

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	\$563	\$1,573	\$1,547	\$2,189	<30	\$454	\$1,268	\$1,247	\$1,764	<30	\$413	\$1,153	\$1,134	\$1,605	
30–39	\$623	\$1,692	\$1,592	\$2,422	30–39	\$501	\$1,362	\$1,281	\$1,950	30–39	\$456	\$1,239	\$1,166	\$1,774	
40-49	\$803	\$1,848	\$1,526	\$2,439	40-49	\$647	\$1,488	\$1,229	\$1,964	40-49	\$588	\$1,353	\$1,118	\$1,786	
50-54	\$1,045	\$2,173	\$1,724	\$2,778	50-54	\$842	\$1,750	\$1,389	\$2,237	50-54	\$766	\$1,592	\$1,263	\$2,035	
55-59	\$1,321	\$2,774	\$1,975	\$3,191	55–59	\$1,064	\$2,234	\$1,590	\$2,569	55-59	\$968	\$2,033	\$1,447	\$2,338	
60-64	\$1,629	\$3,095	\$2,179	\$3,613	60–64	\$1,312	\$2,492	\$1,755	\$2,909	60-64	\$1,194	\$2,268	\$1,597	\$2,647	
65+	\$1,848	\$3,994	\$2,778	\$4,391	65+	\$1,488	\$3,216	\$2,237	\$3,535	65+	\$1,354	\$2,926	\$2,035	\$3,217	

	\$30	Copayme	nt Plan			\$50	Copaymer	nt Plan	
		55.0	FF : 0	55.0.0		FF	FF : 0	55.0	55.0.0
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$378	\$1,055	\$1,038	\$1,468	<30	\$345	\$965	\$949	\$1,343
30–39	\$417	\$1,134	\$1,067	\$1,623	30–39	\$382	\$1,037	\$976	\$1,484
40-49	\$538	\$1,238	\$1,023	\$1,634	40-49	\$492	\$1,133	\$935	\$1,495
50-54	\$701	\$1,457	\$1,156	\$1,862	50-54	\$641	\$1,332	\$1,057	\$1,703
55–59	\$886	\$1,860	\$1,324	\$2,139	55-59	\$810	\$1,701	\$1,211	\$1,956
60-64	\$1,092	\$2,075	\$1,461	\$2,422	60-64	\$999	\$1,898	\$1,336	\$2,216
65+	\$1,239	\$2,677	\$1,863	\$2,943	65+	\$1,133	\$2,448	\$1,703	\$2,691

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	\$314	\$859	\$710	\$1,035	<30	\$287	\$787	\$650	\$948	<30	\$257	\$704	\$582	\$848		
30–39	\$370	\$990	\$747	\$1,159	30–39	\$339	\$907	\$685	\$1,062	30–39	\$303	\$811	\$612	\$949		
40-49	\$501	\$1,022	\$784	\$1,299	40-49	\$459	\$937	\$718	\$1,190	40-49	\$410	\$837	\$641	\$1,064		
50-54	\$669	\$1,389	\$916	\$1,538	50-54	\$613	\$1,273	\$839	\$1,409	50-54	\$548	\$1,138	\$750	\$1,260		
55–59	\$831	\$1,728	\$1,077	\$1,894	55-59	\$761	\$1,582	\$987	\$1,734	55–59	\$680	\$1,414	\$882	\$1,550		
60–64	\$1,065	\$2,131	\$1,316	\$2,358	60–64	\$975	\$1,952	\$1,205	\$2,160	60-64	\$872	\$1,745	\$1,078	\$1,931		
65+	\$1,291	\$2,944	\$1,532	\$3,088	65+	\$1,183	\$2,697	\$1,404	\$2,829	65+	\$1,058	\$2,412	\$1,256	\$2,530		

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	\$293	\$803	\$664	\$968	<30	\$226	\$619	\$512	\$746	<30	\$200	\$548	\$453	\$660		
30–39	\$347	\$927	\$700	\$1,085	30–39	\$267	\$714	\$539	\$836	30-3	9 \$236	\$632	\$477	\$740		
40-49	\$469	\$957	\$733	\$1,216	40-49	\$361	\$737	\$565	\$937	40-4	9 \$320	\$653	\$500	\$830		
50-54	\$626	\$1,300	\$857	\$1,439	50-54	\$483	\$1,002	\$661	\$1,109	50-5	4 \$427	\$887	\$585	\$982		
55-59	\$777	\$1,616	\$1,007	\$1,771	55-59	\$599	\$1,246	\$777	\$1,366	55-5	9 \$530	\$1,102	\$687	\$1,208		
60-64	\$996	\$1,993	\$1,231	\$2,205	60-64	\$768	\$1,537	\$949	\$1,701	60–6	4 \$680	\$1,360	\$840	\$1,505		
65+	\$1,208	\$2,755	\$1,434	\$2,890	65+	\$932	\$2,124	\$1,106	\$2,228	65+	\$824	\$1,879	\$978	\$1,971		

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	vith HRA
Age	EE only	EE+S	EE+C	EE+S+C	Age	EE only	EE+S	EE+C	EE+S+C
<30	\$287	\$785	\$649	\$946	<30	\$254	\$696	\$575	\$839
30–39	\$339	\$905	\$684	\$1,059	30–39	\$300	\$802	\$606	\$939
40-49	\$458	\$935	\$716	\$1,188	40–49	\$406	\$829	\$635	\$1,053
50-54	\$611	\$1,269	\$837	\$1,405	50-54	\$542	\$1,126	\$742	\$1,247
55-59	\$759	\$1,578	\$984	\$1,730	55–59	\$673	\$1,400	\$873	\$1,535
60–64	\$973	\$1,947	\$1,203	\$2,154	60–64	\$863	\$1,727	\$1,067	\$1,911
65+	\$1,180	\$2,691	\$1,400	\$2,823	65+	\$1,047	\$2,387	\$1,243	\$2,504

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 (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	\$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	Copaymer	nt Plan	
		EE . O	FF : 0	55.0.0			FF : 0	FF · 0	FF . 0 . 0
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/\$1,500 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	\$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		

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	EE+S+C = eligible employee plus shud(el) (subscriber and similation 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 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 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	\$626	\$1,749	\$1,720	\$2,434	<30	\$504	\$1,408	\$1,385	\$1,960	<30	\$459	\$1,281	\$1,260	\$1,783		
30–39	\$692	\$1,880	\$1,768	\$2,691	30–39	\$557	\$1,514	\$1,424	\$2,167	30–39	\$507	\$1,377	\$1,296	\$1,971		
40-49	\$892	\$2,053	\$1,695	\$2,710	40-49	\$719	\$1,654	\$1,366	\$2,183	40-49	\$654	\$1,504	\$1,242	\$1,985		
50-54	\$1,162	\$2,415	\$1,916	\$3,087	50-54	\$935	\$1,944	\$1,542	\$2,485	50-54	\$851	\$1,769	\$1,403	\$2,261		
55–59	\$1,468	\$3,083	\$2,194	\$3,546	55-59	\$1,182	\$2,482	\$1,767	\$2,855	55-59	\$1,075	\$2,258	\$1,607	\$2,597		
60-64	\$1,810	\$3,438	\$2,421	\$4,014	60-64	\$1,458	\$2,769	\$1,950	\$3,233	60-64	\$1,326	\$2,519	\$1,773	\$2,941		
65+	\$2,053	\$4,437	\$3,087	\$4,878	65+	\$1,654	\$3,574	\$2,486	\$3,929	65+	\$1,504	\$3,250	\$2,261	\$3,573		

	\$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	\$420	\$1,173	\$1,153	\$1,632	<30	\$384	\$1,072	\$1,055	\$1,492			
30–39	\$464	\$1,260	\$1,186	\$1,804	30–39	\$424	\$1,152	\$1,084	\$1,649			
40-49	\$598	\$1,376	\$1,136	\$1,816	40-49	\$547	\$1,259	\$1,039	\$1,662			
50-54	\$779	\$1,619	\$1,285	\$2,069	50-54	\$712	\$1,480	\$1,174	\$1,892			
55–59	\$984	\$2,067	\$1,471	\$2,377	55-59	\$900	\$1,890	\$1,345	\$2,174			
60-64	\$1,214	\$2,306	\$1,624	\$2,692	60-64	\$1,110	\$2,108	\$1,485	\$2,461			
65+	\$1,377	\$2,975	\$2,070	\$3,270	65+	\$1,259	\$2,721	\$1,893	\$2,991			

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	\$348	\$954	\$788	\$1,150	<30	\$319	\$874	\$722	\$1,053	<30	\$285	\$781	\$646	\$941		
30–39	\$412	\$1,101	\$831	\$1,289	30–39	\$377	\$1,008	\$761	\$1,180	30–39	\$337	\$901	\$680	\$1,055		
40-49	\$557	\$1,136	\$871	\$1,443	40-49	\$510	\$1,041	\$798	\$1,323	40-49	\$456	\$931	\$713	\$1,183		
50-54	\$743	\$1,543	\$1,018	\$1,708	50-54	\$681	\$1,414	\$933	\$1,565	50-54	\$609	\$1,264	\$834	\$1,399		
55-59	\$923	\$1,919	\$1,197	\$2,104	55-59	\$846	\$1,759	\$1,097	\$1,928	55–59	\$756	\$1,572	\$980	\$1,723		
60-64	\$1,183	\$2,368	\$1,462	\$2,620	60-64	\$1,084	\$2,169	\$1,340	\$2,400	60-64	\$969	\$1,939	\$1,198	\$2,145		
65+	\$1,435	\$3,272	\$1,703	\$3,432	65+	\$1,314	\$2,997	\$1,559	\$3,144	65+	\$1,175	\$2,679	\$1,394	\$2,810		

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	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	\$326	\$893	\$738	\$1,076	<30	\$251	\$688	\$569	\$829	<30	\$222	\$609	\$503	\$734	
30–39	\$385	\$1,029	\$777	\$1,205	30–39	\$297	\$794	\$599	\$929	30-3	9 \$263	\$702	\$531	\$822	
40-49	\$521	\$1,063	\$815	\$1,351	40-49	\$402	\$820	\$629	\$1,042	40-4	9 \$355	\$725	\$555	\$921	
50-54	\$696	\$1,445	\$953	\$1,600	50-54	\$536	\$1,113	\$734	\$1,232	50-5	4 \$475	\$986	\$650	\$1,091	
55-59	\$864	\$1,796	\$1,120	\$1,969	55-59	\$666	\$1,385	\$863	\$1,518	55-5	9 \$589	\$1,225	\$764	\$1,343	
60-64	\$1,107	\$2,215	\$1,368	\$2,451	60-64	\$853	\$1,707	\$1,054	\$1,889	60-6	4 \$755	\$1,511	\$933	\$1,672	
65+	\$1,342	\$3,060	\$1,593	\$3,210	65+	\$1,035	\$2,360	\$1,228	\$2,476	65+	\$916	\$2,088	\$1,087	\$2,190	

Deductible HMO plans with HRA plans

\$30/\$	51,500 Ded	uctible HM	IO Plan w	ith HRA	11	\$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	\$318	\$872	\$720	\$1,051		<30	\$282	\$773	\$639	\$932
30–39	\$376	\$1,005	\$759	\$1,177		30–39	\$334	\$892	\$674	\$1,044
40-49	\$509	\$1,038	\$796	\$1,319		40–49	\$451	\$921	\$706	\$1,170
50-54	\$679	\$1,410	\$930	\$1,561		50-54	\$603	\$1,252	\$826	\$1,386
55-59	\$844	\$1,755	\$1,094	\$1,924		55–59	\$748	\$1,556	\$970	\$1,706
60-64	\$1,081	\$2,163	\$1,336	\$2,393		60–64	\$959	\$1,919	\$1,185	\$2,123
65+	\$1,311	\$2,989	\$1,556	\$3,136		65+	\$1,163	\$2,652	\$1,380	\$2,782

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	\$657	\$1,836	\$1,805	\$2,555	<30	\$529	\$1,478	\$1,454	\$2,057	<30	\$482	\$1,346	\$1,323	\$1,873
30–39	\$726	\$1,973	\$1,856	\$2,824	30–39	\$585	\$1,589	\$1,495	\$2,275	30-39	\$532	\$1,446	\$1,360	\$2,070
40-49	\$937	\$2,156	\$1,780	\$2,845	40-49	\$755	\$1,737	\$1,434	\$2,292	40-49	\$686	\$1,579	\$1,304	\$2,084
50-54	\$1,220	\$2,535	\$2,012	\$3,240	50-54	\$982	\$2,041	\$1,620	\$2,609	50-54	\$893	\$1,857	\$1,473	\$2,374
55-59	\$1,541	\$3,236	\$2,304	\$3,722	55–59	\$1,241	\$2,606	\$1,855	\$2,997	55-59	\$1,129	\$2,371	\$1,688	\$2,727
60-64	\$1,901	\$3,611	\$2,542	\$4,215	60–64	\$1,531	\$2,908	\$2,048	\$3,395	60-64	\$1,393	\$2,646	\$1,863	\$3,089
65+	\$2,156	\$4,659	\$3,241	\$5,122	65+	\$1,736	\$3,752	\$2,610	\$4,125	65+	\$1,579	\$3,413	\$2,374	\$3,752

	\$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	\$441	\$1,231	\$1,211	\$1,713	<30	\$403	\$1,126	\$1,107	\$1,567				
30–39	\$487	\$1,323	\$1,245	\$1,894	30–39	\$445	\$1,210	\$1,138	\$1,732				
40-49	\$628	\$1,445	\$1,193	\$1,907	40-49	\$575	\$1,322	\$1,092	\$1,745				
50-54	\$818	\$1,700	\$1,349	\$2,173	50-54	\$748	\$1,555	\$1,233	\$1,987				
55–59	\$1,033	\$2,170	\$1,544	\$2,496	55–59	\$945	\$1,984	\$1,413	\$2,282				
60-64	\$1,274	\$2,420	\$1,704	\$2,825	60-64	\$1,165	\$2,213	\$1,558	\$2,584				
65+	\$1,445	\$3,123	\$2,173	\$3,433	65+	\$1,322	\$2,857	\$1,987	\$3,141				

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	\$366	\$1,002	\$828	\$1,207	<30	\$335	\$918	\$759	\$1,106	<30	\$300	\$821	\$679	\$989		
30–39	\$432	\$1,155	\$872	\$1,352	30–39	\$396	\$1,058	\$799	\$1,239	30–39	\$354	\$946	\$715	\$1,107		
40-49	\$585	\$1,193	\$915	\$1,516	40-49	\$535	\$1,092	\$837	\$1,388	40-49	\$479	\$977	\$749	\$1,241		
50-54	\$781	\$1,621	\$1,069	\$1,794	50-54	\$715	\$1,485	\$979	\$1,644	50-54	\$639	\$1,327	\$875	\$1,469		
55–59	\$969	\$2,015	\$1,256	\$2,209	55-59	\$888	\$1,846	\$1,151	\$2,024	55–59	\$794	\$1,651	\$1,029	\$1,810		
60–64	\$1,242	\$2,486	\$1,535	\$2,751	60-64	\$1,138	\$2,277	\$1,407	\$2,519	60–64	\$1,017	\$2,036	\$1,257	\$2,253		
65+	\$1,507	\$3,436	\$1,788	\$3,604	65+	\$1,380	\$3,147	\$1,638	\$3,301	65+	\$1,234	\$2,813	\$1,464	\$2,951		

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, January 1, December 1, 2021	-	Small Pupinoon

For effective dates January 1–December 1, 2024



HSA-qualified deductible HMO plans

\$0/\$	2,000 Dedi	uctible HM	IO Plan wi	ith 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	\$342	\$937	\$775	\$1,129	<30	\$264	\$723	\$598	\$871	<30	\$234	\$640	\$529	\$771	
30–39	\$404	\$1,080	\$816	\$1,264	30–39	\$312	\$834	\$630	\$976	30–3	9 \$276	\$737	\$557	\$863	
40-49	\$547	\$1,116	\$855	\$1,418	40-49	\$422	\$861	\$660	\$1,094	40-4	9 \$373	\$761	\$583	\$967	
50-54	\$730	\$1,516	\$1,000	\$1,678	50-54	\$563	\$1,169	\$771	\$1,294	50-5	4 \$498	\$1,034	\$682	\$1,145	
55-59	\$907	\$1,886	\$1,176	\$2,067	55-59	\$699	\$1,454	\$906	\$1,594	55–5	9 \$619	\$1,287	\$802	\$1,411	
60–64	\$1,162	\$2,326	\$1,436	\$2,574	60–64	\$896	\$1,793	\$1,108	\$1,984	60–6	4 \$793	\$1,587	\$980	\$1,756	
65+	\$1,409	\$3,213	\$1,672	\$3,371	65+	\$1,087	\$2,478	\$1,290	\$2,599	65+	\$962	\$2,193	\$1,142	\$2,300	

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	\$334	\$915	\$757	\$1,103	<30	\$297	\$813	\$672	\$979
30–39	\$395	\$1,056	\$797	\$1,236	30–39	\$350	\$936	\$707	\$1,096
40-49	\$534	\$1,090	\$835	\$1,385	40–49	\$474	\$967	\$741	\$1,229
50-54	\$713	\$1,481	\$977	\$1,640	50-54	\$633	\$1,314	\$867	\$1,455
55–59	\$886	\$1,842	\$1,149	\$2,019	55–59	\$786	\$1,634	\$1,019	\$1,791
60–64	\$1,135	\$2,272	\$1,403	\$2,514	60–64	\$1,007	\$2,015	\$1,245	\$2,230
65+	\$1,377	\$3,139	\$1,634	\$3,293	65+	\$1,221	\$2,784	\$1,449	\$2,921

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	\$689	\$1,924	\$1,892	\$2,677	<30	\$555	\$1,550	\$1,524	\$2,157	<30	\$504	\$1,409	\$1,385	\$1,961
30–39	\$761	\$2,068	\$1,945	\$2,960	30–39	\$613	\$1,665	\$1,567	\$2,383	30–39	\$557	\$1,514	\$1,424	\$2,167
40-49	\$982	\$2,259	\$1,865	\$2,981	40-49	\$791	\$1,819	\$1,502	\$2,401	40-49	\$719	\$1,654	\$1,366	\$2,183
50-54	\$1,278	\$2,656	\$2,107	\$3,395	50-54	\$1,029	\$2,139	\$1,697	\$2,734	50-54	\$936	\$1,946	\$1,544	\$2,487
55–59	\$1,615	\$3,391	\$2,414	\$3,900	55–59	\$1,300	\$2,730	\$1,943	\$3,140	55-59	\$1,183	\$2,484	\$1,768	\$2,857
60-64	\$1,991	\$3,782	\$2,663	\$4,415	60–64	\$1,604	\$3,047	\$2,145	\$3,557	60-64	\$1,459	\$2,771	\$1,951	\$3,235
65+	\$2,259	\$4,881	\$3,396	\$5,366	65+	\$1,819	\$3,931	\$2,735	\$4,321	65+	\$1,655	\$3,576	\$2,488	\$3,931

	\$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	\$462	\$1,290	\$1,269	\$1,795	<30	\$422	\$1,179	\$1,160	\$1,641				
30–39	\$510	\$1,386	\$1,304	\$1,984	30–39	\$467	\$1,268	\$1,193	\$1,815				
40–49	\$658	\$1,514	\$1,250	\$1,998	40-49	\$602	\$1,385	\$1,144	\$1,828				
50-54	\$857	\$1,781	\$1,413	\$2,276	50-54	\$783	\$1,628	\$1,292	\$2,081				
55–59	\$1,083	\$2,274	\$1,619	\$2,615	55-59	\$990	\$2,079	\$1,480	\$2,391				
60-64	\$1,335	\$2,536	\$1,785	\$2,960	60-64	\$1,221	\$2,319	\$1,633	\$2,707				
65+	\$1,514	\$3,272	\$2,276	\$3,597	65+	\$1,385	\$2,993	\$2,082	\$3,290				

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	\$383	\$1,049	\$867	\$1,264	<30	\$351	\$962	\$795	\$1,159	<30	\$314	\$860	\$711	\$1,036
30–39	\$453	\$1,210	\$914	\$1,417	30–39	\$415	\$1,109	\$838	\$1,298	30–39	\$371	\$991	\$749	\$1,160
40-49	\$612	\$1,249	\$957	\$1,587	40-49	\$561	\$1,145	\$877	\$1,455	40–49	\$502	\$1,024	\$785	\$1,301
50-54	\$818	\$1,698	\$1,120	\$1,880	50-54	\$749	\$1,555	\$1,026	\$1,721	50-54	\$670	\$1,391	\$917	\$1,540
55–59	\$1,015	\$2,111	\$1,316	\$2,314	55-59	\$930	\$1,934	\$1,206	\$2,120	55–59	\$832	\$1,730	\$1,079	\$1,896
60–64	\$1,301	\$2,604	\$1,608	\$2,881	60-64	\$1,192	\$2,386	\$1,473	\$2,640	60–64	\$1,066	\$2,133	\$1,318	\$2,360
65+	\$1,578	\$3,598	\$1,873	\$3,774	65+	\$1,446	\$3,297	\$1,716	\$3,459	65+	\$1,293	\$2,948	\$1,534	\$3,092

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, 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	IO 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	\$359	\$983	\$812	\$1,184	<30	\$277	\$758	\$626	\$913	<30	\$245	\$670	\$554	\$807	
30–39	\$424	\$1,133	\$856	\$1,326	30-39	\$327	\$873	\$660	\$1,022	30-3	9 \$289	\$772	\$583	\$904	
40-49	\$573	\$1,169	\$896	\$1,485	40-49	\$442	\$902	\$691	\$1,146	40-4	9 \$391	\$798	\$611	\$1,014	
50-54	\$765	\$1,588	\$1,048	\$1,758	50-54	\$590	\$1,225	\$808	\$1,356	50-5	4 \$522	\$1,084	\$715	\$1,200	
55-59	\$950	\$1,975	\$1,232	\$2,165	55-59	\$732	\$1,523	\$949	\$1,669	55-5	9 \$648	\$1,348	\$840	\$1,478	
60-64	\$1,217	\$2,436	\$1,504	\$2,695	60-64	\$939	\$1,879	\$1,161	\$2,079	60-6	4 \$831	\$1,663	\$1,027	\$1,840	
65+	\$1,477	\$3,367	\$1,753	\$3,532	65+	\$1,139	\$2,596	\$1,352	\$2,723	65+	\$1,007	\$2,297	\$1,195	\$2,410	

Deductible HMO plans with HRA plans

\$30/\$	51,500 Ded	uctible HM	IO Plan w	ith HRA	11	\$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	\$350	\$959	\$793	\$1,156		<30	\$311	\$851	\$704	\$1,025			
30–39	\$414	\$1,106	\$835	\$1,295		30–39	\$367	\$981	\$741	\$1,148			
40-49	\$560	\$1,142	\$876	\$1,451		40–49	\$496	\$1,013	\$776	\$1,287			
50-54	\$747	\$1,551	\$1,023	\$1,717		50-54	\$663	\$1,376	\$908	\$1,523			
55-59	\$928	\$1,930	\$1,203	\$2,116		55–59	\$823	\$1,711	\$1,067	\$1,876			
60-64	\$1,189	\$2,380	\$1,470	\$2,633		60–64	\$1,055	\$2,111	\$1,304	\$2,336			
65+	\$1,442	\$3,288	\$1,711	\$3,449		65+	\$1,279	\$2,917	\$1,518	\$3,060			

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