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## Medical plan rates with infertility benefits

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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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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 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>	\$388.70	\$381.11	\$376.98
15 <sup>1</sup>	\$421.99	\$413.72	\$409.22
16 <sup>1</sup>	\$434.71	\$426.18	\$421.55
17 <sup>1</sup>	\$447.44	\$438.65	\$433.87
18 <sup>1</sup>	\$461.14	\$452.08	\$447.15
19	\$460.58	\$451.23	\$446.15
20	\$474.77	\$465.14	\$459.90
21	\$489.46	\$479.53	\$474.13
22	\$489.46	\$479.53	\$474.13
23	\$489.46	\$479.53	\$474.13
24	\$489.46	\$479.53	\$474.13
25	\$491.41	\$481.44	\$476.02
26	\$501.20	\$491.03	\$485.51
27	\$512.95	\$502.54	\$496.89
28	\$532.04	\$521.24	\$515.38
29	\$547.70	\$536.59	\$530.55
30	\$555.53	\$544.26	\$538.14
31	\$567.28	\$555.77	\$549.51
32	\$579.03	\$567.28	\$560.89
33	\$586.37	\$574.47	\$568.01
34	\$594.20	\$582.14	\$575.59
35	\$598.11	\$585.98	\$579.38
36	\$602.03	\$589.82	\$583.18
37	\$605.95	\$593.65	\$586.97
38	\$609.86	\$597.49	\$590.76
39	\$617.69	\$605.16	\$598.35
40	\$625.52	\$612.83	\$605.94
41	\$637.27	\$624.34	\$617.32
42	\$648.53	\$635.37	\$628.22
43	\$664.19	\$650.72	\$643.39
44	\$683.77	\$669.90	\$662.36
45	\$706.77	\$692.44	\$684.64
46	\$734.18	\$719.29	\$711.19
47	\$765.02	\$749.50	\$741.06
48	\$800.26	\$784.02	\$775.20
49	\$835.01	\$818.07	\$808.86
50	\$874.17	\$856.43	\$846.79
51	\$912.84	\$894.32	\$884.25
52	\$955.42	\$936.03	\$925.50
53	\$998.49	\$978.23	\$967.22
54	\$1,044.99	\$1,023.79	\$1,012.26
55	\$1,091.49	\$1,069.34	\$1,057.31
56	\$1,141.90	\$1,118.73	\$1,106.14
57	\$1,192.80	\$1,168.60	\$1,155.45
58	\$1,247.13	\$1,221.83	\$1,208.08
59	\$1,274.05	\$1,248.21	\$1,234.16
60	\$1,328.38	\$1,301.43	\$1,286.78
61	\$1,375.37	\$1,347.47	\$1,332.30
62	\$1,406.21	\$1,377.68	\$1,362.17
63	\$1,444.87	\$1,415.56	\$1,399.63
64+	\$1,468.38	\$1,438.59	\$1,422.39

<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>	\$361.17	\$350.77	\$334.78	\$307.00	\$309.16
15 <sup>1</sup>	\$392.01	\$380.69	\$363.27	\$333.02	\$335.38
16 <sup>1</sup>	\$403.80	\$392.12	\$374.16	\$342.97	\$345.40
17 <sup>1</sup>	\$415.59	\$403.56	\$385.06	\$352.92	\$355.42
18 <sup>1</sup>	\$428.28	\$415.88	\$396.79	\$363.63	\$366.22
19	\$426.71	\$413.92	\$394.25	\$360.08	\$362.74
20	\$439.86	\$426.68	\$406.40	\$371.17	\$373.92
21	\$453.46	\$439.88	\$418.97	\$382.65	\$385.48
22	\$453.46	\$439.88	\$418.97	\$382.65	\$385.48
23	\$453.46	\$439.88	\$418.97	\$382.65	\$385.48
24	\$453.46	\$439.88	\$418.97	\$382.65	\$385.48
25	\$455.28	\$441.63	\$420.64	\$384.18	\$387.02
26	\$464.35	\$450.43	\$429.02	\$391.84	\$394.73
27	\$475.23	\$460.99	\$439.08	\$401.02	\$403.99
28	\$492.92	\$478.14	\$455.42	\$415.94	\$419.02
29	\$507.43	\$492.22	\$468.83	\$428.19	\$431.36
30	\$514.68	\$499.26	\$475.53	\$434.31	\$437.52
31	\$525.57	\$509.82	\$485.58	\$443.49	\$446.77
32	\$536.45	\$520.37	\$495.64	\$452.68	\$456.03
33	\$543.25	\$526.97	\$501.92	\$458.42	\$461.81
34	\$550.51	\$534.01	\$508.63	\$464.54	\$467.98
35	\$554.13	\$537.53	\$511.98	\$467.60	\$471.06
36	\$557.76	\$541.05	\$515.33	\$470.66	\$474.14
37	\$561.39	\$544.57	\$518.68	\$473.72	\$477.23
38	\$565.02	\$548.08	\$522.03	\$476.78	\$480.31
39	\$572.27	\$555.12	\$528.74	\$482.91	\$486.48
40	\$579.53	\$562.16	\$535.44	\$489.03	\$492.65
41	\$590.41	\$572.72	\$545.50	\$498.21	\$501.90
42	\$600.84	\$582.83	\$555.13	\$507.01	\$510.76
43	\$615.35	\$596.91	\$568.54	\$519.26	\$523.10
44	\$633.49	\$614.51	\$585.30	\$534.57	\$538.52
45	\$654.80	\$635.18	\$604.99	\$552.55	\$556.64
46	\$680.20	\$659.81	\$628.45	\$573.98	\$578.22
47	\$708.76	\$687.53	\$654.85	\$598.09	\$602.51
48	\$741.41	\$719.20	\$685.01	\$625.64	\$630.26
49	\$773.61	\$750.43	\$714.76	\$652.81	\$657.63
50	\$809.89	\$785.62	\$748.28	\$683.42	\$688.47
51	\$845.71	\$820.37	\$781.38	\$713.65	\$718.93
52	\$885.16	\$858.64	\$817.83	\$746.94	\$752.46
53	\$925.07	\$897.35	\$854.70	\$780.61	\$786.39
54	\$968.15	\$939.13	\$894.50	\$816.96	\$823.01
55	\$1,011.23	\$980.92	\$934.30	\$853.31	\$859.63
56	\$1,057.93	\$1,026.23	\$977.45	\$892.73	\$899.33
57	\$1,105.09	\$1,071.98	\$1,021.03	\$932.52	\$939.42
58	\$1,155.43	\$1,120.80	\$1,067.53	\$975.00	\$982.21
59	\$1,180.37	\$1,145.00	\$1,090.57	\$996.04	\$1,003.41
60	\$1,230.70	\$1,193.82	\$1,137.08	\$1,038.52	\$1,046.20
61	\$1,274.23	\$1,236.05	\$1,177.30	\$1,075.25	\$1,083.21
62	\$1,302.80	\$1,263.76	\$1,203.70	\$1,099.36	\$1,107.49
63	\$1,338.63	\$1,298.51	\$1,236.79	\$1,129.59	\$1,137.95
64+	\$1,360.38	\$1,319.64	\$1,256.91	\$1,147.95	\$1,156.44

<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>	\$292.80	\$287.54	\$291.06	\$278.52	\$270.16
15 <sup>1</sup>	\$317.56	\$311.83	\$315.67	\$302.01	\$292.91
16 <sup>1</sup>	\$327.03	\$321.12	\$325.07	\$310.99	\$301.61
17 <sup>1</sup>	\$336.49	\$330.41	\$334.48	\$319.97	\$310.30
18 <sup>1</sup>	\$346.69	\$340.41	\$344.61	\$329.64	\$319.67
19	\$342.61	\$336.14	\$340.47	\$325.04	\$314.77
20	\$353.17	\$346.50	\$350.97	\$335.06	\$324.47
21	\$364.09	\$357.22	\$361.82	\$345.42	\$334.50
22	\$364.09	\$357.22	\$361.82	\$345.42	\$334.50
23	\$364.09	\$357.22	\$361.82	\$345.42	\$334.50
24	\$364.09	\$357.22	\$361.82	\$345.42	\$334.50
25	\$365.55	\$358.65	\$363.27	\$346.81	\$335.84
26	\$372.83	\$365.79	\$370.50	\$353.71	\$342.53
27	\$381.57	\$374.36	\$379.19	\$362.00	\$350.56
28	\$395.77	\$388.30	\$393.30	\$375.48	\$363.60
29	\$407.42	\$399.73	\$404.88	\$386.53	\$374.31
30	\$413.25	\$405.44	\$410.67	\$392.06	\$379.66
31	\$421.99	\$414.02	\$419.35	\$400.35	\$387.69
32	\$430.72	\$422.59	\$428.03	\$408.64	\$395.71
33	\$436.18	\$427.95	\$433.46	\$413.82	\$400.73
34	\$442.01	\$433.66	\$439.25	\$419.34	\$406.08
35	\$444.92	\$436.52	\$442.15	\$422.11	\$408.76
36	\$447.84	\$439.38	\$445.04	\$424.87	\$411.44
37	\$450.75	\$442.24	\$447.93	\$427.64	\$414.11
38	\$453.66	\$445.09	\$450.83	\$430.40	\$416.79
39	\$459.49	\$450.81	\$456.62	\$435.93	\$422.14
40	\$465.31	\$456.52	\$462.41	\$441.45	\$427.49
41	\$474.05	\$465.10	\$471.09	\$449.74	\$435.52
42	\$482.42	\$473.31	\$479.41	\$457.69	\$443.21
43	\$494.08	\$484.74	\$490.99	\$468.74	\$453.92
44	\$508.64	\$499.03	\$505.46	\$482.56	\$467.30
45	\$525.75	\$515.82	\$522.47	\$498.79	\$483.02
46	\$546.14	\$535.83	\$542.73	\$518.14	\$501.75
47	\$569.08	\$558.33	\$565.53	\$539.90	\$522.82
48	\$595.29	\$584.05	\$591.58	\$564.77	\$546.91
49	\$621.14	\$609.41	\$617.27	\$589.29	\$570.66
50	\$650.27	\$637.99	\$646.21	\$616.93	\$597.42
51	\$679.04	\$666.21	\$674.80	\$644.22	\$623.84
52	\$710.71	\$697.29	\$706.27	\$674.27	\$652.95
53	\$742.75	\$728.72	\$738.12	\$704.67	\$682.38
54	\$777.34	\$762.66	\$772.49	\$737.48	\$714.16
55	\$811.93	\$796.60	\$806.86	\$770.30	\$745.94
56	\$849.43	\$833.39	\$844.13	\$805.87	\$780.39
57	\$887.30	\$870.54	\$881.76	\$841.80	\$815.18
58	\$927.71	\$910.19	\$921.92	\$880.14	\$852.31
59	\$947.74	\$929.84	\$941.82	\$899.14	\$870.71
60	\$988.15	\$969.49	\$981.98	\$937.48	\$907.84
61	\$1,023.10	\$1,003.78	\$1,016.72	\$970.64	\$939.95
62	\$1,046.04	\$1,026.29	\$1,039.51	\$992.40	\$961.02
63	\$1,074.81	\$1,054.51	\$1,068.10	\$1,019.69	\$987.45
64+	\$1,092.27	\$1,071.66	\$1,085.46	\$1,036.26	\$1,003.50

<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>	\$248.40	\$253.55	\$247.79
15 <sup>1</sup>	\$269.22	\$274.82	\$268.55
16 <sup>1</sup>	\$277.17	\$282.95	\$276.49
17 <sup>1</sup>	\$285.13	\$291.08	\$284.42
18 <sup>1</sup>	\$293.70	\$299.84	\$292.97
19	\$288.00	\$294.33	\$287.25
20	\$296.88	\$303.40	\$296.10
21	\$306.06	\$312.78	\$305.26
22	\$306.06	\$312.78	\$305.26
23	\$306.06	\$312.78	\$305.26
24	\$306.06	\$312.78	\$305.26
25	\$307.28	\$314.03	\$306.48
26	\$313.40	\$320.29	\$312.59
27	\$320.75	\$327.79	\$319.91
28	\$332.69	\$339.99	\$331.82
29	\$342.48	\$350.00	\$341.58
30	\$347.38	\$355.00	\$346.47
31	\$354.72	\$362.51	\$353.79
32	\$362.07	\$370.02	\$361.12
33	\$366.66	\$374.71	\$365.70
34	\$371.55	\$379.71	\$370.58
35	\$374.00	\$382.22	\$373.03
36	\$376.45	\$384.72	\$375.47
37	\$378.90	\$387.22	\$377.91
38	\$381.35	\$389.72	\$380.35
39	\$386.25	\$394.73	\$385.24
40	\$391.14	\$399.73	\$390.12
41	\$398.49	\$407.24	\$397.45
42	\$405.53	\$414.43	\$404.47
43	\$415.32	\$424.44	\$414.24
44	\$427.56	\$436.95	\$426.45
45	\$441.95	\$451.65	\$440.79
46	\$459.09	\$469.17	\$457.89
47	\$478.37	\$488.87	\$477.12
48	\$500.40	\$511.39	\$499.10
49	\$522.14	\$533.60	\$520.77
50	\$546.62	\$558.62	\$545.19
51	\$570.80	\$583.33	\$569.31
52	\$597.43	\$610.54	\$595.87
53	\$624.36	\$638.07	\$622.73
54	\$653.43	\$667.78	\$651.73
55	\$682.51	\$697.50	\$680.73
56	\$714.03	\$729.71	\$712.17
57	\$745.86	\$762.24	\$743.92
58	\$779.84	\$796.96	\$777.80
59	\$796.67	\$814.16	\$794.59
60	\$830.64	\$848.88	\$828.47
61	\$860.02	\$878.91	\$857.78
62	\$879.30	\$898.61	\$877.01
63	\$903.48	\$923.32	\$901.12
64+	\$918.18	\$938.34	\$915.78

<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 12

County	Rate Area	County + ZIP code combinations in Kaiser Permanente service area								
San Luis Obispo	12									
Santa Barbara	12									
Ventura	12	90265	91307	91319-20	91377	93009-12	93020-22	93040-44	93094	93252
		91304	91311	91358-62	93001-07	93015-16	93030-36	93060-66	93099	