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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>	\$377.62	\$370.25	\$366.24
15 <sup>1</sup>	\$409.92	\$401.89	\$397.53
16 <sup>1</sup>	\$422.27	\$413.99	\$409.49
17 <sup>1</sup>	\$434.62	\$426.09	\$421.46
18 <sup>1</sup>	\$447.92	\$439.12	\$434.34
19	\$446.95	\$437.88	\$432.95
20	\$460.72	\$451.38	\$446.29
21	\$474.97	\$465.34	\$460.10
22	\$474.97	\$465.34	\$460.10
23	\$474.97	\$465.34	\$460.10
24	\$474.97	\$465.34	\$460.10
25	\$476.87	\$467.20	\$461.94
26	\$486.37	\$476.50	\$471.14
27	\$497.77	\$487.67	\$482.18
28	\$516.29	\$505.82	\$500.13
29	\$531.49	\$520.71	\$514.85
30	\$539.09	\$528.16	\$522.21
31	\$550.49	\$539.32	\$533.25
32	\$561.89	\$550.49	\$544.30
33	\$569.02	\$557.47	\$551.20
34	\$576.62	\$564.92	\$558.56
35	\$580.41	\$568.64	\$562.24
36	\$584.21	\$572.36	\$565.92
37	\$588.01	\$576.09	\$569.60
38	\$591.81	\$579.81	\$573.28
39	\$599.41	\$587.25	\$580.64
40	\$607.01	\$594.70	\$588.00
41	\$618.41	\$605.87	\$599.05
42	\$629.34	\$616.57	\$609.63
43	\$644.54	\$631.46	\$624.35
44	\$663.53	\$650.07	\$642.76
45	\$685.86	\$671.94	\$664.38
46	\$712.46	\$698.00	\$690.15
47	\$742.38	\$727.32	\$719.13
48	\$776.58	\$760.82	\$752.26
49	\$810.30	\$793.86	\$784.93
50	\$848.30	\$831.09	\$821.73
51	\$885.82	\$867.85	\$858.08
52	\$927.14	\$908.33	\$898.11
53	\$968.94	\$949.28	\$938.60
54	\$1,014.06	\$993.49	\$982.31
55	\$1,059.19	\$1,037.70	\$1,026.02
56	\$1,108.11	\$1,085.63	\$1,073.41
57	\$1,157.51	\$1,134.02	\$1,121.26
58	\$1,210.23	\$1,185.67	\$1,172.33
59	\$1,236.35	\$1,211.27	\$1,197.63
60	\$1,289.07	\$1,262.92	\$1,248.70
61	\$1,334.67	\$1,307.59	\$1,292.87
62	\$1,364.59	\$1,336.91	\$1,321.86
63	\$1,402.12	\$1,373.67	\$1,358.21
64+	\$1,424.91	\$1,396.02	\$1,380.30

<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>	\$350.90	\$340.82	\$325.30	\$298.34	\$300.44
15 <sup>1</sup>	\$380.83	\$369.84	\$352.94	\$323.59	\$325.87
16 <sup>1</sup>	\$392.27	\$380.94	\$363.51	\$333.24	\$335.60
17 <sup>1</sup>	\$403.71	\$392.04	\$374.08	\$342.90	\$345.33
18 <sup>1</sup>	\$416.03	\$403.99	\$385.47	\$353.29	\$355.80
19	\$414.08	\$401.67	\$382.58	\$349.42	\$352.00
20	\$426.84	\$414.05	\$394.37	\$360.19	\$362.85
21	\$440.04	\$426.86	\$406.57	\$371.33	\$374.08
22	\$440.04	\$426.86	\$406.57	\$371.33	\$374.08
23	\$440.04	\$426.86	\$406.57	\$371.33	\$374.08
24	\$440.04	\$426.86	\$406.57	\$371.33	\$374.08
25	\$441.81	\$428.57	\$408.20	\$372.81	\$375.57
26	\$450.61	\$437.10	\$416.33	\$380.24	\$383.05
27	\$461.17	\$447.35	\$426.09	\$389.15	\$392.03
28	\$478.33	\$463.99	\$441.94	\$403.63	\$406.62
29	\$492.41	\$477.65	\$454.95	\$415.52	\$418.59
30	\$499.45	\$484.48	\$461.46	\$421.46	\$424.58
31	\$510.01	\$494.73	\$471.21	\$430.37	\$433.55
32	\$520.57	\$504.97	\$480.97	\$439.28	\$442.53
33	\$527.17	\$511.38	\$487.07	\$444.85	\$448.14
34	\$534.21	\$518.21	\$493.58	\$450.79	\$454.13
35	\$537.73	\$521.62	\$496.83	\$453.76	\$457.12
36	\$541.26	\$525.04	\$500.08	\$456.73	\$460.11
37	\$544.78	\$528.45	\$503.33	\$459.70	\$463.11
38	\$548.30	\$531.87	\$506.59	\$462.68	\$466.10
39	\$555.34	\$538.70	\$513.09	\$468.62	\$472.08
40	\$562.38	\$545.52	\$519.60	\$474.56	\$478.07
41	\$572.94	\$555.77	\$529.35	\$483.47	\$487.05
42	\$583.06	\$565.59	\$538.70	\$492.01	\$495.65
43	\$597.14	\$579.25	\$551.72	\$503.89	\$507.62
44	\$614.74	\$596.32	\$567.98	\$518.75	\$522.58
45	\$635.42	\$616.38	\$587.09	\$536.20	\$540.16
46	\$660.07	\$640.29	\$609.85	\$556.99	\$561.11
47	\$687.79	\$667.18	\$635.47	\$580.39	\$584.68
48	\$719.47	\$697.91	\$664.74	\$607.12	\$611.61
49	\$750.72	\$728.22	\$693.61	\$633.49	\$638.17
50	\$785.92	\$762.37	\$726.13	\$663.19	\$668.10
51	\$820.68	\$796.09	\$758.25	\$692.53	\$697.65
52	\$858.97	\$833.23	\$793.62	\$724.83	\$730.20
53	\$897.69	\$870.79	\$829.40	\$757.51	\$763.11
54	\$939.50	\$911.34	\$868.03	\$792.79	\$798.65
55	\$981.30	\$951.89	\$906.65	\$828.06	\$834.19
56	\$1,026.62	\$995.86	\$948.53	\$866.31	\$872.72
57	\$1,072.39	\$1,040.25	\$990.81	\$904.93	\$911.62
58	\$1,121.23	\$1,087.63	\$1,035.94	\$946.15	\$953.14
59	\$1,145.44	\$1,111.11	\$1,058.30	\$966.57	\$973.72
60	\$1,194.28	\$1,158.49	\$1,103.43	\$1,007.79	\$1,015.24
61	\$1,236.53	\$1,199.47	\$1,142.46	\$1,043.43	\$1,051.15
62	\$1,264.25	\$1,226.36	\$1,168.07	\$1,066.83	\$1,074.72
63	\$1,299.01	\$1,260.09	\$1,200.19	\$1,096.16	\$1,104.27
64+	\$1,320.12	\$1,280.58	\$1,219.71	\$1,113.99	\$1,122.24

<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>	\$284.56	\$279.45	\$282.87	\$270.70	\$262.59
15 <sup>1</sup>	\$308.59	\$303.03	\$306.75	\$293.49	\$284.66
16 <sup>1</sup>	\$317.77	\$312.04	\$315.88	\$302.21	\$293.10
17 <sup>1</sup>	\$326.96	\$321.05	\$325.01	\$310.92	\$301.54
18 <sup>1</sup>	\$336.85	\$330.76	\$334.84	\$320.31	\$310.63
19	\$332.47	\$326.19	\$330.40	\$315.43	\$305.45
20	\$342.72	\$336.25	\$340.58	\$325.15	\$314.86
21	\$353.32	\$346.65	\$351.11	\$335.20	\$324.60
22	\$353.32	\$346.65	\$351.11	\$335.20	\$324.60
23	\$353.32	\$346.65	\$351.11	\$335.20	\$324.60
24	\$353.32	\$346.65	\$351.11	\$335.20	\$324.60
25	\$354.73	\$348.03	\$352.52	\$336.54	\$325.90
26	\$361.80	\$354.97	\$359.54	\$343.25	\$332.39
27	\$370.28	\$363.29	\$367.97	\$351.29	\$340.18
28	\$384.06	\$376.80	\$381.66	\$364.36	\$352.84
29	\$395.36	\$387.90	\$392.90	\$375.09	\$363.23
30	\$401.02	\$393.44	\$398.51	\$380.45	\$368.42
31	\$409.50	\$401.76	\$406.94	\$388.50	\$376.21
32	\$417.98	\$410.08	\$415.37	\$396.54	\$384.00
33	\$423.28	\$415.28	\$420.63	\$401.57	\$388.87
34	\$428.93	\$420.83	\$426.25	\$406.94	\$394.07
35	\$431.76	\$423.60	\$429.06	\$409.62	\$396.66
36	\$434.58	\$426.38	\$431.87	\$412.30	\$399.26
37	\$437.41	\$429.15	\$434.68	\$414.98	\$401.86
38	\$440.24	\$431.92	\$437.49	\$417.66	\$404.45
39	\$445.89	\$437.47	\$443.11	\$423.02	\$409.65
40	\$451.54	\$443.01	\$448.72	\$428.39	\$414.84
41	\$460.02	\$451.33	\$457.15	\$436.43	\$422.63
42	\$468.15	\$459.31	\$465.23	\$444.14	\$430.10
43	\$479.45	\$470.40	\$476.46	\$454.87	\$440.48
44	\$493.59	\$484.27	\$490.51	\$468.28	\$453.47
45	\$510.19	\$500.56	\$507.01	\$484.03	\$468.73
46	\$529.98	\$519.97	\$526.67	\$502.80	\$486.90
47	\$552.24	\$541.81	\$548.79	\$523.92	\$507.35
48	\$577.68	\$566.77	\$574.07	\$548.06	\$530.72
49	\$602.76	\$591.38	\$599.00	\$571.85	\$553.77
50	\$631.03	\$619.11	\$627.09	\$598.67	\$579.74
51	\$658.94	\$646.50	\$654.83	\$625.15	\$605.38
52	\$689.68	\$676.65	\$685.37	\$654.31	\$633.62
53	\$720.77	\$707.16	\$716.27	\$683.81	\$662.19
54	\$754.34	\$740.09	\$749.63	\$715.66	\$693.03
55	\$787.90	\$773.02	\$782.98	\$747.50	\$723.86
56	\$824.29	\$808.73	\$819.15	\$782.03	\$757.30
57	\$861.04	\$844.78	\$855.66	\$816.89	\$791.06
58	\$900.26	\$883.26	\$894.64	\$854.09	\$827.09
59	\$919.69	\$902.32	\$913.95	\$872.53	\$844.94
60	\$958.91	\$940.80	\$952.92	\$909.74	\$880.97
61	\$992.83	\$974.08	\$986.63	\$941.92	\$912.13
62	\$1,015.09	\$995.92	\$1,008.75	\$963.04	\$932.58
63	\$1,043.00	\$1,023.30	\$1,036.49	\$989.52	\$958.23
64+	\$1,059.96	\$1,039.95	\$1,053.33	\$1,005.60	\$973.80

<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>	\$241.48	\$246.47	\$240.88
15 <sup>1</sup>	\$261.67	\$267.10	\$261.03
16 <sup>1</sup>	\$269.39	\$275.00	\$268.73
17 <sup>1</sup>	\$277.12	\$282.89	\$276.43
18 <sup>1</sup>	\$285.43	\$291.39	\$284.72
19	\$279.48	\$285.62	\$278.75
20	\$288.09	\$294.42	\$287.34
21	\$297.00	\$303.52	\$296.23
22	\$297.00	\$303.52	\$296.23
23	\$297.00	\$303.52	\$296.23
24	\$297.00	\$303.52	\$296.23
25	\$298.19	\$304.74	\$297.41
26	\$304.13	\$310.81	\$303.33
27	\$311.26	\$318.09	\$310.44
28	\$322.84	\$329.93	\$322.00
29	\$332.34	\$339.64	\$331.48
30	\$337.10	\$344.50	\$336.22
31	\$344.22	\$351.78	\$343.33
32	\$351.35	\$359.07	\$350.43
33	\$355.81	\$363.62	\$354.88
34	\$360.56	\$368.48	\$359.62
35	\$362.94	\$370.91	\$361.99
36	\$365.31	\$373.33	\$364.36
37	\$367.69	\$375.76	\$366.73
38	\$370.06	\$378.19	\$369.10
39	\$374.82	\$383.05	\$373.84
40	\$379.57	\$387.90	\$378.58
41	\$386.70	\$395.19	\$385.69
42	\$393.53	\$402.17	\$392.50
43	\$403.03	\$411.88	\$401.98
44	\$414.91	\$424.02	\$413.83
45	\$428.87	\$438.29	\$427.75
46	\$445.50	\$455.28	\$444.34
47	\$464.21	\$474.41	\$463.00
48	\$485.60	\$496.26	\$484.33
49	\$506.68	\$517.81	\$505.36
50	\$530.44	\$542.09	\$529.06
51	\$553.91	\$566.07	\$552.46
52	\$579.75	\$592.48	\$578.23
53	\$605.88	\$619.19	\$604.30
54	\$634.10	\$648.02	\$632.44
55	\$662.31	\$676.86	\$660.58
56	\$692.90	\$708.12	\$691.09
57	\$723.79	\$739.69	\$721.90
58	\$756.76	\$773.38	\$754.78
59	\$773.09	\$790.07	\$771.07
60	\$806.06	\$823.76	\$803.96
61	\$834.57	\$852.90	\$832.39
62	\$853.28	\$872.02	\$851.06
63	\$876.75	\$896.00	\$874.46
64+	\$891.00	\$910.56	\$888.69

<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 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	