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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>	\$440.92	\$432.26	\$427.56
15 <sup>1</sup>	\$478.84	\$469.42	\$464.30
16 <sup>1</sup>	\$493.34	\$483.62	\$478.34
17 <sup>1</sup>	\$507.84	\$497.83	\$492.39
18 <sup>1</sup>	\$523.46	\$513.13	\$507.51
19	\$524.81	\$514.16	\$508.37
20	\$540.98	\$530.00	\$524.04
21	\$557.71	\$546.40	\$540.25
22	\$557.71	\$546.40	\$540.25
23	\$557.71	\$546.40	\$540.25
24	\$557.71	\$546.40	\$540.25
25	\$559.94	\$548.58	\$542.41
26	\$571.10	\$559.51	\$553.21
27	\$584.48	\$572.62	\$566.18
28	\$606.23	\$593.93	\$587.25
29	\$624.08	\$611.42	\$604.54
30	\$633.00	\$620.16	\$613.18
31	\$646.39	\$633.27	\$626.15
32	\$659.77	\$646.39	\$639.11
33	\$668.14	\$654.58	\$647.22
34	\$677.06	\$663.33	\$655.86
35	\$681.52	\$667.70	\$660.18
36	\$685.98	\$672.07	\$664.50
37	\$690.45	\$676.44	\$668.82
38	\$694.91	\$680.81	\$673.15
39	\$703.83	\$689.55	\$681.79
40	\$712.75	\$698.29	\$690.43
41	\$726.14	\$711.41	\$703.40
42	\$738.97	\$723.98	\$715.83
43	\$756.81	\$741.46	\$733.11
44	\$779.12	\$763.32	\$754.72
45	\$805.33	\$789.00	\$780.12
46	\$836.57	\$819.59	\$810.37
47	\$871.70	\$854.02	\$844.40
48	\$911.86	\$893.36	\$883.30
49	\$951.46	\$932.15	\$921.66
50	\$996.07	\$975.86	\$964.88
51	\$1,040.13	\$1,019.03	\$1,007.56
52	\$1,088.65	\$1,066.57	\$1,054.56
53	\$1,137.73	\$1,114.65	\$1,102.10
54	\$1,190.71	\$1,166.56	\$1,153.43
55	\$1,243.70	\$1,218.46	\$1,204.75
56	\$1,301.14	\$1,274.74	\$1,260.39
57	\$1,359.14	\$1,331.57	\$1,316.58
58	\$1,421.05	\$1,392.22	\$1,376.55
59	\$1,451.72	\$1,422.27	\$1,406.26
60	\$1,513.63	\$1,482.92	\$1,466.23
61	\$1,567.17	\$1,535.37	\$1,518.09
62	\$1,602.30	\$1,569.80	\$1,552.13
63	\$1,646.36	\$1,612.96	\$1,594.81
64+	\$1,673.13	\$1,639.20	\$1,620.75

<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>	\$409.55	\$397.70	\$379.48	\$347.82	\$350.29
15 <sup>1</sup>	\$444.68	\$431.78	\$411.94	\$377.47	\$380.16
16 <sup>1</sup>	\$458.12	\$444.82	\$424.35	\$388.81	\$391.58
17 <sup>1</sup>	\$471.55	\$457.85	\$436.76	\$400.14	\$403.00
18 <sup>1</sup>	\$486.02	\$471.88	\$450.13	\$412.35	\$415.30
19	\$486.22	\$471.64	\$449.23	\$410.29	\$413.32
20	\$501.20	\$486.18	\$463.07	\$422.93	\$426.06
21	\$516.70	\$501.22	\$477.39	\$436.01	\$439.24
22	\$516.70	\$501.22	\$477.39	\$436.01	\$439.24
23	\$516.70	\$501.22	\$477.39	\$436.01	\$439.24
24	\$516.70	\$501.22	\$477.39	\$436.01	\$439.24
25	\$518.77	\$503.22	\$479.30	\$437.76	\$441.00
26	\$529.10	\$513.25	\$488.85	\$446.48	\$449.78
27	\$541.50	\$525.28	\$500.31	\$456.94	\$460.32
28	\$561.65	\$544.82	\$518.93	\$473.95	\$477.45
29	\$578.19	\$560.86	\$534.20	\$487.90	\$491.51
30	\$586.46	\$568.88	\$541.84	\$494.88	\$498.54
31	\$598.86	\$580.91	\$553.30	\$505.34	\$509.08
32	\$611.26	\$592.94	\$564.76	\$515.80	\$519.62
33	\$619.01	\$600.46	\$571.92	\$522.34	\$526.21
34	\$627.27	\$608.48	\$579.56	\$529.32	\$533.24
35	\$631.41	\$612.49	\$583.38	\$532.81	\$536.75
36	\$635.54	\$616.50	\$587.19	\$536.30	\$540.26
37	\$639.68	\$620.51	\$591.01	\$539.79	\$543.78
38	\$643.81	\$624.52	\$594.83	\$543.27	\$547.29
39	\$652.08	\$632.54	\$602.47	\$550.25	\$554.32
40	\$660.34	\$640.56	\$610.11	\$557.23	\$561.35
41	\$672.74	\$652.58	\$621.57	\$567.69	\$571.89
42	\$684.63	\$664.11	\$632.55	\$577.72	\$581.99
43	\$701.16	\$680.15	\$647.82	\$591.67	\$596.05
44	\$721.83	\$700.20	\$666.92	\$609.11	\$613.62
45	\$746.12	\$723.76	\$689.36	\$629.60	\$634.26
46	\$775.05	\$751.83	\$716.09	\$654.02	\$658.86
47	\$807.60	\$783.40	\$746.17	\$681.49	\$686.53
48	\$844.81	\$819.49	\$780.54	\$712.88	\$718.16
49	\$881.49	\$855.08	\$814.43	\$743.84	\$749.34
50	\$922.83	\$895.17	\$852.63	\$778.72	\$784.48
51	\$963.65	\$934.77	\$890.34	\$813.17	\$819.18
52	\$1,008.60	\$978.38	\$931.87	\$851.10	\$857.39
53	\$1,054.07	\$1,022.48	\$973.88	\$889.47	\$896.05
54	\$1,103.16	\$1,070.10	\$1,019.24	\$930.89	\$937.78
55	\$1,152.24	\$1,117.71	\$1,064.59	\$972.31	\$979.50
56	\$1,205.46	\$1,169.34	\$1,113.76	\$1,017.22	\$1,024.74
57	\$1,259.20	\$1,221.47	\$1,163.41	\$1,062.57	\$1,070.43
58	\$1,316.55	\$1,277.10	\$1,216.40	\$1,110.96	\$1,119.18
59	\$1,344.97	\$1,304.67	\$1,242.66	\$1,134.94	\$1,143.34
60	\$1,402.33	\$1,360.30	\$1,295.65	\$1,183.34	\$1,192.09
61	\$1,451.93	\$1,408.42	\$1,341.48	\$1,225.20	\$1,234.26
62	\$1,484.48	\$1,440.00	\$1,371.55	\$1,252.67	\$1,261.93
63	\$1,525.30	\$1,479.59	\$1,409.27	\$1,287.11	\$1,296.63
64+	\$1,550.10	\$1,503.66	\$1,432.17	\$1,308.03	\$1,317.72

<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>	\$331.64	\$325.65	\$329.66	\$315.37	\$305.85
15 <sup>1</sup>	\$359.85	\$353.33	\$357.70	\$342.13	\$331.77
16 <sup>1</sup>	\$370.64	\$363.91	\$368.42	\$352.37	\$341.68
17 <sup>1</sup>	\$381.43	\$374.49	\$379.14	\$362.60	\$351.59
18 <sup>1</sup>	\$393.04	\$385.89	\$390.68	\$373.62	\$362.26
19	\$390.39	\$383.02	\$387.95	\$370.37	\$358.66
20	\$402.42	\$394.82	\$399.91	\$381.79	\$369.71
21	\$414.87	\$407.03	\$412.28	\$393.59	\$381.15
22	\$414.87	\$407.03	\$412.28	\$393.59	\$381.15
23	\$414.87	\$407.03	\$412.28	\$393.59	\$381.15
24	\$414.87	\$407.03	\$412.28	\$393.59	\$381.15
25	\$416.53	\$408.66	\$413.93	\$395.17	\$382.67
26	\$424.82	\$416.80	\$422.17	\$403.04	\$390.30
27	\$434.78	\$426.57	\$432.07	\$412.49	\$399.44
28	\$450.96	\$442.44	\$448.15	\$427.84	\$414.31
29	\$464.24	\$455.47	\$461.34	\$440.43	\$426.50
30	\$470.87	\$461.98	\$467.94	\$446.73	\$432.60
31	\$480.83	\$471.75	\$477.83	\$456.18	\$441.75
32	\$490.79	\$481.52	\$487.72	\$465.62	\$450.90
33	\$497.01	\$487.62	\$493.91	\$471.53	\$456.61
34	\$503.65	\$494.14	\$500.51	\$477.82	\$462.71
35	\$506.97	\$497.39	\$503.80	\$480.97	\$465.76
36	\$510.29	\$500.65	\$507.10	\$484.12	\$468.81
37	\$513.61	\$503.91	\$510.40	\$487.27	\$471.86
38	\$516.93	\$507.16	\$513.70	\$490.42	\$474.91
39	\$523.56	\$513.67	\$520.29	\$496.72	\$481.01
40	\$530.20	\$520.19	\$526.89	\$503.01	\$487.11
41	\$540.16	\$529.96	\$536.79	\$512.46	\$496.25
42	\$549.70	\$539.32	\$546.27	\$521.51	\$505.02
43	\$562.98	\$552.34	\$559.46	\$534.11	\$517.22
44	\$579.57	\$568.62	\$575.95	\$549.85	\$532.46
45	\$599.07	\$587.75	\$595.33	\$568.35	\$550.38
46	\$622.30	\$610.55	\$618.42	\$590.39	\$571.72
47	\$648.44	\$636.19	\$644.39	\$615.19	\$595.73
48	\$678.31	\$665.50	\$674.07	\$643.53	\$623.18
49	\$707.76	\$694.40	\$703.35	\$671.47	\$650.24
50	\$740.95	\$726.96	\$736.33	\$702.96	\$680.73
51	\$773.73	\$759.11	\$768.90	\$734.05	\$710.84
52	\$809.82	\$794.53	\$804.77	\$768.30	\$744.00
53	\$846.33	\$830.35	\$841.05	\$802.93	\$777.54
54	\$885.74	\$869.01	\$880.21	\$840.32	\$813.75
55	\$925.16	\$907.68	\$919.38	\$877.71	\$849.96
56	\$967.89	\$949.61	\$961.84	\$918.25	\$889.22
57	\$1,011.03	\$991.94	\$1,004.72	\$959.19	\$928.86
58	\$1,057.08	\$1,037.12	\$1,050.48	\$1,002.88	\$971.16
59	\$1,079.90	\$1,059.50	\$1,073.16	\$1,024.53	\$992.13
60	\$1,125.95	\$1,104.69	\$1,118.92	\$1,068.21	\$1,034.43
61	\$1,165.78	\$1,143.76	\$1,158.50	\$1,106.00	\$1,071.02
62	\$1,191.92	\$1,169.40	\$1,184.47	\$1,130.80	\$1,095.04
63	\$1,224.69	\$1,201.56	\$1,217.04	\$1,161.89	\$1,125.15
64+	\$1,244.61	\$1,221.09	\$1,236.84	\$1,180.77	\$1,143.45

<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>	\$281.05	\$286.91	\$280.36
15 <sup>1</sup>	\$304.77	\$311.15	\$304.01
16 <sup>1</sup>	\$313.84	\$320.41	\$313.05
17 <sup>1</sup>	\$322.90	\$329.68	\$322.10
18 <sup>1</sup>	\$332.67	\$339.66	\$331.84
19	\$328.16	\$335.37	\$327.31
20	\$338.28	\$345.70	\$337.39
21	\$348.74	\$356.40	\$347.83
22	\$348.74	\$356.40	\$347.83
23	\$348.74	\$356.40	\$347.83
24	\$348.74	\$356.40	\$347.83
25	\$350.13	\$357.82	\$349.22
26	\$357.11	\$364.95	\$356.18
27	\$365.48	\$373.50	\$364.52
28	\$379.08	\$387.40	\$378.09
29	\$390.24	\$398.81	\$389.22
30	\$395.82	\$404.51	\$394.78
31	\$404.19	\$413.06	\$403.13
32	\$412.56	\$421.62	\$411.48
33	\$417.79	\$426.96	\$416.70
34	\$423.37	\$432.67	\$422.26
35	\$426.16	\$435.52	\$425.05
36	\$428.95	\$438.37	\$427.83
37	\$431.74	\$441.22	\$430.61
38	\$434.53	\$444.07	\$433.39
39	\$440.11	\$449.77	\$438.96
40	\$445.69	\$455.47	\$444.52
41	\$454.06	\$464.03	\$452.87
42	\$462.08	\$472.23	\$460.87
43	\$473.24	\$483.63	\$472.00
44	\$487.19	\$497.89	\$485.92
45	\$503.58	\$514.64	\$502.26
46	\$523.11	\$534.60	\$521.74
47	\$545.08	\$557.05	\$543.65
48	\$570.19	\$582.71	\$568.70
49	\$594.95	\$608.01	\$593.39
50	\$622.85	\$636.52	\$621.22
51	\$650.40	\$664.68	\$648.70
52	\$680.74	\$695.69	\$678.96
53	\$711.43	\$727.05	\$709.57
54	\$744.56	\$760.91	\$742.61
55	\$777.69	\$794.76	\$775.66
56	\$813.61	\$831.47	\$811.48
57	\$849.88	\$868.54	\$847.66
58	\$888.59	\$908.10	\$886.26
59	\$907.77	\$927.70	\$905.40
60	\$946.48	\$967.26	\$944.00
61	\$979.95	\$1,001.47	\$977.40
62	\$1,001.93	\$1,023.93	\$999.31
63	\$1,029.48	\$1,052.08	\$1,026.79
64+	\$1,046.22	\$1,069.20	\$1,043.49

<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 7

County	Rate Area	County + ZIP code combinations in Kaiser Permanente service area								
Santa Clara	7	94022-24	94301-06	95008-09	95026	95044	95076	95108-13	95150-61	95190-94
		94035	94309	95011	95030-33	95046	95101	95115-36	95164	95196
		94039-43	94550	95013-15	95035-38	95050-56	95103	95138-41	95170	
		94085-89	95002	95020-21	95042	95070-71	95106	95148	95172-73	