

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	\$535	\$1,495	\$1,470	\$2,081	<30	\$431	\$1,204	\$1,184	\$1,676	<30	\$392	\$1,095	\$1,077	\$1,524	
30-39	\$591	\$1,607	\$1,511	\$2,300	30–39	\$476	\$1,294	\$1,217	\$1,852	30-39	\$433	\$1,177	\$1,107	\$1,685	
40-49	\$763	\$1,755	\$1,450	\$2,316	40-49	\$614	\$1,413	\$1,167	\$1,865	40-49	\$559	\$1,286	\$1,062	\$1,697	
50-54	\$993	\$2,064	\$1,638	\$2,638	50-54	\$800	\$1,663	\$1,319	\$2,126	50-54	\$727	\$1,512	\$1,199	\$1,933	
55-59	\$1,255	\$2,636	\$1,876	\$3,032	55–59	\$1,011	\$2,123	\$1,511	\$2,442	55-59	\$919	\$1,930	\$1,374	\$2,220	
60-64	\$1,548	\$2,940	\$2,070	\$3,432	60-64	\$1,247	\$2,368	\$1,668	\$2,764	60-64	\$1,134	\$2,154	\$1,517	\$2,514	
65+	\$1,756	\$3,794	\$2,640	\$4,171	65+	\$1,414	\$3,055	\$2,126	\$3,358	65+	\$1,286	\$2,779	\$1,933	\$3,055	

	\$30	Copayme	nt Plan			\$50	Copaymer	nt Plan	
A	EE anhs	FFIC	EE+C	EE+S+C	A	EE enha	FFIC	5510	EE+S+C
Age	EE only	EE+S	EEtC	EEtStC	Age	EE only	EE+S	EE+C	EEtStC
<30	\$359	\$1,003	\$986	\$1,396	<30	\$328	\$917	\$901	\$1,276
30–39	\$397	\$1,078	\$1,014	\$1,543	30–39	\$363	\$986	\$927	\$1,411
40-49	\$512	\$1,177	\$972	\$1,553	40-49	\$468	\$1,077	\$889	\$1,421
50-54	\$666	\$1,384	\$1,098	\$1,769	50-54	\$609	\$1,266	\$1,004	\$1,618
55–59	\$841	\$1,767	\$1,257	\$2,032	55–59	\$770	\$1,616	\$1,151	\$1,859
60–64	\$1,038	\$1,971	\$1,388	\$2,301	60–64	\$949	\$1,803	\$1,269	\$2,105
65+	\$1,177	\$2,544	\$1,769	\$2,797	65+	\$1,076	\$2,326	\$1,618	\$2,557

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	\$298	\$816	\$675	\$983	<30	\$273	\$748	\$618	\$901	<30	\$244	\$668	\$552	\$805	
30–39	\$352	\$941	\$711	\$1,102	30–39	\$322	\$861	\$650	\$1,008	30–39	\$288	\$770	\$582	\$902	
40-49	\$476	\$971	\$745	\$1,234	40-49	\$436	\$890	\$682	\$1,131	40-49	\$390	\$796	\$610	\$1,011	
50-54	\$636	\$1,320	\$871	\$1,461	50-54	\$582	\$1,209	\$797	\$1,338	50-54	\$521	\$1,081	\$713	\$1,197	
55–59	\$789	\$1,641	\$1,023	\$1,799	55–59	\$723	\$1,503	\$937	\$1,648	55–59	\$646	\$1,344	\$838	\$1,473	
60-64	\$1,011	\$2,024	\$1,250	\$2,240	60-64	\$926	\$1,854	\$1,145	\$2,051	60-64	\$828	\$1,657	\$1,024	\$1,834	
65+	\$1,227	\$2,797	\$1,456	\$2,934	65+	\$1,124	\$2,563	\$1,334	\$2,689	65+	\$1,005	\$2,291	\$1,193	\$2,403	

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 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



HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	IO Plan wi	th HSA	\$0/\$3	,200 Dedu	ctible Plar	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	\$279	\$764	\$631	\$920	<30	\$215	\$589	\$487	\$710	<30	\$190	\$521	\$430	\$628		
30–39	\$329	\$880	\$664	\$1,030	30–39	\$254	\$679	\$513	\$795	30-3	9 \$225	\$601	\$454	\$703		
40-49	\$445	\$908	\$696	\$1,154	40-49	\$343	\$700	\$537	\$890	40-4	9 \$304	\$620	\$475	\$788		
50-54	\$595	\$1,235	\$815	\$1,367	50-54	\$459	\$952	\$628	\$1,054	50-5	4 \$406	\$843	\$556	\$933		
55-59	\$738	\$1,535	\$957	\$1,683	55-59	\$569	\$1,184	\$738	\$1,298	55-5	9 \$504	\$1,048	\$653	\$1,149		
60-64	\$946	\$1,894	\$1,169	\$2,096	60-64	\$730	\$1,461	\$902	\$1,616	60-6	4 \$646	\$1,292	\$798	\$1,430		
65+	\$1,148	\$2,617	\$1,362	\$2,745	65+	\$885	\$2,018	\$1,050	\$2,117	65+	· \$783	\$1,785	\$929	\$1,873		

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HN	/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	\$272	\$745	\$616	\$898	<30	\$242	\$662	\$547	\$798
30–39	\$322	\$860	\$650	\$1,007	30–39	\$285	\$762	\$576	\$892
40-49	\$435	\$888	\$680	\$1,128	40–49	\$386	\$788	\$604	\$1,001
50-54	\$581	\$1,206	\$796	\$1,335	50-54	\$515	\$1,069	\$705	\$1,183
55-59	\$721	\$1,499	\$935	\$1,643	55–59	\$640	\$1,331	\$830	\$1,459
60–64	\$924	\$1,849	\$1,142	\$2,046	60–64	\$820	\$1,641	\$1,014	\$1,816
65+	\$1,121	\$2,556	\$1,330	\$2,681	65+	\$994	\$2,267	\$1,180	\$2,378

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



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	\$565	\$1,578	\$1,552	\$2,196	<30	\$455	\$1,271	\$1,250	\$1,769	<30	\$414	\$1,156	\$1,137	\$1,609	
30–39	\$624	\$1,696	\$1,595	\$2,428	30–39	\$503	\$1,366	\$1,285	\$1,955	30–39	\$457	\$1,242	\$1,169	\$1,778	
40-49	\$805	\$1,853	\$1,530	\$2,445	40-49	\$649	\$1,493	\$1,233	\$1,970	40-49	\$590	\$1,357	\$1,121	\$1,791	
50-54	\$1,048	\$2,179	\$1,729	\$2,785	50-54	\$844	\$1,755	\$1,392	\$2,243	50-54	\$768	\$1,596	\$1,267	\$2,040	
55–59	\$1,325	\$2,782	\$1,981	\$3,200	55-59	\$1,067	\$2,241	\$1,595	\$2,577	55-59	\$971	\$2,038	\$1,451	\$2,344	
60-64	\$1,634	\$3,104	\$2,185	\$3,623	60-64	\$1,316	\$2,500	\$1,760	\$2,918	60-64	\$1,197	\$2,274	\$1,601	\$2,655	
65+	\$1,853	\$4,004	\$2,786	\$4,402	65+	\$1,492	\$3,225	\$2,243	\$3,545	65+	\$1,357	\$2,933	\$2,040	\$3,224	

	\$30	Copayme	nt Plan			\$50	Copaymer	nt Plan	
Ago	EE only	EE+S	EE+C	EE+S+C	Ago	EE only	EE+S	EE+C	EE+S+C
Age					Age				
<30	\$379	\$1,058	\$1,041	\$1,472	<30	\$346	\$967	\$951	\$1,346
30–39	\$419	\$1,138	\$1,070	\$1,629	30–39	\$383	\$1,040	\$979	\$1,489
40-49	\$540	\$1,242	\$1,026	\$1,639	40-49	\$494	\$1,136	\$938	\$1,499
50-54	\$703	\$1,461	\$1,159	\$1,867	50-54	\$643	\$1,336	\$1,060	\$1,708
55–59	\$888	\$1,865	\$1,328	\$2,145	55-59	\$812	\$1,705	\$1,214	\$1,961
60-64	\$1,095	\$2,080	\$1,465	\$2,428	60-64	\$1,002	\$1,903	\$1,340	\$2,221
65+	\$1,242	\$2,684	\$1,867	\$2,951	65+	\$1,136	\$2,455	\$1,708	\$2,699

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	\$315	\$862	\$712	\$1,039	<30	\$288	\$789	\$652	\$951	<30	\$258	\$706	\$583	\$851			
30–39	\$372	\$993	\$750	\$1,162	30–39	\$340	\$909	\$687	\$1,064	30–39	\$304	\$813	\$614	\$952			
40-49	\$502	\$1,025	\$785	\$1,302	40-49	\$460	\$939	\$720	\$1,193	40-49	\$411	\$839	\$643	\$1,066			
50-54	\$671	\$1,393	\$919	\$1,542	50-54	\$615	\$1,276	\$842	\$1,413	50-54	\$550	\$1,141	\$753	\$1,263			
55–59	\$833	\$1,732	\$1,080	\$1,899	55-59	\$763	\$1,587	\$989	\$1,740	55-59	\$682	\$1,418	\$884	\$1,554			
60-64	\$1,068	\$2,137	\$1,320	\$2,365	60–64	\$978	\$1,957	\$1,209	\$2,165	60–64	\$874	\$1,750	\$1,080	\$1,936			
65+	\$1,295	\$2,953	\$1,537	\$3,098	65+	\$1,186	\$2,704	\$1,408	\$2,837	65+	\$1,061	\$2,419	\$1,259	\$2,538			

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



HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	O Plan wi	th HSA	\$0/\$3	,200 Dedu	ctible Plar	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	\$294	\$806	\$666	\$971	<30	\$227	\$621	\$514	\$748	<30	\$201	\$550	\$455	\$663		
30–39	\$348	\$929	\$702	\$1,088	30–39	\$268	\$716	\$541	\$838	30-3	9 \$237	\$634	\$479	\$742		
40-49	\$470	\$959	\$735	\$1,218	40-49	\$362	\$739	\$566	\$939	40-4	9 \$321	\$655	\$502	\$832		
50-54	\$628	\$1,304	\$860	\$1,443	50-54	\$484	\$1,005	\$663	\$1,113	50-5	4 \$428	\$889	\$586	\$984		
55-59	\$779	\$1,620	\$1,010	\$1,776	55-59	\$601	\$1,250	\$779	\$1,370	55-5	9 \$532	\$1,106	\$690	\$1,212		
60-64	\$999	\$1,999	\$1,235	\$2,212	60-64	\$770	\$1,541	\$952	\$1,705	60–6	4 \$681	\$1,363	\$842	\$1,508		
65+	\$1,211	\$2,762	\$1,437	\$2,897	65+	\$934	\$2,130	\$1,108	\$2,234	65+	\$827	\$1,885	\$981	\$1,977		

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HN	IO Plan w	ith HRA	\$30/\$2,500 Deductible HMO Plan with HRA						
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$287	\$787	\$650	\$948	<30	\$255	\$698	\$577	\$841		
30–39	\$340	\$908	\$686	\$1,063	30–39	\$301	\$805	\$608	\$942		
40-49	\$459	\$937	\$718	\$1,190	40–49	\$407	\$831	\$637	\$1,056		
50-54	\$613	\$1,273	\$840	\$1,409	50-54	\$544	\$1,129	\$745	\$1,250		
55-59	\$761	\$1,583	\$987	\$1,735	55–59	\$675	\$1,404	\$875	\$1,539		
60–64	\$976	\$1,953	\$1,206	\$2,161	60–64	\$865	\$1,732	\$1,069	\$1,916		
65+	\$1,183	\$2,698	\$1,404	\$2,830	65+	\$1,050	\$2,394	\$1,246	\$2,511		

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



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	\$595	\$1,662	\$1,634	\$2,313	<30	\$479	\$1,338	\$1,316	\$1,862	<30	\$436	\$1,217	\$1,197	\$1,694
30–39	\$657	\$1,785	\$1,680	\$2,555	30–39	\$529	\$1,438	\$1,353	\$2,058	30–39	\$481	\$1,308	\$1,230	\$1,872
40-49	\$848	\$1,951	\$1,611	\$2,575	40-49	\$683	\$1,571	\$1,297	\$2,073	40-49	\$621	\$1,429	\$1,180	\$1,886
50-54	\$1,103	\$2,293	\$1,819	\$2,931	50-54	\$889	\$1,847	\$1,466	\$2,361	50-54	\$808	\$1,680	\$1,333	\$2,147
55-59	\$1,395	\$2,929	\$2,085	\$3,369	55-59	\$1,123	\$2,358	\$1,679	\$2,712	55-59	\$1,022	\$2,146	\$1,528	\$2,468
60-64	\$1,720	\$3,267	\$2,300	\$3,814	60-64	\$1,385	\$2,631	\$1,852	\$3,071	60-64	\$1,260	\$2,393	\$1,685	\$2,794
65+	\$1,951	\$4,216	\$2,933	\$4,635	65+	\$1,571	\$3,395	\$2,362	\$3,732	65+	\$1,429	\$3,088	\$2,148	\$3,395

	\$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	\$399	\$1,114	\$1,096	\$1,550	<30	\$365	\$1,019	\$1,002	\$1,418				
30–39	\$441	\$1,198	\$1,127	\$1,714	30–39	\$403	\$1,095	\$1,030	\$1,567				
40–49	\$568	\$1,307	\$1,080	\$1,725	40-49	\$520	\$1,196	\$988	\$1,578				
50-54	\$740	\$1,538	\$1,220	\$1,966	50-54	\$677	\$1,407	\$1,116	\$1,798				
55–59	\$935	\$1,963	\$1,398	\$2,258	55–59	\$855	\$1,795	\$1,278	\$2,065				
60-64	\$1,153	\$2,190	\$1,542	\$2,557	60-64	\$1,054	\$2,003	\$1,410	\$2,338				
65+	\$1,308	\$2,826	\$1,966	\$3,107	65+	\$1,196	\$2,585	\$1,798	\$2,842				

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	\$331	\$907	\$749	\$1,093	<30	\$303	\$830	\$686	\$1,000	<30	\$271	\$742	\$614	\$894	
30–39	\$391	\$1,045	\$789	\$1,223	30–39	\$358	\$957	\$723	\$1,120	30–39	\$320	\$856	\$646	\$1,002	
40-49	\$529	\$1,079	\$827	\$1,371	40-49	\$484	\$988	\$757	\$1,255	40-49	\$433	\$884	\$677	\$1,123	
50-54	\$706	\$1,466	\$967	\$1,623	50-54	\$647	\$1,343	\$886	\$1,487	50-54	\$578	\$1,201	\$792	\$1,330	
55–59	\$877	\$1,824	\$1,137	\$1,999	55-59	\$803	\$1,670	\$1,041	\$1,831	55–59	\$718	\$1,493	\$931	\$1,637	
60–64	\$1,124	\$2,249	\$1,389	\$2,489	60-64	\$1,029	\$2,060	\$1,272	\$2,279	60-64	\$920	\$1,842	\$1,137	\$2,038	
65+	\$1,363	\$3,108	\$1,618	\$3,260	65+	\$1,249	\$2,847	\$1,482	\$2,987	65+	\$1,116	\$2,545	\$1,325	\$2,670	

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 offective dates, lanuary 1, December 1, 2021	-	Small Business

For effective dates January 1–December 1, 2024



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	\$310	\$849	\$701	\$1,023	<30	\$239	\$654	\$541	\$788	<30	\$211	\$578	\$478	\$697		
30–39	\$366	\$978	\$739	\$1,145	30–39	\$282	\$754	\$569	\$883	30–3	9 \$250	\$668	\$504	\$782		
40-49	\$495	\$1,010	\$774	\$1,283	40-49	\$381	\$778	\$596	\$989	40-4	9 \$338	\$689	\$528	\$875		
50-54	\$661	\$1,372	\$905	\$1,519	50-54	\$510	\$1,058	\$698	\$1,171	50-5	4 \$451	\$936	\$618	\$1,036		
55-59	\$820	\$1,706	\$1,063	\$1,870	55-59	\$633	\$1,316	\$821	\$1,443	55-5	9 \$560	\$1,164	\$726	\$1,276		
60-64	\$1,051	\$2,104	\$1,299	\$2,328	60-64	\$811	\$1,623	\$1,002	\$1,796	60-6	4 \$717	\$1,435	\$886	\$1,588		
65+	\$1,275	\$2,907	\$1,513	\$3,050	65+	\$983	\$2,242	\$1,167	\$2,352	65+	\$870	\$1,984	\$1,033	\$2,081		

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HN	/IO Plan w	ith HRA	\$30/\$2,500 Deductible HMO Plan with HRA						
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C		
<30	\$303	\$829	\$685	\$999	<30	\$268	\$735	\$607	\$886		
30–39	\$357	\$955	\$721	\$1,118	30–39	\$317	\$847	\$640	\$992		
40-49	\$483	\$986	\$756	\$1,253	40–49	\$429	\$875	\$671	\$1,112		
50-54	\$645	\$1,340	\$883	\$1,483	50-54	\$573	\$1,189	\$785	\$1,316		
55-59	\$801	\$1,666	\$1,039	\$1,826	55–59	\$711	\$1,478	\$922	\$1,620		
60–64	\$1,027	\$2,055	\$1,269	\$2,274	60–64	\$911	\$1,823	\$1,126	\$2,017		
65+	\$1,246	\$2,841	\$1,479	\$2,980	65+	\$1,105	\$2,519	\$1,311	\$2,643		

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



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	\$625	\$1,745	\$1,716	\$2,428	<30	\$503	\$1,405	\$1,382	\$1,955	<30	\$457	\$1,277	\$1,256	\$1,777
30–39	\$690	\$1,875	\$1,764	\$2,684	30–39	\$556	\$1,510	\$1,421	\$2,161	30–39	\$506	\$1,374	\$1,293	\$1,966
40-49	\$890	\$2,048	\$1,691	\$2,703	40-49	\$717	\$1,649	\$1,362	\$2,176	40-49	\$652	\$1,500	\$1,239	\$1,980
50-54	\$1,159	\$2,409	\$1,911	\$3,079	50-54	\$933	\$1,939	\$1,539	\$2,479	50-54	\$849	\$1,764	\$1,400	\$2,255
55–59	\$1,464	\$3,075	\$2,189	\$3,537	55-59	\$1,179	\$2,476	\$1,763	\$2,848	55-59	\$1,073	\$2,253	\$1,604	\$2,591
60-64	\$1,806	\$3,430	\$2,415	\$4,004	60–64	\$1,454	\$2,762	\$1,945	\$3,224	60-64	\$1,323	\$2,513	\$1,769	\$2,934
65+	\$2,048	\$4,426	\$3,079	\$4,866	65+	\$1,649	\$3,564	\$2,479	\$3,918	65+	\$1,500	\$3,242	\$2,255	\$3,564

	\$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	\$419	\$1,170	\$1,150	\$1,628	<30	\$383	\$1,070	\$1,052	\$1,489					
30–39	\$463	\$1,257	\$1,183	\$1,799	30–39	\$423	\$1,149	\$1,081	\$1,645					
40–49	\$597	\$1,373	\$1,134	\$1,812	40-49	\$546	\$1,256	\$1,037	\$1,658					
50-54	\$777	\$1,615	\$1,281	\$2,064	50-54	\$710	\$1,476	\$1,171	\$1,887					
55–59	\$982	\$2,062	\$1,468	\$2,372	55-59	\$898	\$1,885	\$1,342	\$2,168					
60–64	\$1,211	\$2,300	\$1,620	\$2,685	60–64	\$1,107	\$2,103	\$1,481	\$2,455					
65+	\$1,373	\$2,967	\$2,064	\$3,262	65+	\$1,256	\$2,714	\$1,888	\$2,984					

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	\$348	\$952	\$787	\$1,147	<30	\$318	\$872	\$720	\$1,051	<30	\$285	\$780	\$645	\$940
30–39	\$411	\$1,098	\$829	\$1,285	30–39	\$376	\$1,005	\$759	\$1,177	30-39	\$336	\$899	\$679	\$1,052
40-49	\$555	\$1,133	\$868	\$1,440	40-49	\$509	\$1,038	\$796	\$1,319	40-49	\$455	\$928	\$712	\$1,179
50-54	\$742	\$1,540	\$1,016	\$1,705	50-54	\$679	\$1,410	\$930	\$1,561	50-54	\$607	\$1,261	\$831	\$1,396
55–59	\$921	\$1,915	\$1,194	\$2,099	55-59	\$843	\$1,753	\$1,093	\$1,922	55-59	\$754	\$1,568	\$978	\$1,719
60–64	\$1,180	\$2,362	\$1,459	\$2,613	60-64	\$1,081	\$2,163	\$1,336	\$2,393	60-64	\$966	\$1,934	\$1,194	\$2,140
65+	\$1,431	\$3,263	\$1,698	\$3,423	65+	\$1,311	\$2,989	\$1,556	\$3,136	65+	\$1,172	\$2,673	\$1,391	\$2,804

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



HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	O Plan wi	th HSA	\$0/\$3,	200 Dedu	ctible Plar	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	\$325	\$890	\$736	\$1,073	<30	\$251	\$687	\$568	\$828	<30	\$222	\$608	\$502	\$733	
30–39	\$384	\$1,027	\$775	\$1,202	30–39	\$296	\$791	\$598	\$926	30–3	9 \$262	\$700	\$529	\$820	
40-49	\$520	\$1,061	\$813	\$1,348	40-49	\$401	\$818	\$627	\$1,039	40-4	9 \$354	\$723	\$554	\$919	
50-54	\$694	\$1,441	\$950	\$1,595	50-54	\$535	\$1,111	\$733	\$1,230	50-5	4 \$473	\$982	\$648	\$1,087	
55-59	\$861	\$1,791	\$1,116	\$1,963	55-59	\$664	\$1,381	\$861	\$1,514	55–5	9 \$588	\$1,222	\$762	\$1,340	
60-64	\$1,104	\$2,209	\$1,365	\$2,444	60-64	\$851	\$1,703	\$1,052	\$1,884	60–6	4 \$753	\$1,507	\$931	\$1,668	
65+	\$1,339	\$3,053	\$1,589	\$3,203	65+	\$1,032	\$2,354	\$1,225	\$2,469	65+	\$914	\$2,083	\$1,085	\$2,185	

Deductible HMO plans with HRA plans

\$30/\$	\$1,500 Ded	luctible HN	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	\$318	\$870	\$719	\$1,048	<30	\$282	\$772	\$638	\$930
30–39	\$375	\$1,003	\$757	\$1,174	30–39	\$333	\$890	\$672	\$1,042
40-49	\$507	\$1,035	\$793	\$1,315	40–49	\$450	\$918	\$704	\$1,166
50-54	\$678	\$1,407	\$928	\$1,558	50-54	\$601	\$1,248	\$823	\$1,382
55-59	\$841	\$1,749	\$1,090	\$1,917	55–59	\$746	\$1,552	\$967	\$1,701
60–64	\$1,078	\$2,158	\$1,333	\$2,388	60–64	\$956	\$1,914	\$1,182	\$2,118
65+	\$1,308	\$2,982	\$1,552	\$3,128	65+	\$1,160	\$2,645	\$1,377	\$2,775

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



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	\$654	\$1,827	\$1,797	\$2,543	<30	\$527	\$1,472	\$1,447	\$2,048	<30	\$479	\$1,339	\$1,316	\$1,863	
30–39	\$723	\$1,964	\$1,848	\$2,811	30–39	\$582	\$1,582	\$1,488	\$2,264	30-39	\$530	\$1,439	\$1,354	\$2,060	
40-49	\$933	\$2,146	\$1,772	\$2,832	40-49	\$751	\$1,728	\$1,427	\$2,280	40-49	\$683	\$1,572	\$1,298	\$2,075	
50-54	\$1,214	\$2,523	\$2,002	\$3,225	50-54	\$977	\$2,031	\$1,612	\$2,596	50-54	\$889	\$1,848	\$1,466	\$2,362	
55–59	\$1,534	\$3,221	\$2,293	\$3,705	55–59	\$1,235	\$2,594	\$1,846	\$2,983	55-59	\$1,124	\$2,360	\$1,680	\$2,714	
60-64	\$1,892	\$3,594	\$2,530	\$4,195	60–64	\$1,524	\$2,894	\$2,038	\$3,378	60-64	\$1,386	\$2,633	\$1,854	\$3,074	
65+	\$2,146	\$4,637	\$3,226	\$5,097	65+	\$1,728	\$3,734	\$2,598	\$4,105	65+	\$1,572	\$3,397	\$2,363	\$3,734	

	\$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	\$439	\$1,226	\$1,205	\$1,706	<30	\$401	\$1,120	\$1,102	\$1,559
30–39	\$485	\$1,317	\$1,239	\$1,885	30–39	\$443	\$1,204	\$1,133	\$1,723
40-49	\$625	\$1,438	\$1,188	\$1,898	40-49	\$572	\$1,316	\$1,087	\$1,737
50-54	\$814	\$1,692	\$1,342	\$2,163	50-54	\$744	\$1,547	\$1,227	\$1,977
55–59	\$1,028	\$2,159	\$1,537	\$2,483	55-59	\$941	\$1,975	\$1,406	\$2,272
60-64	\$1,268	\$2,409	\$1,696	\$2,812	60-64	\$1,160	\$2,203	\$1,551	\$2,572
65+	\$1,439	\$3,109	\$2,163	\$3,418	65+	\$1,316	\$2,843	\$1,978	\$3,125

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	\$364	\$997	\$824	\$1,201	<30	\$334	\$914	\$756	\$1,101	<30	\$298	\$817	\$675	\$984	
30–39	\$430	\$1,150	\$868	\$1,346	30–39	\$394	\$1,053	\$795	\$1,233	30–39	\$352	\$941	\$711	\$1,102	
40-49	\$582	\$1,188	\$910	\$1,509	40-49	\$533	\$1,088	\$834	\$1,382	40–49	\$476	\$972	\$745	\$1,235	
50-54	\$777	\$1,613	\$1,064	\$1,786	50-54	\$712	\$1,478	\$975	\$1,636	50-54	\$636	\$1,321	\$871	\$1,462	
55–59	\$965	\$2,006	\$1,251	\$2,199	55-59	\$884	\$1,838	\$1,146	\$2,015	55–59	\$790	\$1,643	\$1,024	\$1,801	
60–64	\$1,236	\$2,474	\$1,528	\$2,737	60-64	\$1,132	\$2,266	\$1,399	\$2,507	60–64	\$1,012	\$2,026	\$1,251	\$2,242	
65+	\$1,499	\$3,418	\$1,779	\$3,586	65+	\$1,373	\$3,131	\$1,630	\$3,285	65+	\$1,228	\$2,800	\$1,457	\$2,937	

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



HSA-qualified deductible HMO plans

\$0/\$	2,000 Ded	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	\$341	\$933	\$772	\$1,124	<30	\$263	\$720	\$595	\$867	<30	\$232	\$636	\$526	\$766	
30–39	\$402	\$1,075	\$812	\$1,259	30–39	\$310	\$829	\$626	\$971	30–3	9 \$275	\$734	\$555	\$859	
40-49	\$544	\$1,110	\$851	\$1,410	40-49	\$420	\$857	\$657	\$1,089	40-4	9 \$371	\$757	\$580	\$962	
50-54	\$727	\$1,509	\$996	\$1,671	50-54	\$560	\$1,163	\$767	\$1,288	50-5	4 \$496	\$1,030	\$679	\$1,140	
55-59	\$902	\$1,876	\$1,170	\$2,056	55-59	\$696	\$1,447	\$902	\$1,586	55–5	9 \$616	\$1,281	\$799	\$1,404	
60–64	\$1,157	\$2,315	\$1,430	\$2,561	60-64	\$892	\$1,785	\$1,103	\$1,975	60–6	4 \$789	\$1,579	\$975	\$1,747	
65+	\$1,403	\$3,199	\$1,665	\$3,356	65+	\$1,082	\$2,467	\$1,284	\$2,588	65+	\$957	\$2,182	\$1,136	\$2,289	

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
					IJ					
Age	EE only	EE+S	EE+C	EE+S+C		Age	EE only	EE+S	EE+C	EE+S+C
<30	\$333	\$912	\$754	\$1,099		<30	\$295	\$808	\$668	\$974
30–39	\$393	\$1,051	\$793	\$1,230		30–39	\$349	\$932	\$704	\$1,091
40-49	\$532	\$1,085	\$832	\$1,378		40–49	\$472	\$963	\$738	\$1,223
50-54	\$710	\$1,474	\$972	\$1,632		50-54	\$630	\$1,308	\$863	\$1,448
55-59	\$881	\$1,832	\$1,142	\$2,008		55–59	\$782	\$1,626	\$1,014	\$1,782
60–64	\$1,130	\$2,261	\$1,397	\$2,502		60–64	\$1,002	\$2,005	\$1,239	\$2,219
65+	\$1,370	\$3,124	\$1,626	\$3,277		65+	\$1,215	\$2,771	\$1,442	\$2,907

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