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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>	\$413.09	\$404.78	\$400.25
15 <sup>1</sup>	\$448.54	\$439.49	\$434.56
16 <sup>1</sup>	\$462.10	\$452.76	\$447.68
17 <sup>1</sup>	\$475.65	\$466.03	\$460.80
18 <sup>1</sup>	\$490.25	\$480.32	\$474.93
19	\$490.58	\$480.35	\$474.79
20	\$505.70	\$495.15	\$489.42
21	\$521.34	\$510.46	\$504.55
22	\$521.34	\$510.46	\$504.55
23	\$521.34	\$510.46	\$504.55
24	\$521.34	\$510.46	\$504.55
25	\$523.42	\$512.51	\$506.57
26	\$533.85	\$522.72	\$516.66
27	\$546.36	\$534.97	\$528.77
28	\$566.69	\$554.87	\$548.45
29	\$583.37	\$571.21	\$564.60
30	\$591.72	\$579.38	\$572.67
31	\$604.23	\$591.63	\$584.78
32	\$616.74	\$603.88	\$596.89
33	\$624.56	\$611.54	\$604.46
34	\$632.90	\$619.70	\$612.53
35	\$637.07	\$623.79	\$616.57
36	\$641.24	\$627.87	\$620.60
37	\$645.41	\$631.95	\$624.64
38	\$649.58	\$636.04	\$628.68
39	\$657.93	\$644.21	\$636.75
40	\$666.27	\$652.37	\$644.82
41	\$678.78	\$664.62	\$656.93
42	\$690.77	\$676.37	\$668.54
43	\$707.45	\$692.70	\$684.68
44	\$728.31	\$713.12	\$704.86
45	\$752.81	\$737.11	\$728.58
46	\$782.00	\$765.70	\$756.83
47	\$814.85	\$797.86	\$788.62
48	\$852.38	\$834.61	\$824.95
49	\$889.40	\$870.85	\$860.77
50	\$931.11	\$911.69	\$901.14
51	\$972.29	\$952.02	\$940.99
52	\$1,017.65	\$996.43	\$984.89
53	\$1,063.52	\$1,041.35	\$1,029.29
54	\$1,113.05	\$1,089.84	\$1,077.22
55	\$1,162.58	\$1,138.34	\$1,125.16
56	\$1,216.28	\$1,190.91	\$1,177.13
57	\$1,270.49	\$1,244.00	\$1,229.60
58	\$1,328.36	\$1,300.66	\$1,285.61
59	\$1,357.04	\$1,328.74	\$1,313.36
60	\$1,414.90	\$1,385.40	\$1,369.36
61	\$1,464.95	\$1,434.40	\$1,417.80
62	\$1,497.80	\$1,466.56	\$1,449.59
63	\$1,538.98	\$1,506.89	\$1,489.45
64+	\$1,564.02	\$1,531.38	\$1,513.65

<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>	\$382.95	\$371.57	\$354.06	\$323.64	\$326.01
15 <sup>1</sup>	\$415.72	\$403.33	\$384.26	\$351.14	\$353.72
16 <sup>1</sup>	\$428.25	\$415.47	\$395.81	\$361.65	\$364.32
17 <sup>1</sup>	\$440.78	\$427.61	\$407.36	\$372.17	\$374.91
18 <sup>1</sup>	\$454.27	\$440.69	\$419.79	\$383.49	\$386.32
19	\$453.50	\$439.50	\$417.96	\$380.55	\$383.46
20	\$467.47	\$453.04	\$430.84	\$392.27	\$395.28
21	\$481.93	\$467.05	\$444.16	\$404.41	\$407.50
22	\$481.93	\$467.05	\$444.16	\$404.41	\$407.50
23	\$481.93	\$467.05	\$444.16	\$404.41	\$407.50
24	\$481.93	\$467.05	\$444.16	\$404.41	\$407.50
25	\$483.86	\$468.92	\$445.94	\$406.02	\$409.13
26	\$493.50	\$478.26	\$454.82	\$414.11	\$417.29
27	\$505.06	\$489.47	\$465.48	\$423.82	\$427.07
28	\$523.86	\$507.69	\$482.81	\$439.59	\$442.96
29	\$539.28	\$522.63	\$497.02	\$452.53	\$456.00
30	\$546.99	\$530.11	\$504.13	\$459.00	\$462.52
31	\$558.56	\$541.32	\$514.79	\$468.71	\$472.30
32	\$570.13	\$552.53	\$525.45	\$478.41	\$482.08
33	\$577.35	\$559.53	\$532.11	\$484.48	\$488.19
34	\$585.07	\$567.00	\$539.22	\$490.95	\$494.71
35	\$588.92	\$570.74	\$542.77	\$494.18	\$497.97
36	\$592.78	\$574.48	\$546.32	\$497.42	\$501.23
37	\$596.63	\$578.21	\$549.88	\$500.65	\$504.49
38	\$600.49	\$581.95	\$553.43	\$503.89	\$507.75
39	\$608.20	\$589.42	\$560.54	\$510.36	\$514.27
40	\$615.91	\$596.90	\$567.64	\$516.83	\$520.79
41	\$627.48	\$608.10	\$578.30	\$526.54	\$530.57
42	\$638.56	\$618.85	\$588.52	\$535.84	\$539.94
43	\$653.98	\$633.79	\$602.73	\$548.78	\$552.98
44	\$673.26	\$652.48	\$620.50	\$564.96	\$569.28
45	\$695.91	\$674.43	\$641.37	\$583.96	\$588.44
46	\$722.90	\$700.58	\$666.25	\$606.61	\$611.26
47	\$753.26	\$730.01	\$694.23	\$632.09	\$636.93
48	\$787.96	\$763.63	\$726.21	\$661.20	\$666.27
49	\$822.18	\$796.79	\$757.75	\$689.92	\$695.20
50	\$860.73	\$834.16	\$793.28	\$722.27	\$727.80
51	\$898.80	\$871.06	\$828.37	\$754.22	\$760.00
52	\$940.73	\$911.69	\$867.01	\$789.40	\$795.45
53	\$983.14	\$952.79	\$906.10	\$824.99	\$831.31
54	\$1,028.92	\$997.16	\$948.29	\$863.41	\$870.02
55	\$1,074.71	\$1,041.53	\$990.49	\$901.83	\$908.74
56	\$1,124.35	\$1,089.64	\$1,036.24	\$943.48	\$950.71
57	\$1,174.47	\$1,138.21	\$1,082.43	\$985.54	\$993.09
58	\$1,227.96	\$1,190.05	\$1,131.73	\$1,030.43	\$1,038.32
59	\$1,254.47	\$1,215.74	\$1,156.16	\$1,052.67	\$1,060.74
60	\$1,307.96	\$1,267.59	\$1,205.46	\$1,097.56	\$1,105.97
61	\$1,354.23	\$1,312.42	\$1,248.10	\$1,136.38	\$1,145.09
62	\$1,384.59	\$1,341.85	\$1,276.09	\$1,161.86	\$1,170.76
63	\$1,422.66	\$1,378.74	\$1,311.17	\$1,193.81	\$1,202.95
64+	\$1,445.79	\$1,401.15	\$1,332.48	\$1,213.23	\$1,222.50

<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

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>	\$308.10	\$302.34	\$306.19	\$292.46	\$283.31
15 <sup>1</sup>	\$334.22	\$327.94	\$332.14	\$317.19	\$307.23
16 <sup>1</sup>	\$344.20	\$337.73	\$342.06	\$326.64	\$316.37
17 <sup>1</sup>	\$354.19	\$347.53	\$351.99	\$336.10	\$325.51
18 <sup>1</sup>	\$364.94	\$358.07	\$362.67	\$346.28	\$335.36
19	\$361.43	\$354.34	\$359.09	\$342.19	\$330.94
20	\$372.57	\$365.26	\$370.15	\$352.74	\$341.14
21	\$384.09	\$376.56	\$381.60	\$363.65	\$351.69
22	\$384.09	\$376.56	\$381.60	\$363.65	\$351.69
23	\$384.09	\$376.56	\$381.60	\$363.65	\$351.69
24	\$384.09	\$376.56	\$381.60	\$363.65	\$351.69
25	\$385.62	\$378.07	\$383.13	\$365.10	\$353.10
26	\$393.31	\$385.60	\$390.76	\$372.38	\$360.13
27	\$402.52	\$394.63	\$399.92	\$381.10	\$368.57
28	\$417.50	\$409.32	\$414.80	\$395.29	\$382.29
29	\$429.79	\$421.37	\$427.01	\$406.92	\$393.54
30	\$435.94	\$427.40	\$433.12	\$412.74	\$399.17
31	\$445.16	\$436.43	\$442.27	\$421.47	\$407.61
32	\$454.38	\$445.47	\$451.43	\$430.20	\$416.05
33	\$460.14	\$451.12	\$457.16	\$435.65	\$421.32
34	\$466.28	\$457.14	\$463.26	\$441.47	\$426.95
35	\$469.36	\$460.16	\$466.31	\$444.38	\$429.76
36	\$472.43	\$463.17	\$469.37	\$447.29	\$432.58
37	\$475.50	\$466.18	\$472.42	\$450.20	\$435.39
38	\$478.57	\$469.19	\$475.47	\$453.11	\$438.20
39	\$484.72	\$475.22	\$481.58	\$458.92	\$443.83
40	\$490.87	\$481.24	\$487.68	\$464.74	\$449.46
41	\$500.08	\$490.28	\$496.84	\$473.47	\$457.90
42	\$508.92	\$498.94	\$505.62	\$481.83	\$465.99
43	\$521.21	\$510.99	\$517.83	\$493.47	\$477.24
44	\$536.57	\$526.05	\$533.09	\$508.02	\$491.31
45	\$554.62	\$543.75	\$551.03	\$525.11	\$507.84
46	\$576.13	\$564.84	\$572.40	\$545.47	\$527.53
47	\$600.33	\$588.56	\$596.44	\$568.38	\$549.69
48	\$627.98	\$615.68	\$623.92	\$594.56	\$575.01
49	\$655.25	\$642.41	\$651.01	\$620.38	\$599.98
50	\$685.98	\$672.54	\$681.54	\$649.48	\$628.12
51	\$716.32	\$702.28	\$711.68	\$678.20	\$655.90
52	\$749.74	\$735.04	\$744.88	\$709.84	\$686.50
53	\$783.54	\$768.18	\$778.46	\$741.84	\$717.45
54	\$820.03	\$803.96	\$814.72	\$776.39	\$750.86
55	\$856.52	\$839.73	\$850.97	\$810.94	\$784.27
56	\$896.08	\$878.51	\$890.27	\$848.39	\$820.49
57	\$936.02	\$917.68	\$929.96	\$886.21	\$857.07
58	\$978.66	\$959.47	\$972.32	\$926.58	\$896.10
59	\$999.78	\$980.18	\$993.30	\$946.58	\$915.45
60	\$1,042.42	\$1,021.98	\$1,035.66	\$986.94	\$954.48
61	\$1,079.29	\$1,058.13	\$1,072.30	\$1,021.85	\$988.25
62	\$1,103.49	\$1,081.86	\$1,096.34	\$1,044.76	\$1,010.40
63	\$1,133.83	\$1,111.60	\$1,126.48	\$1,073.49	\$1,038.19
64+	\$1,152.27	\$1,129.68	\$1,144.80	\$1,090.95	\$1,055.07

<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>	\$259.49	\$265.12	\$258.82
15 <sup>1</sup>	\$281.29	\$287.42	\$280.56
16 <sup>1</sup>	\$289.62	\$295.94	\$288.87
17 <sup>1</sup>	\$297.96	\$304.47	\$297.18
18 <sup>1</sup>	\$306.93	\$313.65	\$306.13
19	\$301.64	\$308.56	\$300.81
20	\$310.93	\$318.07	\$310.08
21	\$320.55	\$327.91	\$319.67
22	\$320.55	\$327.91	\$319.67
23	\$320.55	\$327.91	\$319.67
24	\$320.55	\$327.91	\$319.67
25	\$321.83	\$329.22	\$320.95
26	\$328.24	\$335.78	\$327.35
27	\$335.94	\$343.65	\$335.02
28	\$348.44	\$356.44	\$347.49
29	\$358.70	\$366.93	\$357.72
30	\$363.82	\$372.18	\$362.83
31	\$371.52	\$380.05	\$370.50
32	\$379.21	\$387.92	\$378.18
33	\$384.02	\$392.83	\$382.97
34	\$389.15	\$398.08	\$388.09
35	\$391.71	\$400.70	\$390.64
36	\$394.28	\$403.33	\$393.20
37	\$396.84	\$405.95	\$395.76
38	\$399.41	\$408.57	\$398.31
39	\$404.53	\$413.82	\$403.43
40	\$409.66	\$419.07	\$408.54
41	\$417.36	\$426.94	\$416.22
42	\$424.73	\$434.48	\$423.57
43	\$434.99	\$444.97	\$433.80
44	\$447.81	\$458.09	\$446.59
45	\$462.87	\$473.50	\$461.61
46	\$480.82	\$491.86	\$479.51
47	\$501.02	\$512.52	\$499.65
48	\$524.10	\$536.13	\$522.67
49	\$546.86	\$559.41	\$545.37
50	\$572.50	\$585.64	\$570.94
51	\$597.83	\$611.55	\$596.19
52	\$625.71	\$640.08	\$624.01
53	\$653.92	\$668.93	\$652.14
54	\$684.37	\$700.08	\$682.51
55	\$714.83	\$731.24	\$712.87
56	\$747.84	\$765.01	\$745.80
57	\$781.18	\$799.11	\$779.05
58	\$816.76	\$835.51	\$814.53
59	\$834.39	\$853.54	\$832.11
60	\$869.97	\$889.94	\$867.60
61	\$900.74	\$921.42	\$898.29
62	\$920.94	\$942.08	\$918.43
63	\$946.26	\$967.98	\$943.68
64+	\$961.65	\$983.73	\$959.01

<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	\$800.93	\$716.94	\$596.92	\$522.48
15	\$872.12	\$780.66	\$649.98	\$568.92
16	\$899.35	\$805.03	\$670.27	\$586.68
17	\$926.57	\$829.40	\$690.55	\$604.44
18	\$955.88	\$855.64	\$712.40	\$623.56
19	\$985.20	\$881.88	\$734.25	\$642.68
20	\$1,015.56	\$909.06	\$756.88	\$662.49
21	\$1,046.97	\$937.17	\$780.29	\$682.98
22	\$1,046.97	\$937.17	\$780.29	\$682.98
23	\$1,046.97	\$937.17	\$780.29	\$682.98
24	\$1,046.97	\$937.17	\$780.29	\$682.98
25	\$1,051.16	\$940.92	\$783.41	\$685.71
26	\$1,072.09	\$959.66	\$799.01	\$699.37
27	\$1,097.22	\$982.16	\$817.74	\$715.76
28	\$1,138.05	\$1,018.71	\$848.17	\$742.40
29	\$1,171.56	\$1,048.70	\$873.14	\$764.25
30	\$1,188.31	\$1,063.69	\$885.62	\$775.18
31	\$1,213.44	\$1,086.18	\$904.35	\$791.57
32	\$1,238.56	\$1,108.67	\$923.08	\$807.96
33	\$1,254.27	\$1,122.73	\$934.78	\$818.21
34	\$1,271.02	\$1,137.73	\$947.27	\$829.14
35	\$1,279.39	\$1,145.22	\$953.51	\$834.60
36	\$1,287.77	\$1,152.72	\$959.75	\$840.06
37	\$1,296.15	\$1,160.22	\$965.99	\$845.53
38	\$1,304.52	\$1,167.72	\$972.24	\$850.99
39	\$1,321.27	\$1,182.71	\$984.72	\$861.92
40	\$1,338.02	\$1,197.71	\$997.20	\$872.85
41	\$1,363.15	\$1,220.20	\$1,015.93	\$889.24
42	\$1,387.23	\$1,241.75	\$1,033.88	\$904.95
43	\$1,420.74	\$1,271.74	\$1,058.85	\$926.80
44	\$1,462.61	\$1,309.23	\$1,090.06	\$954.12
45	\$1,511.82	\$1,353.28	\$1,126.73	\$986.22
46	\$1,570.45	\$1,405.76	\$1,170.43	\$1,024.47
47	\$1,636.41	\$1,464.80	\$1,219.59	\$1,067.49
48	\$1,711.79	\$1,532.28	\$1,275.77	\$1,116.67
49	\$1,786.13	\$1,598.82	\$1,331.17	\$1,165.16
50	\$1,869.88	\$1,673.79	\$1,393.59	\$1,219.80
51	\$1,952.59	\$1,747.83	\$1,455.23	\$1,273.75
52	\$2,043.68	\$1,829.36	\$1,523.12	\$1,333.17
53	\$2,135.81	\$1,911.83	\$1,591.78	\$1,393.27
54	\$2,235.28	\$2,000.86	\$1,665.91	\$1,458.16
55	\$2,334.74	\$2,089.89	\$1,740.04	\$1,523.04
56	\$2,442.58	\$2,186.42	\$1,820.41	\$1,593.39
57	\$2,551.46	\$2,283.89	\$1,901.56	\$1,664.42
58	\$2,667.67	\$2,387.92	\$1,988.17	\$1,740.23
59	\$2,725.26	\$2,439.46	\$2,031.08	\$1,777.79
60	\$2,841.47	\$2,543.49	\$2,117.69	\$1,853.60
61	\$2,941.98	\$2,633.45	\$2,192.60	\$1,919.17
62	\$3,007.94	\$2,692.50	\$2,241.76	\$1,962.20
63	\$3,090.65	\$2,766.53	\$2,303.40	\$2,016.15
64+	\$3,140.91	\$2,811.51	\$2,340.87	\$2,048.94

Below is a listing of all ZIP codes within Rate Area 9

County	Rate Area	County + ZIP code combinations in Kaiser Permanente service area									
Monterey	9										
San Benito	9										
Santa Cruz	9	95001	95003	95005-07	95010	95017-19	95033	95041	95060-67	95073	95076-77