\$290.06	\$283.43
19	\$278.14	\$284.25	\$277.42
20	\$286.71	\$293.01	\$285.96
21	\$295.58	\$302.07	\$294.81
22	\$295.58	\$302.07	\$294.81
23	\$295.58	\$302.07	\$294.81
24	\$295.58	\$302.07	\$294.81
25	\$296.76	\$303.28	\$295.99
26	\$302.68	\$309.32	\$301.88
27	\$309.77	\$316.57	\$308.96
28	\$321.30	\$328.35	\$320.46
29	\$330.76	\$338.02	\$329.89
30	\$335.48	\$342.85	\$334.61
31	\$342.58	\$350.10	\$341.68
32	\$349.67	\$357.35	\$348.76
33	\$354.11	\$361.88	\$353.18
34	\$358.84	\$366.72	\$357.90
35	\$361.20	\$369.13	\$360.26
36	\$363.56	\$371.55	\$362.62
37	\$365.93	\$373.97	\$364.97
38	\$368.29	\$376.38	\$367.33
39	\$373.02	\$381.22	\$372.05
40	\$377.75	\$386.05	\$376.77
41	\$384.85	\$393.30	\$383.84
42	\$391.65	\$400.25	\$390.62
43	\$401.10	\$409.91	\$400.06
44	\$412.93	\$421.99	\$411.85
45	\$426.82	\$436.19	\$425.70
46	\$443.37	\$453.11	\$442.21
47	\$461.99	\$472.14	\$460.79
48	\$483.28	\$493.89	\$482.01
49	\$504.26	\$515.34	\$502.94
50	\$527.91	\$539.50	\$526.53
51	\$551.26	\$563.36	\$549.82
52	\$576.97	\$589.64	\$575.47
53	\$602.99	\$616.23	\$601.41
54	\$631.07	\$644.92	\$629.42
55	\$659.15	\$673.62	\$657.42
56	\$689.59	\$704.73	\$687.79
57	\$720.33	\$736.15	\$718.45
58	\$753.14	\$769.68	\$751.17
59	\$769.40	\$786.29	\$767.39
60	\$802.21	\$819.82	\$800.11
61	\$830.58	\$848.82	\$828.41
62	\$849.20	\$867.85	\$846.99
63	\$872.56	\$891.72	\$870.28
64+	\$886.74	\$906.21	\$884.43

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

Below is a listing of all ZIP codes within Rate Area 11

County	Rate Area	County + ZIP code combinations in Kaiser Permanente service area									
Fresno	11	93242	93611-13	93630-31	93656-57	93675	93737	93750	93771-79	93888	
		93602	93616	93646	93660	93701-12	93740-41	93755	93786		
		93606-07	93618-19	93648-52	93662	93714-18	93744-45	93760-61	93790-94		
		93609	93624-27	93654	93667-68	93720-30	93747	93764-65	93844		
Kings	11	93230	93232	93242	93631	93656					
Madera	11	93601-02	93604	93614	93623	93626	93636-39	93643-45	93653	93669	93720