

Grandfathered Medical Plan Rates

Copayment plans

_	\$5 (Copaymen	t Plan		\$15 Copayment Plan						\$20 Copayment Plan				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$682	\$1,905	\$1,873	\$2,651	<30	\$543	\$1,517	\$1,492	\$2,111	<30	\$508	\$1,419	\$1,395	\$1,975	
30–39	\$753	\$2,047	\$1,925	\$2,930	30–39	\$600	\$1,631	\$1,534	\$2,335	30-39	\$561	\$1,525	\$1,434	\$2,183	
40-49	\$972	\$2,236	\$1,847	\$2,951	40-49	\$774	\$1,781	\$1,471	\$2,351	40-49	\$724	\$1,666	\$1,376	\$2,199	
50-54	\$1,265	\$2,629	\$2,086	\$3,361	50-54	\$1,008	\$2,095	\$1,662	\$2,678	50-54	\$942	\$1,958	\$1,554	\$2,503	
55-59	\$1,599	\$3,358	\$2,390	\$3,862	55–59	\$1,274	\$2,675	\$1,904	\$3,077	55-59	\$1,191	\$2,501	\$1,780	\$2,877	
60-64	\$1,972	\$3,746	\$2,637	\$4,373	60–64	\$1,571	\$2,984	\$2,101	\$3,483	60-64	\$1,469	\$2,790	\$1,965	\$3,257	
65+	\$2,236	\$4,832	\$3,362	\$5,312	65+	\$1,782	\$3,851	\$2,679	\$4,233	65+	\$1,666	\$3,600	\$2,505	\$3,958	

	\$30	Copayme	nt Plan			\$50	Copaymer	nt Plan	
-									
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$461	\$1,287	\$1,266	\$1,791	<30	\$419	\$1,170	\$1,151	\$1,628
30–39	\$509	\$1,383	\$1,301	\$1,979	30–39	\$463	\$1,258	\$1,183	\$1,801
40-49	\$657	\$1,511	\$1,248	\$1,994	40-49	\$597	\$1,374	\$1,134	\$1,813
50-54	\$854	\$1,776	\$1,409	\$2,270	50-54	\$777	\$1,615	\$1,282	\$2,065
55-59	\$1,080	\$2,268	\$1,614	\$2,608	55-59	\$982	\$2,063	\$1,468	\$2,373
60-64	\$1,332	\$2,530	\$1,781	\$2,953	60-64	\$1,212	\$2,302	\$1,621	\$2,687
65+	\$1,510	\$3,264	\$2,270	\$3,588	65+	\$1,374	\$2,969	\$2,066	\$3,264

Deductible HMO plans

	\$30/\$1,000	Deductib	le HMO P	lan		\$30/\$1,50	0 Deductib	le HMO PI	an	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$387	\$1,060	\$876	\$1,277	<30	\$339	\$928	\$767	\$1,118	<30	\$313	\$857	\$709	\$1,033	
30–39	\$457	\$1,222	\$923	\$1,431	30–39	\$400	\$1,070	\$808	\$1,253	30–39	\$370	\$989	\$747	\$1,158	
40-49	\$619	\$1,263	\$968	\$1,604	40–49	\$542	\$1,106	\$847	\$1,405	40–49	\$500	\$1,021	\$782	\$1,297	
50-54	\$826	\$1,715	\$1,131	\$1,899	50-54	\$723	\$1,501	\$990	\$1,662	50-54	\$668	\$1,387	\$915	\$1,535	
55–59	\$1,026	\$2,133	\$1,330	\$2,338	55–59	\$898	\$1,867	\$1,164	\$2,047	55–59	\$829	\$1,724	\$1,075	\$1,890	
60–64	\$1,314	\$2,630	\$1,624	\$2,910	60-64	\$1,151	\$2,303	\$1,423	\$2,548	60–64	\$1,063	\$2,127	\$1,314	\$2,354	
65+	\$1,594	\$3,635	\$1,892	\$3,813	65+	\$1,396	\$3,183	\$1,657	\$3,339	65+	\$1,289	\$2,940	\$1,530	\$3,084	

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)	
Age is based on employee/subscriber	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates, January 1, December 1, 2024		Small Business

For effective dates January 1–December 1, 2024



Grandfathered Medical Plan Rates

HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	O Plan wi	ith HSA	\$0/\$3,	200 Dedu	ctible Pla	n with HS	A Option	\$30/\$3,200 Deductible Plan with HSA Option					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Ag	EE only	EE+S	EE+C	EE+S+C	
<30	\$338	\$925	\$765	\$1,115	<30	\$275	\$752	\$622	\$906	<30	\$243	\$665	\$550	\$801	
30–39	\$399	\$1,067	\$805	\$1,249	30–39	\$324	\$867	\$654	\$1,015	30–3	9 \$287	\$767	\$579	\$898	
40–49	\$540	\$1,102	\$844	\$1,400	40-49	\$439	\$896	\$686	\$1,138	40-4	9 \$388	\$792	\$607	\$1,006	
50–54	\$721	\$1,497	\$987	\$1,657	50-54	\$586	\$1,216	\$802	\$1,346	50-5	4 \$518	\$1,076	\$710	\$1,191	
55–59	\$895	\$1,861	\$1,160	\$2,040	55-59	\$727	\$1,512	\$943	\$1,657	55-5	9 \$644	\$1,339	\$835	\$1,468	
60–64	\$1,147	\$2,295	\$1,418	\$2,539	60-64	\$932	\$1,865	\$1,152	\$2,064	60-6	4 \$825	\$1,651	\$1,020	\$1,827	
65+	\$1,391	\$3,172	\$1,651	\$3,327	65+	\$1,131	\$2,578	\$1,342	\$2,704	65+	• \$1,000	\$2,281	\$1,187	\$2,393	

Deductible HMO plans with HRA plans

\$30/\$	51,500 Ded	uctible HM	/IO Plan w	ith HRA		\$30/\$	2,500 Ded	uctible HM	IO Plan w	ith HRA
-					11	-				
Age	EE only	EE+S	EE+C	EE+S+C		Age	EE only	EE+S	EE+C	EE+S+C
<30	\$352	\$965	\$797	\$1,163		<30	\$315	\$864	\$714	\$1,041
30–39	\$416	\$1,112	\$840	\$1,302		30–39	\$373	\$996	\$753	\$1,166
40-49	\$563	\$1,149	\$881	\$1,460		40–49	\$504	\$1,029	\$788	\$1,307
50-54	\$752	\$1,561	\$1,030	\$1,728		50-54	\$673	\$1,397	\$922	\$1,547
55-59	\$934	\$1,942	\$1,211	\$2,129		55–59	\$836	\$1,738	\$1,084	\$1,905
60-64	\$1,196	\$2,394	\$1,478	\$2,649		60–64	\$1,071	\$2,143	\$1,324	\$2,371
65+	\$1,451	\$3,309	\$1,722	\$3,471		65+	\$1,299	\$2,962	\$1,542	\$3,107

Employee/Dependent Codes Age is based on employee/subscriber	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates January 1–December 1, 2024		Small Business



Grandfathered Medical Plan Rates

Copayment plans

_	\$5 0	Copaymen	t Plan			\$15	Copaymer	nt Plan	\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$720	\$2,011	\$1,977	\$2,798	<30	\$573	\$1,601	\$1,575	\$2,228	<30	\$536	\$1,498	\$1,473	\$2,085
30–39	\$795	\$2,161	\$2,032	\$3,093	30–39	\$634	\$1,722	\$1,620	\$2,465	30-39	\$592	\$1,609	\$1,514	\$2,303
40-49	\$1,026	\$2,360	\$1,949	\$3,115	40-49	\$817	\$1,880	\$1,553	\$2,481	40-49	\$764	\$1,758	\$1,452	\$2,320
50-54	\$1,335	\$2,775	\$2,202	\$3,547	50-54	\$1,064	\$2,212	\$1,755	\$2,827	50-54	\$995	\$2,068	\$1,641	\$2,643
55–59	\$1,688	\$3,544	\$2,523	\$4,076	55–59	\$1,345	\$2,824	\$2,010	\$3,248	55-59	\$1,257	\$2,640	\$1,879	\$3,036
60-64	\$2,081	\$3,953	\$2,783	\$4,615	60–64	\$1,658	\$3,150	\$2,218	\$3,677	60-64	\$1,550	\$2,945	\$2,073	\$3,438
65+	\$2,360	\$5,101	\$3,548	\$5,608	65+	\$1,881	\$4,065	\$2,828	\$4,469	65+	\$1,758	\$3,800	\$2,643	\$4,177

	\$30	Copayme	nt Plan			\$50	Copaymer	nt Plan	
-					-				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$486	\$1,358	\$1,335	\$1,890	<30	\$442	\$1,235	\$1,215	\$1,719
30–39	\$537	\$1,459	\$1,373	\$2,089	30–39	\$489	\$1,328	\$1,249	\$1,901
40-49	\$693	\$1,594	\$1,317	\$2,104	40-49	\$630	\$1,450	\$1,197	\$1,914
50-54	\$902	\$1,875	\$1,488	\$2,397	50-54	\$820	\$1,705	\$1,353	\$2,179
55–59	\$1,140	\$2,394	\$1,704	\$2,753	55-59	\$1,037	\$2,178	\$1,550	\$2,505
60-64	\$1,406	\$2,671	\$1,880	\$3,118	60-64	\$1,279	\$2,429	\$1,710	\$2,836
65+	\$1,594	\$3,445	\$2,397	\$3,787	65+	\$1,450	\$3,134	\$2,180	\$3,445

Deductible HMO plans

	\$30/\$1,000	Deductib	le HMO P	lan	\$30/\$1,500 Deductible HMO Plan						\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$409	\$1,120	\$925	\$1,349	<30	\$358	\$980	\$810	\$1,181	<30	\$331	\$906	\$749	\$1,092		
30–39	\$483	\$1,291	\$975	\$1,511	30–39	\$423	\$1,130	\$854	\$1,323	30–39	\$390	\$1,043	\$788	\$1,221		
40-49	\$653	\$1,333	\$1,021	\$1,693	40–49	\$572	\$1,167	\$894	\$1,483	40–49	\$528	\$1,078	\$826	\$1,370		
50-54	\$872	\$1,810	\$1,194	\$2,004	50-54	\$763	\$1,585	\$1,045	\$1,755	50-54	\$705	\$1,464	\$966	\$1,621		
55–59	\$1,083	\$2,252	\$1,404	\$2,468	55–59	\$948	\$1,971	\$1,229	\$2,161	55–59	\$876	\$1,821	\$1,136	\$1,996		
60–64	\$1,387	\$2,776	\$1,715	\$3,072	60–64	\$1,215	\$2,431	\$1,502	\$2,690	60–64	\$1,122	\$2,246	\$1,387	\$2,485		
65+	\$1,683	\$3,837	\$1,997	\$4,025	65+	\$1,473	\$3,359	\$1,748	\$3,524	65+	\$1,361	\$3,103	\$1,615	\$3,255		

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	EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)	
Age is based on employee/subscriber	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates, January 1_December 1, 2024		Small Business

ective dates January 1–December 1, 2024



Grandfathered Medical Plan Rates

HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	O Plan wi	ith HSA	\$0/\$3,200 Deductible Plan with HSA Option						\$30/\$3,200 Deductible Plan with HSA Option						
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C			
<30	\$357	\$977	\$808	\$1,177	<30	\$290	\$794	\$656	\$957	<30	\$256	\$702	\$580	\$846			
30–39	\$421	\$1,126	\$850	\$1,318	30–39	\$342	\$915	\$691	\$1,071	30–3	9 \$303	\$810	\$612	\$948			
40-49	\$570	\$1,163	\$891	\$1,477	40-49	\$463	\$945	\$724	\$1,201	40-4	9 \$410	\$836	\$641	\$1,062			
50-54	\$761	\$1,580	\$1,042	\$1,749	50-54	\$618	\$1,283	\$846	\$1,420	50-5	4 \$547	\$1,136	\$749	\$1,258			
55–59	\$945	\$1,965	\$1,225	\$2,154	55-59	\$768	\$1,597	\$996	\$1,751	55–5	9 \$679	\$1,412	\$880	\$1,548			
60–64	\$1,210	\$2,422	\$1,496	\$2,680	60-64	\$984	\$1,969	\$1,216	\$2,179	60–6	4 \$871	\$1,743	\$1,077	\$1,929			
65+	\$1,468	\$3,348	\$1,742	\$3,512	65+	\$1,193	\$2,721	\$1,416	\$2,854	65+	\$1,056	\$2,408	\$1,253	\$2,526			

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HN	IO Plan w	ith HRA	\$30/\$	2,500 Ded	uctible HN	IO Plan w	vith HRA
-					-				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$372	\$1,019	\$842	\$1,228	<30	\$333	\$912	\$754	\$1,099
30–39	\$439	\$1,174	\$887	\$1,374	30–39	\$393	\$1,051	\$794	\$1,230
40-49	\$594	\$1,213	\$929	\$1,541	40–49	\$532	\$1,086	\$832	\$1,380
50-54	\$794	\$1,648	\$1,087	\$1,824	50-54	\$711	\$1,476	\$974	\$1,634
55-59	\$985	\$2,049	\$1,277	\$2,246	55–59	\$882	\$1,834	\$1,144	\$2,010
60-64	\$1,263	\$2,528	\$1,561	\$2,797	60–64	\$1,130	\$2,262	\$1,397	\$2,503
65+	\$1,532	\$3,493	\$1,818	\$3,664	65+	\$1,371	\$3,126	\$1,627	\$3,279

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For effective dates January 1–December 1, 2024		Small Business



Grandfathered Medical Plan Rates

Copayment plans

-	\$5 0	Copaymen	t Plan		\$15 Copayment Plan						\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$758	\$2,117	\$2,082	\$2,946	<30	\$604	\$1,687	\$1,659	\$2,347	<30	\$564	\$1,576	\$1,550	\$2,193		
30-39	\$837	\$2,274	\$2,140	\$3,255	30–39	\$667	\$1,812	\$1,705	\$2,594	30–39	\$624	\$1,695	\$1,594	\$2,426		
40-49	\$1,080	\$2,485	\$2,052	\$3,279	40-49	\$860	\$1,979	\$1,634	\$2,612	40-49	\$805	\$1,851	\$1,529	\$2,443		
50-54	\$1,406	\$2,922	\$2,318	\$3,735	50-54	\$1,120	\$2,328	\$1,847	\$2,976	50-54	\$1,047	\$2,176	\$1,727	\$2,782		
55-59	\$1,776	\$3,730	\$2,655	\$4,290	55–59	\$1,415	\$2,972	\$2,115	\$3,418	55-59	\$1,323	\$2,779	\$1,978	\$3,196		
60-64	\$2,191	\$4,162	\$2,930	\$4,859	60–64	\$1,746	\$3,316	\$2,335	\$3,871	60-64	\$1,632	\$3,100	\$2,183	\$3,619		
65+	\$2,485	\$5,370	\$3,736	\$5,903	65+	\$1,980	\$4,279	\$2,977	\$4,704	65+	\$1,851	\$4,000	\$2,783	\$4,397		

	\$30	Copayme	nt Plan			\$50 Copayment Plan							
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C				
<30	\$512	\$1,430	\$1,406	\$1,990	<30	\$466	\$1,301	\$1,279	\$1,810				
30–39	\$565	\$1,536	\$1,445	\$2,199	30-3	9 \$514	\$1,397	\$1,314	\$2,000				
40-49	\$729	\$1,678	\$1,386	\$2,215	40-49	9 \$664	\$1,527	\$1,261	\$2,015				
50-54	\$949	\$1,973	\$1,565	\$2,522	50-54	4 \$864	\$1,796	\$1,425	\$2,295				
55–59	\$1,200	\$2,520	\$1,794	\$2,898	55-5	9 \$1,092	\$2,293	\$1,632	\$2,637				
60-64	\$1,480	\$2,811	\$1,979	\$3,281	60-64	4 \$1,346	\$2,557	\$1,800	\$2,985				
65+	\$1,678	\$3,627	\$2,523	\$3,987	65+	\$1,527	\$3,300	\$2,295	\$3,628				

Deductible HMO plans

	\$30/\$1,000	Deductib	le HMO P	lan		\$30/\$1,50	0 Deductib	le HMO PI	an	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$430	\$1,178	\$974	\$1,419	<30	\$377	\$1,032	\$853	\$1,243	<30	\$348	\$953	\$788	\$1,148	
30–39	\$508	\$1,358	\$1,026	\$1,590	30–39	\$445	\$1,189	\$898	\$1,392	30–39	\$411	\$1,098	\$830	\$1,286	
40-49	\$687	\$1,402	\$1,075	\$1,781	40-49	\$602	\$1,228	\$941	\$1,560	40-49	\$556	\$1,135	\$870	\$1,442	
50-54	\$918	\$1,906	\$1,257	\$2,110	50-54	\$804	\$1,669	\$1,101	\$1,848	50-54	\$742	\$1,541	\$1,016	\$1,706	
55–59	\$1,140	\$2,370	\$1,478	\$2,598	55-59	\$998	\$2,075	\$1,294	\$2,275	55–59	\$922	\$1,917	\$1,195	\$2,101	
60–64	\$1,460	\$2,922	\$1,805	\$3,233	60-64	\$1,279	\$2,559	\$1,581	\$2,832	60–64	\$1,181	\$2,364	\$1,460	\$2,616	
65+	\$1,771	\$4,038	\$2,102	\$4,236	65+	\$1,551	\$3,536	\$1,841	\$3,709	65+	\$1,433	\$3,267	\$1,701	\$3,427	

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For effective dates, January 1_December 1, 2024		Small Business

ective dates January 1–December 1, 2024



Grandfathered Medical Plan Rates

HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	O Plan wi	th HSA	\$0/\$3,200 Deductible Plan with HSA Option						\$30/\$3,200 Deductible Plan with HSA Option					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$375	\$1,028	\$849	\$1,239	<30	\$305	\$835	\$691	\$1,006	<30	\$270	\$739	\$611	\$891		
30–39	\$443	\$1,185	\$895	\$1,387	30–39	\$360	\$963	\$727	\$1,127	30-3	9 \$319	\$852	\$644	\$997		
40-49	\$600	\$1,224	\$938	\$1,555	40-49	\$487	\$994	\$762	\$1,263	40-4	9 \$431	\$880	\$674	\$1,118		
50-54	\$801	\$1,663	\$1,097	\$1,841	50-54	\$651	\$1,351	\$891	\$1,496	50-5	4 \$576	\$1,196	\$789	\$1,324		
55–59	\$994	\$2,067	\$1,289	\$2,266	55-59	\$808	\$1,680	\$1,048	\$1,842	55-5	9 \$715	\$1,487	\$927	\$1,630		
60–64	\$1,274	\$2,550	\$1,575	\$2,822	60-64	\$1,036	\$2,073	\$1,281	\$2,294	60–6	4 \$916	\$1,834	\$1,132	\$2,029		
65+	\$1,545	\$3,523	\$1,834	\$3,696	65+	\$1,256	\$2,864	\$1,491	\$3,004	65+	\$1,111	\$2,534	\$1,319	\$2,658		

Deductible HMO plans with HRA plans

\$30/\$	51,500 Ded	luctible HM	/IO Plan w	ith HRA	\$30/\$	2,500 Ded	uctible HM	IO Plan w	ith HRA
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$392	\$1,073	\$887	\$1,293	<30	\$351	\$961	\$794	\$1,158
30–39	\$463	\$1,237	\$934	\$1,448	30–39	\$414	\$1,107	\$836	\$1,296
40-49	\$626	\$1,277	\$979	\$1,622	40–49	\$560	\$1,143	\$876	\$1,452
50-54	\$836	\$1,735	\$1,145	\$1,921	50-54	\$748	\$1,553	\$1,024	\$1,719
55-59	\$1,037	\$2,157	\$1,345	\$2,364	55–59	\$929	\$1,931	\$1,204	\$2,117
60-64	\$1,329	\$2,660	\$1,643	\$2,943	60–64	\$1,190	\$2,382	\$1,471	\$2,636
65+	\$1,612	\$3,676	\$1,913	\$3,856	65+	\$1,443	\$3,291	\$1,713	\$3,452

Employee/Dependent Codes Age is based on employee/subscriber	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates January 1–December 1, 2024		Small Business



Grandfathered Medical Plan Rates

Copayment plans

_	\$5 C	Copaymen	t Plan			\$15	Copaymer	nt Plan		\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$795	\$2,222	\$2,185	\$3,092	<30	\$634	\$1,771	\$1,741	\$2,464	<30	\$593	\$1,656	\$1,628	\$2,304	
30–39	\$879	\$2,388	\$2,247	\$3,418	30–39	\$700	\$1,903	\$1,790	\$2,724	30–39	\$655	\$1,779	\$1,674	\$2,546	
40-49	\$1,134	\$2,609	\$2,155	\$3,443	40-49	\$903	\$2,078	\$1,716	\$2,743	40-49	\$845	\$1,944	\$1,605	\$2,565	
50-54	\$1,476	\$3,068	\$2,434	\$3,922	50-54	\$1,176	\$2,444	\$1,939	\$3,124	50-54	\$1,099	\$2,285	\$1,813	\$2,921	
55-59	\$1,865	\$3,917	\$2,788	\$4,505	55–59	\$1,486	\$3,121	\$2,221	\$3,590	55-59	\$1,390	\$2,918	\$2,078	\$3,356	
60-64	\$2,300	\$4,369	\$3,076	\$5,100	60–64	\$1,833	\$3,482	\$2,451	\$4,065	60-64	\$1,714	\$3,255	\$2,292	\$3,800	
65+	\$2,609	\$5,638	\$3,922	\$6,198	65+	\$2,079	\$4,493	\$3,125	\$4,939	65+	\$1,944	\$4,201	\$2,922	\$4,618	

	\$30	Copayme	nt Plan		\$50 Copayment Plan							
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C			
<30	\$537	\$1,501	\$1,476	\$2,089	<30	\$489	\$1,366	\$1,343	\$1,901			
30–39	\$594	\$1,613	\$1,518	\$2,309	30–39	\$540	\$1,467	\$1,380	\$2,100			
40–49	\$766	\$1,762	\$1,455	\$2,325	40-49	\$697	\$1,603	\$1,324	\$2,116			
50-54	\$997	\$2,072	\$1,644	\$2,649	50-54	\$907	\$1,885	\$1,496	\$2,409			
55–59	\$1,260	\$2,646	\$1,883	\$3,043	55-59	\$1,146	\$2,407	\$1,713	\$2,768			
60-64	\$1,554	\$2,952	\$2,078	\$3,446	60-64	\$1,413	\$2,684	\$1,890	\$3,133			
65+	\$1,762	\$3,808	\$2,649	\$4,186	65+	\$1,603	\$3,464	\$2,410	\$3,808			

Deductible HMO plans

	\$30/\$1,000	Deductib	le HMO P	lan		\$30/\$1,50	0 Deductib	le HMO PI	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$452	\$1,237	\$1,023	\$1,491	<30	\$395	\$1,083	\$895	\$1,305	<30	\$365	\$1,000	\$827	\$1,205
30–39	\$534	\$1,427	\$1,078	\$1,670	30–39	\$467	\$1,248	\$943	\$1,461	30–39	\$432	\$1,154	\$872	\$1,351
40-49	\$722	\$1,473	\$1,129	\$1,871	40–49	\$632	\$1,290	\$988	\$1,639	40–49	\$584	\$1,191	\$913	\$1,513
50-54	\$964	\$2,001	\$1,320	\$2,215	50-54	\$844	\$1,752	\$1,156	\$1,940	50-54	\$779	\$1,618	\$1,067	\$1,791
55–59	\$1,197	\$2,489	\$1,552	\$2,728	55–59	\$1,048	\$2,179	\$1,359	\$2,389	55–59	\$968	\$2,013	\$1,255	\$2,207
60–64	\$1,533	\$3,068	\$1,895	\$3,395	60–64	\$1,343	\$2,687	\$1,660	\$2,973	60–64	\$1,240	\$2,482	\$1,533	\$2,746
65+	\$1,860	\$4,241	\$2,207	\$4,449	65+	\$1,628	\$3,713	\$1,932	\$3,895	65+	\$1,504	\$3,430	\$1,785	\$3,598

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)	
	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates, January 1, December 1, 2024		Small Business

For effective dates January 1–December 1, 2024



Grandfathered Medical Plan Rates

HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	O Plan wi	ith HSA	\$0/\$3	,200 Dedu	ctible Pla	n with HS	A Option	\$30/\$3,200 Deductible Plan with HSA Option					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$394	\$1,079	\$892	\$1,300	<30	\$320	\$877	\$725	\$1,057	<30	\$283	\$776	\$641	\$935	
30–39	\$466	\$1,245	\$940	\$1,457	30–39	\$378	\$1,011	\$763	\$1,184	30-3	9 \$335	\$895	\$676	\$1,048	
40-49	\$630	\$1,285	\$985	\$1,633	40-49	\$512	\$1,045	\$801	\$1,327	40-4	9 \$453	\$924	\$708	\$1,174	
50-54	\$841	\$1,746	\$1,152	\$1,933	50-54	\$683	\$1,418	\$936	\$1,570	50-5	4 \$605	\$1,256	\$828	\$1,390	
55-59	\$1,044	\$2,171	\$1,353	\$2,380	55-59	\$849	\$1,765	\$1,101	\$1,935	55-5	9 \$751	\$1,561	\$974	\$1,711	
60-64	\$1,338	\$2,678	\$1,654	\$2,963	60-64	\$1,087	\$2,176	\$1,344	\$2,408	60-6	4 \$962	\$1,925	\$1,189	\$2,130	
65+	\$1,623	\$3,700	\$1,926	\$3,881	65+	\$1,319	\$3,007	\$1,565	\$3,154	65+	\$1,167	\$2,661	\$1,385	\$2,791	

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HM	/IO Plan w	ith HRA	\$30/\$	2,500 Ded	uctible HM	MO Plan w	ith HRA
					_				
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$411	\$1,126	\$931	\$1,357	<30	\$368	\$1,008	\$833	\$1,215
30–39	\$486	\$1,298	\$981	\$1,520	30–39	\$435	\$1,162	\$878	\$1,360
40-49	\$657	\$1,341	\$1,028	\$1,704	40–49	\$588	\$1,200	\$920	\$1,525
50-54	\$877	\$1,821	\$1,201	\$2,016	50-54	\$785	\$1,630	\$1,075	\$1,805
55-59	\$1,089	\$2,265	\$1,412	\$2,483	55–59	\$975	\$2,027	\$1,264	\$2,222
60–64	\$1,396	\$2,794	\$1,726	\$3,091	60–64	\$1,249	\$2,500	\$1,544	\$2,766
65+	\$1,693	\$3,860	\$2,009	\$4,049	65+	\$1,516	\$3,456	\$1,799	\$3,625

Employee/Dependent Codes Age is based on employee/subscriber	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates January 1–December 1, 2024		Small Business



Grandfathered Medical Plan Rates

Copayment plans

_	\$5 (Copaymen	t Plan			\$15	Copaymer	nt Plan		\$20 Copayment Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$833	\$2,328	\$2,289	\$3,240	<30	\$664	\$1,855	\$1,824	\$2,581	<30	\$621	\$1,734	\$1,706	\$2,413	
30–39	\$921	\$2,502	\$2,354	\$3,581	30–39	\$734	\$1,994	\$1,876	\$2,854	30–39	\$686	\$1,864	\$1,753	\$2,668	
40-49	\$1,188	\$2,733	\$2,257	\$3,607	40-49	\$947	\$2,178	\$1,799	\$2,874	40-49	\$885	\$2,036	\$1,681	\$2,687	
50-54	\$1,546	\$3,214	\$2,550	\$4,108	50-54	\$1,232	\$2,561	\$2,032	\$3,273	50-54	\$1,152	\$2,394	\$1,900	\$3,060	
55–59	\$1,954	\$4,103	\$2,921	\$4,719	55-59	\$1,557	\$3,270	\$2,327	\$3,761	55-59	\$1,456	\$3,057	\$2,176	\$3,516	
60-64	\$2,410	\$4,578	\$3,223	\$5,344	60-64	\$1,920	\$3,647	\$2,568	\$4,257	60-64	\$1,795	\$3,410	\$2,401	\$3,981	
65+	\$2,733	\$5,906	\$4,109	\$6,493	65+	\$2,178	\$4,706	\$3,274	\$5,173	65+	\$2,036	\$4,400	\$3,061	\$4,837	

	\$30	Copayme	nt Plan			\$50	Copaymer	nt Plan	
A	EE anhs	EE+S	EE+C	EE+S+C	A = 0	EE enha	EE+S	EE+C	EE+S+C
Age	EE only	EE+9	EEtC	EEtStC	Age	EE only	EE+3	EEtC	EEtoto
<30	\$563	\$1,573	\$1,546	\$2,189	<30	\$512	\$1,430	\$1,407	\$1,990
30–39	\$622	\$1,690	\$1,590	\$2,419	30–39	\$566	\$1,538	\$1,446	\$2,201
40-49	\$802	\$1,846	\$1,524	\$2,436	40-49	\$730	\$1,679	\$1,387	\$2,216
50-54	\$1,044	\$2,170	\$1,722	\$2,774	50-54	\$950	\$1,975	\$1,567	\$2,524
55–59	\$1,320	\$2,772	\$1,973	\$3,188	55–59	\$1,201	\$2,522	\$1,795	\$2,901
60–64	\$1,628	\$3,092	\$2,177	\$3,610	60-64	\$1,481	\$2,813	\$1,981	\$3,284
65+	\$1,846	\$3,989	\$2,775	\$4,385	65+	\$1,679	\$3,629	\$2,524	\$3,989

Deductible HMO plans

	\$30/\$1,000	Deductib	le HMO P	lan		\$30/\$1,50	0 Deductib	le HMO PI	\$40/\$2,000 Deductible HMO Plan					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$473	\$1,296	\$1,071	\$1,562	<30	\$414	\$1,134	\$938	\$1,367	<30	\$383	\$1,048	\$867	\$1,263
30–39	\$559	\$1,494	\$1,128	\$1,749	30–39	\$489	\$1,308	\$988	\$1,531	30–39	\$452	\$1,208	\$913	\$1,414
40-49	\$756	\$1,543	\$1,182	\$1,960	40–49	\$662	\$1,351	\$1,035	\$1,716	40–49	\$611	\$1,247	\$956	\$1,585
50-54	\$1,010	\$2,096	\$1,383	\$2,320	50-54	\$884	\$1,835	\$1,211	\$2,031	50-54	\$817	\$1,696	\$1,119	\$1,877
55–59	\$1,253	\$2,606	\$1,625	\$2,857	55-59	\$1,098	\$2,283	\$1,423	\$2,502	55–59	\$1,014	\$2,108	\$1,315	\$2,311
60–64	\$1,606	\$3,215	\$1,985	\$3,557	60-64	\$1,406	\$2,814	\$1,738	\$3,114	60–64	\$1,299	\$2,600	\$1,606	\$2,877
65+	\$1,948	\$4,442	\$2,312	\$4,660	65+	\$1,706	\$3,890	\$2,025	\$4,081	65+	\$1,576	\$3,593	\$1,870	\$3,769

RATES APPLY TO GROUPS WITH GRANDFATHERED PLANS Grandfathered Plans are not available to New Groups Existing Groups are not allowed to add Grandfathered Plans Existing Groups are not allowed to change a current Grandfather Plan to a different Grandfathered Plan

Employee/Dependent Codes	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse)	
Age is based on employee/subscriber	EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates, January 1, December 1, 2024		Small Business

For effective dates January 1–December 1, 2024



Grandfathered Medical Plan Rates

HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	O Plan wi	th HSA	\$0/\$3	200 Dedu	ctible Pla	n with HS	A Option	\$30/\$3,200 Deductible Plan with HSA Option					
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C	
<30	\$413	\$1,131	\$935	\$1,363	<30	\$336	\$919	\$760	\$1,107	<30	\$297	\$813	\$672	\$980	
30–39	\$488	\$1,304	\$985	\$1,527	30–39	\$396	\$1,059	\$800	\$1,240	30–3	9 \$351	\$938	\$708	\$1,098	
40-49	\$660	\$1,347	\$1,032	\$1,711	40-49	\$536	\$1,094	\$838	\$1,390	40-4	9 \$474	\$968	\$742	\$1,230	
50–54	\$881	\$1,829	\$1,206	\$2,025	50-54	\$716	\$1,486	\$981	\$1,645	50-5	4 \$634	\$1,316	\$868	\$1,457	
55–59	\$1,094	\$2,275	\$1,418	\$2,494	55-59	\$889	\$1,849	\$1,153	\$2,027	55–5	9 \$787	\$1,636	\$1,020	\$1,793	
60–64	\$1,402	\$2,805	\$1,733	\$3,104	60-64	\$1,139	\$2,280	\$1,408	\$2,523	60–6	4 \$1,008	\$2,017	\$1,246	\$2,232	
65+	\$1,700	\$3,876	\$2,018	\$4,066	65+	\$1,382	\$3,151	\$1,640	\$3,305	65+	\$1,223	\$2,788	\$1,451	\$2,925	

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HM	IO Plan w	ith HRA	11	\$30/\$	2,500 Ded	uctible HM	IO Plan w	ith HRA
					ļļ					
Age	EE only	EE+S	EE+C	EE+S+C		Age	EE only	EE+S	EE+C	EE+S+C
<30	\$431	\$1,180	\$975	\$1,422		<30	\$386	\$1,056	\$873	\$1,272
30–39	\$509	\$1,360	\$1,027	\$1,592		30–39	\$456	\$1,218	\$920	\$1,426
40-49	\$688	\$1,404	\$1,076	\$1,784		40–49	\$616	\$1,257	\$963	\$1,597
50-54	\$919	\$1,908	\$1,259	\$2,112		50-54	\$823	\$1,708	\$1,127	\$1,891
55-59	\$1,141	\$2,373	\$1,479	\$2,601		55–59	\$1,021	\$2,124	\$1,324	\$2,328
60–64	\$1,462	\$2,926	\$1,807	\$3,238		60–64	\$1,309	\$2,620	\$1,618	\$2,899
65+	\$1,774	\$4,044	\$2,105	\$4,242		65+	\$1,588	\$3,620	\$1,885	\$3,797

Employee/Dependent Codes Age is based on employee/subscriber	EE only = eligible employee only (subscriber) EE+S = eligible employee plus spouse (subscriber and spouse) EE+C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE+S+C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])	
For effective dates January 1–December 1, 2024		Small Business